

synapse

THE CHESTER COUNTY HOSPITAL MAGAZINE | 2019 : VOL 1

TURNING
tragedy
INTO A PLAN OF
action



Penn Medicine

CHESTER COUNTY HOSPITAL WELLNESS CALENDAR

PROGRAMS TO KEEP YOU WELL!

WELLNESS PROGRAM OFFERINGS

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.



- **Making Habits, Breaking Habits**— Re-think your weight control with a personal look at habits holding you back.
- **Kitchen Kick Start for Weight Control**— Get your kick start with grocery selections, label reading, portioning, meal prep and more.
- **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.

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 pre-diabetes 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.



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



Welcome to another edition of *Synapse*. Our cover story focuses on a special Heart Tracks screening program which was implemented

for our first responders after they suffered the devastating loss of one of their own. This screening program works to bond and heal this close-knit community as they turn tragedy into action.

This issue also features the Chest Pain Center, which works to significantly reduce the death rate from heart disease by teaching the public to recognize and react to the early symptoms of a possible heart attack. We also explore how a groundbreaking technique is working to maximize the quality of life for patients after cancer treatment. In addition, we are almost two years into the "Expansion" project of Chester County Hospital. This issue goes behind the scenes, to take a look at what goes into planning a project of this size.

Last, but certainly not least, Penn Medicine hospitals once again achieved *U.S. News & World Report* Honor Roll status and top rankings in 12 clinical specialties. This accomplishment acknowledges the tireless efforts that have been put in place to ensure that our patients receive exceptional care at our facilities.

We are excited to share information about these programs with you so that you are able to make informed decisions about your health care. Our goal is to continue to find innovative ways to provide excellent care to members of our community.

Warm regards,

Michael J. Duncan
President and CEO

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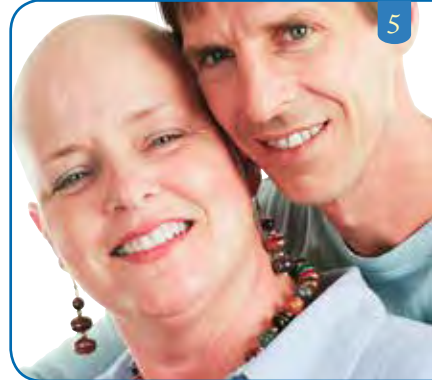
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synapse

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 place 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.

A police officer in profile, wearing a dark uniform with a radio on his shoulder and a patch on his sleeve that reads "CALN TOWNSHIP POLICE". He is looking at a framed portrait of another police officer in uniform, smiling. The background is a light blue wall.

TURNING tragedy

Some people are just larger than life: They connect easily with those around them and make an impact on everyone they meet. If they are in a public service profession, their influence can extend way beyond their family and friends to include the larger community. In April 2018, Chester County's Caln Township lost one of these exceptional influencers in life, Sergeant Christopher Sambuco, and the impact of his service will continue to be felt.

CORPORAL JASON CULBERTSON OF THE CALN TOWNSHIP POLICE DEPARTMENT REMEMBERS LONG-TIME FRIEND AND COLLEAGUE CHRISTOPHER "BUC" SAMBUKO

Sergeant Christopher Sambuco was a member of the Caln Township Police Department and Chester County's Regional Emergency Response Team (ERT), commonly referred to as Special Weapons and Tactics (SWAT). He was also a beloved friend, neighbor, husband, and father of four. "He was very personable, happy, and in great shape. We'd always work out together and run 5Ks together, and he was always up front leading the pack," recalls Bo Story,

Even as Kramer mourned, the clinician in her started thinking about how this tragic loss might help other first responders. At the time, Kramer was volunteering at an event for the Aidan's Heart Foundation in Downingtown to screen young people for the risk of sudden cardiac arrest.

"I thought that if we do this for children maybe we could do something for the first responders," she says. As a former Emergency Department nurse at Chester County Hospital,

INTO AN action plan

Screening Chester County's Emergency Response Team for Cardiac Risk Factors

longtime friend and West Goshen police officer.

The 42-year-old was incredibly active and the picture of health — to the naked eye at least. Despite his healthy lifestyle, "Buc," as he was lovingly called by those close to him, died suddenly on April 12, 2018, after suffering a major heart attack. There was no indication he was at risk for heart issues besides a strong family history of heart disease, which was unknown to him.

Buc's passing sent shockwaves through the community — especially through his close-knit ERT family. "You look at us and think that because we physically look healthy and in shape that we don't have anything hidden," says Detective Sergeant Jeff Heim of Willistown Township. "Buc's passing definitely shocked us and was a real eye-opener that anyone can be a candidate for a major heart episode."

ERT members develop strong bonds as they respond to calls that involve crisis situations such as rescuing people who are trapped or are being held hostage, and serving arrest warrants. It was that bond that inspired Shiloh Kramer, MSN, RN, NRP, a PennSTAR flight nurse and paramedic, to turn this tragedy into action.

Kramer first met Sgt. Sambuco in 2007 after joining the team as a medic and immediately felt a connection. "He was one of those people that, no matter who you are, made you feel welcome. Joining the ERT can be a bit intimidating at first, so I was grateful to him," she says.



DR. WENGER CONSULTING WITH ONE OF THE ERT TEAM MEMBERS

Kramer knew that the Community Health and Wellness department at the hospital offered a Heart Tracks Screening Program for the community. She floated the idea of screening ERT members to two Chester County Hospital cardiologists she knew well — Clay Warnick, MD, and Timothy Boyek, MD — and both jumped on the idea.

"First responders are the ones bringing patients to receive care but they are at similar cardiac risks because of the stress they face on the front line," Boyek says. "Stress is a risk factor for heart disease and this population has an incredibly

continued >



HOSPITAL AND COMMUNITY VOLUNTEERS GAVE THEIR TIME AND EXPERTISE TO SCREEN 54 OFFICERS FROM THE COUNTY'S EMERGENCY RESPONSE TEAMS.

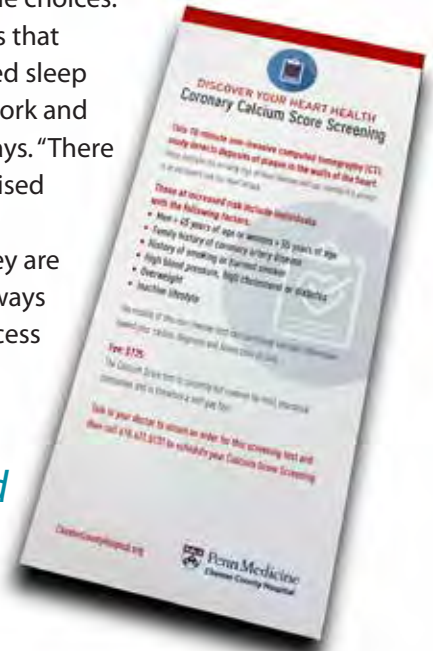
high-risk job. We are a community-based hospital serving this population 24 hours a day, seven days a week. Doing this screening seemed like the right thing to do without reservations.”

Boyek and Warnick signed on along with fellow cardiologist Neerav Sheth, MD, Valerie Penders, CRNP and cardiothoracic surgeons Steven Weiss, MD and Robert Wenger, MD. The plan was to offer heart health screenings to both the Central and Regional Emergency Response Teams in Chester County, including blood pressure and cholesterol checks, height and weight measurements, and electrocardiograms. They also answered questions about diet, exercise, sleep patterns and family history. Scheduling worked in the project’s favor, as the ERTs had two mandatory trainings in late July 2018 at the Chester County Public Safety Training Campus in Coatesville — a perfect opportunity to capture members for screenings.

Over two days, 54 officers underwent screenings and met with one of the cardiologists. About 20 percent were advised to have additional testing. But the men were “mostly fit” and

cardiovascular risk overall was low, notes Julie Funk, MS, RD, CDE, LDN, director of Community Health and Wellness Services, who was also part of the event. She adds that 42 percent had a family history of heart disease — a significant finding that highlighted the importance of making good lifestyle choices.

“The main concerns that surfaced were disrupted sleep patterns due to shift work and odd meal times,” she says. “There was a lot of concern raised about how to eat more healthfully as they are ‘on the run’ and not always where they can get access to nutritional choices.”



*“I did some research and found that police officers have a **30%** higher risk of dying from sudden cardiac death due to the stressful situations they are often faced with handling.”*

SHILOH KRAMER, MSN, RN, NRP

Although the screenings were a great opportunity for education, there was another important benefit: They gave Sgt. Sambuco’s colleagues the chance to again honor his memory and share stories about how much he meant to them. Kramer and the team are planning to publish their findings and possibly expand the screenings to law

enforcement, fire services, and emergency medical services throughout Chester County.

“Buc was a loss to everybody,” Kramer said. “Whatever we can do to honor his name and memory is what I want to do. And if we can help people in the process, that’s even better.”



The respect and admiration for Sgt. Sambuco were evident in his funeral procession, which closed down a stretch of Route 3 from his hometown West Chester to Newtown Square. Nearly 1,000 donors have contributed to a GoFundMe scholarship campaign for his children, which is now close to reaching its \$150,000 goal.



Groundbreaking

A Groundbreaking Device Sparing Breast Cancer Patients from Unnecessary Radiation

As more patients survive breast cancer, the long-term toxicities of their treatment are becoming more important.

“Our goal now, as we minimize the invasiveness of cancer treatments is to maximize the quality of life after the treatment,” says Andre A. Konski, MD, Medical Director of Radiation Oncology at Chester County Hospital.

Breast cancer patients, specifically, who undergo radiation therapy are often exposed to incidental radiation doses to the heart and lungs. This can increase the risk for lung disease and ischemic heart disease (IHD), a condition where narrowing arteries allow less blood and oxygen to reach the heart. Ultimately, this can lead to a heart attack, especially in women suffering from left-sided breast cancer. A 2013 study found that the increased risk begins within a few years after exposure and continues for at least 20 years.

But the combination of a groundbreaking technique and device is significantly reducing that risk. The moderate deep inspiration breath hold (mDIBH) used in conjunction with Elekta’s Active Breathing Coordinator (ABC), a noninvasive device that enables the patient to pause their breathing during radiation treatment to stop internal motion, allows the radiation beam to be applied with better precision.

In fact, the ABC has been in routine use at Chester County Hospital since early 2018.

Dr. Konski says it has dramatically reshaped protocol; it’s now used on every patient with left-sided breast cancer. “We’re giving these women a greater opportunity to maximize their quality of life after their treatment has been completed,” he says.



How it works

This is how it works: By the patient holding their breath during the radiation therapy—the mDIBH—the heart moves backward and downward, away from the breast area—and out of the way of the radiation beam. When the radiation treatment is delivered, the patient uses a mouthpiece to breathe, and then a valve in the mouthpiece closes to help them hold their breath for about 20 seconds. After that time, the valve reopens and the patient can breathe normally.

If 20 seconds sounds a bit intimidating, it’s only a benchmark. Throughout the treatment, the patient remains in control of the ABC by depressing a handheld thumb switch. If it’s released at any time, the treatment stops and the mouthpiece valve opens so the patient can breathe normally again. Often, only a few pauses are needed. So, if a patient is ever struggling to hold their breath, or even suddenly begins to panic, they can halt everything without compromising the treatment.

As therapies continue to evolve at an incredible rate and in once unfathomable directions, cancer survivors are living far longer than they were just a decade or two ago. Priorities are evolving, too. Now, instead of simply combatting the cancer, physicians like Dr. Konski and researchers are concerning themselves with preserving the quality of life on the other side of that treatment. The mDIBH and ABC combination is among the first of what are likely to become a steady procession of strides toward that goal.



DR. ANDRE A. KONSKI

What it means

Radiation therapy is essential in breast cancer treatment. In breast conservation therapy for invasive cancer and post-mastectomy radiotherapy for high-risk disease, it reduces the risk of local-regional recurrence and improves the likelihood of survival. The aim of such therapy is pretty straightforward: to deliver an optimal dose of radiation

to the tumor while minimizing the dose to the surrounding healthy tissue. But it’s a process made complicated by the proximity of critical organs which are constantly moving and adapting with normal functions.

With the ABC, the tumor is immobilized during the pause, allowing the clinician to maximize radiation to the site and also largely avoid the heart, lungs, and healthy tissue. A 2016 study found that the combination of the mDIBH and ABC reduced radiation to the heart, on average, by 20 percent or more in 88 percent of patients. This was achieved without any appreciable loss of coverage of the targeted tissue, a rate considerable enough to “justify routine use of ABC.”

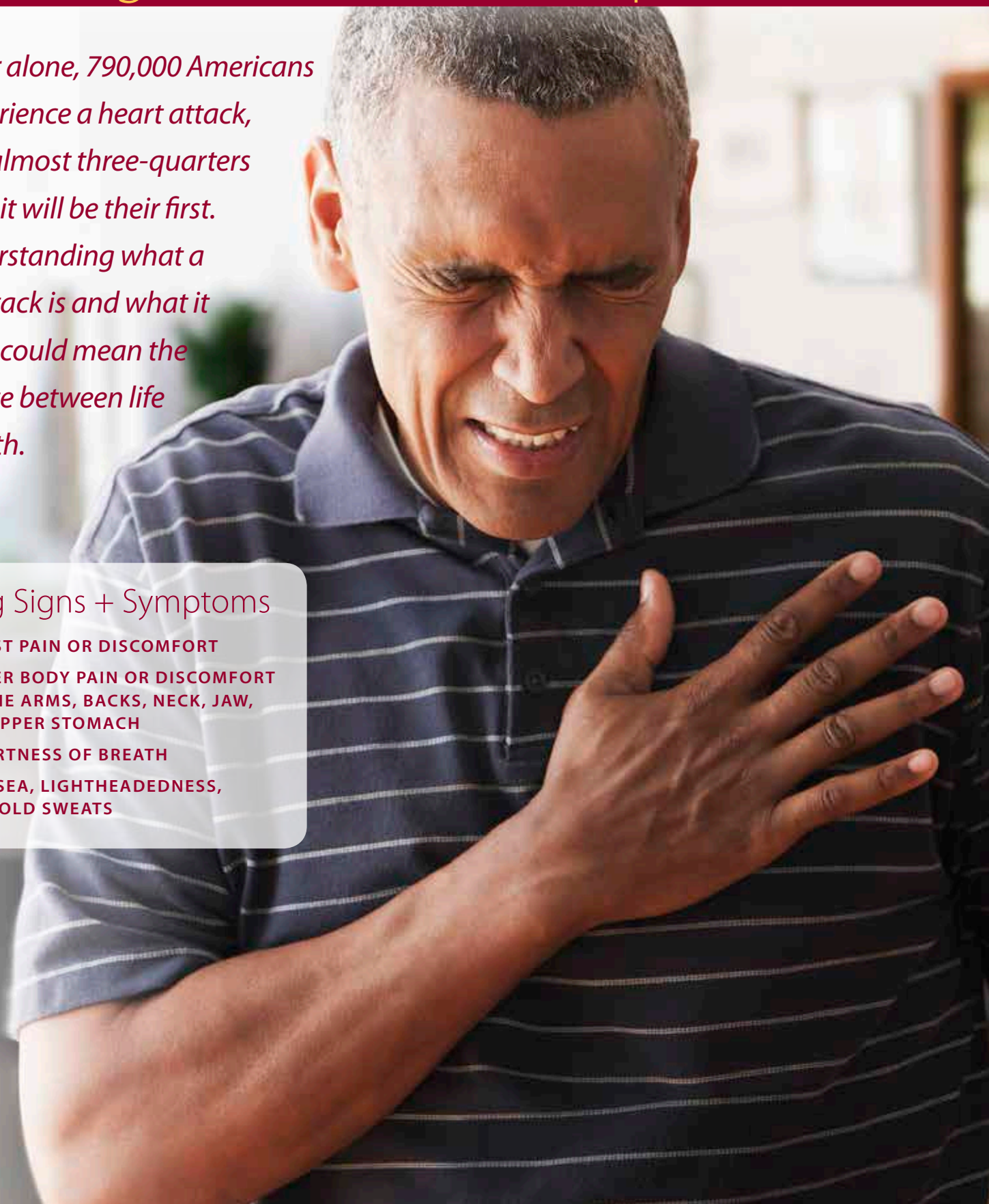
life or death

expediting care for heart attack patients

This year alone, 790,000 Americans will experience a heart attack, and for almost three-quarters of them, it will be their first. So, understanding what a heart attack is and what it feels like could mean the difference between life and death.

Warning Signs + Symptoms

- CHEST PAIN OR DISCOMFORT
- UPPER BODY PAIN OR DISCOMFORT IN THE ARMS, BACKS, NECK, JAW, OR UPPER STOMACH
- SHORTNESS OF BREATH
- NAUSEA, LIGHTEADEDNESS, OR COLD SWEATS



Particularly when you consider that about 47% of sudden cardiac deaths occur outside of a hospital, suggesting that many people with heart disease don't act on early warning signs.

For that reason, Chester County Hospital has made it a goal to significantly reduce the death rate from heart disease. They intend to do this by teaching the public to recognize and react to the early symptoms of a possible heart attack, reduce

the time that it takes to receive treatment, and increase the accuracy and effectiveness of that treatment.

Because of this the hospital has been named an accredited Chest Pain Center, the only one in the Penn Medicine Health System since 2010. It's a protocol-driven, systematic approach that positions physicians to more quickly and efficiently treat patients in the critical early stages of a heart attack, when treatments are most effective.

Subtle signs

Despite the dramatic ways they're depicted in movies and TV shows, most heart attacks do not come on suddenly and intensely. Instead, heart attacks start slowly, with mild pain and discomfort. It can be so subtle that it's easy to dismiss. In fact, one in five heart attacks is silent. Basically, the damage is done without the person ever being aware of it.

The chest pain or discomfort is common to men and women, but women are a bit more likely to have some of the more subtle symptoms. In either case, the chances of survival are greater when emergency treatment begins quickly.

"The average patient arrives in the emergency department more than two hours after the onset of symptoms, but what they don't realize is that time is muscle. The sooner a heart attack is treated, the less damage there is to the heart and the better the outcome for the patient," says Timothy Boyek, MD, Medical Director of Chester County Hospital's Chest Pain Center.

In a heart attack, a blocked artery prevents blood from reaching an area of heart muscle. Initially, cells are only stunned, but as minutes add up, they begin to die. The longer it takes to restore blood flow, the greater the damage to the heart muscle.

The treatment for a heart attack is to open the blocked artery using a procedure called percutaneous coronary intervention (PCI) cardiac catheterization. During this procedure, a catheter (a thin, flexible tube) is inserted into an artery and directed to the site of the blockage. Once in place, a tiny balloon at the tip of the catheter is inflated. This forces the blockage aside and allows a stent (a tiny wire cage) to be put into place to keep the vessel open.

The American College of Cardiology and the American Heart Association national standard of administering PCI is 90 minutes of arrival at the hospital. Chester County Hospital accomplishes this for 95% of its heart attack patients, according to Ralph G. Smith, BSN, RN, CCCC, the hospital's Chest Pain Center and Cardiovascular Data Coordinator.



every minute counts

Streamlining the response

The Chest Pain Center accreditation addresses common holdups in treating heart attack patients. For example, paramedics do an electrocardiogram, which can show the characteristic electrical pattern of the heart that signals a heart attack, as soon as they reach the patient. This is transmitted directly to the Emergency Room, thereby allowing for diagnosis and treatment preparation well before the patient arrives at the hospital.



seamless care
is faster care

"By the time the patient arrives in the Emergency Room, the Catheterization Lab is ready for them," Smith says.

Similar streamlining contributed to a 38% drop in the death rate from coronary heart disease nationwide between 2003 and 2013, according to the American Heart Association. The National Heart, Lung, and Blood Institute, the main federal agency that funds heart research, attributed the decline to better control of cholesterol and blood pressure, reduced smoking rates, improved medical treatments, and faster care of heart attack patients.

"What the Chest Pain Center accreditation has done, truly, is focus our approach across the board, from heart attack prevention to treatment," Smith says. "And where the treatment is concerned, every one of the components involved—the paramedics, the Emergency Room, the Catheterization Lab, even the Intensive Care Unit—they're all engaging from the onset to ensure that the care is seamless."

HEAVY LIFT

HOSPITAL EXPANSION BEGAN BEFORE A BEAM WAS



To get a true idea of the time and effort that's been invested in the expansion of Chester County Hospital and the renovation of its Emergency Department, imagine the undertaking as an iceberg and the construction, as the part that sits above the water's surface. We physically only see part of the larger picture.

For over two years, starting in 2015, the architects, Ballinger, met with clinical staff to seek their feedback on each of the areas—operating rooms, Post-Anesthesia Care Unit, Intensive Care Unit, patient rooms and Emergency Department—that comprise the largest expansion in the hospital's history.

"There's a lot that had to be worked out [before construction] because everybody had different views on how everything had to fit in particular rooms," says Larry Bell, the hospital's Senior Project Manager for the expansion and renovation.

"So, a lot of time and energy went into ensuring that the designs met everyone's respective needs," says Jen Corse, the hospital's Nursing Business Manager and clinical lead for the project. In each meeting, Ballinger architects would arrange a large-scale layout of the specific floorplan across a table and populate it with proportionate, 3D printouts of the various pieces of equipment that would fill the space. The architects and clinicians then discussed how they could improve on current deficiencies and maintain other positive aspects.

Planning for a rapidly evolving future was also an integral part of most of the conversations, especially with the operating

room teams.

"To try to figure out what the next 50 years is going to look like in an operating room is difficult to wrap your head around," Corse says. "What kind of technology will be available? What will the equipment look like? You're using your current-day knowledge and a little creativity to try to understand an unknown. As one of the clinicians involved, it's been a little daunting. You try to prepare for every scenario.

"What we tried to do was provide a lot of flexibility in the design, to the extent that we could, in an effort to 'future-proof' the facility," Bell says. The operating rooms, for example, will be especially large spaces that will be able to accommodate large equipment and added personnel for increasingly complex surgeries.

To aid the effort, full-size mockups of each of the floorplans were also created in an unused corner of the hospital and presented to the clinicians. In the case of the operating rooms, that meant a 750-square foot room and a 1,100-square foot room complete with walls and equipment.

"It goes beyond just looking at a drawing and trying to guess, 'Is this adequate circulation space?' 'Is this where we want to place everything?'" Bell says. "We even did an elevator mock up because one of the critical parts of treatment is patient transport in the elevators."

ING

EVER RAISED ...



The design meetings concluded before the start of the construction in May 2017. A similar round of sessions are expected to begin in the coming months and this time they'll address how to best incorporate the new and updated spaces into the rest of the hospital so that they will function seamlessly.

The project will include 15 modern operating rooms, as well as 13 Emergency Department rooms, three state-of-the-art labs for catheterization and other procedures, new areas for noninvasive cardiology and pre-procedure testing, 99 inpatient rooms, and a new entrance.

▶▶ LEARN MORE AT:
chestercountyhospital.org/expansion

The **\$270-million** project broke ground just a few years after the completion of **Lasko Tower**.

The expansion will open in phases, **beginning in 2020.**

Is your genetic test telling you the truth?

When I first ordered my at-home

DNA testing kit, I was curious about my family's ancestry – was the

lavish rumor true that my Polish roots began with a bankrupted

Hungarian royal? Although doubtful, my results showed

a smidge of Hungarian in my DNA; *just enough*

evidence to let the tale live on ...



But when the option came to “upgrade” my kit to include genetic health information, another story came to mind: The struggle of a family member who was not only twice diagnosed with breast cancer – once under the age of 50 – but who was diagnosed with ovarian cancer, too.

With a click of bravery, I upgraded my kit to see if there were indicators of the BRCA1 or BRCA2 mutation, a well-known cancer gene that significantly increases the risk of developing breast, ovarian, and other cancers in both men and women.

I felt a wave of relief when I opened my results: No BRCA mutations found. As I read the details, though, I learned that my kit was only able to test for three variants of the mutation, when in fact hundreds of mutations in the BRCA genes have been identified (many of which researchers just don't know much about just yet). So, in reality, I wasn't in the clear. As I've come to understand, direct-to-consumer (DTC) genetic testing kits can unintentionally provide a false sense of security (or anxiety) since its reporting cannot tell a complete story.

“BRCA1 and BRCA2 are not the only cancer genes. Mutations in many other genes also increase the risk of breast and other cancers. These other genes are also important in understanding your risk. Families with Lynch syndrome, for example, have an

fables of at-home dna testing

increased risk of ovarian, colon, and uterine cancer due to non-BRCA genes,” Susan Domcheck, MD, executive director of Penn Medicine's Basser Center for BRCA, wrote in an op-ed published in *STAT News* in 2018.

There are a host of genetic, familial, and lifestyle risk factors that impact an individual's personal risk for cancer – information a DTC test often cannot provide.

That's where professionals like Nick Jensen, MS, LCGC, a genetic counselor at the Abramson Cancer Center at Chester County Hospital, come in. “My job is to look at the full picture by discussing the individual's personal and family history to see if there is a genetic predisposition to certain cancers, and then to help navigate the world of testing to see what can be offered and what is right for the individual patient.”

Jensen provides pre- and post-test counseling for his patients, so they fully understand the insights genetic testing can provide, the results of their tests, and possible next steps – whether that means increased precautionary screenings or a consultation with an oncologist for more aggressive prevention.

DTC testing is not only limited in the comprehensiveness of its reporting; a recent study published in *Genetics in Medicine*

found that 40 percent of gene variants analyzed turned out to be false positives when tested in a laboratory.

Stories of inaccurate results are also popping up online, including a woman who used a third-party DNA analysis company to further learn about her DTC results. When her online report showed alarming information, she and her husband began rethinking their life plans. After scheduling an appointment with a clinical genetic counselor and having additional testing done, she learned that her DTC results had produced a false positive and she was actually in the clear for any genetic mutations.

Since DTC's are still relatively new and only one is currently FDA approved, there isn't much data available to confirm how many customers have follow up testing or meet with a genetic counselor once they receive their results. However, there is concern among clinicians that some may react too quickly with the little information they receive or may not follow up with medical professionals fast enough.

“We're seeing a guy in a couple of weeks, who through his work, was offered a genetic test for \$9.00... and it turns out he has a mutation in a gene that causes hereditary colon cancer,” Dana Farengo Clark, MS, LCGC, a genetic counselor at the Abramson Cancer Center, said in an interview with WHYY.

The individual she spoke of had his test results for a year. “It's concerning because this guy is sitting on a gene that causes an 80 percent risk for colon cancer. If you've got this mutation, you need a colonoscopy every year and he's already now 15 years overdue for his first colonoscopy,” she added.

Still, at-home testing may be a draw for those who know they have a serious family risk but do not have close access to genetic counseling. Fortunately, telemedicine is helping to narrow that gap.

In a recent study from the Basser Center for BRCA, researchers found that 77 percent of patients who did not have access to genetics counseling through their local providers would participate in phone or video counseling sessions remotely before moving forward with testing.

“The data definitively show the impact of remote genetic services, and it's clear from this study that this telemedicine approach improves on what community practices can do on their own,” said study author Angela R. Bradbury, MD, an assistant professor of Hematology-Oncology. “The data confirm that some people in primary care practices are getting testing without going through counseling first, and previous studies have shown that patients have lower levels of knowledge and lower satisfaction when that happens.”

So, while do-it-yourself ancestry tests can help keep fun fables alive for generations (like mine), with so much misinformation and unknowns about genetic variants, interpreting genetic health information may be best left to professionals.

By Barbara Curtis

in the community

Protecting West Chester's Poor and Homeless from the Flu with Free Vaccinations

Getting a flu shot every fall seems like a simple way to protect yourself, your family, friends, and colleagues from the flu. For people who are homeless or living in poverty, though, it's anything but simple, notes Diana Kane, MD, Chair and Medical Director of Emergency Medicine at Chester County Hospital.

"Working in the ED [Emergency Department] we have this terror when flu season comes, as we know how many people in the U.S. die of influenza and its complications," Dr. Kane

patients at risk and increasing the likelihood of bed shortages.

"Lots of people come to the ED for the symptoms of the flu, but it is easier to send them home to recover — but not so much if they do not have a home to go to," says Dr. Kane.

This past summer, with the 2018 flu season looming, Dr. Kane consulted with Darren Girardeau, MSN, BM, RN, PHRN, CCRN, CEN, CFRN, Director of Emergency Services, Radiology Nursing and Transport, to brainstorm ways for the hospital to bring flu vaccines directly to the poor and homeless at shelters throughout West Chester. Girardeau was aware of the Penn Medicine CAREs grant program, which provides funding for community-focused projects throughout the health system. He submitted an application that earned the hospital a \$2,000 grant to fund a free, shelter-based vaccination program. The grant covered 160 free flu vaccines, with the hospital donating nurses' time and other supplies such as needles and alcohol pads.

"In nursing we want to care for people — that is always one of our motivating factors — but we also want to keep people well," Girardeau says. "Keeping these residents healthy and out of the ED has positive effects on the community. And our staff has less risk of contracting influenza." Even though ED staff members get vaccinated, a vaccine isn't foolproof, he notes.

From October 30 through November 7, the hospital's ED team offered six free flu vaccine clinics at three sites: **Safe Harbor of Chester County**, a homeless shelter; **The Salvation Army of West Chester**, which serves the homeless and people living in poverty; and **St. Agnes Day Room** in West Chester, a day program that connects poor residents with free meals, clothing, counseling, and other services.



PHYSICIANS AND NURSES FROM CHESTER COUNTY HOSPITAL'S EMERGENCY DEPARTMENT VOLUNTEERED THEIR TIME TO PROVIDE VACCINATIONS TO THE COUNTY'S INDIGENT POPULATION

says. "We have a fairly large indigent or homeless population in this area. People don't have 20 dollars to go to Walgreens and get their flu shot. A flu shot is probably the lowest item on their list when they are concerned about food and shelter."

But when people in poverty do get the flu, their risk of transmitting it to others is high. Homeless shelters and day programs gather people in close quarters. Those who are homeless with the flu can't quarantine themselves at home, as is recommended for most people to prevent transmission. Without the opportunity to rest in their own space, they also take longer to recover and are at higher risk of complications. The homeless and very poor often lack access to healthcare, which means they are more likely to end up in the ED with flu symptoms — putting staff and



Proving That It Can Pay to Stay Local for Your Healthcare

What if your health insurance's preferred provider was also your most convenient provider?

This is a fortunate truth for the countless people with tiered health plans who choose Chester County Hospital for their care.

"Chester County Hospital is a tier-one hospital, a distinction that is based on our ability to provide high quality care at a low cost," says Charmaine Rochester, Chief Financial Officer and Senior Vice President of Finance for Chester County Hospital. "Some of the well-known hospitals in the region are tier two and even three."

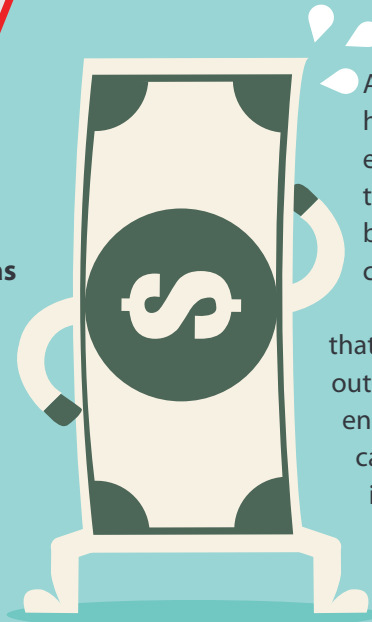
So, what does this all mean?

As health plans experiment with ways to encourage patients to choose less expensive hospitals and physicians, more are developing products that put hospitals and physicians into tiers based upon cost and quality measures.

These tiered network insurance plans use cost-sharing differences between the tiers to encourage patients to seek care from preferred providers. Tier-one, for example, will offer the most comprehensive benefits, which means lower copays and out-of-pocket expenses. By contrast, tiers-two and three typically encompass high deductibles and co-insurance payments, which is a percentage of the cost of care.

In other words, patients who elect to receive care from preferred providers (tier-one) will pay less out of pocket. But the plan also preserves their ability to choose providers on non-preferred tiers.

By steering patients toward providers with lower costs and higher measured quality, tiered network plans attempt to enhance the value of the care delivered. And it appears to be working. The percentage of employers whose largest plan included a tiered or limited network increased from 16 percent in 2010 to 23 percent in 2013, and tiered plans are even more prevalent among very large employers. The growing popularity is believed to be driven in large part by employers seeking to rein in ballooning premiums, which can be significantly lower for tiered network plans, while preserving the scope of the benefits.



According to Rochester, this trend has caused healthcare providers to expand their definition of innovation to include not only medical advances but their ability to administer quality care at a low cost.

"We're focused on making sure that we have high-quality clinical outcomes, high patient and employee engagement, and that we're providing care at a low cost. And it takes innovation to do that," she says.

Insurance payers are beginning to become more transparent about their processes for establishing the tiers, but the prevailing

assumption is that criteria largely adhere to the Institute for Healthcare's Triple Aim, which is a framework for optimizing health system performance by: improving the quality of care, improving the health of populations, and reducing the per capita cost of health care.

"The Triple Aim is starting to really take hold to facilitate value in healthcare today: a choice of providers, high-quality care and outcomes, and providing it at a low cost. We are also seeing a greater willingness from insurance payers to collaborate on these goals with healthcare providers," says Jeffrey Wise, Vice President of Finance at Chester County Hospital.

In that regard, the hospitals tier-one status is further validation of its prestigious five-star rating by Hospital Compare, which rates more than 4,500 Medicare-certified hospitals nationwide. But there's something else at play, Wise says, that makes Chester County Hospital even more valuable than the typical tier-one hospital. "It's a kind of cross-pollination that is promulgated through our strong integration with our parent organization, Penn Medicine," Wise says.

"Here we are, part of a world-class academic medical system, and we're right here in Chester County," Rochester says. "Should our patients ever need tertiary care or a more complex intervention, we have full and seamless access to those services within the Penn Medicine Health System."

points of pride

The Moore Neonatal Intensive Care Unit

Chester County Hospital celebrated the opening of The Moore Neonatal Intensive Care Unit (NICU) last fall. The project has been a labor of love for the Women's Auxiliary to Chester County Hospital for the past two years. The women diligently and generously donated their time and talents to raise \$1.25 million to help fund the unit's renovation. The women, along with community members and the NICU team, celebrated the delivery of the brand new, expanded space on September 23, 2018. The unit has been named in honor of Ms. Nancy Moore, former Auxiliary president and longtime member, who bequeathed the majority of her estate to the hospital. This gift was instrumental in funding the project.



Grand Openings

The Abramson Cancer Center at Chester County Hospital

The Abramson Cancer Center at Chester County Hospital celebrated the opening of the building's expansion on November 8, 2018. Completed in late spring of 2018, the expansion unfolded over three phases and effectively doubled the size of the cancer center. The first floor now hosts 25 exam rooms, a new intake area, two nursing stations, three phlebotomy stations (to take blood), an on-site laboratory, and an elevator to take patients to infusion services. The second floor houses 24 spacious infusion bays, including private rooms with space for loved ones in addition to community areas. A new state-of-the-art conference room has also been added, serving two critical roles: as a public education forum and communication hub for the physicians and advanced practice providers. The expansion has allowed the cancer center to host more specialty surgeons under one roof, facilitating a more seamless coordination of care.



U.S. News & World Report Rankings

Penn Medicine hospitals have once again been ranked among the top hospitals in the nation by *U.S. News & World Report*, achieving Honor Roll status and top rankings in 12 clinical specialties. The combined enterprise of the Hospital of the University of Pennsylvania and Penn Presbyterian Medical Center was named to the prestigious Honor Roll list, and ranked as the #1 hospital in Pennsylvania, in the 2018-2019 annual survey by the magazine. The hospitals are also ranked #1 in the Philadelphia metro area. Locally, Chester County Hospital, a Penn Medicine hospital, #5 in the Philadelphia region, was ranked #10 in the state, and nationally ranked in Diabetes and Endocrinology. In speaking of the recognition Michael J. Duncan, President and CEO of Chester County Hospital stated, "To be the top hospital in Chester County, PA ranked both regionally and statewide is a tribute to our care teams, medical staff and nurses. This accomplishment acknowledges the tireless efforts that have been put in place to ensure that our patients receive high quality care and a positive experience." We are proud to be among our Penn Medicine colleagues to be recognized by *U.S. News & World Report*.

In addition to Chester County Hospital, all other Penn Medicine hospitals also netted honors: Lancaster General Health (LGH) was ranked #6 in the state. Pennsylvania Hospital was ranked #6 in Philadelphia, #12 in the state, and was nationally ranked in Gynecology and Orthopedics. Princeton Health, which joined Penn Medicine in early 2018, was ranked #10 in New Jersey and #20 in the New York Metro Area.



Life-Saving Gifts

Each day, 20 people in the United States die while waiting for a life-saving organ transplant. Chester County Hospital has joined the Hospital and Healthsystem Association of Pennsylvania (HAP) and Gift of Life Donor Program to inspire hope, advocacy and passion. Gift of Life is encouraging individuals to register to become an organ, tissue and cornea donors.

"As part of the Penn Medicine Health System, we are uniquely positioned to not only tend to the health of our patients, but to inspire our community to be mindful of wellness in all aspects of life," says Michael J. Duncan, Chester County Hospital President and CEO. "The more people we can inspire to become organ donors, the better we can serve our mission to be advocates for the well-being of our entire community."

Individuals are encouraged to talk with family members and friends about registering as a donor. Each organ, tissue and cornea donor can help up to 50 people. **To sign up, visit registerme.org.**

CHESTER COUNTY HOSPITAL STAFF WEAR GREEN AND BLUE TO SUPPORT THE GIFT OF LIFE CAMPAIGN >



THE CHESTER COUNTY HOSPITAL LEADERSHIP TEAM DURING THE GIFT OF LIFE FLAG RAISING



vital signs



Chester County Hospital Welcomes Nick Jensen



Nick Jensen MS, LCGC comes to the Abramson Cancer Center at Chester County Hospital after earning his master's in genetic counseling from Arcadia University. He meets

with individuals who have a personal or family history of cancer that is indicative of hereditary cancer syndrome – meaning a genetic change that has been passed down and increases their personal risk for developing cancer in their lifetime.



Radiation Oncology Honored

Penn Radiation Oncology at Chester County Hospital was honored at the Penn Medicine Experience Ceremonies on October 19, 2018 where they were awarded **Clinical Practices of the University of Pennsylvania (CPUP) Team of the Year!** The group was nominated for providing excellent patient care and for creating a supportive team environment.

30 Years of Service



Chester County Hospital Interventional Cardiologist **Dr. Mian Jan** received a U.S. Congressional citation from US Congressman Ryan Costello at a gala held at the People's Light Theater for his 30 years of services to citizens of Chester County.

In Memorium

William Wood II, esteemed long time Chester County Hospital board member, passed away on Wednesday, October 10, 2018. Mr. Wood will be remembered for his contributions to the Chester County community and the hospital. Mr. Wood served from 1978 to 2013, on the Board of Directors, much of the time as Vice Chairman. In addition, he served on the Building Committee, Committee on Trustees/Corporate Nominating Committee, Corporate Audit Committee, Executive Committee, Finance and Allocation Committee, Investment Committee (Joint Hospital and Foundation Committee), Joint Conference Committee, Long Range Planning Committee (Chairman), Nursing Committee, and Visiting Committee (Chairman). Mr. Wood is survived by his wife of 55 years, Hope Middleton Wood and their daughter Hope Haviland Wood, their son William Spaulding Wood, III, his wife Nancy and four grandchildren.

new physicians

Section of Anesthesiology

Julius Heyman, MD

Dr. Heyman received a medical degree from Sydney Kimmel Medical College. He completed an internship at Abington Memorial Hospital and a residency at the University of Arizona College of Medicine. Dr. Heyman is an anesthesiologist within the Chester County Hospital department of surgery.

Section of Orthopaedics

Rowan J. Michael, MD

Dr. Michael specializes in hand and upper extremity surgery. He received a medical degree from UMDNJ- Robert Wood Johnson Medical School. He completed an internship and residency at Dartmouth-Hitchcock Medical Center and a fellowship at the University of Florida Orthopaedics and Sports Medicine Institute. Dr. Michael sees patients at Premier Orthopaedics.



Section of Internal Medicine

Mark LaSorda, DO

Dr. LaSorda received his medical degree from the Philadelphia College of Osteopathic Medicine. He completed his Internal Medicine residency at Christiana Care Health System and completed his Primary Care Sports Medicine Fellowship at Children's Hospital of Philadelphia. Dr. LaSorda is board certified in Internal Medicine.



Stephen Naylor, DO

Dr. Naylor received his medical degree from the Philadelphia College of Osteopathic Medicine. He completed his residency at Wyckoff Heights Medical Center in Brooklyn, NY and is board certified in Family Medicine.



Section of Pediatrics

El Noh, DO

Dr. Noh is a neonatologist at CHOP Newborn & Pediatric Care at Chester County Hospital. He received a medical degree from Virginia College of Osteopathic Medicine and completed an internship at Columbia Hospital and a residency at Palms West Hospital. In addition, he completed a fellowship at Children's Hospital of Richmond.



Deborah Silver, MD

Dr. Silver received a medical degree from NYU Langone School of Medicine. She completed her residency and fellowship at the University of California at San Diego School of Medicine.

Section of Pulmonary Medicine

Neil Mushlin, DO

Dr. Mushlin received a medical degree from the Philadelphia College of Osteopathic Medicine. He completed an internship at Crozer Keystone Health System and an internal medicine residency program at Lankenau Hospital. In addition, he completed a fellowship in critical care at Thomas Jefferson University Hospital.



Section of Radiology

Tina Basak, MD



Dr. Basak specializes in musculoskeletal imaging. She received a medical degree from the University of Southern California. She completed an internship at UCLA Medical Center and a residency at Loma Linda University Medical Center.

In addition, she completed a fellowship at Cedars-Sinai Medical Center.

Section of OBGYN and Gynecologic Oncology

Lori Cory, MD

Dr. Cory specializes in the evaluation and treatment of gynecologic malignancies, including uterine, ovarian, vulvar and vaginal cancers, and complex and benign gynecologic conditions requiring surgery. She is a skilled surgeon with extensive training in minimally invasive and robotic surgery. Dr. Cory received her medical degree from the Perelman School of Medicine at the University of Pennsylvania and completed a residency in obstetrics and gynecology at the Hospital of the University of Pennsylvania.



Moungnyan Cox, MD

Dr. Cox received a medical degree from Dartmouth Medical School. He completed a residency at Thomas Jefferson University Hospital and a fellowship at the Hospital of the University of Pennsylvania.

Christine Kansky, MD

Dr. Kansky sees patients at Chester County Ob/Gyn Associates. She received a medical degree from Sydney Kimmel Medical College and completed her residency at Virginia Commonwealth University.

▶▶ TO FIND A DOCTOR,
CALL 800.789.PENN, OR VISIT
chestercountyhospital.org



Call 610.738.2793 to update your mailing information.

how can you make a lasting impact?

You can help the patients and families we serve receive the high-quality care and support they need for generations to come by including Chester County Hospital in your will or estate. It is easy to do. You can add one sentence in your will or add a codicil to an existing will. Both versatile and convenient, your gift can be structured to meet your goals while providing access to your assets throughout your lifetime.

To learn more about giving options, please contact **Karen DeStefano**, 610.431.5110 or email karen.destefano@pennteam.upenn.edu.

