

synapse

THE CHESTER COUNTY HOSPITAL MAGAZINE | 2022 VOL 1



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WELLNESS PROGRAMS

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

NUTRITION AND WEIGHT CONTROL

Whether you have a chronic health condition or want to improve your eating habits for your personal and physical well-being, we have the expertise and programs in place to help you.

Nutrition Counseling – Meet one-on-one with a Registered Dietitian.

Struggles & Solutions – A Dietitian leads a monthly discussion on an interesting, timely, and immediately useful topic about food, activity, and wellness.

Weight Management Programs –

- Truth About Weight Loss
- Your Weigh Down
- Emotional Eating

DIABETES PREVENTION

Approximately 88 million Americans have pre-diabetes. With early detection and awareness, you can take the steps to prevent or delay the onset of type 2 diabetes. Our programs will help you make proven, achievable lifestyle changes to reduce your risk.

Reversing Pre-Diabetes A 90-minute program about diagnosing pre-diabetes and what to do to prevent type 2 diabetes.

Prevent Type 2 Diabetes Six-week program led by a trained lifestyle coach who make lifestyle changes to improve your health.

National Diabetes Prevention Program Year-long program designed by the Centers for Disease Control to help you make sustainable lifestyle changes.



DIABETES EDUCATION

By learning to manage your diabetes, you can enjoy a long and active life. We have education programs to help you understand nutrition, blood sugar testing, exercise, and coping.

Diabetes Basics For type 2 diabetes.

Intensive Insulin Management Training For anyone on multiple insulin injections.

Gestational Diabetes Management For pregnant women who develop 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.

WELLNESS PRESENTATIONS

We are committed to providing a broad scope of high-quality education programs that address specific life cycle needs and chronic health conditions and topics:

- Cancer
- CPR and Safety
- Heart and Vascular
- Mental Health and Addiction
- Nutrition
- Orthopaedics
- Senior Health
- Women's Health



SMOKING CESSATION

Our seven-week cessation program, **Stop Smoking Now!**, will teach you the tools you need to quit smoking. The class meets weekly to help identify your smoking triggers and deal with withdrawal symptoms.

SUPPORT GROUPS

We have a wide variety of support groups to provide participants with education, information-sharing and support:

- Cancer
- Diabetes
- Heart and Vascular
- Mommy Wellness
- Parkinson's Disease

SPEAKERS BUREAU

Our Speakers Bureau is a FREE service designed to meet the interests of community groups and organizations. We provide dynamic healthcare professionals who can present on a variety of current topics.

Additional program information including descriptions, schedules, and registration can be found at ChesterCountyHospital.org/wellness or by calling 610.738.2300



DEAR FRIENDS



Happy New Year and welcome to another edition of *Synapse!* We hope the holiday season found you safely reunited with loved

ones. While the pandemic is still very much a presence in each of our lives, the small sense of normalcy that returned towards the end of 2021 was a much needed reprieve for us all.

As we enter the new year, we're excited to share the many innovations, accomplishments, and stories of our teams.

With Heart Month just around the corner, this issue details two cutting edge cardiovascular procedures now available right here in Chester County – transfusionless heart surgery and transcatheter aortic valve replacement (TAVR). The hospital's new Associate Medical Director of Senior Living – Renee McDonough, MD – shares her experience with this vulnerable population over the last two years and her plans for making their care more accessible. We also celebrate recent achievements of our clinical teams.

It is a privilege and an honor to provide you and your families high quality care this year, and every year. Thank you for placing your trust in Chester County Hospital. We wish you good health, much happiness, and many fond memories in 2022.

Stay well,

Michael J. Duncan
President and CEO

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synapse

SYNAPSE MAGAZINE SINCE 1981

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CUTTING EDGE CARDIAC CARE

Left to right: CHRIS AYLSWORTH, MBA, PA-C, CHIEF CARDIOVASCULAR PHYSICIAN ASSISTANT AT CCH AND SATOSHI FURUKAWA, MD, CHIEF OF CARDIOVASCULAR SURGERY AT PENNSYLVANIA HOSPITAL COLLABORATE DURING A PROCEDURE AT CCH



SATOSHI FURUKAWA, MD, CHIEF OF CARDIOVASCULAR SURGERY AT PENNSYLVANIA HOSPITAL AND THE SURGEON WHO WILL BE PERFORMING ALL THE TRANSFUSIONLESS HEART SURGERIES AT CHESTER COUNTY HOSPITAL.

Last spring, Chester County Hospital began offering transfusionless heart surgery to help meet growing demand in the Greater Philadelphia region. A transfusionless surgery does not necessitate a blood transfusion or a blood product, according to Patricia A. Ford, MD, Director for the Center for Transfusion-Free Medicine at Pennsylvania Hospital.

Dr. Ford helped establish the revered center 25 years ago. At the time, it was one of only a handful of its kind in the United States. Today, she estimates there are more than 150 bloodless medicine centers across the country.

Satoshi Furukawa, MD, Chief of Cardiovascular Surgery at Pennsylvania Hospital and the surgeon who will be performing all the transfusionless heart surgeries at Chester County Hospital says the method has had a significant impact on his approach to care. "I decided that for every case, we would do all the things necessary to minimize blood transfusions," he continues. "That would be our new standard of care."

The vast majority of patients at Penn's center are Jehovah's Witnesses, Dr. Ford says. Jehovah's Witnesses adhere to a literal interpretation of a Bible scripture, Acts 15:29, that says, "to keep abstaining from things sacrificed to idols, from blood, from what is strangled, and from sexual immorality."

"Our position is that we refuse whole blood and its four major components: red cells, white cells, plasma, and platelets," says Terry Robinson, a minister with the Hospital Liaison Committee for Jehovah's Witnesses in Philadelphia

PRACTICE MAKES PERFECT

Over a career that's spanned the better part of the last three decades, Dr. Furukawa has risen through the ranks of the premier transfusionless heart surgeons in the country.

"In terms of transfusionless cardiovascular surgery, I think he's the best in this region. He certainly has the most experience," Dr. Ford says. "I consult with Jehovah's Witness patients all over the country, and his is the only name I give out for cardiovascular surgery. On top of his expertise, he's also kind, compassionate, and respectful."

Essential to this approach is ensuring that the patient's hemoglobin is at an appropriate level for surgery.

"Transfusionless cardiovascular procedures are particularly complicated because it's difficult for the heart to compensate for anemia," Dr. Ford says. "We have to have a good starting hemoglobin."

While transfusionless heart surgery will be done at Chester County Hospital, patients will receive outpatient diagnostic and therapeutic anemia correction at the Center for Transfusion-Free Medicine at Pennsylvania Hospital.

Once a diagnosis is made and the need for surgery becomes apparent, Dr. Ford, a hematologist, meets with the patient to determine if they're anemic. Anemia is a condition in which there's a shortage of healthy red blood cells to carry oxygen to the body's tissues. An estimated three million Americans are anemic, making it the most common blood condition in the country.



cutting edge... *continued*

Over a career that's spanned the better part of three decades, Dr. Furukawa has risen through the ranks of the premier transfusionless heart surgeons in the country.



With the patient's approval, the raw materials used to make hemoglobin (intravenous iron) and agents to stimulate bone marrow production of red blood cells can be used to increase the red blood cell count, Dr. Ford says. Treatment is typically administered on a weekly basis at the center until the patient reaches what she and Dr. Furukawa deem an acceptable level to proceed with surgery.

The hematologist will also assess the patient's bleeding risk before surgery. For example, if a patient is taking a blood thinner that could make them bleed more easily, the hematologist will work with the patient's cardiologist to determine if it's safe to temporarily take the patient off the blood thinner.

CONSTANTLY BUILDING TRUST

While Dr. Furukawa is a central component of the new transfusionless heart surgery program at Chester County Hospital, caring for the patients is a team effort. Much of his motivation for aiming to approach every heart surgery as a transfusionless procedure was tied to fostering cohesion among his support staff. He began assembling and training his support staff with the help of Robinson and Dr. Ford more than a year ago, in April 2020.

"We've spent the last year working toward getting everyone on the same page," Dr. Furukawa says. "There are nuances in the preoperative, interoperative, and postoperative contexts that need to be accounted for."

"One of the first things I said to the administration when I opened the center 25 years ago was that I can't do this by myself," Dr. Ford says, underscoring the value of a team for such an undertaking.

"It's not the actual surgery that's complex. It's just the mentality, the culture that needs to be established from the beginning to the end that's different from conventional circumstances."

As program coordinator, Joseph Riddick Jr. oversees Dr. Ford's trusted patient care coordinators, the vital links between patient and doctor at the center. Last September, he entered his 22nd year at the center. Respect for patients' beliefs and wishes permeates all aspects of the care administered there, as it does with Dr. Furukawa's program at Chester County Hospital. It falls to the coordinators, though, to ensure that understanding is formalized.

Upon diagnosis and the recommendation of surgery, Riddick carefully walks through an extensive documentation process with the patient, explaining medical terminology and the implications of certain procedures and blood fractions, as needed. The process is designed to make clear and formalize the intent at every phase, before, during, and after their surgery, removing any chance of miscommunication or misinterpretation. Once complete, everything is registered in the patient's electronic medical record, which is accessible to every healthcare provider in the Penn Medicine system.

Throughout all parts of the process, Riddick says the patient care coordinators act foremost as an advocate for the patient.

"We want to make sure they know they have someone they can count on to respect their wishes and protect their position until they're discharged," he says. "We're constantly and consciously building trust."

FROM A CHANGE IN PERSPECTIVE COMES NEW ADVANCEMENTS

There's another reason for Dr. Furukawa's unique approach to heart surgery: It's beneficial to his patients.

Soon after the Center for Transfusion-Free Medicine at Pennsylvania Hospital was established, it and similar operations in the US formed the Society for the Advancement of Blood Management to encourage the sharing of new information and develop pathways and guidelines for caring for people who declined blood transfusions.

"Ten to 15 years ago, we recognized that our strategies would help treat all patients, not just Jehovah's Witnesses," Dr. Ford says. "In 30% to 50% of the instances that blood products are given, they don't improve the outcome."

From that realization came a novel practice called Patient Blood Management, which refers to the use of evidence-based medical and surgical strategies to avoid unnecessary blood transfusions while improving patient outcomes.

"The core of what I do is still caring for Jehovah's Witnesses. I see about 1,200 a year for all different reasons,"



Dr. Ford says. "But I'm also now seeing lots of patients who aren't Jehovah's Witnesses."

In conjunction with the transfusionless heart surgeries, Dr. Furukawa has also been honing a developing approach called Early Recovery After Cardiac Surgery. The goal is straightforward: To put patients in a position where they're eligible to be discharged sooner after their surgery. Patients who undergo transfusionless surgery are at an advantage in this regard, he says.

"The fewer transfusions we end up doing, the more chances we have for patients to go home sooner," Dr. Furukawa says. "Transfusions can help to a degree, but complications are more prevalent in transfused patients. So by avoiding unnecessary transfusions we can minimize complications and get patients back to their own environment - it all works together."

"We want to make sure they know they have someone they can count on to respect their wishes and protect their position until they're discharged... we're constantly and consciously building trust."





DR. RENEE MCDONOUGH WITH PATIENT MICHELE BEACHY AT HER NEW OFFICE IN WESTTOWN.

“The whole focus is on the patient...”

REDEFINING THE SHAPE OF CARE

The chaotic early months of the pandemic are still close to the surface for Renee McDonough, MD, who was, at the time, the lead physician at a local nursing home in Glen Mills. She's since accepted a new position, as Associate Medical Director of Senior Living, a new program at Chester County Hospital.

Throughout our region awareness heightened that COVID-19 spread much faster than common viruses. And in older adults, it was more lethal. Working seven days a week, Dr. McDonough and her staff scrambled to isolate and care for residents who tested positive, a challenge made all the more difficult by the physical limits of a full building.

However, the hardest part – the part that exacted the greatest physical and emotional toll – was standing in for the family. “Because of the nature of the virus, a lot of residents passed away without being with their families,” Dr. McDonough says. “Before this, it was unheard of to be kept apart from loved ones when you're dying.”

SAYING GOODBYE BECOMES EVEN HARDER

She and her staff, dressed head to toe in personal protective equipment, sat bedside and connected residents with their families via FaceTime. It was a clear compromise, but it was the only option the situation would allow. As a result, Dr. McDonough was thrust, time and again, into the uncomfortable position of witnessing a person's last goodbyes.



“When I was a resident, I would work a 48-hour shift in an intensive care unit where 10 people might die in a single night,” she says. “I was exposed to a lot of death, and I learned how to communicate with families in those moments.”

She chokes back tears remembering a FaceTime call between one of the nursing home's first residents diagnosed with COVID-19 and her family.

“There were several family members on the call, and everyone was crying,” Dr. McDonough says. “Eventually, the patient said, ‘It's time to go.’ She turned her head, and the patient was gone within a few hours.”

While the sharp rise of COVID-19 variant infections in recent months is concerning – particularly for older adults, more vulnerable to severe manifestations of the virus because they have weaker immune systems than most – Dr. McDonough is confident we won't experience a repeat of the spring of 2020.

“In the first wave, we were unprepared. We didn't know what COVID was,” she says. “By the second wave, we were testing frequently, and we knew isolation was key to preventing spread. Now, we're blessed not only with effective vaccines but also treatments.”

RESTORING THE HOUSE CALL

Dr. McDonough spent the first part of her career in family medicine, where the majority of her patients were older adults. She relished treating multiple health concerns simultaneously, as was the case with many of her older patients. And she enjoyed getting to know them.

“I've met all kinds of interesting people who have seen and done so much,” she says.

In her new role at Chester County Hospital, Dr. McDonough is joining a team that's charged with developing a groundbreaking program that's meant to improve access to care for local older adults.

“It will be true to the community we serve,” she says. “Rather than having everyone come to us, either at the hospital or a primary care setting, we'll be working closely with Penn Medicine At Home to go out into the community and meet people where they live, whether it be an independent living, assisted living, or nursing home setting.”

Penn Medicine At Home is an accredited, Medicare and Medicaid certified program that makes a team of specialists available for in-home consultations, and at several convenient locations across the region.

After 18 months of working tirelessly to protect her nursing home's community from COVID-19, Dr. McDonough says she found a rare opportunity with her new position to deliver the same personalized care to an even larger population.

“The whole focus is on the patient. It was the first time I've ever heard someone at a hospital refer to patients as residents of the community,” she says. “To remain true to that vision, we're working to establish a holistic program that's built on the understanding that improving the care of our older adults improves the community as a whole.”

Senior HealthLink: Improving Health and Addressing Loneliness Among Senior Citizens

Senior HealthLink (SHL), part of Penn Medicine at Home, is a free and voluntary program that supports the physical, emotional, and nutritional needs of at-risk-seniors while simultaneously offering practical experience for nursing students.

The need for extended services to maintain health and independence among this vulnerable population was identified more than 30 years ago by a visiting nurse from a local home care agency.

While the cornerstone of Senior HealthLink is home visitation by student nurses, services have expanded over the last three decades since the program's inception to include:

- A COMMUNITY RESOURCE PHONE LINE 610.431.1852
- HEALTH EDUCATION PROGRAMS
- SCREENINGS WHERE SENIORS GATHER OR RESIDE THROUGHOUT THE COUNTY

At the onset of COVID-19, the SHL team swiftly developed an additional service - telephonic health visits. This enabled the program to safely maintain contact with clients as they were forced to shelter-in-place. On these phone calls, clients openly shared their feelings of loneliness and isolation due to the pandemic. As a result, more frequent phone calls were scheduled to provide additional assistance.

“Ample research has shown that loneliness can decrease life expectancy so when our clients began to express feelings of loneliness, stress, and anxiety about not being able to see family, friends, or their healthcare providers, we knew we had to do something. The telephone visits were like a lifeline, bridging the gap between our clients and necessary resources,” shared Mary Jo Baldino, BSN, RN, who manages the Senior HealthLink program.

Home visitations resumed at the end of 2020 however, given the success and positive feedback of telephonic visits, SHL has continued that offering, as well. “This hybrid approach has allowed our services to expand into a larger geographic area, increase frequent contact with our most vulnerable clients, and the growth of the number of seniors served by the program,” Jean Herb, MSN, RN, Senior HealthLink outreach nurse, said.

If you are interested in participating in the Senior HealthLink program, please call 610-918-6530 or email Mary Jo Baldino at maryjo.baldino@pennmedicine.upenn.edu.



Getting a new lease on life...

THROUGH A SMALL INCISION

John Soditus started to suspect something was wrong in June 2020. He was taking twice as long to mow his lawn as he normally would, and he needed to stop and rest multiple times along the way...

Eighty-two-year-old Soditus, who lives in West Bradford Township in Chester County, Pa., leads an active life in retirement. An avid camper, he also exercised three to four times a week before the pandemic, between spinning classes and weight training. He had been seeing cardiologist William Clay Warnick, MD, FACC, the Medical Director of Cardiovascular Services at Chester County Hospital, for a heart murmur and angina.

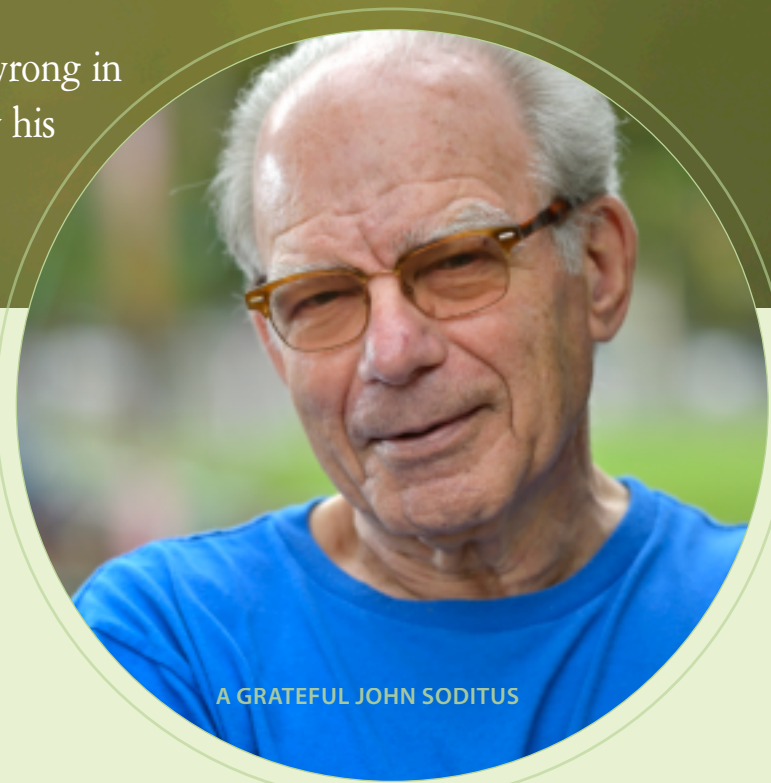
Soditus soon found that his new health struggles could be addressed with an advanced procedure right at his local hospital.

To correct his severe aortic stenosis, Soditus was referred to the Heart Valve Center at Chester County Hospital for a minimally invasive procedure called TAVR.

WHAT IS TAVR?

Transcatheter Aortic Valve Replacement

An alternative to open-heart surgery, TAVR is a minimally invasive procedure where a new, fully collapsible replacement valve is placed inside the diseased heart valve through a catheter. Although there are several approaches for inserting the new valve, the most common is the transfemoral approach. A very small incision is made and a catheter is inserted into the large artery in your groin.



A GRATEFUL JOHN SODITUS

A specialized x-ray camera is utilized to help the doctor guide the new valve into the heart.

Once it's in place, the new valve is expanded, at which point it pushes the old, stiffened leaflets out of the way and takes over regulating blood flow.

TAVR is designed to correct severe aortic stenosis, and it's available to patients who are otherwise in good health and those who are elderly or have other complications that would make a traditional open-heart surgery risky. Penn Medicine was an early adopter of TAVR beginning in 2007, running clinical trials and gaining experience that has made

Penn one of the top five programs in the country. The Heart Valve Center at Chester County Hospital began offering TAVR in mid-July of 2020, though it had been evaluating patients for whom the procedure was a possibility for several years and referring patients that were considered good candidates for the procedure to sister hospital Penn Presbyterian Medical Center, in Philadelphia.

With TAVR now available at Chester County Hospital, candidates for the minimally invasive procedure who live in this community can remain close to home not only for their treatment but also for the necessary appointments beforehand and their follow-ups. That convenience lessens potential distractions, like travel, and allows candidates and their families to focus on their recovery.

Julie Pitts, CRNP, MSN, the Program Manager at the Heart Valve Center, conducts a thorough review of each patient's records as they're referred to the center for the procedure. Beyond confirming the patient's diagnosis, she also needs to ensure their anatomy is suited to the procedure. Good transfemoral access is important, as is the size of the aortic valve. Certain constraints arise if it's too large or too small.

If the patient is a good candidate for TAVR, Pitts will plot out the next steps, the first of which is generally arranging a meeting between the patient and Muhammad Raza, MD, FACC, an interventional cardiologist and the Medical Director of the Structural Heart Disease Program at Chester County Hospital, and surgeon Deon W. Vigilance, MD, MBA, Clinical Assistant Professor of Surgery at Penn Medicine. During the session, Raza describes what will happen during the procedure and what needs to come before it.

Compared to open-heart surgery, there's an extra step involved in the preparation for TAVR: a CT scan of the chest, abdomen, and pelvis, which creates a kind of internal roadmap for the interventional cardiologist and helps them better assess the transfemoral access.

After that, the patient undergoes a heart catheterization, which provides the interventional cardiologist with a better understanding of the heart's anatomy and allows the physician to identify and treat certain other heart conditions.

Everything is scheduled by a patient navigator, who is meant to serve as a liaison between the patient, Pitts, and the doctors.

"Our navigators are what set our program apart," Pitts says. "Our main goal is to make sure that our practice is very patient-focused. We want every patient to feel fully supported throughout their treatment. We're a community-based hospital, after all. And we want to maintain that feel — while providing next-level care."

GETTING BACK TO NORMAL

Soditus says that once the decision was made to move ahead with his procedure, the process moved very quickly.

"I have nothing but great things to say about Julie and her team," he says. "They've been tremendous. They coordinated everything for me, every test, every appointment. If I was left to do it on my own, it would have taken a month or two. With them, it was a few days."

Within one month of his procedure, Soditus noticed a marked difference in his health. He was back to taking regular long walks and ready for more, but heeded Pitts' advice to follow his recovery instructions closely and to be cautious about pushing himself. Now, a year removed from his procedure he has been back to all of his regular activities including gardening, bowling, fishing, and camping.

His advice for those in need of TAVR, he says, "even though TAVR is a scary idea, the surgeons and staff are well-versed in what is being done, and it goes a lot smoother than you think it will."

He has been very pleased with his experience at Chester County Hospital and states, "throughout the process, all of the staff that were involved — navigators, nurses, doctors — they were all top notch people. They were with me the whole way and they continue to call and check in on my progress."



MINIMALLY INVASIVE SURGERY GOT JOHN BACK TO ENJOYING LIFE FASTER — FRIENDS, CAMPING, FISHING, CARDS... EVEN CUTTING THE GRASS



a Q + A with our

GYNECOLOGIC ONCOLOGISTS



Lori Cory, MD, MSCE

Robert L. Giuntoli II, MD



What drew you to gynecologic oncology?

DR. CORY As I rotated through the subspecialties during my obstetrics and gynecology residency, gynecologic oncology was the first one where I realized I couldn't wait to get to work. And I was always staying late to talk with my patients. I love to operate, but I value the longitudinal relationships with my patients even more. So, gynecologic oncology was the perfect combination of medicine, surgery, and patient interaction.

DR. GIUNTOLI Medical school was an eye-opening experience for me. Early on, I naturally gravitated toward oncology and surgery. Once I got into obstetrics and gynecology, I narrowed my focus to oncology because it allowed me to be a surgeon while maintaining a long-term commitment to many of my patients. I also appreciated that our patients were truly in need, and we, as physicians, could improve their condition. Not always cure them, but at least make their quality of life better.

Is there a patient who resonates with you?

DR. CORY Yes. During my residency, there was a woman who was diagnosed with ovarian cancer. She came to us initially looking for help with meeting the eligibility requirements for a clinical trial. That meant increasing her nutritional and functional status. Not long after we admitted her, the nature of our conversations changed and so did her goals. We went from

focusing on her treatment to making sure she was comfortable. Being involved in her care exposed me, for the first time, to the full spectrum of a patient's experience in this field. It's an incredible privilege to take care of a woman at the end of her life, to make her comfortable and ensure she's able to express everything she needs to share with those closest to her.

DR. GIUNTOLI I have a patient I've taken care of for more than 15 years. I recently operated on her. She has a slow-growing tumor, which has allowed her to live this long. But we also haven't been able to eradicate it. We've been able to take steps along the way that have positioned her to do well despite her disease process. It's a complicated situation, and her care has truly been a team effort. Because we've been thoughtful about it, she's done better than she otherwise would have. She's earned an MBA and a Ph.D. To boot, she's a wonderful person. I'm privileged to have had an impact on her life.

What parts of your tenure here so far have you embraced the most?

DR. CORY It's the family culture. What's particularly special about our team is that every person will go out of their way to make sure our patients are as comfortable as they can be, whether that means staying late to be with them or talking

to them on the phone over the weekend. A cancer diagnosis is one of the most difficult challenges a person will face. So we try to make sure that their treatment and follow-up are as smooth and stress-free as possible.

DR. GIUNTOLI Everyone around the hospital is so friendly. They're also focused on a common goal: doing what we can to help every patient. This combination allows us to be innovative while maintaining personal connections with our patients. And I think that's a tremendous advantage for patients.

What do you consider to be the most challenging aspects of your work?

DR. CORY Maintaining a proper work-life balance is always a challenge. I'd also say having end-of-life conversations. I think we all experience at least a little fear about our mortality – I know I do – and these women are being faced with it sooner than most. These conversations can be difficult to have, but I want to make sure they have the chance to discuss their goals for the end of their life openly and honestly. It can make a huge difference in their experience.

DR. GIUNTOLI The work-life balance. In general, being a physician is a big commitment. I'm always juggling patient care, research, and my family. We have three daughters, ages 16, 14, 8, who deserve the full attention of their dad.

How about the most rewarding part?

DR. CORY The relationships I'm able to develop with my patients. Many of these women are putting their life in my hands when I operate on them. I want to make sure I respect their trust and their experience.

DR. GIUNTOLI IS THE DIRECTOR OF GYNECOLOGIC ONCOLOGY AT CHESTER COUNTY HOSPITAL.

DR. GIUNTOLI Making a difference in people's lives. Knowing our efforts created a better outcome for someone. And it really is our efforts. Without Dr. Cory and our team of nurses and support staff, I couldn't do what I do.

How conscious are you of your bedside manner?

DR. CORY Very, and I try to be really open. I think the most important thing is to not take the same approach with everyone. Each patient has her own unique set of physical, emotional, and socio-economic needs. There are guidelines and protocols, of course, but there's no one right answer for every patient. It's my responsibility to talk about all of their options and then listen and understand what's right for them so we can make a plan together. I very much believe in a team approach where the patient is the most important member.

DR. GIUNTOLI Medicine is science, but it's not only science. Part of it isn't knowledge-based, but rather to impart knowledge in an acceptable form. An even bigger part is being emotionally supportive of the patient and understanding how much they need or want to know and what level of emotional support is appropriate. Everyone has different needs and wants. Also, as an oncologist, I realize the gravity of most interactions with my patients, but I try to add some lightheartedness where I can. It's important, I think, to let our patients know we're human.

What's the most valuable thing you've learned during your career so far?

DR. CORY To be kind. I've grown to appreciate that you can never really know what a person is going through. As busy as we all are, it's very easy to lose sight of that. But I've found that simply taking a few extra minutes to be kind to someone, whether it's a patient or a coworker, goes a long way toward building strong, meaningful relationships.

DR. GIUNTOLI I work with an amazing nurse and nurse practitioner. I've learned a lot from both of them over the last seven years, including that patients have autonomy. I may want to treat everyone as I would my family, but not everyone wants that. I think I'm more sensitive to those wishes now. I still need to make sure I'm appropriately informing them of their treatment options and the risk benefits of those options, but, ultimately, it's about meeting the patient where they are.

What's something that you can do today that wasn't possible, or was significantly more difficult to do, only 10 years ago?

DR. CORY Prevent cancer. One of the innovations I'm most excited about is a new vaccine for human papillomavirus (HPV), which causes cervical, anal, vaginal, vulvar, and penile cancers. This vaccine prevents nine different strains of HPV, so it has the potential to have a huge impact on our society. I love my job and taking care of my patients, but if I can help prevent cancer from occurring in the first place, I want to do that.

DR. GIUNTOLI Robotic surgery is enabling us to do minimally invasive surgeries that I could not have conceived as a fellow, 20 years ago. As a junior faculty member, I was involved in its introduction, and the learning curve was steep. But once we developed techniques around the technology, it's been a revolution. Biological agents also have enhanced our ability to treat certain cancers, including ovarian cancer. It's remarkable to see those advances move from the lab to patient care.

DR. CORY JOINED THE GYNECOLOGIC ONCOLOGY PROGRAM AT CHESTER COUNTY HOSPITAL IN 2018.

*a Q + A with our***BARIATRIC SURGEONS***Learn how they are making a difference*

Kristoffel R. Dumon, MD is a Bariatric and Gastrointestinal Surgeon at Chester County Hospital. He was educated in Belgium, where he grew up, and did his initial training in Germany. His interest in minimally invasive surgery led him to the United States – and the University of Pennsylvania – in 1998.



Noel N. Williams, MD accepted an offer to leave his practice in his native Ireland to help establish the minimally invasive and bariatric surgery program at Penn in 1994. He is currently the Director of the Penn Metabolic and Bariatric Surgery Program.

What drew you to bariatric surgery?

DR. WILLIAMS At the time, the system in Ireland was, you did six months of surgery followed by six months of medicine after you graduated from medical school. From that point, I taught anatomy for a year before going on to a formal surgical training program in Ireland, which brought me to the United States for two years. When I returned to Ireland, I was doing gastrointestinal surgery, much of it minimally invasive. Back then, the bariatric surgery program at Penn was all open surgery. The leaders of the program approached me and asked if I could translate my expertise in minimally invasive surgery to bariatric surgery. I've been at Penn, and doing bariatric surgery, ever since.

DR. DUMON I did my first residency in Germany. It was focused on trauma surgery. I wanted to learn more about minimally invasive surgery, and at the time, there were more opportunities for that in the US. So I did a second residency in general surgery at Penn. While I was there, minimally invasive surgery was just beginning. Once I completed my residency I applied, and was accepted, for a newly established fellowship in minimally invasive and bariatric surgery.

Dr. Dumon, You're very involved in developing robotic techniques for bariatric surgery. Can you put into context just how much the field's evolved in recent years?

DR. DUMON It's impacted virtually every aspect. Many people are familiar with staples and probably think they've been around for a long time, but they're a pretty recent development. And while it may seem like a small thing, replacing sutures with staples, it's dramatically cut down the duration of surgeries, which makes them safer.

Dr. Williams, your ties to Penn go back more than 20 years, but your presence at Chester County Hospital is recent...

DR. WILLIAMS At the Penn Metabolic and Bariatric Surgery Program's primary location, the Perelman Center for Advanced Medicine in Philadelphia, and at our outpatient clinic in Valley Forge, Dr. Dumon and I were seeing a lot of patients from Chester County. We thought, rather than have them come all the way downtown for their surgery, why not make it available to them closer to home, along with their pre and post-operative care? The opening of the new, state-of-the-art operating rooms at Chester County Hospital motivated us to finally act. We're able to offer robotic surgery here, and the inpatient rooms are pretty spectacular.

What parts of your tenure at Chester County Hospital have you embraced the most?

DR. DUMON The level of patient care. There's a very collegial, patient-focused atmosphere here. Chester County Hospital has done an incredible job creating state-of-the-art facilities. The operating rooms, for example, are outfitted with the newest technology, including robotics. At the same time, the care provided here is very personalized. You walk in, everybody smiles. Everybody seems to know each other. It's a close-knit community. It's the most attentive and innovative care center in the region.

DR. WILLIAMS One of our top priorities in establishing a comprehensive bariatric surgery program at Chester County Hospital was patient safety. We've worked hard to achieve a certain standard at the Hospital of the University of Pennsylvania. We were able to duplicate that here without any difficulty because the administrators and staff are dedicated to it as well.

What do you consider the most challenging aspects of your work?

DR. WILLIAMS Bariatric surgery, by nature, can be very challenging. Patients can have a lot of health complications related to their obesity, such as sleep apnea, heart disease, or diabetes. Before we even reach the point of their surgery, we need to make sure we're addressing all of that and putting our patients in the best possible position before and after their surgery.

DR. DUMON Unlike most kinds of surgeries, bariatric surgery isn't fixing an immediate problem. Instead, it's a significant piece of a long-term process that's designed to improve the patient's health, their quality of life, and, ultimately, their longevity. But there can be a lot of complexity, medically speaking, in navigating the periods before and after the surgery, not to mention the surgery itself.

How about the most rewarding part?

DR. DUMON The long-term outcome. Seeing my patients evolve and get a second chance at life. As far as we've come as a society, obesity is still stigmatized. It's still largely considered a personality trait. So I appreciate being able to tell them in our initial conversation, "Listen, this is 99 percent biology. We can help you." And then seeing them thrive through the process. It's a privilege to be able to provide this to my patients.

DR. WILLIAMS When people undergo surgery like this, it changes their lives. They can play with their kids. They can travel without difficulty. Knowing that, it puts *continued >*

their progress in perspective. At the first follow-up after their surgery, they'll have already lost 20, 30 pounds. And then a year later, they've lost 100, 150 pounds. It's very satisfying to have a part in that transformation.

How conscious are you of your bedside manner?

DR. DUMON I try to be very patient-centric and approach each person as a unique individual. I believe I'm at my best as a surgeon when I'm able to make a connection to my patient. Everyone's life story is different. Being able to connect to that is a very important aspect of providing the patient with the surgical care they need.

DR. WILLIAMS I was taught very early in my medical training that being able to meet your patients where they are early in their care is critical. I spend a lot of time engaging my patients. I want them to tell me about themselves, and I want to make sure I'm clearly explaining what I'm going to do in the operating room. Part of that is mentioning potential complications. I usually present them like this: "I'm telling you this, that it could happen, but I'll also tell you ways to make sure it doesn't." That helps foster confidence, which is an important part of the patient-doctor relationship.

Is there a patient who resonates with you?

DR. WILLIAMS Yes. It's actually someone from the Chester County area. He underwent surgery some years ago and became an ambassador for our program. He heads a lot of our

support groups, too. Back then, he weighed more than 400 pounds. Today, he's just over 200. He completely changed his lifestyle. His transformation has been incredible to witness, but, to be honest, he's one of many.

DR. DUMON I had a patient who was on dialysis and the waiting list for a kidney transplant, which made her higher risk than most morbidly obese people who undergo bariatric surgery. At the time, our program didn't have much experience with patients like her, but we proceeded with her surgery. Not long after it, she was able to receive a kidney transplant because her weight had fallen to a healthier range, a prerequisite of the transplant. I saw her again very recently. She'd lost even more weight, and she was so excited!

What's the most valuable thing you've learned during your career so far?

DR. DUMON Humility. I'm constantly meeting new people, and I'm noticing the challenges they have in life. Their challenges are often much greater than what I can do for them. Being a doctor is incredibly rewarding. Not a day goes by where I question what I'm doing with my life. But it's also very humbling.

DR. WILLIAMS To be compassionate to my patients. I try to always make sure it's at the forefront of my care, to understand what they're going through so I can put myself in a position to meet their needs throughout our relationship.

▶▶ LEARN MORE AT
www.chestercountyhospital.org

points of pride

Congratulations... Nurse Manager Study Published

A unique collaboration between clinical managers **Darren Girardeau, MSN, BM, RN, the Director of Emergency Services** and **Moira Hoch, MSN, RN, Director of Critical Care Services** (both clinical managers at the time of the study) and the hospital's Research department **Cindy Brockway, MSN, RN, CCRP, Director of the Research department**, along with **Cheryl Monturo, Ph.D., MBE, its Senior Nurse Scientist** helped define and rectify a growing source of burnout among nurse managers at Chester County Hospital.

The findings were presented to the hospital's senior administrators and an additional position – assistant nurse manager – was approved to help better support frontline staff and ensure patients receive the highest level of quality care.

Monturo believes their study is a shining example of the progress that can be made when scientific thinking is applied to everyday dilemmas.

"It's reinforcing a culture of inquiry here at CCH," Monturo says. "By employing a variety of research and evidence-based practice strategies, we were able to take information and use it for the betterment of our patients and staff."

The research study was published in *Nursing Management* in July 2021, furthering its success and exemplifying collaboration as a best practice within the industry.



TOP L-R: MOIRA HOCH, MSN, RN, DIRECTOR OF CRITICAL CARE SERVICES AND DARREN GIRARDEAU, MSN, BM, RN, DIRECTOR OF EMERGENCY SERVICES
BOTTOM L-R: CINDY BROCKWAY, MSN, RN, CCRP, DIRECTOR OF THE RESEARCH DEPARTMENT AND CHERYL MONTURO, PH.D., MBE, SENIOR NURSE SCIENTIST

Chester County Hospital Nationally Recognized by Multiple Quality Improvement Organizations

AMERICAN HEART ASSOCIATION GOLDPLUS AWARDS: Chester County Hospital (CCH) has received the **American Heart Association's GoldPlus Get With The Guidelines®-Stroke Quality Achievement Award** for their commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines. CCH also received the **American Heart Association's GoldPlus Get With The Guidelines®-Heart Failure Quality Achievement Award** for their commitment to managing heart failure in patients.

Additionally, the hospital received the Association's: **Type 2 Diabetes Honor Roll Award** for both designations. To qualify for this recognition, hospitals must meet quality measures developed with more than 90% of compliance for 12 consecutive months for the "Overall Diabetes Cardiovascular Initiative Composite Score."

CMS 5-STAR RATING: Chester County Hospital has been awarded a **5-star rating**—the highest possible score—by the Centers for Medicare & Medicaid Services (CMS). In Pennsylvania, only twenty-two hospitals were given a 5-star rating from CMS. Chester County Hospital tops the list and is one of just two hospitals in the county to receive the prestigious ranking.

U.S. NEWS & WORLD REPORT RANKING: And finally, Chester County Hospital was **ranked #8 in the Philadelphia region and #14 in the state.** The hospital was also rated as high performing in gastroenterology (GI) and GI surgery, neurology and neurosurgery, pulmonology and lung surgery, as well as heart failure, heart attack, stroke, back surgery, hip replacement, chronic obstructive pulmonary disease (COPD) and pneumonia.

In speaking of the recognition hospital President and CEO Michael Duncan stated, "Chester County Hospital relentlessly pursues new clinical services and higher levels of quality to provide the best care possible for our community. The recognition of those efforts from *U.S. News & World Report* is an honor and a testament to our frontline workers. I am filled with pride and admiration for our staff and excited to continue to bring new services, treatments and high quality care to our friends, families and neighbors."

new physicians



Dermatology

Nikhil Shyam, MD

Dr. Shyam earned his medical degree from the University of Michigan. He completed his residencies at Johns Hopkins Hospital, Memorial Sloan-Kettering Cancer Center, and the University of Michigan Medical Center. Board certified in Dermatology, Dr. Shyam practices at Main Line Dermatology in West Chester and Wayne, PA.

Pain Management

Nathan Maltezos, DO

Dr. Maltezos earned his medical degree from Nova Southeastern University College of Osteopathic Medicine. He finished his residency in Anesthesiology at Albany Medical Center Hospital. He then completed his fellowship in Interventional Pain Medicine at Rush University Medical Center. Board certified in the fields of Interventional Medicine and Anesthesiology, Dr. Maltezos practices at Restorative Pain Care in West Chester, PA.

Farshad Rashidian, DO

Dr. Rashidian earned his medical degree from the Philadelphia College of Osteopathic Medicine. He finished his residency in Anesthesiology at Drexel University College of Medicine. He then completed his fellowship in Interventional Pain Medicine at Rush University Medical Center. Board certified in the fields of Interventional Medicine and Anesthesiology, Dr. Rashidian practices at Restorative Pain Care in West Chester, PA.



Gastroenterology

Nasir Akhtar, MD

Dr. Akhtar earned his medical degree from the Philadelphia College of Osteopathic Medicine. He completed both his residency and fellowship at Geisinger Hospital. Board certified in the fields of Gastroenterology and Internal medicine, Dr. Akhtar practices at West Chester Gastrointestinal Group in West Chester, Exton, Kennett Square, and West Grove, PA.

Austin Hwang, MD

Dr. Hwang earned his medical degree from Upstate Medical University. He finished his residency specializing in Internal Medicine at Thomas Jefferson University. He then completed his fellowship specializing in Gastroenterology at Lankenau Hospital. Board certified in the fields of Gastroenterology and Internal Medicine, Dr. Hwang practices with West Chester Gastrointestinal Group in West Chester, Exton, Kennett Square, and West Grove, PA.

Emergency Medicine

Erin Hayden Sjostrom, DO

Dr. Sjostrom earned her medical degree from the Philadelphia College of Osteopathic Medicine. She completed her residencies at the National Naval Medical Center, Baystate Medical Center, and Temple University Hospital. Board certified in Emergency Medicine, Dr. Sjostrom practices at Chester County Hospital with Emergency Care Specialists.

Pediatric Dentistry

Paul Fortanasce, DMD

Dr. Fortanasce earned his medical degree from the University of Pennsylvania School of Dental Medicine. He completed his residency at UPMC Children's Hospital of Pittsburgh. Dr. Fortanasce practices at Chester County Dentistry for Children in West Chester, PA.

Reproductive Endocrinology

Shannon Alexa, DO



Dr. Alexa earned her medical degree from the University of New England. She finished her residencies at Inspira Health Network and Inspira Medical Center in Vineland. Afterward, she completed her Preceptorship in

Reproductive Endocrinology at Main Line Fertility. Board certified in Obstetrics and Gynecology (OB/GYN) and Reproductive Endocrinology and Infertility (REI), Dr. Alexa practices at Main Line Fertility in West Chester, Bryn Mawr, and Paoli, PA.

Podiatry

Amir Abbasi, DPM

Dr. Abbasi earned his medical degree from the California School of Podiatric Medicine. Board certified in the fields of Foot and Ankle Surgery and Podiatric Medicine, Dr. Abbasi practices at Bryn Mawr Foot and Ankle Center, LLC in West Chester, PA.

Family Medicine

Inez Stoltzfus, MD

Dr. Stoltzfus earned her medical degree from the Drexel University College of Medicine. She completed both her internship and residency at In His Image Family Practice Program. Board certified in Family Medicine, Dr. Stoltzfus practices at Ingleside Medical Associates in Thorndale and Parkesburg, PA.

Victoria Brosius, MD

Dr. Brosius earned her medical degree from the Thomas Jefferson University, Sidney Kimmel Medical College. She completed her residencies at University of Pennsylvania and the Hospital of the University of Pennsylvania Health System. Board certified in Family Medicine, Dr. Brosius practices at Gateway Primary Care in Downingtown, PA.



Addiction Medicine

Okechukwu Obua, MD

Dr. Obua earned his medical degree from the University of Nigeria Faculty of Medicine. He then completed his residency at Henry Ford Health System. Board certified in the fields of Family and Addiction Medicine, Dr. Obua practices at Coatesville Comprehensive Treatment Center in Coatesville, PA.

Anesthesiology

Chad Talarek, MD

Dr. Talarek earned his medical degree from Thomas Jefferson University, Sidney Kimmel Medical College. He completed his internship at Northwestern Medicine Lake Forest Hospital and then finished his residency at Rush University Medical Center. Afterward, he completed his fellowship at the University of Pittsburgh Medical Center. Dr. Talarek is board certified in the fields of Anesthesiology and Internal Medicine. He practices at Chester County Hospital with Penn Anesthesiology West Chester.

Radiation Oncology

Gregory Ochsner, MD

Dr. Ochsner earned his medical degree from Tulane University School of Medicine. He completed his residencies at New York University Medical Center and Tulane Medical Center. Board certified in the fields of Radiation Oncology and Radiology, Dr. Ochsner practices at Comprehensive Cancer Care in Exton, PA.

▶▶ TO FIND A DOCTOR, CALL 610.738.2300, OR SEARCH ONLINE AT www.chestercountyhospital.org