

# RIDDLEMATTERS

A Publication of The Riddle HealthCare Foundation **Spring • Summer 2012**



## **Riddle Orthopedics:**

New Initiatives Raise the Bar Even Higher for Quality, Patient Satisfaction

## **Colleen and Ed Sinkinson:**

Year After Year, Giving Back to The Riddle Birthplace and NICU

## **Riddle Offers New Cooling Therapy:**

Giving Patients a Fighting Chance after Cardiac Arrest



**Riddle Hospital**  
Main Line Health

Well ahead.™

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## Riddle Matters

Spring • Summer 2012  
Issue 5.1

### On the Cover:

*Dr. Peter Sharkey reunites with his patient, Jessica Ras, on the ball field.*

Riddle Matters is published by The Riddle HealthCare Foundation, which provides a philanthropic venue for members of the community to support Riddle Hospital in fulfilling its mission and vision.

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## Cutting Edge Treatments in Orthopedics and Emergency Care



Gary L. Perecko



Thomas A. Bruder, Jr.

At Riddle Hospital, we hear amazing stories every day about our patients, the care they receive and their journey back to wellness. And once again, this issue of *Riddle Matters* features the people who make Riddle Hospital the best place to give care and the best place to receive care: our patients, our caregivers, our volunteers and our donors.

The cover story simply took our breath away. Advances in orthopedics have offered millions of people a new lease on life. We've entered the bionic age—and it's great for everyone. But for Jessica Ras of Kingston, PA, it's about more than just a few years of running or playing tennis. It's about a lifetime . . . see page 3. Recognized as Blue Cross Center of Distinction for Hip and Knee Replacement, Riddle Hospital performs over 1,200 total joint replacements every year. Our surgeons come from two of the area's most highly regarded practices—the Rothman Institute and Premier Orthopaedic and Sports Medicine Associates—who together have launched a series of quality initiatives for the hip and knee replacement program.

Emergency care is another vital area of emphasis here at Riddle. You've learned about our new people and processes (Spring 2011) and our amazing night shift (Fall 2011). In this issue, we share with you a cutting-edge treatment we've implemented for cardiac arrest patients. This protocol involves not only our emergency staff, but team members from the ICU as well.

We're working hard to meet the needs of our community and provide the best, most efficient emergency care a patient can get. Soon, you'll see tangible evidence of our progress toward this goal when you visit or drive past the campus on Baltimore Pike, as we embark on a major Emergency Department expansion project over the next two years.

On a lighter note, Riddle has several annual fundraising events. In this issue, we put the spotlight on Dr. and Mrs. Hassan Vakil, honorees at this year's Man O'War Gala, and on Colleen and Ed Sinkinson, the organizers of Johnny's Night, which benefits our Birthplace and NICU.

Enjoy!

Gary L. Perecko  
President, Riddle Hospital and  
The Riddle HealthCare Foundation

Thomas A. Bruder, Jr.  
Chair, The Riddle  
HealthCare Foundation

# Riddle Orthopedics:

*New Initiatives Raise the Bar Even Higher for Quality, Patient Satisfaction*



*Chris Vannello and Jean Groswith (R) meet with Riddle's "Nurse of the Year," Michele Harding (L).*

In 2010, when Riddle received The Joint Commission's Gold Seal of Approval for stroke care, Director of Quality Improvement Chris Vannello, RN, BSN, was already thinking about Riddle Orthopedics for recognition in joint replacement. Our surgeons come from two highly regarded practices—the Rothman Institute and Premier Orthopaedic and Sports Medicine Associates—and perform about 1,200 total joint replacements at Riddle every year.

“With such strong fundamentals, we knew we could keep making the program better,” Vannello said. “Pursuing Joint Commission certification is a great way to ensure that we are treating patients according to the latest evidence-based standards of care.”

Her timing was perfect: Peter Sharkey, MD, of the Rothman Institute at Riddle, was having similar thoughts in reaction to the national conversation about health care reform. This was a new era of what he called “transparency and public reporting”—and he welcomed it as an opportunity. Hospitals, doctors, and all staff must collaborate more closely to deliver care that reflects best practices, optimizes patients’ outcomes, and minimizes complications that require further care or even readmission.

So over the past two years, Dr. Sharkey and Chris Vannello, along with Frank Giammattei, MD, of Premier Orthopaedics, have launched a series of quality initiatives for the hip and knee replacement program at Riddle. First was the development of a more



Peter F. Sharkey, MD (seated) and Frank P. Giammattei, MD

detailed pre-surgical screening process, adapted from the Cleveland Clinic, which ensures that any other health conditions are addressed before patients have surgery. These range from uncontrolled diabetes, obesity, and heart disease to sleep apnea, lung problems, and dementia risk—anything that increases the risk of post-surgical complications.

“We’re looking at patients holistically before they undergo major surgery and asking, ‘How can we optimize their condition so

they won’t run into problems?’” Vannello said.

This first initiative led to the formation of an Orthopedics Quality Committee chaired by Dr. Sharkey that also includes Eric Smith, MD, of the Rothman Institute, Dr. Giammattei and James McGlynn, MD, of Premier Orthopaedics, along with nurses, therapists, and other orthopedics staff. The group meets monthly to review an orthopedics “quality dashboard” compiled by Chris Vannello, which includes data on everything from compliance with recommended surgical care practices, to patients’ complication rates, to their average length of stay.

**“Pursuing Joint Commission certification is a great way to ensure that we are treating patients according to the latest evidence-based standards of care.”**

*Chris Vannello, RN, BSN  
Director of Quality Improvement*

“You can’t improve on something you cannot identify,” noted Dr. Giammattei. “This process is so important for figuring out where we can do even better and coming up with methods to improve.”

Other recent quality initiatives include:

**Preventing infections:** A few years ago, Riddle’s infection rate after total joint replacement hovered around 1.7 percent. The Committee wanted to do better and worked with infection control at Riddle to improve. The new regimen includes key steps such as making sure diabetes is tightly controlled, having patients use anti-bacterial soap and nasal cream before surgery, and dressing wounds with

silver-impregnated bandages. In just a few years, the infection rate after total joint replacement has dropped by more than half, to 0.8 percent.

**Standardizing practice:** “The less variation in practice, the higher the quality tends to be,” Dr. Giammattei noted. “So we are instituting common clinical pathways—looking at the literature, figuring out the best ways to do things, and stating where we want patients to be on day one, day two, and so forth.” The Committee surveys the latest research and uses it to define best practices that all Riddle surgeons will follow. It also has outlined nursing care steps from the pre-operative period to discharge.

**Improving the patient experience:** Most nurses in Riddle’s orthopedic surgery unit on 4 West have earned their certification in orthopedics. Jean H. Groswith, MSN, CRNP, RN-BC, ONC, nurse manager, has led numerous patient satisfaction initiatives, from creating new educational materials (*Hip Tips* and *Knee Notes*), to reducing nighttime noise, to providing meals for a visiting caregiver.

These efforts have paved the way for Riddle’s recent application for The Joint Commission’s Gold Seal in hip and knee replacement. A site visit is expected sometime this spring. Even more recently, new Hip Fracture and Spine Surgery Committees have formed.

“Our number one concern is patient safety: doing the best thing for all patients at all times,” Chris Vannello said. “We are working as a team—both the administration and the orthopedics staff—to make Riddle’s program the gold standard for orthopedic surgery in this area.”

# A Young Athlete Gets New Hips . . . and a Second Chance

Nearly four years ago, Jessica Ras was just starting out as a new student-athlete at East Stroudsburg University: practicing with the Warriors softball team, taking classes, making friends. All that changed when she was diagnosed with acute lymphoblastic leukemia. As her new friends looked forward to the Thanksgiving holiday, Jessica left school to begin chemotherapy.

In November 2009, as she continued cancer treatment, Jessica and her family faced yet another hurdle. After experiencing terrible pain in her hips—pain she initially attributed to a groin pull— she underwent a series of imaging tests that revealed severe damage to the joints.

This sometimes happens as a side effect of high-dose steroids given with chemotherapy. Once Jessica finished her cancer treatment, she would need a total hip replacement.

Her mom, Donna, recalled that the family sought three different doctors' opinions and the story was basically the same: you can't play softball . . . you'll have limited



*Jessica Ras enjoys a catch with Dr. Sharkey.*

running ability . . . you should reconsider your major in health and physical education. Jessica was devastated. But then a friend recommended the surgeon who had performed his hip surgery: Peter Sharkey, MD, Chair of Orthopedics at Riddle. Even though Riddle is about two hours away from their home outside Wilkes-Barre, the family decided to travel for a consultation.

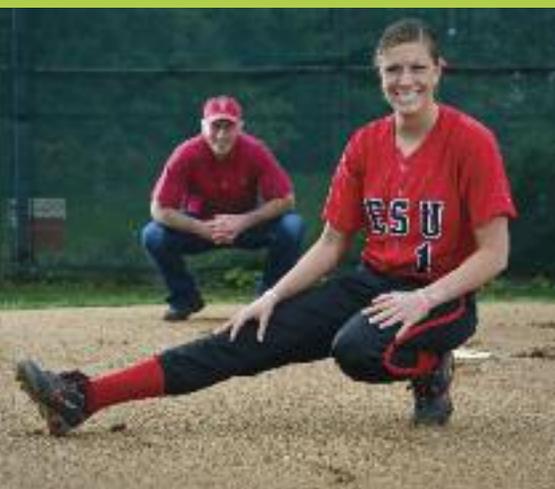
“Dr. Sharkey was our fourth opinion, and as they say, you always save the best for last!” said Donna. “He told Jessica she could play softball with new hips, and he made it clear he would treat Jessica as if she were his own daughter.”

In fact, Dr. Sharkey was aware of a new hip component specifically designed to allow active patients to return to sports while lowering their risk of dislocation.

The materials also have a low wear rate, even with high activity.

On May 24, 2011, Jessica had her surgery, spent four days at Riddle, and then returned home for rehabilitation. By the fall, three years after her original leukemia diagnosis, she was cleared to play softball, practiced with her team, and pitched in the last game of the season. Even when she was not able to play, Jessica supported her ESU teammates as a student coach and team manager. And despite some discouraging setbacks, she never lost hope.

“My physical abilities were taken away, but I knew that my love for the game and my heart would eventually carry me on to play again,” Jessica said. “The uphill climb has only made me stronger.”



*Getting stretched before pitching, Jessica owes her recovery to Dr. Sharkey.*

# Colleen and Ed Sinkinson:

## *Giving Back to The Riddle Birthplace and NICU*



Colleen and Ed Sinkinson show off their newest fundraising effort to "Build a Giraffe" for The Birthplace and NICU.

As Delaware County natives, Colleen and Ed Sinkinson have always counted on Riddle Hospital to meet their medical needs. It has been their resource for routine primary care, surgery, and the occasional Emergency Department visit. It is where they had their daughter, Stacy, now 26 and a new mother herself.

In early 2009, the Sinkinsons developed an even greater appreciation for Riddle when Colleen's youngest sister, Jeannie Greskoff, delivered her first baby prematurely at 30 weeks. Little Johnny

weighed just one pound, seven ounces, and spent nearly three months in Riddle's Neonatal Intensive Care Unit (NICU) before going home. This was a time of high anxiety for the Greskoffs and their extended family. What helped them through it was the sincere care and concern they experienced at the hands of every NICU nurse, physician, and staff member. And that stirred something in Colleen and Ed.

"When you see a baby come into the world the way Johnny did, and then you witness the care that not just he but the entire family

**"When you see a baby come into the world the way Johnny did, and then you witness the care that not just he but the entire family received, you can't just say 'thank you' and walk away. We felt the need to do something."**

*Colleen Sinkinson*

received, you can't just say 'thank you' and walk away," Colleen said. "We felt the need to do something."

For several years, Colleen and Ed had been hosting an annual dinner for friends in February. They saw that as the inspiration for a fundraiser to benefit The Birthplace and NICU that they would call "Johnny's Night." Colleen first approached nurse Eileen Morgan, RNC, who suggested taking the idea to The Birthplace Advisory Committee, a group of staff and community members who raise awareness and support for the unit.

Colleen and Ed were soon rallying a committee of friends and relatives to organize the first Johnny's Night 2010 at the Penn Oaks Golf Club in West Chester. Everyone worked to get the word out, sell tickets, find sponsors, and solicit donations of prizes for the raffles and live auction.

"We had no idea what to expect or even how much money we would raise," Ed recalled.

“From the beginning, we had great support from Riddle doctors, nurses, staff, and administration. We hoped to raise maybe \$10,000, so we were ecstatic when the total came to \$20,000.”

Johnny’s Night 2011 and 2012 have been just as successful, bringing the total amount raised to an impressive \$60,000. All funds are used to help The

Birthplace and NICU create a better experience for new parents and their infants. Recent purchases have included a Natus Blue Bili light and blanket for babies with jaundice, a temperature-controlled isolette, and a step-up crib for infants requiring a longer stay. This year’s event raised the \$16,000 needed for a GE Giraffe® infant warmer.

As if organizing the annual Johnny’s Night weren’t enough, Colleen and Ed now serve as chairs of fundraising for The Birthplace Advisory Committee, which also holds bake sales and an annual fundraiser at Iron Hill Brewery. They also love spending time with their new grandson, Eddie; their now healthy and happy three-year-old nephew, Johnny; and Johnny’s new little sister, Sophia, born this past January at The Birthplace.

“I am happy to say that Sophia was a normal birth with no intensive care needed!” Colleen said. “Ed and I still talk about Riddle and Johnny’s Night whenever we can. We want people to understand this is their neighborhood, it’s their community, it’s their hospital—and it’s growing.”

So mark your calendar for the last Saturday evening in February of 2013. Thanks to this tireless couple and their faithful network of family and friends, plans for the next Johnny’s Night are already under way.



*A family devoted to Riddle Hospital—Jeannie with baby Sophia joins big brother, Johnny, Colleen and Ed in The Birthplace to visit with staff.*

**“Ed and I still talk about Riddle and Johnny’s Night whenever we can. We want people to understand this is their neighborhood, it’s their community, it’s their hospital—and it’s growing.”**

*Colleen Sinkinson*



**Dr. and Mrs. Hassan Vakil Honored at Gala by Colleagues and Friends**



Nearly 600 guests filled the ballroom at the 53rd Annual Man O'War Gala to honor Hassan Vakil, MD, and Virgie Vakil, Esq., for their lifetime of service to Riddle Hospital and community.

A tribute video brought the crowd to tears with touching vignettes, recalling the couple's generosity, mentoring, friendship, professional skills and kindness. Among the guests were 65 Riddle nurses and 95 Riddle physicians to congratulate Dr. Vakil's 40 years as a surgeon and 30 years as Division Chair at the Hospital, where he pioneered laparoscopic surgeries and built a solid surgical system for excellent care.

**“Dr. Vakil’s vision, energy, laser focus, and leadership skills are inspiring to me and others with whom he collaborates, in so many ways.”**  
*Gary Perecko*

Among the special remarks were those delivered by Dr. William Ayers, who is now Chair of Surgery and has known the couple well: “I want to thank Virgie for sharing Hassan with us as we know the sacrifices that were made by you and the boys. And of course extend my appreciation to Hassan for all he has done for me.” With dual careers in nursing and law, Virgie holds her own when it comes to healthcare and general law, and is most proud of being the founding-partner of Kelly Grimes Pietrangelo and Vakil of Media, PA.

“Behind every successful man is a woman and the woman behind Dr. Vakil is Virgie,” stated

Kathy Warren, President of The Associated Auxiliaries and lifetime friend. The accolades continued throughout the evening to stress the outstanding gifts of time, skill and passion that Virgie and Hassan have made to their hospital, family, patients, clients and community.

“We are all better and forever grateful for their shared passion and sacrifices over the years as well as their enduring spirit, to serve and treat others in a manner that defines and inspires the highest standards of excellence, professionalism and compassion,” said Gary Perecko, Hospital and Foundation President.

“Dr. Vakil is held in the highest regard by his friends and colleagues—it is indeed an honor and privilege to work and consult with him on any number of initiatives and plans to enhance care and service at Riddle Hospital,” continued Gary Perecko. “His vision, energy, laser focus and leadership skills are inspiring to me and others with whom he collaborates, in so many ways.”

Hassan and Virgie Vakil love Riddle Hospital and have created The Vakil Emergency Department Fund, to benefit the planned Emergency Department expansion project. *For information about this fund, please contact Steve Derby at 484.227.3651.*



## Man O'War Gala

It was an *Evening of Elegance* at this year's gala, held at The Drexelbrook Center on April 28.



*Kathy Warren, President of Associated Auxiliaries, joins Dr. Hassan and Virgie Vakil, Gala Honorees, to view the Silent Auction.*



*Paul W. Hummel enjoys the raw bar under the tent with his wife, Louise, and Don Saleski, Foundation Board member.*



*Dr. Michael Goodyear, Emergency Department Director, takes a turn on the dance floor with his wife, Valerie.*



*Dr. William Ayers, Chair of Division of Surgery, joins Thomas Bruder, Foundation Board Chair, in congratulating Dr. Hassan Vakil.*

# A Focus on Philanthropy Building Riddle's Future Together

## Su-Jen Lin:

*One Phone Call Leads to a Lasting Friendship*



*Sandy Swank and Su-Jen Lin share a moment at a donor luncheon.*

It all began with a simple phone call on a summer day in 2010 when we first met Mrs. Su-Jen Lin, a resident of nearby Riddle Village . . . a woman small in stature but generous of heart and spirit!

You might say that giving back has always been a theme of Mrs. Su-Jen Lin's life. Growing up in Taiwan in the 1940s, Mrs. Lin wanted a career that would make a difference, so she studied psychology at National Taiwan University. She soon married childhood friend Jeong-Long Lin and became a clinical psychologist at a psychiatric hospital in Taipei. Mrs. Lin supported her husband as he pursued graduate studies in chemistry in Taiwan, then Canada, and finally in the U.S., at the University of Chicago. When Jeong-Long accepted a professorship at Boston

College, Mrs. Lin seized the opportunity to earn her master's degree in counseling psychology.

**She learned from her father's example "to do at least one good deed a day, no matter how big or small."**

Later, as she and her husband raised three young children in the 1970's, she pursued a second career in securities, earning her license and working as a stockbroker for the next 30 years. She and Jeong-Long, who suddenly passed away in 1989, helped their children grow into adults who would share their gifts with the world: her son as the assistant concertmaster of

the Atlanta Symphony Orchestra; one daughter as a biology professor at the University of the Pacific in Stockton, CA; and a second daughter as a successful computer programmer in the Philadelphia area.

When Mrs. Lin moved to Bala Cynwyd to be closer to her daughter, she immediately involved herself in a range of community organizations, including Lower Merion Action Volunteers, the New Horizons Senior Glee Club, and the North American Taiwanese Women's Association, to name only a few. She also began to think about giving to institutions that mattered to her. In 2003, she established a charitable gift annuity to support the Philadelphia Museum of Art. When she moved to Riddle Village, her thoughts immediately turned to Riddle Hospital.

Mrs. Lin's phone call to our office on August 5, 2010, marked the beginning of a special friendship for Riddle Hospital. That summer, she established a deferred payment charitable gift annuity (DGA) with The Riddle HealthCare Foundation and since then has continued to be a very generous supporter.

"Lots of people want to save money for their kids. My father's philosophy was to give your children the best education possible and to teach them, through example, to do at least one good deed a day, no matter how big or small," says Mrs. Lin, explaining her motivation for giving. "I am grateful that my children are successful and have such big hearts."

It is with grateful hearts that we say thank you to Su-Jen . . . our friend and neighbor!

## Leave a Legacy at Riddle

You can support Riddle and enhance your own estate planning by setting up a bequest or establishing a trust or annuity that will provide for Riddle's future while addressing your personal and financial needs. A planned gift of this nature provides a number of tax benefits and can even increase your cash flow.

If you are interested in learning more, we suggest that you consult with your attorney and then give our office a call. We are delighted to share with you, on this page, two wonderful stories about individuals who decided to give back by including Riddle in their estate plans.

## Tom and Meredyth Graham: *Devoted to Riddle Hospital*



A decade ago, Tom and Meredyth Graham wanted to do something special for the hospital they love. Having retired from his work in the pharmaceutical field, Tom was serving as a volunteer at Riddle while Meredyth continued teaching at Delaware County Community College. They attended hospital events and came to Riddle for their healthcare needs. After discussing ideas with Steve Derby, Vice President for Development, they chose to create a charitable gift annuity (CGA) which pays them an annual income for life.

**“This has worked well for us because of the tax savings, income for life, and most importantly, because we can show our appreciation for the care we received in the Emergency Department.”**

*Tom Graham*

The following year, they created another CGA and have continued to do so every year since. They now have ten charitable gift annuities.

“This has worked well for us because of the tax savings, income for life, and most importantly, because we can show our appreciation for the care we received in the Emergency Department,” stated Tom. The couple designated the funds for “unrestricted purposes” which allows Riddle to put their dollars to work where most needed. Truly, this is a gift that keeps on giving.

## Former Board Member Robert DeLong: *20 Years Later an Established Trust Benefits Riddle*

Robert DeLong, well known in the financial services industry as an investment researcher, was invited to join Riddle's board in 1975 by his good friend—Riddle Hospital's first CEO, Don Laughlin. He accepted the invitation and served for six years. This was a smart move for Riddle. Robert DeLong understood the value of planning for the future and building solid investments, as well as the importance of philanthropy.

In 1991, DeLong set up a 20-year charitable remainder annuity trust, with income designated to pay for the tuition and educational

expenses of his grandchildren. As written, Riddle Hospital and two other charities were to become the eventual beneficiaries when the trust terminated. Last year, the trust's corpus was split and Riddle Hospital received nearly half a million dollars.

Robert DeLong lived in Wallingford before retiring to Sarasota Springs, Florida, where he passed away in 2009. In December, his son, Robert, Jr., and his daughters, Janet and Nancy, visited the Hospital to officially present a check to The Riddle HealthCare Foundation.



*DeLong family members traveled to Riddle Hospital to finalize their father's bequest with presentation of a check. (L-R): Steve Derby, Janet DeLong, Nancy DeLong, Gary Perecko, and Robert DeLong*

In recognition of his years of service and this very generous gift, Riddle Hospital has named the cardiac catheterization laboratory in his honor—now the Robert R. DeLong Cardiac Catheterization Laboratory.

# Riddle Offers New Cooling Therapy:

*Giving Patients a Fighting Chance after Cardiac Arrest*



*When a cardiac arrest patient needs cooling, the right equipment and specialty team are there. (L-R): Jennifer Cummins, Dr. Steven Moonblatt, Dr. Robert Bulgarelli, Heiki Doody, Stephanie McMahon, and Dana Murray follow protocol for hypothermia therapy.*

When the heart “arrests” or suddenly stops beating, the brain and vital organs lose their blood supply. Cardiac arrest is often caused by blockages in the arteries feeding the heart, but it also can happen due to other heart and lung problems or stroke. Even if paramedics can resuscitate cardiac arrest victims and get them to the Emergency Department quickly, some brain damage is almost certain. When oxygen-rich blood comes rushing back into the brain, it sets off a cascade of chemical reactions that harm already vulnerable tissue. Patients might survive the cardiac arrest but may never regain their quality of life.

Several years ago, a number of researchers—including several from the University of Pennsylvania’s Center for Resuscitation Science—began testing the theory that cooling the body might help save the brain, giving delicate tissue time to recover gradually. A procedure called therapeutic hypothermia would cool the body to 92 degrees Fahrenheit, about six degrees lower than normal, and maintain it there for up to 24 hours. Studies soon showed that, for select patients who remain unconscious after cardiac arrest, cooling offers better odds of surviving with brain function intact. (Some patients with certain medical conditions are not good candidates.)

Here at Riddle, our Emergency Department team and other members of the Critical Care Committee had been following this research closely. Then, in 2010, new American Heart Association guidelines recommended therapeutic hypothermia as the standard of care for select patients after cardiac arrest—particularly those who arrested after a type of

arrhythmia (irregular heartbeat) known as ventricular fibrillation, or V-Fib.

“Once this became a high-level AHA recommendation, we were determined to develop a therapeutic hypothermia program at Riddle,” said Jennifer Cummins, MSN, RN-BC, CEN, clinical nurse educator for the Emergency Department. “We wanted to be able to start this therapy in the ED, manage these patients here at Riddle, and get them back to their pre-arrest lives.”

Riddle’s ED and Intensive Care Unit (ICU) took advantage of the expertise available in our own backyard at Penn’s Hypothermia and Resuscitation Training Institute, a renowned leader in cardiac arrest research. In March 2011, Cummins attended a two-day training session with Heike Doody, RN, ASN, CEN, clinical coordinator for the ED; Stefanie McMahan, RN, BSN, CCRN, administrative coordinator for the ICU; and Dana Murray, MSN, CRNP, RN-BC, CCRN. Working alongside clinicians from throughout the U.S. and as far away as India and Thailand, these four nurses learned about the key steps involved in a hypothermia protocol.

A “protocol” is a detailed set of guidelines for selecting patients for cooling, initiating the therapy in the Emergency Department, continuing it if the patient needs to go for imaging tests or to the Cardiac Catheterization Lab, and then maintaining the hypothermia for 24 hours in ICU—with one nurse closely monitoring the patient’s vital signs and adjusting medications as needed. After 24 hours, the ICU staff gradually warms the patient to normal body temperature, continuing one-to-one monitoring until the patient wakes up. Riddle’s nurses realized



*Emergency Department physician Steven D. Moonblatt, MD*

that all of this would require physicians, nurses, and staff from many different departments—not just the ED and ICU, but cardiology, neurology, and paramedics in the field—working together seamlessly.

The nurses spent the next five months working with colleagues throughout Riddle to lay the groundwork for the new therapy. The ED and ICU each acquired a Gaymar hypothermia machine and brain monitoring equipment, with the ICU’s purchase funded by a patient of cardiologist Robert Bulgarelli, DO, who was instrumental in securing the donation. Emergency Department physician Steven Moonblatt, MD, who was already well-versed in hypothermia research, took the lead in developing Riddle’s protocol and attended the Penn training in July 2011. He collaborated on the protocol with Dr. Bulgarelli, ICU physician Norman Braslow, MD, and other members of the Critical Care Committee and ICU staff.

“This is a newer therapy shown to be beneficial in improving patient outcomes, so I jumped at the chance to be involved,” said Dr. Moonblatt. “Once we came up

**“I was excited to be there when the first candidate for therapeutic hypothermia arrived in the ED. Dr. Bulgarelli and the neurologist, Dr. Adam Weinstein, immediately came to the ED to assist as we initiated the protocol. The patient did well, recovered, and eventually went home. It was great to have this first success, as it helped get everyone even more on board with the new protocol.”**

*Steven Moonblatt, MD  
Emergency Department physician*

**“Having the ability to offer this to people who come into the ED is a momentous thing for Riddle. It is great to be able to say to family members, ‘Your loved one meets the criteria for this, and we can do it right here . . .’”**

*Jennifer Cummins, MSN, RN-BC, CEN,  
clinical nurse educator  
Emergency Department*

with the right protocol for Riddle, the challenge was getting everyone from the ED to the ICU to other key departments, such as cardiology and neurology, educated about it and on the same page.”

Nurses Cummins, McMahon, Doody, and Murray arranged late-summer staff training sessions that combined computer-based

education with hands-on case simulations. They also developed a training video and educational binder, and identified nurse champions who could serve as resources for colleagues. A hypothermia expert from Penn presented during Grand Rounds, and by September, 2011, the Riddle team was ready.

“I was excited to be there when the first candidate for therapeutic hypothermia arrived in the ED,” said Dr. Moonblatt. “Dr. Bulgarelli and the neurologist, Dr. Adam Weinstein, immediately came to the ED to assist as we initiated the protocol. The patient did well, recovered, and eventually went home. It was great to have this first success, as it helped get everyone even more on board with the new protocol.”

“This is a phenomenal community service that greatly enhances our ability to care for acutely ill people,” said Dr. Bulgarelli, who continues to care



*Integrative and preventative cardiologist  
Robert J. Bulgarelli, DO*

for the patient. “Although therapeutic hypothermia cannot guarantee a good outcome, it can spare some patients from the post-arrest brain damage that was once so common.”

“Having the ability to offer this to people who come into the ED is a momentous thing for Riddle,” said Cummins. “It is great to be able to say to family members, ‘Your loved one meets the criteria for this, we can do it right here, and it may help them to fully regain their quality of life.’”

Riddle’s ED and ICU staff members maintain a close working relationship with the hypothermia experts at Penn’s Center for Resuscitation Science, consulting with them as needed and receiving the latest research updates.

“Riddle is working side-by-side with noted experts in the area to advance best practices,” noted McMahon. “And that’s exciting.”



*It takes a team to build a protocol for hypothermia therapy—(L-R): Jennifer Cummins, Dana Murray, Heiki Doody, and Stephanie McMahon (seated).*

# Ways to Give

There are a variety of ways to support Riddle Hospital that provide you with the satisfaction of supporting its mission and securing certain tax advantages. The simplest form is to make your tax-deductible gift by check payable to “The Riddle HealthCare Foundation” and send it in the enclosed envelope.

Or make your secured credit card gift online at [mainlinehealth.org/riddlegiving](http://mainlinehealth.org/riddlegiving). Just click on (1) “Ways to Give,” and (2) “Give Online NOW!”

Depending on your personal circumstances, you may want to consider other available options such as:

## Gifts of Securities and Other Property

Gifts of appreciated stock, mutual fund shares or other securities can be a cost-effective way of supporting Riddle. Gifts of real estate, paid-up insurance policies or personal property are also welcome.

## Planned Gifts

From a simple bequest in your will to a charitable gift annuity that provides valuable life-income, planned gifts offer the flexibility of providing for Riddle’s future while addressing your personal and financial needs. They also provide current and future tax benefits.

## Matching Gifts

You can increase the value of your gift by taking advantage of your employer’s matching gifts program, if one is offered. Check with your human resources department, and enclose the matching gift form with your contribution.

## Memorials and Tributes

Remembering a loved one or honoring a friend, family member, physician or caregiver is a wonderful way to express your personal appreciation and support Riddle Hospital at the same time.

For more information on any of these giving options, please call Steve Derby.



Steven R. Derby, Vice President of Development

## The Riddle HealthCare Foundation Development Office

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## Our Mission

We exist to provide quality healthcare and superior service in order to promote and improve the quality of life in our communities.

## Our Vision

To be the best place to receive care. To be the best place to give care.

The Riddle HealthCare Foundation provides a philanthropic venue for members of the community to support Riddle Hospital in fulfilling the mission and vision stated above.

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**The Riddle HealthCare  
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## Georgia Lee



**A** niece of Sam Riddle and now a resident at Riddle Village, Miss Georgia Lee boasts turning 100 in November! Her smile is contagious and her vibrant personality delightful, as she shares stories of her childhood during the early 20th century. Among her personal treasures are old photos and memorabilia reminiscent of the

days when “Uncle Sam” would invite family members to visit the farm and see his famous race-horses. Her memories of Man O’War—or as she called him, “Big Red”—are still vivid as she recalls him grazing in the pastures, being fitted by the blacksmith for new shoes or exercised by his trainers. One of her most treasured artifacts is the stable birth certificate for Man O’War and a set of his racing shoes.

Georgia Lee joined the Riddle family when she married Homer Riddle Lee, a nephew of Sam Riddle, whose family also lived in Glen Riddle area. Family members were always welcome to Sam’s farm and the stories of his winning race horses were legendary for them all.

It was an era few of us know personally, yet as we move closer to the hospital’s 50th anniversary celebrations which will begin by January 2013, there will be more stories, photos, and legends for all to enjoy in upcoming issues of *Riddle Matters*, on the hospital’s website and in other communications.

If you have historical information, photos, relics or memorabilia, please contact our offices to talk with us.

**Save the Dates**

**2011 Pro Am Golf Classic**  
Thursday, September 13, 2012 • DuPont Country Club

**Samuel D. Riddle Society Event**  
October 2, 2012 • Grace Winery, Sweetwater Farm B&B

**The Board of Directors Cocktail Party**  
Sunday, October 21, 2012 • Overbrook Golf Club