

# Partners



Bryn Mawr Hospital  
Foundation  
Main Line Health



**Bryn Mawr Hospital: A Regional Leader in Surgery**

**PARTNERS**

**Katherine Kittleman**  
Editor-in-Chief

**Michael D. Criscuolo**  
Associate Editor

**Andrew Smith, Cabin Communications**  
Contributing Editor

**Ann Killian**  
Editorial Assistant

**The Merz Group**  
Design

**Robert Coldwell**  
Photography

**BRYN MAWR HOSPITAL DEVELOPMENT TEAM**

**Russell T. Bullitt**  
Executive Director, bullitr@mlhs.org

**Michael D. Criscuolo**  
Director, Major Gifts and Capital Campaigns  
criscuolom@mlhs.org

**Julie W. Hyland**  
Associate Director, hylandj@mlhs.org

**Katherine G. Kittleman**  
Associate Director, kittlemank@mlhs.org

**Linda Harley**  
Development Assistant, harleyl@mlhs.org

**Ann Killian**  
Development Assistant, killiana@mlhs.org

**BRYN MAWR HOSPITAL FOUNDATION**  
130 S. Bryn Mawr Avenue  
Bryn Mawr, PA 19010  
484-337-8177  
www.giving.brynmawrhospital.org

*We'd like to hear from you! Please send your feedback on Partners to: Ann Killian, Development Assistant, at 484-337-3044 or killiana@mlhs.org.*

**On the Cover**

Bryn Mawr Hospital urologist, David E. McGinnis, MD, readying the da Vinci® surgical "robot" for one of hundreds of minimally invasive surgical procedures performed at the Hospital each year.

If you prefer not to receive fundraising communications from Bryn Mawr Hospital, please go to [mainlinehealth.org/optout](http://mainlinehealth.org/optout). We will honor your request after the date we receive your notification.



To Our Readers ..... **3**



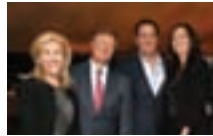
Well Ahead in Surgery ..... **4**



All In For Safety ..... **7**



Focus on Philanthropy ..... **8**



Great Society ..... **10**



Volunteering Their Way ..... **12**



Ready When You Need Us Most ..... **14**



The Art of Healing ..... **15**



## Dear Friends,

These days, people often ask me my thoughts on the Affordable Care Act (ACA) and where I see our country's healthcare system moving.

It's a complex issue that elicits strong feelings. Frankly, I don't know how all the recent changes

will ultimately alter our system of health care, but I do know that we are in the midst of profound changes that began well before the ACA. The new law further fuels these changes.

Hospitals have been at the epicenter of our health care system and, as a country, we've paid for health care based on what and how much was done for patients regardless of outcome.

However, increasingly, hospital payment is shifting towards performance-based results and episodes of care that extend over two to three months following a hospital visit. This approach incents hospitals to ensure that care is efficient and well coordinated *even after* an inpatient visit.

Not only has this brought more focus on decreasing preventable events that can derail patient recovery, lengthen hospital stays and increase costs, but it has also begun to broaden our focus to work collaboratively with other health care providers throughout the community (pharmacists, nursing homes, home health agencies, etc.) to keep patients well and out of the hospital.

While I believe the principles underpinning these changes are actually very good and should drive improvements in our health care delivery system, I'm not convinced that the funding

will be adequate to support this complex work. I am, however, very confident that Bryn Mawr Hospital's priorities around quality outcomes and patient safety position us well for many of these performance-based payment changes.

Several stories in this issue of Partners illustrate my position, including our cover story about the excellent surgical care offered here. On page seven you will find an article about how our Department of Interventional Radiology has put systems in place to increase patient safety. We expect you will see many more stories like this in the future. Stay tuned.

As always, we like to present a wide variety of articles in Partners and this issue is no exception. On page twelve you will meet a few of our hospital's more unique volunteers, including the four-legged variety. We also feature physicians who volunteer their time both near and far from our campus; a "five years later" update on our Emergency Department expansion; and news about some historic philanthropic support we have received in recent months.

Thank you for your ongoing interest and support of Bryn Mawr Hospital. I encourage you to contact me at the email below with thoughts or comments about your community hospital. I welcome and appreciate your feedback.

Best wishes for a happy and healthy holiday season.

Andrea F. Gilbert  
President, Bryn Mawr Hospital  
gilberta@mlhs.org

## Russell T. Bullitt

### EXECUTIVE DIRECTOR OF DEVELOPMENT

During the ten years it has been my privilege to lead the Bryn Mawr Hospital Development team, I never cease to be amazed by the generosity of our donors. The support they entrust to us is humbling; on occasion, breathtaking. Such an occasion is the subject of the story beginning on page 8. It's the story of a benefactor's extraordinary generosity, the magnitude of which reflects not only his unique understanding of today's healthcare landscape, but also his commitment to help Bryn Mawr Hospital address unmet needs in our community. We, in fact, cannot thank him enough for his vision and for the impact that his gift will have on directing the future course of primary care at Bryn Mawr Hospital.



# Well Ahead in Surgery

Widely recognized as a sophisticated community teaching hospital, Bryn Mawr Hospital also enjoys a long and distinguished history of surgical excellence. The 135 surgeons on the medical staff — all of whom are board-certified in their areas of expertise — are respected both for their skill and bedside manner. They are also on the cutting edge of surgical care, performing many of the same minimally invasive and robotic procedures that are offered at Philadelphia's leading academic medical centers. The following stories provide a glimpse into the surgical excellence that is provided every day at Bryn Mawr Hospital.

## ORTHOPEDIC SURGERY



Jack Trafton isn't the type to sit still. A college soccer player who enlisted in the Marines after graduation, Trafton traveled the world for work, played racquetball and ran six days a week.

Reality caught up with him in his late 50s in the form of arthritic knees.

"The running was probably the cause of a lot of it," says the 65-year-old Trafton. "I knew something had to be done, but I kept putting it off. I eventually realized that the sooner I took action the sooner the pain would stop."

In 2011, Jess Lonner, MD, replaced Trafton's right knee with an artificial joint. A partial left knee replacement followed earlier this year.

"The arthritis in Mr. Trafton's left knee was very localized, so we only needed to replace part of the knee," says Dr. Lonner, an orthopedic surgeon at Bryn Mawr Hospital and a member of the Rothman Institute.

"We used the surgical robot during his procedure, which allows us to very precisely place the artificial knee components. With a partial knee replacement, two to three degrees of misalignment can mean the difference between the components lasting five years or 15 years. Bryn Mawr Hospital is one of only a handful of centers nationwide using the robot for this procedure."

Partial knee replacement is just one of the many advanced procedures offered at the Bryn Mawr Hospital Orthopedic Center, which boasts dozens of surgeons, nurses, therapists

### Jess Lonner, MD



Dr. Lonner is a board-certified orthopaedic surgeon who specializes in the treatment of arthritis of the knee. He is an internationally recognized leader in minimally invasive partial and total knee replacement surgery, with a focus on robotic-assisted techniques. Patients

from around the world have sought his care and countless surgeons have learned from him.

Dr. Lonner earned his medical degree from Boston University School of Medicine. Following his internship and residency at NYU Medical Center's Hospital for Joint Diseases, he completed a fellowship at New England Baptist Hospital.

### Robert P. Good, MD



Dr. Good is Chief of Orthopaedic Surgery at Bryn Mawr Hospital and System Chief of Orthopaedic Surgery for Main Line Health. He graduated from Jefferson Medical College and completed his training at Thomas Jefferson University Hospital in 1978.

A Clinical Associate Professor of Orthopaedic Surgery at Thomas Jefferson University, Dr. Good is a multi-recipient of the Osler Teaching Award from the graduating medical students at Thomas Jefferson University. Also, the orthopaedic residents at Thomas Jefferson University Hospital have recognized Dr. Good as an "Outstanding Teacher and Role Model". He is past president of the Philadelphia

and a 40-room unit dedicated solely to orthopedic patients. The hospital's orthopedic surgeons perform more than 1,500 joint replacements each year and have a decades-long history of being early adopters of new surgical techniques and medical devices.

“There is nothing that anyone else is doing in this region that we’re not doing at Bryn Mawr Hospital,” says Robert Good, MD, Chief of Orthopaedic Surgery at Bryn Mawr Hospital and a member of the Rothman Institute.

Count Mr. Trafton as a believer.

“As far as mobility and flexibility, my quality of life is better than ever,” he says. “I travel the world for pleasure now and I do it pain free. I tell everyone I know to check into Bryn Mawr Hospital if they need a joint replacement. The care there is unprecedented.”

## BARIATRIC SURGERY

Teresa Pearsall remembers being referred to as “the girl with the pretty face.” Heavy most of her life, she continued to gain weight into adulthood, eventually reaching 309 pounds.

Pearsall had considered bariatric surgery over the years but had backed out twice. Finally, after countless failed diets and a

serious health scare, she decided it was time to look into the procedure again. A nurse from her doctor’s office recommended she see Richard Ing, MD.

Dr. Ing is Medical Director of the Bariatric Center at Bryn Mawr Hospital, which has quickly grown in volume and prestige since its founding just four years ago. In 2012, the program achieved Center of Excellence status from the American Society of Metabolic and Bariatric Surgeons.

“We offer the full range of procedures and all are done using minimally invasive techniques,” says Dr. Ing, who has performed more than 350 bariatric operations at the hospital. “Our program is distinguished by the amount of education we provide our patients both before and after surgery.”

In 2012, Pearsall underwent gastric bypass surgery at Bryn Mawr Hospital. Today she is well over 100 pounds lighter and her life has changed completely. Her diabetes, sleep apnea and high blood pressure are gone and she is off most medications. She also walks daily, has joined a gym and enjoys dancing with her grandchildren.

“I will forever be grateful to Dr. Ing and the Bariatric Program at Bryn Mawr Hospital,” she says. “I always thanked God for waking me up in the morning, but now every morning I can’t wait to get up, thank God, and look in the mirror!”



Orthopaedic Society; has served as one of the team physicians for Villanova University since 1980; and has been recognized many times by *Philadelphia* Magazine as one of the area’s “Top Doctors”. His area of expertise is in reconstructive surgery of the hip and knee.

## Richard Ing, MD, FACS, FASMBS



Dr. Ing is a graduate of the University of Cincinnati Medical College and completed his surgical training at Wayne State University in Detroit. He completed a fellowship in Advanced Minimally Invasive Surgery at Baptist Hospital in Miami, Florida and has been

in practice in the greater Philadelphia area for the last 15 years.

Dr. Ing has been performing many different types of advanced minimally invasive surgery including colon, spleen and gastric surgery. Over the last 10 years he has fostered a special interest in minimally invasive bariatric surgery and has been designated as a center of excellence surgeon by the American College of Surgeons and the American Society of Metabolic and Bariatric Surgery.

He is currently the Medical Director of the Bariatric Center at Bryn Mawr Hospital where he oversees a comprehensive program of surgical weight loss management. This program has been designated as a Center of Excellence in Bariatric Surgery since 2012.

# Well Ahead in Surgery (Con't)

6



## UROLOGIC SURGERY

Joe McElwee was an active 52-year-old when a routine screening picked up a spike in his prostate-specific antigen (PSA) level. PSA is a protein produced by cells of the prostate gland. In some cases, elevated PSA levels can indicate the presence of prostate cancer.

McElwee's family doctor recommended he see David McGinnis, MD, a urologic surgeon at Bryn Mawr Hospital. Dr. McGinnis performed a biopsy and found several areas of cancer in McElwee's prostate.

"The doctor said that for someone my age and in my shape we should take out the prostate entirely and that it could be done robotically," says McElwee.

According to Dr. McGinnis, urologic surgery has largely shifted from open procedures to minimally invasive laparoscopic and robotic procedures. The advantages are safer surgeries, faster recoveries and less pain for patients.

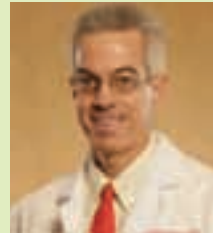
"In recent years, Bryn Mawr Hospital has consistently been one of the most active hospitals for robotic urologic surgery in the area," he says. "Almost all of our urologic cancer and reconstructive surgery is now done robotically."

When operating on or removing the prostate, precision is required in order to prevent or minimize damage to nearby nerves that control urinary and sexual function.

"The robot helps us do this by giving us better control of the surgical instruments and better visualization of the surgical field," says Dr. McGinnis. "Many people are discharged from the hospital the next day and the pain is similar to what you would experience if you did too many sit-ups."

An active runner who actually ran a half marathon the day before his surgery, McElwee liked the idea that he could return to normal activities faster thanks to the robot.

"I was running within three weeks of my surgery," he says. "I've never had any complications from the procedure, and today I'm cancer free."



## David McGinnis, M.D.

Dr. McGinnis received his bachelor's degree, cum laude, from Harvard University and his medical degree from the University of Texas Health Science Center at San Antonio. He served his general surgery and

urology residencies at Thomas Jefferson University Hospital where he also completed a Fellowship in Minimally Invasive Urologic Oncology from 1999 to 2000.

Dr. McGinnis is certified by the American Board of Urology and is a Clinical Associate Professor of Urology at Thomas Jefferson University Hospital. He also served as Secretary and then President of the Philadelphia Urologic Society. Numerous professional credits include his being named a "Top Doc" by *Philadelphia* Magazine in 2003, 2011 and 2012, and by *Main Line Today* for several years.



## Daily “Huddle” Just One Part of Safety Checklist in Interventional Radiology



It's called a “safety huddle” but it has nothing to do with football. Instead, this gathering of healthcare professionals takes place first thing every morning in the Department of Interventional Radiology at Bryn Mawr Hospital.

“During a safety huddle, physicians and staff get together to review the patients we'll see that day and bring up any potential problems or issues — think of it as part formalized checklist, part free-flowing conversation,” says Eric Stein, MD, Chief of Interventional Radiology (above, in lab coat) for Main Line Health. “The purpose of the huddle is to improve communication among the staff, encourage openness, and increase safety.”

According to Dr. Stein, the daily huddle is just one piece of the safety and satisfaction puzzle in Interventional Radiology, a medical specialty that uses advanced imaging and minimally invasive techniques to diagnose and treat disease.

Equally important to the huddle, says Dr. Stein, is the creation of an atmosphere of trust among the staff. At all times, employees are encouraged to speak up if one of them thinks there may be an issue that could affect patient safety.

“It's critical that everyone on the team — EVERYONE — feels comfortable speaking up if they think there is a problem,” he says.

“We have created an atmosphere here where people know there will be no consequences if they speak up. In fact, it's the best feeling in the world when one of our team members brings up an issue, because it means we have succeeded in creating an atmosphere of openness and trust.”

Patient satisfaction is another part of the puzzle. In Interventional Radiology, great attention is paid to educating patients about what to expect during their procedures and answering their questions.

“Patient anxiety diminishes with the realization that the team is caring, calm, competent, focused and that it functions cohesively,” says Dr. Stein. “It's no surprise that procedures go more smoothly, more quickly and with fewer complications when patients are relaxed and have confidence in the team taking care of them.”

According to Dr. Stein, many of the safety initiatives in Interventional Radiology are best described as “fine tuning” existing policies and procedures.

“Safety isn't just about catching the ‘big misses’ — which are the catastrophic medical errors we see in the news. It's also about catching the ‘near misses’ — the smaller issues that could lead to bigger problems if not identified early. For example, a patient with a latex allergy...we can catch that by going through a checklist so that the allergy never becomes an issue for that patient while he or she is under our care.”

“If you say that safety is a huge concern at Bryn Mawr Hospital you have to back that up with action,” he adds. “That's what we have done in Interventional Radiology.”

### SUSTAINING A RELIABLE CULTURE OF SAFETY — THERE'S A SYSTEM TO IT.

Each weekday at 9:30 AM, Bryn Mawr Hospital's leadership team, like their counterparts at all the Main Line Health hospitals, conduct a 15 minute Safety Huddle. The goal is to continually improve patient care by identifying situations and processes that make safety difficult to deliver and eliminating those barriers. During the Huddle, managers:

- **Look back** to uncover significant safety, quality, or service concerns from last 24 hours/last shift;
- **Look ahead** to mitigate high-risk, outside-the-norm activities or issues anticipated in the next 24 hours/next shift;
- **Review** recent sentinel/serious safety events and the actions taken to prevent their recurrence;
- **Share** safety success stories.

## Focus On Philanthropy

### \$10 Million Gift to Transform Primary Care at BMH and on the Main Line

Ready or not, change is coming to American healthcare. One aspect of the system that is almost guaranteed to change is the way care is accessed and delivered — particularly for the disadvantaged. While no one knows exactly how things will transpire, numerous hospitals are proactively addressing the anticipated needs that are likely to arise. Increasing access to primary and specialty care, and overcoming an expected shortage of primary care physicians are just two of the key initiatives.



*Hansjörg Wyss*

In March 2013, Bryn Mawr Hospital received a \$10 million gift from Swiss entrepreneur and philanthropist Hansjörg Wyss — a commitment that will allow the Hospital to execute its vision of a sustainable model of primary care and to increase the number of physicians electing to specialize in primary care to serve the needs of the surrounding community.

Mr. Wyss's gift will support a number of initiatives, including the renovation of a 26,000-square-foot medical office building in Bryn Mawr and its re-opening as a flagship for primary care for our community and health system. The new Primary Care Center will ensure comprehensive, high quality and cost-effective care.

Scheduled to open in phases beginning in the spring of 2014, the Primary Care Center will operate as a certified Patient Centered Medical Home (PCMH). The Medical Home model treats the whole person, not just the disease. Led by the patient's personal physician, the medical team coordinates care with a focus on prevention and disease management, recognizing the unique needs of primary care patients.

The Center will house an anchor primary care practice with seven providers (six Primary Care Physicians and one Nurse Practitioner) with the potential to expand to 10-12 providers. The practice will evolve to an open access model with same-day appointments and extended hours. A health education community room will be part of the Center, as will

Bryn Mawr Hospital's Community Services Department, which will help connect patients to community resources. A Geriatric Assessment Center is planned for Phase 2. Services will encompass the assessment and treatment of senior patients experiencing cognitive and functional decline.

Another important component of Mr. Wyss's gift is the support it will provide for the recruitment and retention of primary care physicians. This field of medicine is in crisis due to a shortage of physicians choosing primary care as a specialty — a situation that is particularly hard on disadvantaged individuals, who often need a high degree of attention and coordinated care for multiple issues that affect their health.

Mr. Wyss's gift will enable Bryn Mawr Hospital to address this situation by funding a loan assistance program for primary care physicians and residents who give a service commitment to Bryn Mawr Hospital and the region.

“We are delighted and profoundly grateful to Mr. Wyss for this transformative gift. Securing the future of primary care has never been more important than it is at this point in Bryn Mawr Hospital's 120-year history. His insightful generosity will be a major factor in Bryn Mawr Hospital's ability to meet this growing need.” Andrea Gilbert, President, Bryn Mawr Hospital.





*Henry S. Mayer, MD*

Instrumental in securing Hansjörg Wyss's commitment was Dr. Henry Mayer (left), Vice President of Medical Affairs for the Hospital and Mr. Wyss's cardiologist. Over the course of their 10-year relationship, the physician and the philanthropist developed a bond of mutual respect and friendship out of which evolved the latter's decision to help Bryn Mawr

realize it's aspiration to be a flagship for primary care in the community.

While modest about the central role he played in securing the gift, Dr. Mayer doesn't hide his enthusiasm when describing its impact.

"What Hansjörg Wyss is contributing to Bryn Mawr Hospital is truly the bedrock for assuring the day-to-day care that protects patients from the ravages of chronic disease, identifies illness at a treatable stage, and restores good health. Within a few years, we expect to see improvements in hospital re-admission rates, increased use of preventive services, and adherence to national standards of the Patient Centered Medical Home model."

## What is Primary Care?

After medical school, physicians wishing to practice in one of the "primary care specialties" (Family Practice, Internal Medicine, or Pediatrics) must complete three years of training before they are considered eligible to become board-certified and go into practice.

Family Practice encompasses a broad range of training in adult medicine, pediatrics, OB/GYN, and behavioral health, with a greater concentration in office-based care than hospital-based care.

While Pediatrics focuses on infants, children and adolescents, Internal Medicine specializes in adult-only (above 18) care, with a heavier concentration during training on inpatient rather than office-based care. Many internists use this training as a platform for earning a fellowship to become an internal medicine subspecialist, for example in Cardiology, Gastroenterology, Pulmonology, or Infectious Disease.

## A FLAGSHIP FOR PRIMARY CARE IN OUR COMMUNITY



*Brenda DeFeo,  
Vice President for  
Administration,  
Bryn Mawr Hospital*

"Health care delivery is at a genuine crossroads. Hansjörg Wyss's tremendous generosity and foresight are helping Main Line Health and Bryn Mawr Hospital take primary care in a direction that will benefit the patients in our community, using the most holistic, cost-effective means possible. It would be difficult to overstate our gratitude to him."

"The magnitude of Mr. Wyss' gift means that Bryn Mawr will be able to provide a facility that serves as a hub for primary care for our community. Underpinning this is his commitment to support specialty care to underserved patients, and fund a program of loan assistance intended to encourage physicians to pursue primary care as a career. In terms of transformative change, it is all we could have hoped for, and more."



*Kay C. Kerr, M.D.,  
System Chair of Family  
Practice Medicine,  
Main Line Health*



*Joseph A. Greco, M.D.,  
Medical Director, Bryn  
Mawr Family Practice  
Residency Program*

"The Bryn Mawr Family Practice Residency Program has long been at the forefront of ambulatory care for uninsured and underinsured patients in our community. The faculty has been very progressive in adopting the Patient Centered Medical Home (PCMH). We're very proud that our program has earned the highest certification (Level 3) from the National Committee for

Quality Assurance (NCQA). I can't thank Mr. Wyss enough for the extraordinary opportunity that his generosity has bestowed upon us."

# Great Society

10

## Merci Beaucoup 2013

Bryn Mawr Hospital's annual "thank you" reception for members of The Gerhard Society took place in September 2013 at the Haverford home of Mr. and Mrs. N. Peter Hamilton. Mr. Hamilton is a member of the Main Line Health Board of Trustees. Hospital President, Andrea Gilbert, along with Edward C. (Ted) Rorer, Chairman of the BMH Foundation Board of Trustees, and John H. (Jack) Lynch, CEO of Main Line Health, saluted Gerhard Society members for their commitment to Bryn Mawr Hospital and for the vital role they play in sustaining and advancing its mission.

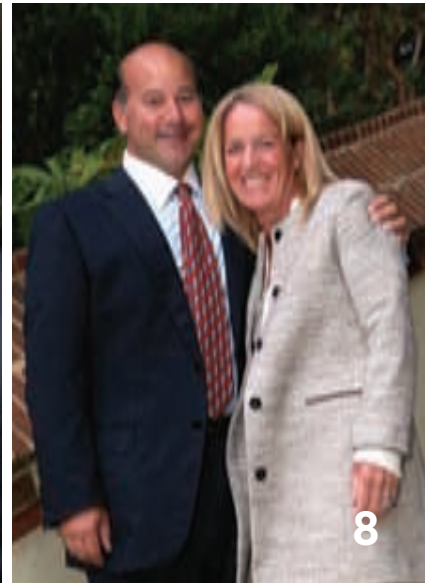
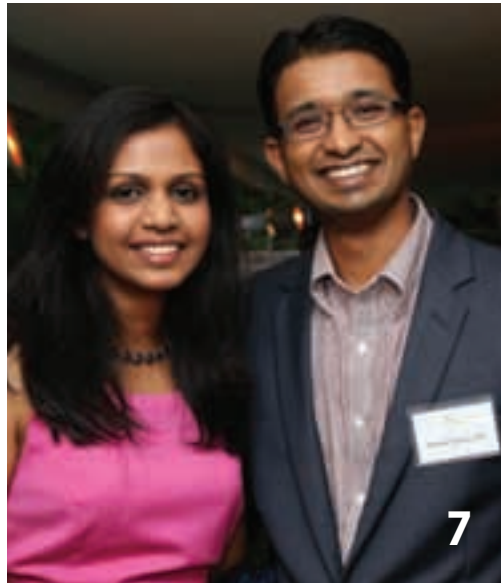
Named for Hospital founder, Dr. George S. Gerhard, the Gerhard Society comprises over 400 individuals and organizations who, through generous annual contributions of \$1,000 and above, demonstrate their commitment to the Hospital's mission and the perpetuation of a strong hospital-community partnership.

Celebrating its 30th anniversary in 2009, the Gerhard Society has grown from an initial 140 members to over 400 of Bryn Mawr Hospital's most dedicated philanthropic partners. Among them are grateful patients, physicians, staff, volunteers and community members. Gerhard Society members enjoy special courtesies and personal stewardship to demonstrate Bryn Mawr Hospital's appreciation for their leadership support. Most importantly, they take pride and satisfaction in the knowledge that their generosity sustains and advances the Hospital's mission.



1. From left: Gerhard Society member Frank Slattery; Jack Lynch, CEO of Main Line Health; Ken Kirby, Senior VP of Development, Main Line Health; Andrea Gilbert, President, Bryn Mawr Hospital; Ted Rorer, Chair, BMH Foundation Board; Alta Hamilton and Peter Hamilton.
2. "Oaklands", the Haverford residence of Mr. and Mrs. N. Peter Hamilton, hosts of Merci Beaucoup 2013.
3. BMH President Andi Gilbert brings guests up-to-date on Hospital initiatives and future plans.
4. Floral arrangements provided by Valley Forge Flowers of Wayne.
5. Hosts Peter and Alta Hamilton welcome Andi Gilbert to "Oaklands".
6. Gerhard Society members enjoying their special evening.
7. BMH Hematology-Oncology attending physician and Gerhard Society member Sameer Gupta, M.D. and wife, Charu Aggarwal, MD.
8. BMH Foundation trustee and co-chair of the Gerhard Society Committee, Andy Reder, and Jen Reder.
9. From left: BMH Foundation trustees Susan Selverian and Jeff Mack chat with fellow Gerhard Society members Bart and Jil Blatstein.
10. From left: Gerhard Society members David Della Porta, Suzanne Valutas, Kim Covello, Rick Browne, Rosemary Browne, Charles Valutas.

# Great Society



# Volunteering Their Way

12

Bryn Mawr Hospital volunteers are renowned for dedicated service. They come from all walks of life, including retirees, homemakers, business professionals, students and yes, even clowns and canines! While the last two play a role unlike other volunteers, they are no less valuable members of the hospital team.



## SEND IN THE CLOWNS

For patients, being in the hospital is no laughing matter. That is why Caring Clowns are extensively trained in the healing art of gentle humor. While some patients respond to playful spontaneity, others simply appreciate an empathetic listener or a shoulder to cry on. Always deployed with sensitivity and respect, “therapeutic clowning” is a powerful and effective tool to promote healing. For “Doctor Huggabubbe” (Aviva Gorstein, above left) and Dr. Jolly Bean (Clint Ely, above right) and their fellow Caring Clowns, bringing smiles to the faces of patients, families and staff brings just as much joy, if not more, to them. When it comes to clowning, these volunteers are serious.

## FOR THESE VOLUNTEERS, HUGS IS A FOUR-LEGGED WORD

Making a hospitalized patient’s day a little brighter is also the role of Bryn Mawr Hospital’s Pet Therapy volunteers. These are compassionate humans and their canine companions with the aptitude, training and certification to provide therapeutic visitations to consenting inpatients. The benefits of human-animal interaction in healthcare settings are well documented. Pet Therapy helps patients deal with pain and stress induced by illness and injury. Visitations can also relieve boredom and anxiety. Our four-legged volunteers are especially comforting to patients separated from their own pets at home. These amiable animals bring relief to caregivers as well. Says Bryn Mawr Hospital Director of Volunteers, Joanne Marciante, “Our dogs probably give just as much, if not more, to our staff. The pet therapy visits are a great stress reliever for all of us.”



Learn more about volunteering at Bryn Mawr Hospital at [www.mainlinehealth.org/BMHVolunteers](http://www.mainlinehealth.org/BMHVolunteers).

Whether jetting halfway around the world or simply driving a short distance up Route 30, many Bryn Mawr Hospital physicians generously volunteer their time and talent to help those who are less fortunate.

Earlier this year, David Pedowitz, MD, (below, top row) an orthopaedic surgeon with the Rothman Institute at Bryn Mawr Hospital who specializes in foot and ankle surgery, spent four days in India operating for free on difficult-to-treat patients. His trip was sponsored by the Parekh Family Foundation, which was founded by a friend of Dr. Pedowitz.

This trip had more than one purpose, however. In addition to providing much-needed surgical care to patients, Dr. Pedowitz was also asked to simultaneously educate hundreds of Indian orthopaedic surgeons.

“During each operation, I wore a microphone and the details of the surgery were recorded live with a film crew that broadcast the procedure into an auditorium filled with 300 Indian orthopaedic surgeons,” he says. “I would narrate the



procedure and the surgeons could ask me questions while I was operating. The idea was to teach them how to do these procedures so they could go back to their hometowns and help their own patients.”

The response from the surgeons was very positive. “They were so appreciative...they’re sponges in terms of taking in the more technical aspects of the procedures,” says Dr. Pedowitz. “I’m still in contact with a number of them through email.”

## CLOSER TO HOME



*From left: Peter Parry, M.D.,  
Frank S. Harrison, Jr., M.D., Joseph Reitano, M.D.*

Much closer to home, Frank Harrison, MD, (above) spends two days a week seeing patients at Community Volunteers in Medicine (CVIM), a West Chester clinic providing primary medical and dental care to low income, uninsured working people in Chester County, enabling them to continue to be contributing members of the community.

Dr. Harrison, a retired cardiologist, is one of seven current or retired Bryn Mawr Hospital physicians who volunteer at CVIM. They include Drs. James McCabe, Ronald Russo, Blair LeRoy, Joseph Reitano, Peter Parry and Richard Eisner.

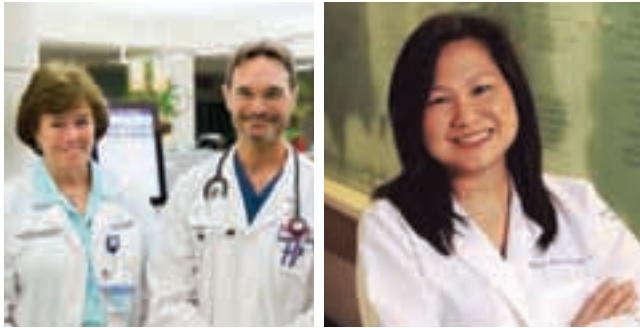
“Chester County is one of the wealthiest in the state yet we have more than 40,000 people who are uninsured,” says Dr. Harrison, who also serves on the CVIM Board. “Many of them are immigrants who work in service or agricultural jobs, but it shows that you don’t have to go far to find people in need.”

Dr. Harrison was “recruited” to CVIM seven years ago by physicians who already volunteered there. He only took two weeks off after retirement before he started seeing patients at CVIM, which handles nearly 30,000 patient visits a year.

“CVIM gave me the opportunity to continue to practice and offered a way to give back,” he says. “Patients aren’t billed here and the entire operation is philanthropically supported. The patients are very appreciative of the work we do.”

# Ready When You Need Us Most

## “New” Emergency Department Exceeding Expectations



*From left, Mary deSimone, RN, Leonard Checchio, MD and Hazel Guinto-Ocampo, MD.*

Wow! That was the universal reaction when Bryn Mawr Hospital opened its new Emergency Department in 2008. Construction of the expanded and completely renovated facility was made possible thanks to a \$16 million capital campaign that was generously supported by the community.

Today, five years later, it's fair to ask the question: How has the new ED worked out?

“It's worked out beautifully,” says Len Checchio, MD, Chief of Emergency Services for Bryn Mawr Hospital. “We have more space, additional staff, new technology, and increased privacy for patients — all of which adds up to a safer, more efficient and friendlier environment.”

When the capital campaign was launched in 2005, the ED handled 38,000 patient visits in 15,400-square-feet of space. Today, the 27,900-square-foot facility is on track for 48,000 visits — well within its capabilities. Not only is the ED seeing more patients, it's doing so much more quickly.

“The design of the facility and the new processes we have put in place are so efficient that most patients are now seen by a doctor or a physician's assistant in 30 minutes or less,” says Dr. Checchio.

The new facility is divided into three “pods,” with 12 beds in each pod. Breaking up the ED in this way provides a quieter, more private environment. Each treatment room has its own bathroom, TV and a computer that staff members use to enter medical information or pull up past medical records.

One of the most significant upgrades in the new ED was the addition of dedicated space for pediatric patients, including a separate, child-friendly waiting area and private exam rooms away from the adult area.

“Even before the new facility was built, about 25 percent of the patients being seen in the ED were children,” says Hazel Guinto-Ocampo, MD, Chief of the Section of Pediatrics in the Bryn Mawr Hospital Emergency Department. “Both the community and area physicians were clamoring for stronger pediatric emergency services at the hospital.”

In collaboration with Nemours/Alfred I. DuPont Hospital for Children, a staff of pediatric emergency physicians, pediatricians, and pediatric hospitalists complements the new children's space.

“A new facility wasn't enough; the hospital also wanted to make sure the ED was staffed by trained pediatric specialists,” says Dr. Guinto-Ocampo. “Their presence means we can handle most any level of emergency.”



According to Mary deSimone, RN, BSN, Nurse Manager of the ED, the new facility has been such a success because of what took place prior to construction.

“Before anything began, the ED staff members were asked for their opinions about the physical layout as well as the processes we use,” she says. “The staff knew better than anyone what worked and what didn't so their input was invaluable. We didn't want to build a great space but not change the way we do things.”

Bryn Mawr Hospital President Andrea Gilbert echoes the sentiment that the new ED is more than just bricks and mortar.

“This facility is part of our commitment to the community. We are committed to raising the standard of care and providing a superior level of service, comfort and support to families when they need it most. Our donors, board members and staff were behind this venture 100 percent from the beginning and helped make this happen.”

## A COUNTRY DOCTOR'S DREAM



Institutional. Impersonal. Depressing. Those are a few of the unflattering words people have used to describe hospitals over the years. This isn't surprising since most healthcare facilities have historically focused their attention on "function" rather than "feeling."

Today, that attitude is quickly changing.

In medical centers and community hospitals around the nation, artwork is being hung in hallways and patient rooms; healing gardens are being planted on campuses; and sterile environments are being redesigned to be more warm and comforting. While some may dismiss these changes as merely "redecorating," new research shows that they can have a measureable healing effect.

Seeing the benefits of this trend, the Bryn Mawr Hospital Foundation Board in 2011 approved the commission of a signature piece of art which now graces the former "Quilt Room" in the Warden Lobby.

"A Country Doctor's Dream" is an 8ft x 6ft mosaic created by distinguished local artist, Jonathan Mandell.

A master of the medium, Mandell used ceramic tile, mirror, hand blown glass shards, metals and various semi-precious stones and minerals to depict the rich 100-year-plus history of Bryn Mawr Hospital as well as its cutting edge future. The mosaic's grout lines were designed to act as drawing lines, bringing the imagery to life. They establish depth perspective and the volume of form. The source images were supplied by the hospital's executive staff.

The Mandell mosaic was installed in December of 2012 and dedicated in March of 2013. The work was funded through the generosity of the Louis and Bessie Stein Foundation, the 25th Century Foundation and Dr. Carolyn Saligman.

## THE CONNECTION BETWEEN ART AND HEALING

Not only do today's healthcare consumers expect more pleasant surroundings, there is also a growing body of research which shows that decorating hospitals with art can have a profoundly positive effect on the physical healing process.

Art is a positive distraction, directly or indirectly, in a variety of situations. Research has proven that it can measurably reduce:

- Patient and employee anxiety and stress
- Pain perception
- The need for pain-relieving medication
- Depression associated with chemotherapy, dialysis and other invasive treatments
- Operative recovery times
- Anxiety in behavioral health patients
- Length of hospital stay
- Employee turnover and missed days

It also measurably increases patient and employee satisfaction and patient, visitor and employee perception of quality of care.

## About the Artist



*Jonathan Mandell is one of the nation's leading mosaic artists. He has earned wide recognition, public commissions and exhibition space in galleries and corporate collections around the country and world. His work can be seen at the National Museum of American Jewish History, The National Liberty Museum and Citizen's Bank Park among others. A graduate of Lower Merion High School who holds a master's in fine arts from the University of Pennsylvania, Mr. Mandell's talent lies in his use of materials (cut or broken ceramic tile, semiprecious stones, minerals, mirror, marbles, petrified wood), color, composition and the language of what protrudes and what lays back. By extracting from the ancient and giving freedom to his exploration of texture, depth, color and use of material, Mr. Mandell is defining the art of mosaic in the new millennium.*



**Bryn Mawr Hospital  
Foundation**  
Main Line Health

Non-Profit Org.  
US Postage  
PAID  
Bryn Mawr, PA  
19010  
Permit #15

130 South Bryn Mawr Avenue | Bryn Mawr, PA 19010

