

Main Line Health

# Physician

The ED:

**State-of-the-art  
“front door”  
for MLH hospitals**

FALL 2011  
**Inside:**

Endoscopic  
Confocal Microscopy  
at Lankenau

Returning to the  
Heart of Medicine

Does Magnet  
Make it Better?



**Main Line Health**  
Well ahead.<sup>SM</sup>

## Planning for the opportunities ahead

BY RICHARD SCHMIDT, MD

As you probably know, successful organizations are those that are clear on their future direction and long term goals, as well as their short term tactical plans. The key is regularly reviewing these plans. Our hospitals, as part of Main Line Health (MLH), go through this discipline.

MLH last conducted its full strategic planning process in 2008, which resulted in an overall plan through 2013. As a result of that process, MLH has achieved numerous goals in patient safety and quality, market share growth, education and research, and financial strength due to strategic thinking, careful planning, and excellent execution coordinated with our medical staff leadership. We have updated the plan annually and have taken advantage of, or considered, new opportunities in the context of national health care reform, the impact of a sluggish economy, rising consumerism, the increasing need for transparency, and technology demands. In addition, we have a record national deficit that threatens future payments from the Medicare and Medical Assistance programs.

While the medical staff has been involved in the strategic planning efforts in the past, MLH management is engaging the medical staff even earlier and more broadly than past efforts. In December 2010, a kickoff meeting was held with MLH management and the Medical Executive Committee. In April, the MLH Board, medical staff leadership and management spent a day and a half at a planning retreat. More recently, meetings were held for each hospital's local medical staff leadership to refine challenges and opportunities (see Common Themes below).

MLH plans to complete its current strategic planning cycle by the summer of 2012. Jack Lynch and his management team are planning updates and seeking our input at upcoming physician MEC and MOC meetings. If you would like to contribute to this process, please let your medical staff leadership and/or hospital president know. Also, while I know all of you are very busy, if you are invited to any strategic planning meetings, please make your best effort to attend. Each and every MLH physician needs to be actively engaged in the process. We are better together! ■

*Richard Schmidt, MD, is president of the Main Line Health Medical Staff.*



### COMMON THEMES FROM PHYSICIAN LEADERS MEETINGS OCTOBER 3-4

- Improve communication:
  - Between MLH leadership and physicians
  - Among physicians across campuses
  - Between referring physicians and hospitalists
- Improve coordination/continuum of care
- Establish clinical pathways
- Eliminate duplication of services
- Increase resource utilization
  - Eliminate unnecessary and excessive testing
- Increase OR / ED efficiency
- Increase education
- Establish consistent operative teams
- Increase doctor time with patients
- Integrate IT
- Create access to patient medical records across the system
- Incentivize physicians for hospital participation/co-manage between hospitals and physicians
- Support consistent quality palliative care across the system
- Increase volume

*Cover photograph: Paoli Hospital ED team.*

### U.S. NEWS & WORLD REPORT LISTS 92 MLH PHYSICIANS AMONG 'AMERICA'S TOP DOCS'

*U.S. News & World Report*, in collaboration with Castle Connolly Medical Ltd., publisher of America's Top Doctors, has honored 92 Main Line Health physicians among its list of 2011 "Top Doctors." Castle Connolly solicited nominations from physicians throughout the country in academic medical centers, specialty hospitals, regional hospitals and private practice. Its research team then reviewed the nominees' credentials, including their training, achievements and appointments.

Jack Lynch, president and CEO of Main Line Health, said, "It is gratifying that the analysis of *U.S. News & World Report* underscores the outstanding expertise of many of Main Line Health's fine physicians. Without question, our doctors are preeminent in their fields, and their dedication and skill help Main Line Health provide extraordinary care for our patients and their families every day."

*Main Line Health Physician* magazine is published for MLH-affiliated physicians. For comments and contributions, contact Michael Martin, MLH Internal Communications manager, at [martinmi@mlhs.org](mailto:martinmi@mlhs.org).

**Editorial Board:** Robert Day, MD; Steven Gamburg, MD; Scott Goldman, MD; Kay Kerr, MD; Albert Keshgegian, MD; Jack Lynch; Stephen Mechanick, MD; Nancy Roberts, MD; Jerome Santoro, MD; Robert Stavis, MD; Harry Zegel, MD.



## In vivo assessment of the gastrointestinal epithelium at the cellular level

# Endoscopic Confocal Microscopy at Lankenau

BY BOB ETEMAD, MD

**P**robe-based confocal endomicroscopy (pCLE) is a revolution in imaging. For the first time, the interventional endoscopist is able to obtain in vivo cellular images of the gastrointestinal mucosa using a probe that fits through any standard endoscope. Without removing tissue from the patient, “optical biopsies” allow an immediate diagnosis of neoplastic or dysplastic epithelium.

The video images are spectacular. With small amounts of fluorescein given during the procedure, red blood cells can be seen coursing through capillaries and cellular characteristics of glands can be seen with minimal difficulty. If dysplasia or malignancy is present, optical biopsies can be used to mark normal margins. Video clips are kept to document the findings and for retrospective reanalysis. Digital “mosaics” can be created that stitch together broad areas of mucosa. pCLE can be used to target areas for histologic assessment or for complete removal using endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD).

Currently, the most common indications are for dysplasia suspected in the esophagus (Barrett’s esophagus), bile duct (patients with sclerosing cholangitis or other premalignant conditions of the biliary tree), and for patients at risk for dysplasia in the colon (inflammatory bowel disease or pt’s with previously documented dysplastic polyps). The technology, however, is being studied for much broader application, however, including assisting in the diagnosis of eosinophilic esophagitis, celiac sprue, atrophic gastritis, and in the liver parenchyma.

pCLE is used in conjunction with other therapeutic endoscopic techniques to provide a more efficient experience for the patient with lesions

in the gastrointestinal tract. By being able to see at the cellular level, the choice of the most appropriate method for treatment—radiofrequency ablation, argon plasma coagulation, bipolar thermal destruction, snare removal, or submucosal dissection—is made with more information. We are currently investigating to see if it will decrease the number of endoscopic procedures a patient may need.

There are more than 300 peer reviewed publications evaluating the accuracy, reliability, and indications for the procedure. Approximately 50 centers in the United States are performing the procedure. Lankenau Medical Center has been performing the procedure for approximately six months, among the first non-medical-school-based hospitals in the United States to acquire the technology and develop expertise.

**No other medical center in Philadelphia, Delaware, or New Jersey currently offers this service.**

We have one IRB-approved protocol using the technology in Barrett’s and have additional studies we are seeking approval for.

Confocal microscopy is only beginning to play its role in endoscopy. Studies are ongoing on “molecular imaging”—labeling fluorescent probes to antibodies followed by confocal microscopy to detect aberrant expression of cell surface proteins that may be more sensitive predictors of risk to malignant transformation. Cells that are structurally normal but have abnormal

cell surface characteristics “light up,” potentially allowing us to target surveillance or removal at much earlier stages of malignancy. Continued research over the next several years will determine if this will become an additional tool in our fight against cancer. ■

**To learn more about probe based confocal microscopy at Lankenau or schedule a consultation, patients or physicians can call 610.896.7360 or email [etemadb@mlhs.org](mailto:etemadb@mlhs.org).**

*Bob Etemad, MD, is medical director of Endoscopy at Lankenau Medical Center and serves as medical director of Endoscopy for the Main Line Health System. He lectures across the United States on diseases of the pancreas and biliary tree and has served on national committees related to interventional endoscopy.*



## The ED: State-of-the-art “front door” for Main Line Health hospitals

BY STEVEN GAMBURG, MD

**I**t's often said that the Emergency Department (ED) is a hospital's front door.

At Main Line Health each year, more than 50 percent of the patients admitted to Paoli Hospital, Bryn Mawr Hospital, Lankenau Medical Center and Riddle Hospital are first seen in our EDs. We have invested a significant amount of time, talent and resources into making sure these vital community assets maintain the highest level of safety, quality and convenience.

All MLH hospitals either have or are seeking Chest Pain Center certification, and all four are Primary Stroke Centers. We literally set the national bar for Press Ganey satisfaction scores and we are leaders in successful Core Measures Quality

**“...we are always pushing, always reassessing and raising the bar so that patients receive the highest quality care.”**

Metrics. All of the EDs have had specific training in recognizing and treating the atypical presentation of heart disease in women. Our staff includes some of the most dedicated and talented people who are responsible for its success.

Some interesting updates:

- The **Paoli ED** has seen noticeable changes. In 2008, an entirely redesigned ED opened on the ground floor of the hospital's new Pavilion. The department is now four times larger and much more efficiently structured than the old one. This has allowed us to expand our clinical staff, see patients faster, and improve privacy and comfort. And the ED is proud to be an accredited Regional Trauma Center (*see sidebar article*).
- Significantly, Paoli was honored with a 2011 Lantern Award in September from the Emergency Nurses Association. This award recognizes EDs that demonstrate exemplary performance in leadership, practice, education, advocacy and research. The award is presented to only 20 hospitals in the U.S. each year and reflects our impressive accomplishments.
- **Bryn Mawr Hospital** has also seen its emergency department expand and modernize in recent years. Along with the structural improvements came the addition of the area's only dedicated pediatric ED, which is separate from the adult ED and has a staff that is specially trained in pediatric emergency medicine.
- Currently, Bryn Mawr is preparing to open an impressive world-class neuro-invasive unit that will provide rapid interventions and expanded treatment protocols for victims of strokes, and serve as a regional referral center.
- In the **Lankenau ED**, we have piloted a rapid evaluation unit that will help expedite patient care. A multidisciplinary team from across the hospital is involved in the planning stages for this new unit, which will improve safety, quality, and patient flow and satisfaction. We will use this as a model for our sister EDs.
- **Riddle Hospital** is the newest member of Main Line Health. The hospital's ED benefits from an increase in staffing and has a vision for more space and upgraded and modernized facilities. It's exciting that architectural plans have been submitted and funding approved for a two-phase expansion.
- The first phase—expected to be completed by spring 2012—will see the opening of a rapid evaluation unit, which will help decompress the current department. The second phase will eventually involve a major renovation and expansion of the department.







The changes that have taken place across our system didn't happen in a vacuum. In fact, quite the opposite. Every month, representatives from each ED come together to share best practices and brainstorm ideas on how to improve efficiencies, safety and patient satisfaction. If something succeeds at one facility, we try to implement the change at all of our facilities. In short, we are always pushing, always reassessing and raising the bar so that patients receive the highest quality care. We do this as a team; one with a LOT of spirit!

Twenty five years ago, I began my career in Paoli's ED. At the time, we saw 18,000 patients a year and had five physicians. Today, the four Main Line Health EDs see over 150,000 patients per year and are staffed by over 90 Physician and Physician Assistant providers, hundreds of nurses, technologists and support staff. These professionals work in a fast-

paced, high-stress environment where lives are on the line. In this type of atmosphere, safety has to be more than just a priority; it has to be a way of life. It's this type of culture that we have instilled in our EDs; one that mirrors the vision of Main Line Health.

Emergency Departments are a critical part of health care and will continue to be the threshold to our hospitals. Working in the Emergency Room is known to be challenging. But the rewards are remarkable. I am so proud of the advancements Main Line Health Emergency Departments have made and am confident in the excellent care our patients will receive when they step through our "front doors" and ask us, "Can you help me?" ■

*Steven Gamburg, MD, is chairman, Department of Emergency Medicine, for Main Line Health.*

## TREATING TRAUMA FASTER

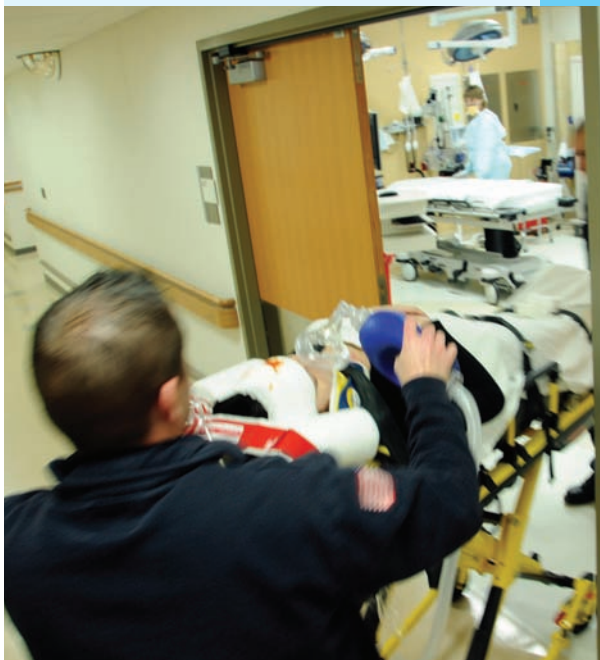
In just its first year of operation, the Regional Trauma Center at Paoli Hospital is having a dramatic impact on medical care in Chester County.

"We are seeing more patients than projected, but what is more important, we are successfully treating critically injured patients more quickly and closer to home than was previously possible," says Kris Kaulbach, MD, trauma medical director at Paoli. Consider these statistics:

- 95 percent of Chester County trauma patients now get to a trauma center in under an hour – prior to the trauma center's opening, that number was 37 percent.
- Helicopter transports out of the county have dropped from over 400 annually to around 100 per year.
- The number of trauma patients seen each month at the center has doubled since opening.
- 95 percent of patients treated in the trauma center are treated or discharged by Paoli, keeping them closer to home and their loved ones.

The center recently received a three-year reaccreditation from the Pennsylvania Trauma Systems Foundation, the maximum time period granted.

"I live in Chester County so I know that area residents are thrilled they now have a trauma center close by," says Stuart Brilliant, MD, chief of Emergency Medicine at Paoli. "The center has had an incredibly positive effect on the hospital and the community, and we expect that our numbers will continue to rise as we continue to bring this service to the community."



# Returning to the heart of medicine: The Schwartz Center Rounds

BY FRAN MARCHANT, MD

It is one sacred hour, between noon and 1:00 pm on the first Thursday every month. One sacred hour when I am vividly reminded of why it is that I became a physician. One sacred hour when I am joined by my fellow physicians, nurses, respiratory therapists, technicians, social workers, administrative staff and more—typically numbering well over 100—to participate in a dialogue that usually does not happen anywhere else in the hospital. It is the Schwartz Center Rounds.

The Schwartz Center Rounds were created by Massachusetts healthcare attorney Kenneth B. Schwartz, who succumbed to lung cancer at the age of 40. Coming to the realization that what matters most during an illness is the human connection with professional caregivers, Schwartz's last act was the creation of The Schwartz Center for Compassionate Healthcare. The Center's Schwartz Rounds bring together caregivers from multiple disciplines to openly discuss the most challenging social and emotional issues that arise in caring for patients. In contrast to traditional medical rounds, the focus is on the human dimension of medicine.

At each Schwartz Rounds meeting, one actual patient case is discussed. Cases are selected based on the complex and challenging circumstances they presented to caregivers: issues ranging from noncompliance to differing cultural and religious views.

The gathering begins with an introduction by Kathleen McDevitt, manager of the Pain and Palliative

Care Program at Bryn Mawr Hospital, the facilitator of the rounds and the individual responsible for introducing us to this unique concept. A case summary is provided by a three- to five-member panel—typically a physician, nurse and others who were directly involved. Attendees are then invited to share their own perspectives on the case and the broader related issues. The discussion is always thought-provoking, sometimes emotionally charged, and unfailingly insightful and inspiring.

While the discoveries made during the Schwartz Rounds have led to improvements across the institution, I have also gained priceless personal benefits. Schwartz Rounds takes me back to a time in medical school and during my residency before I was weighed down by such issues as EMR, Medicare and the legal system; to a time

when the focus was on the greater good, and there was this feeling of wonder.

These days, we are not always able

to feel the joy we should as physicians. The sacred nature of our relationship with our patients is threatened by a wide array of extraneous forces. Schwartz Rounds is all about re-connecting with our patients—and with each other. We talk openly about the challenging cases and experiences in our daily practice. We share our feelings about the work that we do. Over time, we begin to know each other better. And when we communicate better, the patients' care is better. This type of communication can make us more compassionate: Schwartz's dying wish. He was at a top-echelon hospital with all the money

“...thought-provoking...  
emotionally charged...  
insightful and inspiring.”



in the world—and still, for him, it came down to the people.

In fact, studies have shown compassionate care that respects patient values and preferences can increase patient adherence to treatment recommendations, decrease the use of costly diagnostic testing, and lower readmission rates. Beyond that, a study published in *Academic Medicine* shows that clinicians who attend the Schwartz Rounds feel significantly less stress and are better equipped to cope with difficult or sensitive patient situations.

The Schwartz Center Rounds are now occurring at more than 230 healthcare institutions across 33 states. Main Line Health intends to extend the program beyond Bryn Mawr Hospital.

I encourage my colleagues to attend Schwartz Rounds. It is a truly unique experience—one hour where we can put aside the things that prevent us from enjoying our profession and return to our roots. And, as an added bonus, each session represents one CME safety credit, which can quickly add up to the 12 credits required of physicians during each two-year cycle.

I can tell you that I leave each Schwartz Rounds session impressed by the talents of my colleagues and by the depth of their character, and hopeful that more physicians will avail themselves of this extraordinary experience. ■

*Frances Marchant, MD, is section chief of the Division of Otolaryngology and chair of the Bioethics Committees at both Bryn Mawr Hospital and Main Line Health. Dr. Marchant serves as the physician liaison for the Schwartz Center Rounds at Bryn Mawr Hospital.*



# Behavioral management in the brain injured patient

BY DAVID F. LONG, MD; EDWARD MURPHY, PSYD; TUYET NGUYEN, RECREATIONAL THERAPIST  
BRYN MAWR REHAB HOSPITAL BRAIN INJURY PROGRAM BEHAVIOR MANAGEMENT TEAM

An innovative behavior management treatment program that includes high tech video capabilities, computerized data analysis, and resultant modification of behavioral approaches, can enhance the behavioral and cognitive rehabilitation outcomes of patients with traumatic brain injury (TBI). Bryn Mawr Rehab Hospital incorporates the patient observation room into its brain injury rehabilitation program for patients who are emerging from TBI and who exhibit aggressive and agitated behavior. Our behavior management protocols work in cohort with our observation room technology and result in significant improvements in behavior, including enhanced patient focus and improved attention for longer periods of time.

TBI causes not only significant physical and cognitive changes but challenging behavioral issues that may not manifest in an acute care setting. The behavior complexities require a unique approach in order to effectively impact improvements in these areas. Behavior abnormalities are the leading barrier to patients returning home. Improving behavioral outcomes through the use of our behavior observation room technology optimizes our patients' opportunities to return to a more normal life with improved social functioning and greater ability for families to manage patients with reduced need for external supports. The family is actively engaged in the behavior management program from the onset of a patient's rehabilitation stay.

Agitation can be addressed through a multi-disciplinary behavior management approach that includes psychiatry, psychology, behavioral neurology, physical medicine and rehabilitation, therapy and nursing.



*In the Observation Room, this behavioral management session includes therapists Tuyet Nguyen (left) and Allyson Fleischman (standing, right).*

Our dedicated brain injury rehabilitation program utilizes a multi-disciplinary team and the high-tech, innovative environment created in our observation room to achieve the best possible outcomes for patients.

## Controlled Environment Improves Patient Behavior

We incorporate adjunct tools, such as video technology and interactive data collection into our observation room behavior management program to ensure we can safely and successfully achieve our expected goals and outcomes.

As a result of utilizing this technique we achieve positive results, including increased patient attention and focus to tasks with less agitation in a shorter treatment time, with fewer staff. Our behavior management program de-escalates potentially dangerous situations, ensures patient safety, and enhances patient recovery. It is highly successful because it enables us to ensure patient participation in therapy with

less agitation and aggression in a shorter time with fewer staff members, resulting in significant cost savings. For example, since utilizing this program, our patients complete expected tasks with less agitation more than 90% of the time compared to when we did not incorporate the observation room technology into behavior management. Prior to our observation room program, agitated patients required more 1:1 supervision and more time to achieve expected behaviors and outcomes. ■



*David F. Long, MD*

# Does Magnet make it better?

BY HELEN KUROKI, MD

**A**cross Main Line Health, clinical team members are recognizing each other's specific, valuable role and contribution for the patient's well-being. Main Line Health is moving beyond mere collaboration between physicians and the rest of the team, which is why MLH's Chief Nursing Officer, Riddle Hospital's VP of Nursing and I were in Baltimore a few weeks ago speaking at the annual Magnet conference of the Associated Nurses Credentialing Committee, which drew 7,500 nurses.

My topic: "How nurses and physicians can create interdependent models of care."

For some time, our physicians, nurses, pharmacists, case managers and other important members of the patient care team have experienced the value of collaborating, working together to share problem solving and decision making responsibility to launch initiatives such as computerized physician order entry or enhanced stroke care processes.

Now, we are taking patient care to a far superior level, where the members of interdisciplinary medical teams not

*Helen Kuroki, MD*



only can depend on one another to perform their individual professional roles but also can respectfully help each other prevent errors, better understand non-clinical factors, or develop contingency plans. With interdependence, the whole is greater than its parts.

We may not have all the answers, and the process may not be complete, but Main Line Health hospitals are well ahead of most other systems in moving from collaboration to interdependence between physicians and nurses.

One key factor in achieving this goal is Magnet designation, not just at Lankenau, Bryn Mawr and Paoli, but also at Riddle and Bryn Mawr Rehab, where the Magnet journey is still in progress.

On the surface, Magnet seems focused on the quality and professionalism of nurses. But the programs and processes implemented for Magnet designation (and re-designation) provide very real advantages for physicians, including:

- Availability of more relevant information provided by our nurses and others healthcare providers, so our patients can become healthier
- Greater accountability among nursing staff for performance
- Better clinical conversations, with well-educated nurses prepared with test results, medication history, assessments and other patient information
- Confidence in nurses' judgment and in their ability to support each physician's effort to do what is best for the patient

Building on that confidence, nurses and the medical staff and Specified Health Professionals (including PA's and nurse practitioners) of all five of the MLH hospitals are now more willing to engage in interdisciplinary projects, such as the perinatal safety initiative at Riddle Hospital, where team members share responsibility for planning and delivering care. This is partnership in action.

MAIN LINE HEALTH PHYSICIAN

Last year, an Institute of Medicine report stated that "nurses should be full partners with physicians and others in redesigning care in the US." In this new world, we are all professionals in an interdisciplinary team that prevents errors, provides quality care, and focuses on the patient.

Each member of the team has specific, professional work to accomplish for patient care. Everyone has something to bring to the table. ■

*Helen Kuroki, MD, is vice president, Medical Affairs, at Riddle Hospital.*

## LEVELING THE POWER GRADIENT

BY SANDRA ABRAMSON, MD

Is the "power gradient" genuine or a myth? Here's the test: You see a person in scrubs leaving a patient's room without washing hands.

- If it's a nurse, do you point it out?
- What if it's your section chief?

A key component of the one-hour "Safety Culture 101 for Physicians" is the power gradient. Exercises like the one above allow physicians to understand "looking up" and "looking down" the power gradient between us and other healthcare personnel.

In the follow-up program, "Safety Culture 102," physicians can do something to minimize the power gradient. Physicians are asked to assemble a work group from their ambulatory office, the hospital floor or the operating room for a 30-minute discussion. After a quick review of the error prevention tools taught in 101, the work group can discuss a prepared safety case study or create its own.

My group discussed several safety situations that may occur in our Non-Invasive Cardiology Imaging Lab. Meeting together minimizes the power gradient and creates an atmosphere which allows team members to question and speak up for safety.

Both Safety Culture 101 and Safety Culture 102 are required MLH programs. Physicians who have not already led a 102 session shouldn't miss the experience. Afterwards, send in the reporting postcard for tracking and for obtaining your CME credits. For questions, contact Suzanne Comer, MLH Academic Affairs manager, at [comers@mlhs.org](mailto:comers@mlhs.org).

*Sandra Abramson, MD, is director of the Cardiovascular Imaging Center at Lankenau Medical Center.*



“My passion lies in caring for people and seeing their lives improve,” said Scott Goldman, MD. “And sometimes those patients are grateful beyond what we could ever expect...Whether we as physicians realize it or not, our everyday actions can be the catalyst for charitable giving.” Dr. Goldman would know. Over 150 gifts have been donated to the Lankenau Medical Center Foundation in his honor.

## Inspired giving

A CLOSER LOOK AT SCOTT GOLDMAN, MD

Dr. Goldman—recruited in 1989 to Lankenau for his expertise in cardiothoracic surgery and his commitment to research in innovative surgical techniques—is chairman of surgery for MLH. Dr. Goldman was one of the first cardiac surgeons in the region to treat mitral valve prolapse using a minimally invasive procedure, and now trains other surgeons in this groundbreaking technique. Dr. Goldman also performed the first completely endoscopic robotic cardiac procedure in the region using the da Vinci® Surgical System.

In 2002, a leaking mitral valve became a problem for Robert Hall, chief operating officer of Philadelphia Media Network, the group that owns *The Philadelphia Inquirer*, *Philadelphia Daily News*, and *philly.com*. “I knew exactly where I wanted to go for my cardiovascular care,” said Hall. “Lankenau has been my first choice for years.” A patient of Lankenau cardiologist Peter Kowey, MD, Hall underwent mitral valve repair under the hands of Dr. Goldman. “Bob trusted the Lankenau team with his life,” said Dr. Goldman. “And because of his experience with us, he now provides support that may help others enjoy a longer life.”

This support came in the form of a \$25,000 pledge—Bob Hall and his wife Ronna’s first charitable gift to

Lankenau. Inspired by Dr. Goldman and designated to Lankenau’s cardiovascular services, this generous contribution marked the beginning of their larger philanthropic partnership with Lankenau.

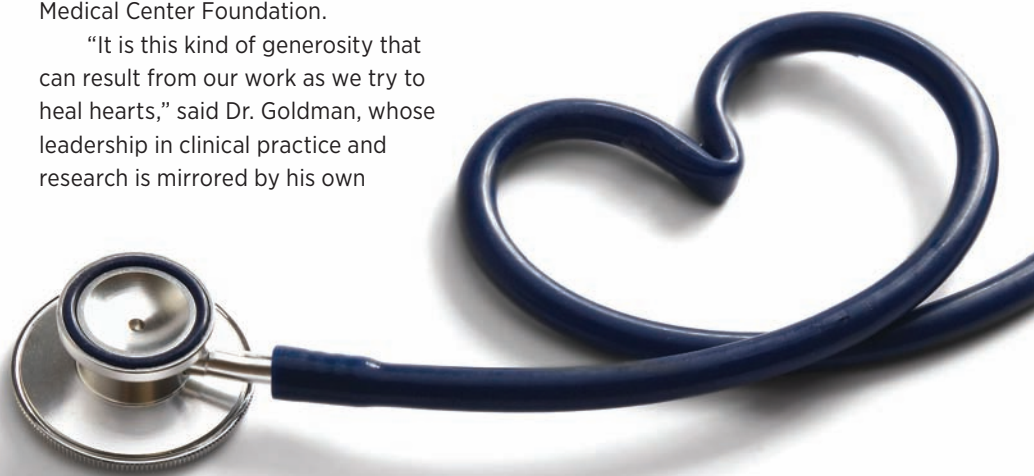
Over the past decade, the Halls have contributed over \$60,000 to help Lankenau’s cardiovascular program continue to provide world-class cardiac care to our community. The Halls have been members of the John D. Lankenau Society—a giving society of donors who contribute \$1,000 or more annually—for ten consecutive years. Today, they are among a special cadre of Lankenau friends who are giving many times that amount each year. Hall also took a leadership role at Lankenau as chair of the MLH Heart Center Leadership Council, and in 2009 was appointed as a Trustee of the Lankenau Medical Center Foundation.

“It is this kind of generosity that can result from our work as we try to heal hearts,” said Dr. Goldman, whose leadership in clinical practice and research is mirrored by his own



Scott Goldman, MD

philanthropy. Dr. Goldman’s own generosity stretches over more than two decades and has included a \$100,000 gift to Lankenau’s cardiovascular program, in addition to annual giving at the John D. Lankenau Society level for 22 consecutive years. “I am fortunate to work with an outstanding team of colleagues who share my passion for bringing the most advanced cardiac surgery techniques to our patients,” said Dr. Goldman. “Charitable gifts help provide the resources for such advances. Patient care excellence can inspire gifts just as much as our own philanthropic contributions.” ■



## Staff notes

**Jennifer Aldrich, MD**, successfully passed the 2011 HIV Specialist™ Credentialing Exam and is now credentialed with the American Academy of HIV Medicine.

**Robert Benz, MD**, vice president for Medical Affairs, Lankenau Medical Center, and system chief for Nephrology, has been appointed to the Accreditation Council for Graduate Medical Education's Review Committee for Internal Medicine, effective July 2012.

**Bryn Mawr Family Practice Residency Program**, under the direction of **Joseph Greco, MD**, and efforts led by **Seth Rubin, MD**, and other faculty, achieved recognition and certification from The National Committee for Quality Assurance as an NCQA Level 3 Medical Home. Level 3 is the highest achievable certification level.

**Alexander Bunt, DO**, family practice and geriatrics, has become a certified drug addiction specialist.

**Sheetal Chandhok, MD**, presented "Deconstructing the Trans-septal Procedure" as part of the faculty for Cardiology and Electrophysiology Fellows teaching conference in September at St. Paul, Minnesota.

**Victoria A. Cirillo-Hyland, MD**, was selected by Alma Lasers to sponsor free laser removal services for Breast Cancer radiation tattoos for the month of October in support of National Breast Cancer Awareness Month.

**Charles Dunton, MD**, discussed HPV and cervical cancer screening for 60 state legislators and their staffs at the Women in Government meeting in Pittsburgh in August.

**Harold Farber, MD**, was a guest lecturer for Quinova Pharmaceuticals on the Treatment of Chronic Inflammatory Skin Conditions and Repairing the Skin.

**Francis D Ferdinand, MD**, System Surgical Director of Clinical Effectiveness, Main Line Health Heart Center, has been elected Vice President of the International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS), and spoke at the Opening Plenary Session of the Annual Congress of the Chinese Society for Thoracic and Cardiovascular Surgery in Xiamen, China on Atrial Fibrillation Surgery and Minimally Invasive Valve Surgery. He will also give a presentation on Atrial Fibrillation at the 1st Einstein International Symposium for Minimally Invasive Cardiothoracic Surgery in São Paulo, Brazil.

**Thomas Frazier, MD**, medical director of the Comprehensive Breast Center at Bryn Mawr Hospital, was awarded the prestigious Pink Ribbon Award at the annual PA Breast Cancer Coalition Conference in Harrisburg.

**Robert P. Good, MD**, received the Sir John Charnley Award for excellence in the field of orthopaedics from the Arthritis Foundation.

**David J. Hoffman, MD**, director of Neonatology, Riddle Hospital, was elected a 2011 Medtronic Global Hero sponsored by the "Twin Cities In Motion" and the Medtronic Foundation, which celebrates runners who, with the help of medical technology, have continued to lead a full and active life. He completed running the Medtronic TC 10 Mile on October 2, 2011 in the Twin Cities of Minneapolis and St. Paul.

**Ryan Hoffman, MD**, has passed his boards and is now board certified by the American Board of Plastic Surgery.

**Paul Kim, MD**, was recently in Zambia with Surgicorps International, operating on children with birth deformities and crippling burn injuries. This is his 12th year with the organization.

**Helen Kuroki, MD**, vice president, Medical Affairs, at Riddle Hospital, was selected by *Main Line Today* magazine as one of the area's "24 Women on the Move."

**Jeffrey Lehrman, DPM**, was named a Diplomate of the American Board of Podiatric Surgery.

**Lawrence A. Marinari, MD**, presented original research on pulmonary emboli at the Annual International Meeting of the American College of Chest Physicians. Bryn Mawr Hospital Radiology Residents Anton Mahne, MD, and Mea Mallon, MD, participated in this research, which was supported by the Sharpe-Strumia Research Foundation of the Bryn Mawr Hospital.

**John J. McPhilemy, DO**, chairman and professor of Orthopaedic Surgery at Philadelphia College of Osteopathic Medicine and team physician for the Philadelphia 76ers, was elected president of the Philadelphia Orthopaedic Society for 2011-2012.

**Winslow Murdoch, MD**, president-elect of the Chester County Medical Society, will be featured in the upcoming *Jefferson Alumni Magazine* in a piece concerning "concierge" or retainer pay primary care.

**Rangadham Nagarakanti, MD**, past research fellow at Lankenau, was selected by the journal *Circulation* as the winner of the Best Paper Award in the category of Clinical Science.

**R. Barrett Noone, MD**, has been named to the Board of Trustees of the International Confederation of Plastic, Reconstructive and Aesthetic Surgeons. His two featured presentations at the International Conference in Vancouver, B.C. discussed standards of training and certification of plastic surgeons.

**Gerald Patton, MD**, was interviewed by the *Times Herald* regarding screening for AAA and stent graft treatment.

**David Rose, MD**, received the Dean's Special Award for Excellence in Clinical Teaching from Drexel University College of Medicine for 2010.

**Rizwan Sardar, MD**, a fellow at Lankenau Medical Center, presented an abstract entitled "Mortality Benefit of Statins in Patients with Atrial Fibrillation" at the Heart Failure Society of America meeting at Boston and presented "Affect of Warfarin on Long Term Pulmonary Arterial Hypertension (PAH) Mortality: Change of facts?" at the American Heart Association meeting in November.

**Timothy Shapiro, MD**, was a faculty presenter at Duke University's first Advanced Course in Transradial Angiography and Intervention in October, and shared information and data on how Lankenau Medical Center's cath lab transitioned to the radial approach.

**Jonathan Stallkamp, MD**, director of Academic Hospitalist Program at Lankenau, presented several sessions on Computerized Physician Order Entry at the Siemens New Innovations conference held August 10-14 in Las Vegas, NV.

**Christine Stanko, MD**, has been active in supporting local charities through her sponsorship of *Main Line Today's* Best of Party, which includes the Women's Resource Center, Mommy's Light, Home of the Sparrow and Little Smiles.

**Marc Togli, MD**, chief of Urogynecology, MLH and associate professor of Ob/Gyn, Jefferson Medical School, was invited to speak at a symposium on the management of Overactive Bladder at the 36th annual meeting of International Urogynecology Association in Lisbon, Portugal.

### MEDICARE INSURANCE UPDATE

Main Line Health will be in the network for all Independence Blue Cross Medicare Advantage products for 2012, including its new Medicare Advantage HMO product, called Keystone 65 Select HMO. MLH also continues to participate in Aetna's Medicare Advantage network.



# New appointments

JUNE – SEPTEMBER 2011

## ANESTHESIOLOGY

Ali Ekbatani, DO  
Allison Nassif, DO  
Rishin Patel, MD

## CARDIOVASCULAR DISEASES

Donald Ferrari, DO

## EMERGENCY MEDICINE

Amanda Miller, DO

## ENDOCRINOLOGY

Mary Kate McCullen, MD  
Stanley Schwartz, MD

## FAMILY PRACTICE

Jeffrey Brand, DO  
Michael Duncan, MD  
Mark Gottlieb, DO  
Joy Heller, DO  
Agnes Hewitt, MD  
Donald Klingens, MD  
Benjamin Mathews, MD  
Patricia Montgomery, MD  
Mamatha Yeturu, MD

## GASTROENTEROLOGY

Scott Fink, MD  
Joseph Herdman, MD

## HEMATOLOGY AND MEDICAL ONCOLOGY

Sameer Gupta, MD  
Jessica Katz, MD

## INTERNAL MEDICINE

Robert Bailey, DO  
Arka Banerjee, MD  
Charles Breish, MD  
Jennifer Burke, DO  
Joseph DeLeon, MD  
Mohanad Fallouh, MD  
Scott Freeman, MD  
Stephanie Hutchison, DO  
Amanulla Khaji, MD  
Maryam Khorrami, MD  
Qaiss Mohammed, MD  
Jennifer Nansteel, MD  
Lawrence Omole, MD  
Timothy Patterson, DO  
Zakir Shaik, MD  
Sampath Thiruveedi, MD  
Thilagavathi Venkatachalam, MD  
Komalavalli Venkatakrishnan, MD  
Brian Wojciechowski, MD

## NEPHROLOGY

Alejandro Diez, MD

## OBSTETRICS/GYNECOLOGY

Pooja Gupta, MD  
Sheila Kambin, MD  
Joan Keegan, DO

## OCCUPATIONAL MEDICINE

Stanton Miller, MD

## PATHOLOGY

Robert Carr, Jr, MD  
Gary Daum, MD  
Joseph Horstmann, MD  
Walter Klein, MD  
James Paulson, MD  
Ila Peterson, MD  
Vlasta Zemba-Palko, MD

## PEDIATRICS

Gerard Brown, DO  
Joseph Gwiszcz, MD  
Allison Horowitz, MD

## PSYCHIATRY

Eugene Huang, MD

## PULMONARY DISEASES/CRITICAL CARE

Eliot Friedman, MD  
Siva Ramachandran, MD

## RADIOLOGY/DIAGNOSTIC RADIOLOGY

Sumanth Atluri, MD  
Nancy Laurence, MD  
Nachum Stollman, MD

## RADIOLOGY/INTERVENTIONAL

Sumanth Atluri, MD

## RADIOLOGY/RADIATION ONCOLOGY

Linna Li, MD

## RHEUMATOLOGY

Liliane Min, MD

## SURGERY/GENERAL

Robert DiGiovanni, MD  
Joseph Frenkel, MD  
Daniel Hayes, MD  
Barry Hicks, MD

## SURGERY/NEUROSURGERY

Grahame Gould, MD

## SURGERY/OPHTHALMOLOGY

Gregory Bramblett, MD  
Hugo Linares, DO  
Keith Mathers, MD  
Katie Schrack, MD

## SURGERY/ORTHOPAEDIC

David Pedowitz, MD

## SURGERY/OTOLARYNGOLOGY

Jason Bloom, MD  
Yolanda Heman-Ackah, MD

## SURGERY/UROLOGY

Pankaj Kalra, MD

## A NEW MODEL FOR MLHC

Main Line HealthCare (MLHC), which employs more than 250 physicians, has begun to outline its plan to evolve from the current Medical Service Organization, which provides support services for MLH-employed physicians, to a high-functioning multispecialty group practice model, which emphasizes clinical integration and key leadership roles for physicians. This evolution will change the orientation of the organization to adopt operational and structural best practices from highly effective physician group practices.

Interim President Jeffrey Bushong noted that, given the current and evolving health care environment, change is necessary.

“The new organizational model will stress physician leadership and involvement, transparency in sharing information, and standardization of operating procedures and processes,” he said.

Linking physician needs and Main Line Health initiatives, MLHC is focused on three key initiatives: quality/patient safety; lowering the cost per case, and engaging physicians.

MLHC physicians, management and staff are currently engaged in a series of work teams on such topics as practice operations, electronic medical records, billing processes, compensation models, and business, marketing and growth plans.

“I anticipate that throughout Main Line Health, we will set the standard for physician engagement, growth and outcomes,” said Bushong. “The partnerships with our community-based physicians could not be more important as we all focus on broadening access to healthcare.”

## FLU VACCINATION DEADLINE: DEC. 5

Patient safety was the measure of success when the MLH mandatory flu vaccination policy launched last year. When the flu season was over, MLH data on patient flu infection rates showed no patients developed influenza while hospitalized in any MLH facility, unlike previous years.

The 2010-2011 MLH program achieved 100 percent compliance by MLH physicians and 99.99 percent compliance by employees.

MLH policy continues to require that all physicians, employees, volunteers and contracted clinical personnel with patient contact be vaccinated against influenza as a condition of employment or use of MLH facilities.

This year, MLH's battle against the flu has a few changes. Overall, the procedure is:

- Starting in 2011, the annual deadline for all covered staff to comply with the flu vaccination policy is the first Monday in December. For this year, the compliance deadline is December 5, a month earlier than last year to ensure timely protection.
- Those who received a medical or religious exemption last year will automatically be granted an exemption this year and do not have to re-apply.
- Free flu vaccinations throughout MLH facilities began in early October. All MLH-credentialed physicians are eligible. (Office staff not employed by MLH are not eligible for free vaccination.)
- Proof of securing vaccination outside of MLH must be submitted to the Medical Staff Office by December 5. The forms of proof include a physician's note, a receipt listing influenza vaccination, or a copy of a signed consent form.

For questions or concerns, e-mail [fluinformation@mlhs.org](mailto:fluinformation@mlhs.org).

## Drug shortage: More than an annoyance

BY CLARKE PIATT, MD

**T**here is a quiet crisis taking place in our hospitals. Across the nation, commonly used drugs—antibiotics, chemotherapeutic agents, electrolytes and more—are disappearing from the shelves of our hospitals' pharmacies. It's a problem that is getting increasingly worse.

In 2010, the FDA reported 178 drug shortages. That number is currently nearing 250, according to the American Society of Health-System Pharmacists. These shortages are more than an annoyance; they are now affecting patient care.

In a survey by the American Hospital Association, 82 percent of responding hospitals reported that patient care has been delayed as a result of a drug shortage. More than 60 percent said a patient had received a less effective drug or did not receive recommended treatment. And 35 percent said a patient had experienced an adverse outcome.

I wish I could say this is someone else's problem, but as most of our physicians know, it's our problem, too. Every week, our pharmacy distributes

a report listing the drugs that are currently unavailable at our hospitals. This list is shockingly long and is something none of us ever expected to see in the United States.

There are several reasons for these shortages. In today's market, manufacturers have little financial incentive to produce low-cost drugs or generics. Since there is little profit in these drugs, a limited number of manufacturers—sometimes only one or two companies—make them. This means that a plant shutdown or manufacturing interruption can cut production in half overnight.

The dangers these drug shortages present are many. Patients may be forced to medications that are less effective for their particular medical issues. Physicians may not be as familiar with some of the alternative drugs or older drugs that we must use. As a result, they may not understand the side effects as well or know the dosing.

This isn't a problem the marketplace is going to fix since the marketplace itself is part of the problem. Instead, we need faster and more effective intervention by the federal government.

Unfortunately, our system isn't set up to act quickly. Currently, the FDA is focused on getting notifications out in a more timely manner, but that is a reactive move. Instead, the agency should be proactive in identifying potential shortages of key medications with agency resources to support pharmaceutical infrastructure improvements along with a bolstered inspection process to ensure a reliable supply chain for key drugs. President Obama recently signed an administrative order to the FDA to address these very points.

However, in short-term, we can still expect critical drug shortages. For this, I offer two pieces of advice.

First, be proactive and see what the availability of a drug is before ordering it, keeping in mind that you may have to change to another drug in mid-stream or go to a second or third option. Second, draw upon the knowledge and expertise of our hospital pharmacists. They are a valuable resource who can help guide you when developing your treatment plans. ■

*Clarke Piatt, MD, is medical director, Critical Care, at Bryn Mawr Hospital.*