Main Line Health

Physician

Main Line Health partnership with Thomas Jefferson University physicians for stroke care:

The new Neurovascular Center at Bryn Mawr

WINTER 2013

Inside:

Main Line Health
Well ahead.®

Working together

BY RICHARD SCHMIDT, MD

As we end the year that brought together the medical staffs of all Main Line Health acute hospitals, it seems appropriate to emphasize the opportunity this integration provides.

The challenges facing health care delivery in 2013 will be much the same as they were in 2012. The public is expecting greater transparency from health care providers, reimbursement will be tighter, and we will be held accountable for the results we achieve.

One way we can effectively address the challenges of the future is by working together as a system now, leveraging the expertise across Main Line Health to improve patient care, enhance efficiency and help our organization prosper.

We live in a very competitive marketplace and work with outstanding colleagues in a highly honored health care organization. When a physician within our system identifies a patient who needs a specialist, it's hard to imagine that Main Line Health, with 2,000 credentialed physicians, doesn't have an appropriate and skilled specialist for almost any need.

In addition, when patients stay within MLH their data is readily accessible; there's no need for the patient to stress over gathering and transporting medical records, pathology slides, etc. Similarly, travel to the familiar campuses of MLH hospitals, both for the patients and visitors, is certainly more convenient and more welcoming than a trek into the unknown. It also enhances the likelihood of patient follow-through on recommendations.

One final note: Do you refer your family and friends to Main Line Health physicians? If we don't champion our own system, who will? ■

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

Continuing the focus

BY ANDY NORTON, MD

It's been a little over three months since I came back to Philadelphia as the Chief Medical Officer for Main Line Health. I want to thank everyone I've interacted with for their welcoming spirit, openness, honesty and constructive input. I have come to appreciate a wonderful esprit de corps among the medical staff at Main Line Health. You care deeply about excellence, you are passionate about the care delivered to your patients, and you are engaged in making Main Line Health a great place to deliver health care. Thank you.

At Main Line Health, the focus will continue to be on achieving a *Superior Patient Experience* as articulated in our 2012-2016 strategic plan. Specifically, we will all work to

- eliminate preventable harm
- deliver evidence-based care
- provide a superior patient experience
- provide culturally competent care
- evaluate clinical services and programs on a system-wide standard
- provide a standardized model for palliative and hospice services

We have a number of ongoing projects that should help us design the systems of care to achieve our goals. They include:

- creating a *Culture of Safety* through standard safety practices including the **Red Rule** of two-step patient identification
- reducing mortality through a focus on standardized care of the septic patient
- enhancing our management of *Transitions of Care* through standardized handoffs, strategies to reduce readmissions, and enhancements in coordinated post-acute care
- creating system-wide competencies in managing patient populations through our expected participation in a 13-hospital Geisinger collaboration on bundled payments for Medicare patients
- working with our primary care physicians and Main Line HealthCare in developing comprehensive patient centered medical homes

Administrative themes that I have shared with Medical Staff leadership and will be the focus of my efforts as Chief Medical Officer include:

- enhance the operational efficiency throughout Main Line Health to the benefit of both patients and our clinicians
- organize our quality, patient safety and performance improvement efforts in the most coherent way
- delegate accountability to the operational level in partnership with our nursing and administrative colleagues
- enhance the effectiveness of our medical staff leadership and the communication to and input from our medical staff
- create excellence in clinical education and research within the realities of the community based academic healthcare system

I am delighted to welcome our new Main Line Health Chief Nursing Officer, Barbara Wadsworth. She is a passionate patient advocate and embraces the value of strong nurse-physician collaboration. She and I commit to partner for patient safety, for effective team based care, and for the best environment for our clinicians to work in.

I am honored to be the new Chief Medical Officer at Main Line Health and to be able to work with all of you. My administrative office door is always open and my e-mail (nortonaj@mlhs.org) is always on. I hope that I have the opportunity to meet and interact with all of you. ■

Andy Norton, MD, is Chief Medical Officer for Main Line Health.

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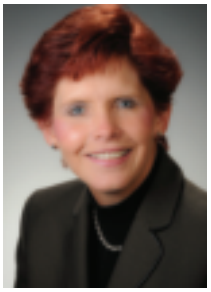
Cover photograph: Lab Technologist Dennis Cadugan, Grahame Gould, MD, and ED Nurse Deb Pratas in Bryn Mawr Hospital's new Neurovascular Center.

Commitments: yours, mine and ours

BY BARBARA WADSWORTH, MSN, RN, MBA, FACHE, NEA-BC



In the short time since joining MLH as the CNO, I've already seen the commitment across the system to patient safety, high quality patient care, and collaboration among disciplines.

The collaboration is perhaps better termed a partnership. Those partnerships are palpable throughout our hospitals, as much as the vibrant history, deep traditions and growing services they bring to their communities. I truly understand and value the special commitment to collaboration that is a key success factor at each hospital.

Another commitment—to the culture of safety—is evident in safety huddles, the morning briefing, Board rounds, transparency, and all of the tools we have to be the safest hospitals in the country. An MLH goal.

As we all know, communication is the biggest opportunity we have to assure that we attain this goal. In just about every patient safety story, there is an element of communication. One of the holes in the Swiss cheese is communication failure. Most recently, I have heard several stories that presented opportunities to communicate more clearly, more timely and with standard language. Together, I know we can bring communication to the next level.

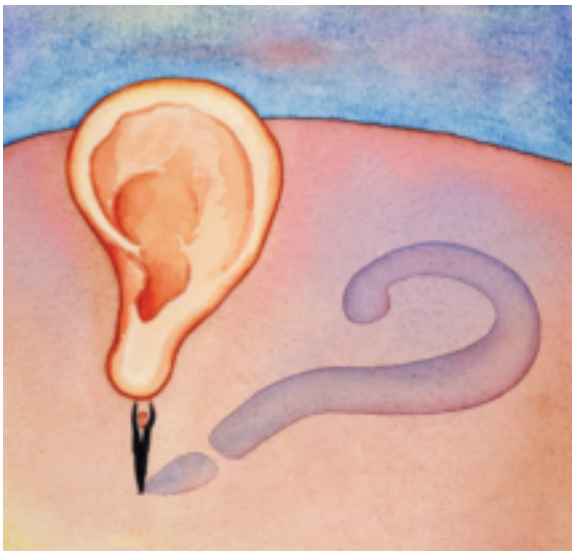
My commitment to each of you is this: I want to hear and understand your thoughts on how any of us on the MLH team can work better to provide the safest care to our patients. Contact me at any time at 215.431.9249 or at wadsworthb@mlhs.org.

To enhance safety, it is essential that we promote, model and welcome the practice of bringing a concern forward. ARCC is our standardized nomenclature for this communication, and with the use of these words—ASK a question, make a REQUEST, voice a CONCERN, and use the CHAIN of command—we will hear each other.

One thing I, as your newest partner, would ask each of you to consider is this: the person raising the concern may be unsure whether they are correct. Please reassure them that being correct is not a prerequisite for raising the concern. Hierarchy influences our willingness to speak up. As the physician, please invite the team to speak up, and then thank them for always placing our patients first.

As CNO, I have an opportunity to build on the current culture of safety and a responsibility to ensure all MLH staff is heard. CMO Andy Norton, MD, and I consider ourselves partners and are committed to learning, growing, and continuing to build on the culture of excellence at MLH. We welcome you to partner with us on this journey. ■

Barbara Wadsworth is senior vice president and Chief Nursing Officer for Main Line Health.



'Red Rules' promote MLH Culture of Safety

As the next step in the Culture of Safety journey, MLH has begun implementing "Red Rules" across the system to continue the drive toward zero events of preventable harm.

Red Rules are safety-critical acts that have the highest level of risk or consequence if not performed exactly, each and every time. They are not new rules, but are flags on a select number of important existing rules, to be utilized universally by all physicians, nurses and clinical staff.

The first MLH Red Rule, introduced in October, is "2 Patient Identifiers," a common practice already in place, but one that is now elevated to a Red Rule commitment for everyone.

> Red Rules are safety-critical acts that have the highest level of risk or consequence...

Physicians will soon be trained on Red Rules through tailored CBT packages. "Red Rules CBT for Physicians," the first CBT for all physicians released through HealthStream, will be available shortly after the first of the year. All nursing and clinical staff across our campuses have been trained and have committed to the first Red Rule of 2 Patient Identifiers.

"Red Rules help build accountability, which is one of the most important safety behaviors," said David Rose, MD, co-chair, MLH Quality and Patient Safety Committee and chief of General Surgery at Bryn Mawr Hospital. "Red Rules represent our highest commitment to preventing events of harm to our patients. The introduction of our first Red Rule is an important milestone for our evolving Culture of Safety." ■

Putting the focus—and payment—on outcomes

BY CHRISTOPHER DROOGAN, DO

For an industry that has been quick to adopt new diagnostic and clinical innovations and technologies, health care has been surprisingly reluctant to experiment with, let alone implement, new payment methodologies. For generations, traditional fee-for-service has been the foundation of how both doctors and hospitals have been paid.

Fee-for-service payment, however, is rapidly becoming a rotary phone in a world of smart mobile devices. You might see one occasionally in the future, but few will use it.

Led both by the Centers for Medicare and Medicaid Services (CMS) and a number of private insurers (including, in our area, Independence Blue Cross), new payment systems are being developed that redefine episodes of care, "bundle" payments for distribution among physicians and hospitals, and reward clinical *outcomes* rather than clinical *interactions*. These new payment methods certainly seek to lower costs. But they also will fundamentally reshape how quality care is provided and understood by doctors, patients, and hospitals.

Main Line Health is among the health systems at the forefront of working to understand and implement these payment changes, experimenting with new payment models, and working with both government regulators and private insurers to shape policy and practices. MLH's goal—a goal shared by physicians—is to ensure that the payment systems replacing fee-for-service protect our ability to provide top quality care, treat illness and injury, and help our patients and our community maintain good health.

> New payment systems are being developed that bundle payments...and reward clinical outcomes rather than interactions

A brief look at two initiatives illustrates how MLH is involved in this effort and how payment methodologies can bring big changes to how clinicians need to think about care. Recently, MLH applied to participate (in cooperation with a consortium of hospitals organized by Geisinger Health System) in a CMS pilot program that will "bundle" payments for Medicare patients in five clinical areas: CABG, CHF, PCI, hip and knee replacement, and COPD. Our application for the Bundled Payment for Care Improvement (BPCI) initiative is under review and, if approved as expected, would begin in the spring or summer of 2013.

Under the pilot program, let's say Mrs. Jones is a patient with congestive heart failure who is admitted to an MLH hospital and discharged after several days. Under the BPCI, additional services provided up to 90 days post acute discharge would be considered part of a bundled episode of care—even if Mrs. Jones were readmitted, as 25 percent of all CHF patients are (within one month). MLH hospitals will assume the financial risk of providing CMS a 2% discount from historical payments for a similar 90-day episode. The goal is to earn that back through providing more efficient care, thereby reducing costs. Physicians will continue to be paid their usual Medicare rates.

Aggregate payments will be compared on a retrospective basis.

In this scenario, doctors and hospitals need to focus on not just clinical interactions in the hospital, but to the entire spectrum of care, including physician office care, post acute care, and even family support. Post acute care can represent a large portion of overall costs. The BPCI provides an incentive, however, for this broader thinking about how care is provided: if we are successful in sufficiently lowering the costs of managing Mrs. Jones' care over the 90-day period beyond the 2% guaranteed to CMS, MLH and doctors will be able to share in a portion of the savings generated by our greater efficiency.

Beyond bundled payments from CMS, Main Line Health is also participating in the Integrated Provider Performance Incentive Plan (IPPIP), developed by Independence Blue Cross. Under this program, IBC rewards hospitals and physicians on a range of quality standards, including Appropriate Care Measures, preventable readmissions, and hospital-acquired infection rates.

Note that both the CMS and IBC programs focus on eliminating preventable readmission rates. MLH has worked hard to address preventable readmissions for CHF, and a team of clinicians and managers has developed a very strong program to address the multi-faceted needs of CHF patients in primary care, hospital care, and post-hospital care. For example, arranging prompt (within seven days) post-hospital follow up care in the doctor's office has proven helpful in preventing the complications that can contribute to a CHF patient's readmission. So, too, has greater involvement of Advance Practice Nurses and Nurse Practitioners led to communication with the patient early post-discharge.

Experience in CHF puts MLH at an advantage for performing well under a bundled payment system. MLH has put together a Clinical Excellence Team of clinicians and administrators to develop similar strategies in the other clinical areas that are part of the BPCI pilot program. Our ability to participate in these pilot programs will provide our doctors and administrators with invaluable experience when these new payment systems become the "new normal" in paying for health care.

That time is fast approaching, and the era of fee-for-service health care for hospitals and doctors is passing away. Whatever the challenges involved in coming to terms with the reality of reimbursement, these changes should prove beneficial for patients because they place a higher value on prevention, coordination of care, education for patients and families, and the overall health of the community. These are values doctors and hospitals have pursued for years. ■

Christopher Droogan, DO, is medical director of the MLH Advanced Heart Failure & VAD Program.

POST DISCHARGE PAYMENTS AS % OF TOTAL MEDICARE PAYMENTS*

Episode	% of Total Payments
CABG	23%
PCI	36%
Major Joint Replacement (Hip/Knee)	50%
COPD	61%
Heart Failure	64%

*Data applies to Main Line Health. Historical claims FY 2009.

TAVR: A new weapon against aortic stenosis

BY PAUL M. COADY, MD AND SCOTT M. GOLDMAN, MD

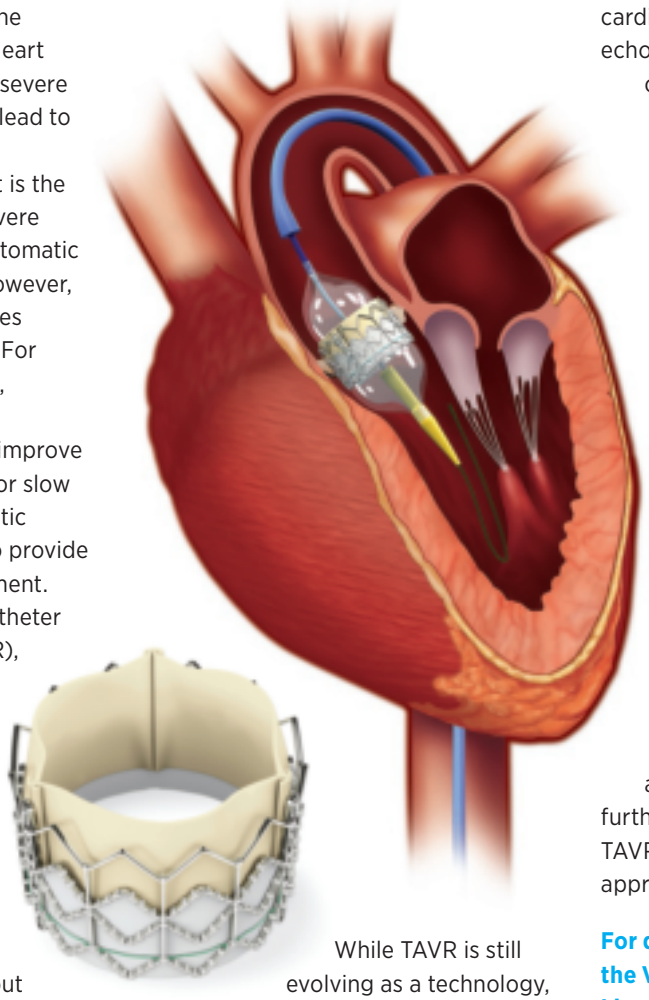
Aortic stenosis, a narrowing of the aortic valve, develops slowly and usually causes no symptoms until it is more advanced. As the condition worsens, the heart must work harder to pump blood through the narrowed valve, resulting in symptoms. The extra work can also cause the heart to weaken. Without treatment, severe (advanced) aortic stenosis can lead to heart failure and death.

Surgical valve replacement is the gold standard treatment for severe aortic stenosis and offers symptomatic relief and improved survival. However, many patients are not candidates due to prohibitive surgical risk. For inoperable or high risk patients, optimized medical therapy for comorbid conditions may help improve symptoms but cannot prevent or slow aortic stenosis, and balloon aortic valvuloplasty has not proved to provide long term benefit as sole treatment.

Until the advent of transcatheter aortic valve replacement (TAVR), the prognosis for patients with inoperable aortic stenosis was poor. Studies show that without valve replacement, 50% of patients with severe disease will not survive more than an average of two years after the onset of symptoms.

TAVR allows a diseased aortic valve to be treated without open-heart surgery and makes it possible to offer more patients with severe symptomatic aortic stenosis definitive treatment that can relieve symptoms and improve quality of life.

Lankenau Medical Center, a major referral center for heart valve surgery, is among an exclusive group of U.S. hospitals chosen to perform TAVR with the Edwards SAPIEN heart valve, the first FDA-approved TAVR therapy. The Edwards SAPIEN valve is a bioprosthetic valve delivered via a transfemoral approach and deployed within the diseased aortic valve with a balloon-expandable stent.



While TAVR is still evolving as a technology, the treatment is emerging as a standard of care for carefully selected high risk or inoperable patients. Several ongoing patient registries and the multicenter pivotal PARTNER trial have documented favorable outcomes with TAVR therapy, including improved survival and symptom status and reduced need for repeat hospitalization.

One clear best practice that has surfaced is that TAVR requires a multidisciplinary heart team built around a formal partnership between cardiac surgeons and interventional cardiologists. The Valve Clinic team at Lankenau Medical Center includes cardiac surgeons, interventional cardiologists, cardiac anesthesiologists, echocardiographers and a heart valve coordinator. Clinical teams work in a state-of-the-art hybrid treatment room at Lankenau that combines imaging capabilities of the cardiac catheterization lab with advanced technologies and patient monitoring tools of the cardiac operating room.

Patient suitability for all aortic valve interventions is assessed with a comprehensive multidisciplinary evaluation. The integrative approach to TAVR evaluation begins with a joint examination by a cardiac surgeon and an interventional cardiologist, with echocardiography and cardiac imaging available if needed. Patients confirmed as TAVR candidates undergo further testing to determine whether TAVR is both feasible and the most appropriate treatment option. ■

For questions or referral information, the Valve Clinic Coordinator, Lisa Igidibashian, can be reached at 610.896.9255.

Left: Edwards SAPIEN transcatheter heart valve. Right: The Edwards SAPIEN valve is expanded into place with a balloon and the delivery catheter is ready to be removed.

Paul Coady, MD, and Scott Goldman, MD, lead the Valve Clinic team at Lankenau Medical Center. Other members of the team include: Sandra Abramson, MD; Eric Gnall, DO; Lisa Igidibashian, CRNP; Sean Janzer, MD; Roberto Rodriquez, MD; and Jeffrey Wuhl, MD.

Innovative treatment for fecal incontinence

BY MARC TOGLIA, MD

In 2002, a 62-year-old woman started having problems with bladder control and underwent a surgical procedure which drastically improved her quality of life. As the years went by, she developed a weakened anal sphincter muscle, which eventually led to difficulty with bowel control, a condition known as fecal incontinence.

Fecal incontinence affects as many as 1 in 10 people at some time in their lives, in many cases, caused by damage to the nerves or muscles controlling bowel movements. Other causes include constipation, diarrhea, diabetes, inflammatory bowel syndrome and Parkinson's disease. While there are standard treatments, Main Line Health offers an innovative treatment at Riddle Hospital, Paoli Hospital and Lankenau Medical Center for patients who have found that the standard treatments do not work well for them.

Until now, therapy for patients with this disorder has focused on dietary restrictions, fiber intake adjustments or medications, and, in some cases, surgery. Last year, InterStim therapy—used for years to treat overactive bladder and urinary retention—was approved by the FDA for treatment of fecal incontinence. It offers a revolutionary alternative that is minimally invasive and can be reversed, if necessary. A month after the InterStim device was implanted in the 62-year-old patient mentioned above, she was no longer taking anti-diarrhea medications and had not had any accidents.

The InterStim Therapy for Bowel Control system uses an implantable, stopwatch-size device, a neurostimulator, that emits a continuous, mild electrical pulse through a wire to stimulate sacral nerves, which strengthen the pelvic floor muscles and sphincter complex.

Before implanting the InterStim device, patients participate in a 14-day trial of a wearable, external version to see if the nerve stimulation works for them. If the stimulation is successful over the course of the trial period, a surgeon implants a permanent device under the skin in the lower back. The patient can adjust the intensity of electrical pulses—within physician-set limits—via a remote-control.

After the InterStim neurostimulator has been implanted and the surgical cuts are healed, patients should be able to resume regular activities. ■

Marc Toglia, MD, one of the first physicians to offer InterStim therapy in the Philadelphia region, is Main Line Health System Chief, Division of Urogynecology, and Associate Clinical Professor, Affiliated Clinical Faculty, Lankenau Institute for Medical Research.

A month after the device was implanted in the patient, she was no longer taking anti-diarrhea medications and had not had any accidents.

Marc Toglia, MD, holds the InterStim implantable device used for bowel control therapy.

Main Line Health partnership with Thomas Jefferson University physicians for stroke care:

The new Neurovascular Center at Bryn Mawr

BY GRAHAME GOULD, MD

Bryn Mawr Hospital's new Neurovascular Center, which opened in July, brought sophisticated capabilities to the Main Line community and quickly demonstrated its value.

A 64-year-old man was brought to the hospital's Emergency Department after suffering a major stroke. The patient, who was paralyzed on the right side and unable to speak, had a positive response in the ED to intravenous TPA. Hours after admission, however, he suffered serious deterioration and was once again paralyzed and unable to speak. A contrast enhanced CT scan revealed a blocked carotid artery and middle cerebral artery, large vessels that do not respond as well to TPA.

The patient was taken directly to the hospital's new Neurovascular Lab, where a large-bore suction catheter was used to reopen the carotid artery, and a retrievable stent thrombectomy device was used to reopen the middle cerebral artery. Blood flow was restored quickly, and the patient responded well, regaining use of his right side and most of his speech. He is expected to make a nearly full recovery.

Having this level of care at a community-based hospital makes Bryn Mawr special. While all Main Line Health acute hospitals have received The Joint Commission's Gold Seal of Approval for Stroke Care, Bryn Mawr is the only hospital in the western suburbs with a university-affiliated neurovascular lab for comprehensive stroke care. The affiliation with the Jefferson Neuroscience Network enables a team of neurosurgeons specializing in neurovascular surgery and neurointerventional radiology from Thomas Jefferson University Hospital to be on site at Bryn Mawr, and it will allow future access to clinical trials being conducted at Jefferson. The dual training in neurosurgery and neurointerventional radiology means that the patient can move quickly into surgery with the same physician if interventional efforts are not sufficient.

> The dual training in neurosurgery and neurointerventional radiology means that the patient can move quickly into surgery with the same physician...

The Neurovascular Center's team also consists of nurses and technologists specialized in neurointerventional procedures, and neurophysiology technicians who perform intraprocedural monitoring, including EEG monitoring, brainstem auditory evoked responses and somatosensory-evoked potentials to help guide neurologic responses to treatment while the patient remains under general endotracheal anesthesia. In the months since its opening, most cases faced by this team have involved ischemic stroke—typically MCA occlusions, followed by carotid occlusions and vertebrobasilar occlusions. Additional cases have included ruptured and unruptured brain aneurysms, intracranial arteriovenous malformations, and carotid artery stenosis.

The Center—which treats patients from all the Main Line Health campuses, as well as those transferred from surrounding hospitals—features all new, state-of-the-art equipment. This includes the Siemens Artis zee Biplane system, which provides a range of advanced 3-D applications that allow for greater speed and precision during angiography and fluoroscopy, and a wide range of endovascular devices specifically designed for neurovascular treatments.

For the treatment of embolic strokes and intracranial aneurysms, the Center provides rapid access to procedures such as cerebrovascular thrombectomy, aneurysm coiling, angioplasty and stenting of carotid and cerebral arteries, and liquid embolic (glue-like) agents for treatment of arteriovenous malformations.

Following procedures in the Neurovascular Center, patients receive care in Bryn Mawr Hospital's Neuro-Cardiac ICU, which was awarded the 2012 American Association of Critical-Care Nurses silver-level Beacon Award for Excellence. ■

Grahame Gould, MD, neurointerventional neurosurgeon at the Bryn Mawr Hospital Neurovascular Center.

According to the most recent National Survey on Drug Use and Health, the number of people taking prescription painkillers without a medical need increased 75% between 2002 and 2010, with 12 million people reporting the use of opiates for nonmedical reasons.

Treating the growing epidemic—prescription painkiller addiction

BY GIAMPAOLO GALLO, MD

Nearly 15,000 people die of prescription opiate overdoses every year, a rate surpassing heroin and cocaine combined.

While there is a high rate of addiction among people using prescription opiates for chronic pain, only 20% of our patients began taking opiates for this reason; 80% started using prescription painkillers for other purposes. For those who already have either a genetic predisposition or familial vulnerability, an underlying psychiatric condition, or have experienced severe trauma, the use of opiates can quickly spiral into addiction.

People who become aware of their prescription opiate-related dysfunctional behavior undergo treatment at facilities like Main Line Health's Mirmont Treatment Center, which offers a full continuum of inpatient and outpatient programs and services for adults affected by alcoholism and drug dependency. At Mirmont, more than 70% of patients receive treatment for opiate addiction. Chemical dependency treatment requires a well-integrated, multi-pronged approach, and Mirmont employs among the most advanced medical, psychological, recovery based and holistic treatments.

The patient journey begins with medically monitored detoxification. During this phase, the medicinal team provides the most updated detoxification protocols, skillfully tailored to the patient's individual needs (e.g., complicated multi-substance dependence). While we use a broad spectrum of detoxifying medications to treat acute withdrawal, Mirmont is—I believe—among the first in the region to augment this process with acupuncture treatment, which has been scientifically proven to decrease the severity of withdrawal symptoms and the amount of conventional medications needed during detoxification.

After physical detoxification, the patients will be able to fully engage in the recovery process individually, in small and large groups. They become fully involved in 12-step recovery; supportive and cognitive behavioral therapies; trauma therapy for patients with PTSD; family counseling; pain management when appropriate; exercise programs; smoking cessation programs; nutritional counseling; educational sessions; and more. Other innovative approaches at Mirmont include:

- Mindfulness Based Stress Reduction, combining meditation and yoga in the healing process
- Medication assisted treatments, such as long-acting, injectable Naltrexone (Vivitrol), oral Naltrexone, acamprosate, Disulfiram and others.

First responders comprise a critical population at risk of prescription pain killer addiction from crime scene trauma and post-traumatic stress disorder, one of the most common co-occurring psychiatric conditions underlying opiate addition. The intensive treatment in Mirmont's nationally recognized VIPER (Valor with Integrity Program for Emergency Responders) program includes Eye Movement Desensitization Reprocessing and Relapse Prevention Therapy.

Giampaolo Gallo, MD, counseling a patient.

For any physician considering prescribing an opiate for pain, the recommendation is to perform a good assessment of the patient's potential for addiction. If opting to prescribe, educate the patient and family about prescription opiates and the potential for abuse. Physicians should also be able to promptly recognize the signs of misuse or addiction and act immediately.

If you ever have questions, concerns, or believe a patient may be in need of a professional assessment, please contact Mirmont Treatment Center admission department at 484.227.1453. ■

Giampaolo Gallo, MD, provides Psychiatry and Addiction Medicine at Main Line Health's Mirmont Treatment Center.

Staff notes

Bonnie Ashby, MD, chief, Internal Medicine, Bryn Mawr Hospital, was appointed medical director at Camilla Hall, the retirement home for the Sisters of the Immaculate Heart. In addition, **Cindy Hanson, CRNP,** has been named the nurse practitioner at the home.

Ned Carp, MD, division chief, General Surgery, Lankenau Medical Center, has been elected to a second three-year term of membership in the American Cancer Society's Commission on Cancer (CoC).

Amy Davis, DO, MLH system section chief, Palliative Care, earned the designation Fellow of the American Academy of Hospice and Palliative Medicine, the professional organization for physicians who care for patients with serious illness. Fewer than 250 physicians nationwide have achieved this professional distinction.

Albert DeNittis, MD, division chief, Radiation Oncology, Lankenau Medical Center, presented on "Whole brain radiotherapy and chloraquine in patients with brain metastases: Outcomes and response related to IDO2 gene single-nucleotide polymorphisms" at the American Society of Therapeutic Radiation Oncology in Boston.

Charles Dunton, MD, system division chief, Gynecologic Oncology, participated in a Health Volunteers Overseas mission to teach in Honduras, sponsored by the Society of Gynecologic Oncologists.

M. Hossein Etezady, MD, co-edited "Clinical Perspectives on Reflective Parenting," a recent book published by Aronson, aimed at professionals and clinicians working with children and their families.

Francis Ferdinand, MD, has been named to the Board of Governors of the American College of Surgeons. He has also been appointed to a new ad hoc committee of the Board that will restructure the Board of Governors committees.

Maribel Hernandez, MD, was the recipient of the *Hero of the Community* award presented by radio station El Zol, 1340 AM, during Hispanic Heritage Month.

Albert A. Keshgegian, MD, PhD, system chair, Pathology, published "Specimen ID in the Lab" in the *Perspectives in Pathology* column in the September *ADVANCE for Administrators of the Laboratory*. The article described the process improvements and achievements of the hematology and histology sections in decreasing potential specimen labeling issues.

Walter Klein, MD, was a co-author of an abstract presented at the annual American Society of Dermatopathology meeting in Chicago, IL, entitled "Follicular Induction Overlying a Dermatofibrosarcoma Protuberans."

Keith J. Laskin, MD, medical director, The Celiac Center at Paoli Hospital, was honored by the National Foundation for Celiac Awareness for having founded The Celiac Center at Paoli Hospital, the only area community Center established to treat and educate patients and their families about celiac disease and gluten sensitivity.

Thomas Lawrence, MD, was honored by the Eastern Pennsylvania Geriatrics Society with the Charles Ewing Memorial President's Award for extraordinary accomplishments in improving the lives of Delaware Valley Seniors.

Linna Li, MD, is co-author of a Phase II research trial involving patients with anaplastic astrocytomas, an aggressive form of brain tumor, published in the *Journal of Radiation Oncology*.

Lawrence Livornese, MD, has been named Interim Chairman of Medicine for Main Line Health during the search for a permanent Chair of Medicine. He is also Campus Chief of Medicine for the Lankenau Medical Center. Dr. Livornese will partner to assure a smooth transition with retiring Chairman **Jerome Santoro, MD,** who will maintain a continuing role in Graduate Medical Education.

Joseph McComb, DO, system division chief, Pediatric Anesthesiology, and **Lisa Held, DO,** gave presentations at Philadelphia College of Osteopathic Medicine's Anesthesiology and Pain Management Continuing Medical Education seminar in October. Dr. Held lectured about anesthesia in pediatric patients with upper respiratory illness, and Dr. McComb spoke about anesthesia in the developing brain.

R. Barrett Noone, MD, received the Trustees Special Achievement Award, the highest honor given by the American Society of Plastic Surgeons, at its annual meeting in New Orleans. The award recognizes a career of outstanding contributions in the specialty of plastic surgery.

Richard O'Flynn, MD, was elected president-elect of the Pennsylvania Society of Anesthesiologists at their October meeting. He also serves as a delegate to the American Society of Anesthesiologists House of Delegates.

Thomas Phiambolis, MD, passed the ABCL certification examination in Clinical Lipidology.

Christopher J. Rapuano, MD, had a recent article, "Trends in Contact Lens-related Corneal Ulcers at a Tertiary Referral Center," published in *Cornea 2012*.

C. Richard Schott, MD, chief of Cardiovascular Diseases at Riddle Hospital, was elected president of the Pennsylvania Medical Society.

Elliott Schulman, MD, took fourth place in the Institute of Medicine's Global Domestic Violence Prevention App Challenge for the development of HealtheSAVE, an organization that aims to help health care providers better recognize patients who have experienced violence. The organization is developing a website that will be tied to social media platforms and a mobile app.

Eric B. Smith, MD, published "Is it Time to include Vancomycin for Routine Perioperative Antibiotic Prophylaxis in TJA Patients?" in the *Journal of Arthroplasty* and presented a poster on this topic at meetings of the Musculoskeletal Infection Society, the American Association of Orthopaedic Surgeons and the Pennsylvania Orthopaedic Society. Additional poster presentations were at the Pennsylvania Orthopaedic Society and at meetings of the Eastern Orthopaedic Association and American Association of Hip and Knee Surgeons. Dr. Smith was also faculty at the American Academy of Orthopaedic Surgeons' Orthopaedic Learning Center in Rosemont, IL, for the course "AAOS/AAHKS Advanced Surgical Techniques for Partial, Total and Revision Knee Replacement."

Francis Sutter, MD, system division chief, Cardiac Surgery, published an article entitled "Precision Incision, Robotic Coronary Revascularization via 3.9cm Minithoracotomy," in *INNOVATIONS, Technology and Techniques in Cardiothoracic and Vascular Surgery*. Dr. Sutter and **Timothy Shapiro, MD,** have been selected to participate in the multi-center collaborative NIH grant application effort to secure funding for the Hybrid Coronary Revascularization Pivotal trial. Dr. Sutter served as guest speaker and panelist at the XV National Congress of Cardiovascular Medicine of Mexico held December 4-8 in Acapulco, Mexico. He presented on "Robotic Assisted Coronary Artery Bypass Surgery—A Safe Alternative to Sternotomy."

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ACCOLADES: RECENT RECOGNITION FOR MLH

- Bryn Mawr Rehab Hospital's Project SEARCH Program, a unique program for adults with disabilities who want to secure employment following career exploration, received an Employment Outcome Award at the Project SEARCH International Conference as well as an Access Achievement Award from the Philadelphia Mayor's Commission on People with Disabilities.
- Paoli Hospital has received Chest Pain accreditation from the Society of Chest Pain Centers.
- Main Line Health was named the Silver Award winner among the Best Places to Work in the Greater Philadelphia area for 2012 by the *Philadelphia Business Journal*.
- The Comprehensive Outpatient Neurorehabilitation Center at Bryn Mawr Rehab Hospital received the Pennsylvania Association of Rehabilitation Facilities (PARF) 2012 Rehabilitation Agency Recognition Award for outstanding achievement and development of an exemplary program of service for people with disabilities.
- Paoli Hospital and Riddle Hospital have been named among the nation's *Top Performers on Key Quality Measures* by The Joint Commission, recognizing achievement in heart attack, heart failure, pneumonia, and surgical care measure sets.
- For the eighth time in 10 years, Riddle Hospital has been chosen the "Best Hospital in Delaware County" in the Reader's Choice competition sponsored by the *Delaware County Daily Times*.
- For the sixth consecutive year, Lankenau Medical Center has been named among the nation's 50 Top Cardiovascular Hospitals by Truven Health Analytics (formerly Thomson Reuters). LMC is one of only two Pennsylvania medical centers included in the "Teaching Hospitals with Cardiovascular Residency Programs" category.
- Lankenau Medical Center's Cardiac and General Surgery programs have been listed among America's 100 Best Hospitals for Cardiac Care and General Surgery in 2013 by Healthgrades.
- All four Main Line Health acute care hospitals— Lankenau Medical Center and Bryn Mawr, Paoli and Riddle Hospitals—have received the Get With The Guidelines® Stroke Gold Plus Quality Achievement Award from the American Heart Association in 2012.
- The LIMR Chemical Genomics Center Inc., a biotech subsidiary of Lankenau Institute for Medical Research, is a Grand Challenges Explorations winner funded by the Bill and Melinda Gates Foundation. The grant will enable a global health and developmental research project entitled "A Totally New Approach to Discover Malaria Combination Drugs."

New appointments

JULY–NOVEMBER 2012

ANESTHESIOLOGY
James Anderson, MD
Pankaj Garg, MD
Nina Kalawadia, MD
Lisa Luyun, MD
Ami Patel, DO
Miteswar Purewal, MD

EMERGENCY MEDICINE
Jonathan Fischer, MD
Colette Mull, MD

FAMILY PRACTICE
Elizabeth Cerva, DO
Levelle Drose-Bigatel, MD
Eric Ginn, MD
Susan Hoffman, MD
Ali Kadkhoda, DO
Naghma Khan, MD

MEDICINE/ALLERGY & IMMUNOLOGY
Shailen Shah, MD

MEDICINE/CARDIOVASCULAR DISEASES
Kar-Lai Wong, MD

MEDICINE/DERMATOLOGY
Amy Basile, DO

MEDICINE/ GASTROENTEROLOGY
Adam Kaufman, MD
Patricia Wong, MD

MEDICINE/INTERNAL MEDICINE
Moniba Bilal, MD
Michael Cheung, MD
Pamela Cines, MD
Steven Cytrynowicz, DO
Ari Elman, MD
Dana Marrero, MD

MEDICINE/NEPHROLOGY
Umber Burhan, MD

MEDICINE/NEUROLOGY
Brian Abaluck, MD
Douglas Maus, MD

MEDICINE/RHEUMATOLOGY
Sophia Li, MD

OBSTETRICS/GYNECOLOGY
Lauren Castleberry, MD
Katy Doroshow, DO
Larry Glazerman, MD
Courtney Hammerel, MD
Suzanne Pugh, MD

PEDIATRICS
Darcy Hayes, MD
Anna Karasik, MD
Kristen Kucharczuk, MD
Rakhee Patel, MD
Scott Pugh, MD

PSYCHIATRY
Michael Cohen, MD
Raman Gapalakrishnan, MD

SURGERY/GENERAL SURGERY
Matthew Rosen, MD
Veeraiah Siripurapu, MD

SURGERY/ NEUROSURGERY
Christopher Farrell, MD
Joshua Heller, MD
Gaurav Jain, MD

SURGERY/ORTHOPEDIC SURGERY
Peter Hutchinson, MD
Christopher Kepler, MD

SURGERY/PLASTIC SURGERY
Suhail Kanchwala, MD

SURGERY/PODIATRY
Aliza Eisen, DPM
Robby Wiemer, DPM

SURGERY/UROLOGY
Joseph Graversen, MD

Staff Notes *(continued)*

Donald Tavakoli, MD, was promoted to clinical assistant professor in the Department of Psychiatry at the University of Pennsylvania. In addition, he was awarded the Irma Bland Award for Excellence in Teaching Residents from the American Psychiatric Association. Dr. Tavakoli also was appointed psychiatric consultant for Haverford College.

Marc Toglia, MD, was recently appointed the American Urogynecologic Society liaison to the American College of Obstetrics and Gynecology Committee of Health Economics and Coding. In addition, he was named Vice Chairman for the American Urogynecologic Society Committee for Government Relations and Coding.

Alexander Uribe, MD, division chief, Vascular Surgery, Riddle Hospital, presented on carotid endarterectomy, an effective solution for carotid artery stenosis, in China in October.

N. Susana Yaron, MD, Riddle Hospital medical director of Pathology/Laboratory, received a Certificate of Recognition in Breast Predictive Factors Testing from the College of American Pathologists.

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Philanthropy | A closer look at David Thomas, DO, PhD

"I have always been interested in the science of how mind and body work together," said David Thomas, DO, PhD. "The exceptional education and mentoring I received at Girard College allowed me to pursue and develop my interest in a medical career as a neurologist." Dr. Thomas now leads a team of four board-certified neurologists, four neuropsychologists, and three psychologists at the Center for Neuroscience located in Riddle Hospital's Health Center 2.

He is passionate about Riddle Hospital and grateful for being part of a culture that empowers physicians, nurses, and caregivers to rise above challenges and to do things better.

"Riddle was a great hospital prior to joining Main Line Health, and now MLH has marshaled the forces necessary to make the hospital a better version of itself," he said. "I have such respect for MLH and Riddle—I want to be a part of that culture."

Several years ago, Dr. Thomas ventured into a long-term charitable commitment with Riddle, creating a Fund in memory of his mother, The Miriam A. Thomas Fund. The fund provides an annual award to eligible family members of hospital employees who are accepted into an accredited college or university, helping with expenses.

Dr. Thomas feels that an individual who wants to be philanthropic must have a strong sense of connection to a cause. "That personal connection for me is helping the community I live in—I love this community." He also serves as a planning commissioner of Upper Providence Township.

He very recently made a significant contribution in support of the current Riddle Hospital Emergency Department (ED) Capital Campaign.

"The ED is the area of the hospital where people come for urgent, even life-saving, medical care—children, mothers, fathers, sisters, brothers, grandmoms and grandpops—it is the one place they can go to be restored and taken care of by a team of compassionate emergency physicians, nurses, and caregivers. That is why I support Riddle's ED Capital Campaign." In addition to his own generosity, Dr. Thomas has also inspired several of his patients, who are grateful for the care they received, to contribute significant charitable contributions to the Riddle ED Capital Campaign.

In addition to his personal philanthropy, Dr. Thomas serves on The Riddle HealthCare Foundation Board of Directors. "Serving as a volunteer board member is not only about providing charitable support, but giving of yourself in other ways. Joining the Board has allowed me, as well as my wife Jo Anne, to develop great relationships with fantastic community leaders who have done so much. It is a real honor and privilege to serve with them for such a great hospital." ■