

Main Line Health

Physician

What's new in endoscopy

WINTER 2017
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being highly reliable



Main Line Health®
Well ahead.®

Planning ahead

BY ANDY NORTON, MD



This issue of the magazine, headlined by the Main Line Health Strategic Plan for 2016–2020, includes a number of topics that exemplify the focus of Main Line Health in the years ahead. It's a direction that's natural for a health care organization of our quality, critical for the community we serve, and vital for our organization's stability.

One of the essentials that form the foundation of our Plan is Uncompromised Quality and Patient Safety. Two articles in this issue illustrate this commitment:

- *The importance of being highly reliable* (on page 8) addresses the very first goal in our Strategic Plan: Eliminate preventable harm. Our focus on building a reliable culture of safety is based on being a highly reliable organization (HRO). Applying the principles of an HRO can improve the reliability and success of any effort and any organization.
- Don Kligen's article, on MLH's PIVOT initiative and the EPIC EHR (on page 6), details specifically how this transformation will benefit you and your patients, thanks to the work being

done by our Clinical Program and Clinical Environment Workgroup leadership and staff from across MLH.

A third article, on the gastrointestinal diagnostic lab (on page 7), illustrates our evolving culture of Systemness and innovation, as well as a strong infrastructure—two more foundation essentials. Centralized, advanced technology and the right people can support colleagues across the System by performing highly complex procedures for patients outside of Philadelphia's academic medical centers.

Finally, two recent clinical trials, MATCH and PARTNER 3, are highlighted on page 10, the latest examples of our Strategic Imperative to advance research to improve patient care, quality and safety.

You can read an overview of the Plan on page 4, and hopefully you've obtained your copy and heard more details at a semi-annual medical staff meeting. If you haven't yet received a copy of the Plan, just contact your department head.

As always, I welcome your comments and insights at NortonAJ@mlhs.org. ■

Andy Norton, MD, is Senior Vice President and Chief Medical Officer at Main Line Health.

Narcotic crisis: How physicians can help

BY STEVEN GAMBURG, MD



The opioid crisis in America is real. Here are a few facts:

- Opioids are among the most widely prescribed medications in the United States. Between 2014 and 2015, 228 million opioid prescriptions were filled in the US.
- Internists and family practitioners accounted for over half of the 54.5 million prescriptions written for Schedule II opioids in 2013.
- A 2014 study in the *Journal of Hospital Medicine* found that doctors prescribe opioids in more than half of 1.14 million nonsurgical admissions.
- According to the CDC, more than 165,000 Americans died from overdoses related to prescription opioids between 1999 and 2014. About 14,000 of those deaths occurred in 2014 alone.
- 10 Pennsylvanians per day die from heroin and opioid overdoses—the leading cause of accidental death in the state.
- Educate yourself: Use Pennsylvania's Prescription Drug Monitoring Program to identify your patients struggling with addiction. Learn effective alternative pain management therapies and tapering techniques. The CDC lists 12 specific prescribing recommendations.
- Talk with your patients about pain management expectations. Make sure they know about dangerous drug interactions (e.g., benzodiazepine) and proper storage to prevent access by children.
- Use your resources. If you have a question, consult MLH's Pharmacy Department.
- Use the lowest appropriate dose and the lowest appropriate number of pills when prescribing narcotics.

Many efforts are underway to reduce addiction and stop the slide to cheaper and more easily obtained heroin. Here's where physicians can help:

In addition, Main Line Health is building relationships with regional hospitals and government officials that will lead to best-practice guidelines and policies to reduce opioid prescriptions that we will share with you. We can help temper the crisis. Let's be part of the solution! ■

Steven Gamburg, MD, is President of the Main Line Health Medical Staff, Chair of Emergency Medicine at Main Line Health, and a Diplomate of the American Board of Emergency Medicine.

Transforming to advance care

BY BARBARA WADSWORTH, DNP, RN, FAAN



As we prepare for the transformative work of building our new electronic health record with EPIC, it is important to understand the expectations.

We're not just changing our clinical system. We have bigger goals. Through the PIVOT initiative, MLH is Promoting Innovation by Valuing Organizational Transformation.

Changing EHR vendors would just be modifying, tweaking how we do our work. Transformation has a much different meaning: *the act, process or instance of changing (something) completely, and usually in a good way.* We may not recognize who we've become, but we'll probably like it.

It is exciting to consider the many improvements we will experience with EPIC (see the detail in Don Klengen's article on page 6). To get there, we need to work through the challenges and embrace learning the new "ways." I am asking each of you to be the beacon of light, commit to the PIVOT initiative, trust your colleagues, and be inspirational to your clinical partners around the value and benefit that all of us will be a part of.

With 500 days to the "PIVOT powered by EPIC" launch on March 3, 2018, each of us can positively embrace, actively participate, and engage in dialogue to build the best electronic health record that will become much more than information technology. It will advance our care, improve our access as clinicians, engage patients in their care like never before, and—perhaps hardest of all—it will require us to work differently.

Standardization, decreasing variance, implementing and embracing

(continued on page 9)

New appointments

MAY–OCTOBER 2016

ANESTHESIOLOGY

Ryan D. Baker, DO
Stephanie M. Brian, MD
Mario C. DeAngelis, MD
Gregory D. Hertel, MD
Soorena Khojasteh, MD
Luis Mercader, MD
Dipen V. Patel, MD

EMERGENCY MEDICINE

John E. Schneider, MD
Nadine M. Smith, DO

FAMILY PRACTICE

Daniel J. Csaszar, DO
Megan V. Daley, DO
John J. Lembeck, MD
Glenn Miller, DO
Michael F. Prime, DO
Joseph P. Quintiliani, DO
John F. Reilly, DO
Manjit Singh, MD
Gilfred C. Ubina, MD
Stephen D. Wakulchik, MD
Donald J. Zeller, MD
Elizabeth S. Ziegler, MD

MEDICINE/CARDIOVASCULAR DISEASES

Roi Altit, MD
Robert J. Kuhn, MD
Michael L. Tobin, MD

MEDICINE/GASTROENTEROLOGY

Nicole E. Albert, DO
Vikas Khurana, MD

MEDICINE/HOSPICE AND PALLIATIVE MEDICINE

Adam Tyson, MD

MEDICINE/INTERNAL MEDICINE

Jennifer A. Cruz, DO
Sharon E. Davidheiser, MD
Sumitra S. Konda, MD
Susan M. Marchiano, DO
Amanda Marchica, DO
Howard A. Miller, MD
Marisa C. Mizus, MD
Gemma Rozmus, MD
Jeremy A. Spinazzola, DO
Rashna K. Staid, MD
Sarah G. Summerville, MD
Daniel S. Wang, MD

MEDICINE/NEPHROLOGY

Laura Panarey, DO

OBSTETRICS/GYNECOLOGY/OB/GYN

Crystal A. Brogan, MD
Brooke N. High, DO
Yardlie Toussaint-Foster, DO

PEDIATRICS/NEONATOLOGY

Wendy J. Sturtz, MD

PEDIATRICS/PEDIATRICS

Karen P. Angell, MD
Jennifer G. Budacki, DO
Roslyn T. Varki, MD

PSYCHIATRY

Raena A. Khorram, MD
Roman Roytman, MD

RADIOLOGY/DIAGNOSTIC RADIOLOGY

Shilpa N. Reddy, MD
George Zlotchenko, MD

SURGERY/GENERAL SURGERY

Paramjeet Kaur, MD
Matthew W. LaPorta, DO
Zachary Peckler, MD

SURGERY/NEUROSURGERY

Robert L. Bailey, MD
Michelle J. Smith, MD

SURGERY/ORAL MAXILLOFACIAL SURGERY AND DENTISTRY

Jay W. Albanese, DDS, MD

SURGERY/ORTHOPAEDIC SURGERY

Ashley H. Anderson, MD
James A. Costanzo, MD
Jonathan R. Danoff, MD
Robert A. Henderson, MD

SURGERY/PLASTIC SURGERY

Jorge A. Conejero, MD
Rebecca S. Witham, MD

SURGERY/PODIATRY

Dina K. Becker, DPM
Joshua K. Hollinger, DPM
Melissa Wawrzynek, DPM
Brittany E. Winfeld, DPM



Strategic Plan: To 2020 and beyond

BY ANDREW NORTON, MD, AND LYDIA HAMMER

What will providing health care be like in the year 2020? While specifics are impossible to promise, current trends can provide the basis for expectations:

- The national focus has shifted to keeping populations healthy, rather than just treating illness and injury;
- Health systems across the country have committed not only to eliminating preventable harm but also tackling the challenges of disparities in care;
- The health care industry's economic foundation is shifting from volume to value;
- Consumerism and price sensitivity of patients are driving where, when and how patients seek health care services;
- Digital and mobile technology continue to transform diagnostic and treatment options; and
- New payment models have increased the need to reduce costs.

We updated our Strategic Plan for 2016–2020 based on insight from industry experts, MLH's Board, management and medical staff leadership across all campuses and clinical programs, in addition to an extensive Community Health Needs Assessment.

The foundation of our Plan's strategic direction is to provide the safest and highest quality care to all those who come through our doors and those who utilize our community health services, based on uncompromised quality and patient safety, patient and family centered care, a strong infrastructure, and a culture of Systemness and innovation.

Whether you're in private practice or Main Line HealthCare—specialist, primary care or resident—there's something that impacts you in this Plan, which will guide the allocation of resources in the coming years and position MLH in this evolving health care market.

The Plan includes five strategic imperatives, 40 major goals and more than 100 specific action items to be implemented across the organization. These will determine the direction of MLH affiliations and partnerships, how we envision the market and how we are likely to react to change, as well as where we will focus our efforts and allocate our resources and staff.

All this is based on updated organizational Values and a new Vision Statement that illustrates how much we care about our communities and about our neighbors' health—and about our determination to remain as a key community resource in the

By working together seamlessly as an integrated System, we will continue to maintain our position as a leader in the industry, based on collaboration between our administrators, physicians and community partners, to meet patients' needs across the continuum of care.

future. "Be the health care provider of choice in leading and optimizing the health of all in our communities" is not only an aspirational statement for the organization but the basis for everything that follows.

We want to provide our communities with the safest and highest quality care, and we want our neighbors to think about Main Line Health as their choice partner in achieving optimal health. Our increased focus on population health will bolster MLH's ability to compete in a value-based economy and will impact how the System invests in clinical infrastructure, programs, people and partnerships.

As noted in the October message from MLH President and CEO Jack Lynch and Board Chair Steve Aichele, we've already set the stage for this future by investing in the Delaware Valley Accountable Care Organization (DVACO) as a population health resource; establishing Main Line Health Physician Partners, a Clinically Integrated Network (CIN) to engage our physicians and further enhance quality; continually expanding our geographic presence to make it increasingly convenient for our patients to receive the care they need; and, most important, by continuing to foster a highly engaged workforce focused on delivering excellence.

By working together seamlessly as an integrated System, we will continue to maintain our position as a leader in the industry, based on collaboration between our administrators, physicians and community partners, to meet patients' needs across the continuum

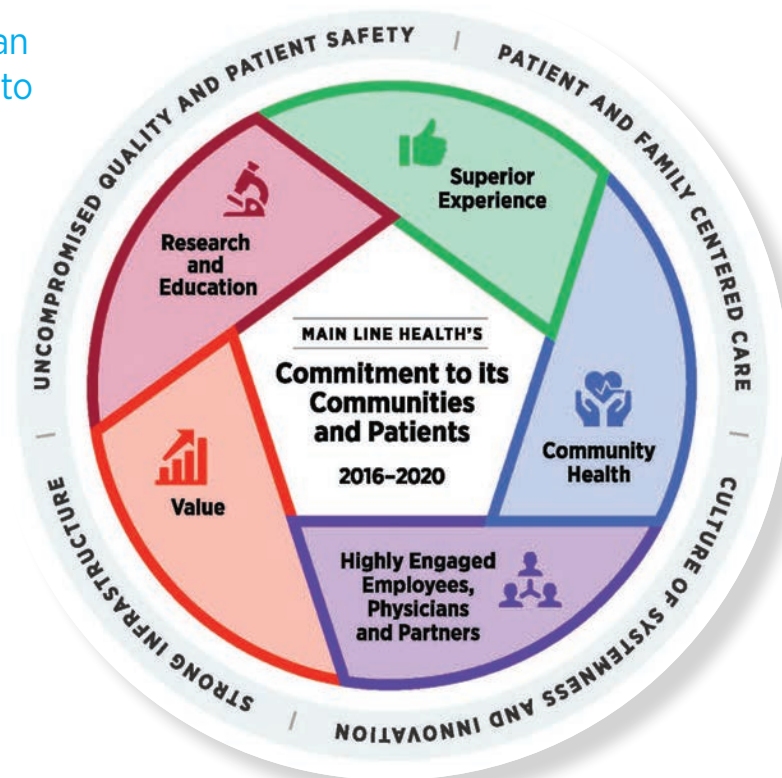
of care. Additionally, our partnership with Jefferson Health remains essential.

During the coming years, it's likely there will be changes in the economic, competitive, clinical and technological environment, so we have scheduled annual reviews of the environment as well as of our performance against Plan goals. We'll make adjustments as necessary to keep us on track to achieve our strategic imperatives.

The foundation of our strategic direction is to provide the safest and highest quality care to all those who come through our doors and those who utilize our community health services.

By extending our reach beyond our walls and providing resources, education and tools in innovative ways, we can create a healthier community. If we become trusted partners in wellness for those we serve today, we will also be their provider of choice for health care services when they need them in the future. ■

At Main Line Health, Andrew Norton, MD, is Senior Vice President and Chief Medical Officer, and Lydia Hammer is Senior Vice President, Marketing and Business Development.



MAIN LINE HEALTH MISSION

To provide a comprehensive range of safe, high quality services, complemented by related educational and research activities, that meet the health care needs and improve the quality of life in the communities we serve.

MAIN LINE HEALTH VISION

Be the health care provider of choice in leading and optimizing the health of all in our communities.

MAIN LINE HEALTH VALUES

- Safety
- Communication
- Compassion
- Diversity, Respect and Inclusion
- Excellence
- Innovation
- Integrity
- Teamwork and Systemness

THE STRATEGIC IMPERATIVES

- Deliver a superior experience for patients, physicians, employees, partners and payors
- Improve the health of the communities we serve
- Develop highly engaged employees, physicians and partners
- Deliver outstanding value by continually improving performance
- Advance research and the education of future health care professionals



Coming: A PIVOT transformation of patient care

BY DONALD J. KLINGEN, MD

There's an organizational transformation underway at Main Line Health that will enable us as physicians to profoundly impact how we provide care to patients.

The PIVOT initiative—Promoting Innovation by Valuing Organizational Transformation—is building a new technological infrastructure that will seamlessly integrate inpatient and ambulatory care with clinical and financial systems, and fully support value-based care and population health.

More than just a massive IT project, it's a clinical boon for physicians—one that will substantially enhance our capacity to offer exceptional patient care with greater ease and efficiency, thanks to substantial physician input.

Across MLH, the six Clinical Environment Workgroups (Medicine, Surgery, ER, Mother/Baby, Rehabilitation and Outpatient) are evaluating, redesigning

and standardizing how we deliver care. The goal is to improve every process we have, so that—no matter what office or campus a patient visits—the experience is the same: whether scheduling an appointment, undergoing a procedure, or being discharged home.

The heart of PIVOT is the Epic electronic health record system, to be launched on March 3, 2018, meticulously customized based on ongoing input from physicians across MLH. More than 50 physicians, core leads from every department and campus, are involved in building, testing and signing off on Epic components—from ensuring ease of navigation to validating clinical content.

Epic will fundamentally change how we as clinicians interact with our patients and significantly improve patient engagement. Some examples:

- There will be one record for each patient across the continuum of care, from the ER to the patient floor to the outpatient visit. Epic will integrate inpatient and outpatient clinical records, plus integrate ancillary and support services such as operative notes, making everything visible in one convenient place to all who are caring for a particular patient.
- Comprehensive, individualized care plans—from nursing assessments to hospital discharge instructions—will be visible to the patient and permitted family members.
- For primary care physicians, an enhanced health maintenance and care gap module will alert both clinicians and patients when it's time for routine screenings and office visits, and send tailored reminders for patients with chronic conditions. Current time-intensive, manual processes will become obsolete. PCPs will have greater insight into population health, as well as the tools to more effectively engage patients in their own care.
- For surgeons, Epic will provide a unified approach to preadmission testing, ensuring that patients are properly prepared for surgery and greatly reducing same-day cancellations and delayed start times.
- For cardiologists, Epic will mean an upgrade from the current Legacy imaging system to Cupid, which will better meet their needs thanks to cardiology team input.

I am immensely impressed with and grateful to the clinical leaders who have taken ownership in the complex decision-making and issue resolution processes as we develop the new system. Such strong engagement will surely lead to the successful launch of Epic in 2018 and serve to position MLH as an increasingly strong competitor in the changing health care market. ■

Donald J. Klingen, MD, is Chief Medical Information Officer for Main Line Health.





Much of the endoscopic technology at Lankenau can be used for both diagnosis and treatment and is less invasive than previous methods...

What's new in endoscopy

BY BOB ETEMAD, MD, AND SUSAN TREMBETH, RN, BSN, CGRN

The field of endoscopy has exploded over the past decade, and Lankenau Medical Center is at the center of the surge in both technology and physician expertise.

An important ingredient in the growth of endoscopy has been the advancement of technology and the evolution of facilities designed specifically for endoscopic procedures, such as Lankenau's state-of-the-art Gastrointestinal Endoscopy Unit. In many cases, the capabilities found within Lankenau equal or exceed those of Philadelphia's academic medical centers.

Opened in 2010, our endoscopy suite has grown in the past five years with additional staff and cutting edge technology. As a result, we are not only able to perform routine colonoscopies and bronchoscopies but also support the work of our colleagues at Bryn Mawr, Paoli and Riddle Hospitals by performing highly complex procedures such as pancreatobiliary and interventional endoscopic procedures.

Some of the most common medical conditions managed here include acid reflux, celiac disease, colorectal cancer, Crohn's disease, diverticulitis, inflammatory bowel disease, irritable bowel syndrome, pancreatic and biliary

disease, and Barrett's esophagus.

Much of the endoscopic technology at Lankenau can be used for both diagnosis and treatment and is less invasive than previous methods that required laparoscopy or surgery. The most notable technologies and procedures offered at Lankenau include:

- Cellvizio (confocal microscopy)—A miniature microscope that is threaded through the endoscope allowing physicians to view internal tissue on a cellular level. Cellvizio is an important tool in the diagnosis of Barrett's esophagus and dysplasia.
- Spy Glass endoscopy—A “scope within a scope” with a fiber-optic probe attached to a camera that allows physicians to diagnose and treat bile and pancreatic duct abnormalities. Lankenau will be a beta site for new and improved Spy Glass technology.
- A state-of-the-art fluoroscopy room that can offer 3D imaging of the biliary and pancreatic trees, something found at few hospitals.
- Transoral incisionless fundoplication (TIF)—A minimally invasive procedure that is used to reconstruct the gastroesophageal valve and correct the anatomical defect that causes

gastroesophageal reflux disease (GERD).

- AXIOS stent system—The world's first “all-in-one” stent system used to drain and treat pancreatic pseudocysts non-surgically. This system reduces the time for treatment from hours to just 20 minutes.

The number of endoscopic procedures performed each year at Lankenau continues to grow—5,000 cases in 2015 alone—as does the staff and its capabilities. Services are available to patients throughout Main Line Health who require the complex, high-end procedures this unit offers. Any physician can refer to the Gastrointestinal Diagnostic Lab, where most requests are accommodated within 48 hours.

As the field of endoscopy continues to grow, Main Line Health will continue to advance along with it, providing patients with the highest quality care along with the personal touch and convenience they have come to expect from us. ■

Bob Etemad, MD, (above, right) is System Section Chief, Endoscopy, at Main Line Health. Susan Trembeth, RN, BSN, CGRN, (above, left) is Clinical Coordinator of the Endoscopy Unit at Lankenau Medical Center.

The importance of being highly reliable

BY DENISE MURPHY, RN, BSN, MPH, CIC, FAAN, AND SHARON DIRIENZO, RN, MSN, CPHRM, CPPS

Main Line Health's focus on building a reliable culture of safety throughout the organization has improved outcomes, increased patient satisfaction, and enhanced the System's reputation. Establishing metrics, processes and recognition have been key steps in achieving a more than 80% reduction in harm. To become a true high reliability organization (HRO), there are other actions to be taken to get to the next level because, in general, health care is not highly reliable.

Take something as crucial to patient safety as hand hygiene. Data from across the country indicate only 50% compliance with that simple procedure. Is it a surprise, then, that a patient dies every five minutes in the US from a health care associated infection?

A reliable culture of safety means that all staff members are committed to ensuring that every patient has

the same opportunity for the best outcome, even in complex, high-risk situations. When a particular approach is shown to achieve optimum results in almost all situations, it is reasonable—and advisable—to standardize it as a best practice.

So what does a high reliability organization (HRO) look like? There are five traits to look for—and work towards, and they apply in the administrative as well as clinical realm:

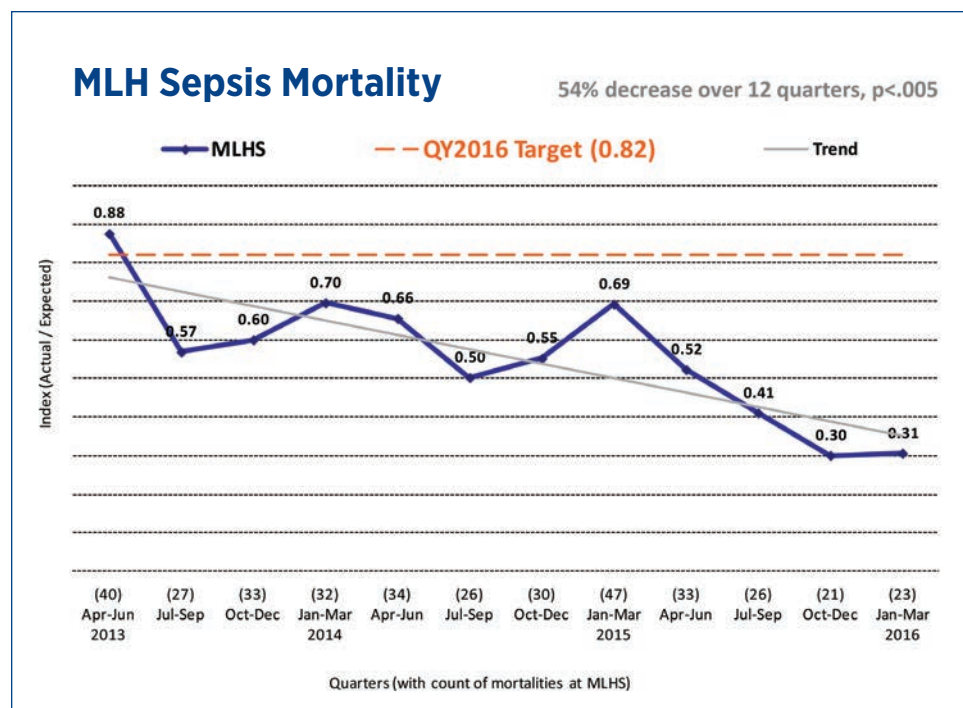
- **Be sensitive to operations:** More than checking patient identity, vital signs, and medications, we need to work together to identify broader issues that can affect patient care, such as how long a person has been on duty, the availability of needed supplies, and potential distractions.
- **Be reluctant to simplify:** Recognize the range of things that might go wrong and don't assume that failures and potential failures are the result of a single, simple cause.

- **Be preoccupied with failure:** Focus on predicting and eliminating catastrophes rather than reacting to them.
- **Defer to experts:** Defer to the person with the most knowledge relevant to the issue being confronted, not the most experienced person or the person highest in the organizational hierarchy.
- **Be resilient:** Assume that, despite considerable safeguards, systems may fail in unanticipated ways. Build in plans to manage the unexpected in order to prevent harm.

These principles ensure that results include high operational efficiency as well as high reliability. We have already demonstrated high reliability in some clinical areas across MLH:

Sepsis: To improve mortality rates in patients who arrived at our emergency departments with severe sepsis, we formed a multi-campus, multi-disciplinary team several years ago to evaluate best practices for surviving sepsis. The team created standard algorithms and clinical workflows in the information technology systems, standard work checklists, visual cues and reliable handoffs among the ED, hospitalists and critical care units. By integrating clinical sepsis bundles with reliably safe behaviors, we were able to reduce the number of deaths from severe sepsis by more than 50 percent at our four acute care hospitals (*see graph*).

Obstetrics: Riddle Hospital was the first MLH hospital to train Condition O obstetric response teams, using simulation drills, to handle serious adverse events during delivery. This training has spread across MLH, at the



Source: Premier via MLHS Dashboard database

5 Traits of an HRO

- Be sensitive to operations
- Be reluctant to simplify
- Be preoccupied with failure
- Defer to experts
- Be resilient

direction of MLH's Obstetrics Clinical Environment Workgroup (CEW), to ensure clarity of roles and approach among all obstetrics teams—vital for staff who may work at multiple MLH hospitals.

Rapid Response: Team training around procedural alerts is helping Rapid Response Team members across Main Line Health be clear about their own roles and actions—and those of their colleagues. Lankenau Medical Center's Vice President for Medical Affairs, Robert Benz, MD, and Anesthesiologist Robert Day, MD, have created a Rapid Response Team training program for staff and residents, using a simulation dummy "patient" to help team members see how they would function if a code were to occur in their area. Because each individual's role is clearly defined and they train together as a team, they can work together efficiently. Because they use evidence-based protocols, they can work together effectively, even when the situation takes unexpected turns.

While standardization contributes to reliability, it doesn't diminish the importance of critical thinking skills, especially for problem solving during an emergency. There are certainly many staff who naturally react swiftly, surely and calmly to the unexpected, whether in surgery, a clinical emergency, or in diagnosing a patient. Their expertise is invaluable in helping others during training as well as in actual situations. Resilience—being able to adjust to the unexpected—is not necessarily just an issue of clinical skills but more the ability to respond with composure to those human and



Robert Benz, MD, helped create a training program that ensures Systemwide clarity of Rapid Response Team members' roles.

environmental factors that conspire to throw us that curve ball.

What does high reliability look like in your space? With your team, look at your procedures and the equipment you depend on to get the outcome you're looking for. Then review how they rank against the five HRO traits.

Whether you're an individual practice or a multi-hospital health system, striving to become an HRO means better outcomes for our patients and health care teams. Let's keep the reputation of being one of the safest places in the country to receive care! ■

Denise Murphy, RN, BSN, MPH, CIC, FAAN, is former MLH Vice President, Quality and Patient Safety; Sharon DiRienzo, RN, MSN, CPHRM, CPPS, is MLH Interim Vice President, Quality and Patient Safety.

Transforming

(continued from page 3)

evidence-based care all provide a platform for our clinical work that is necessary and important going forward. While it may not be easy, it is essential that each of us accept these concepts and also incorporate them into our own personal practice and work, for us to benefit from PIVOT individually and as a System.

This transformation is both exhilarating and terrifying at the same time. Be sure to reach out to the Clinical Operation Readiness (CORe) leaders, the Subject Matter Experts (SMEs) and the PIVOT team at any time to hear more about this work. I encourage you to visit the PIVOT website at pivot.mainlinehealth.org. ■

Barbara Wadsworth, DNP, RN, FAAN, is Senior Vice President and Chief Nursing Officer at Main Line Health.

Advancing Medicine: NCI-MATCH and PARTNER 3 trials

BY ALBERT DENITTIS, MD, AND PAUL COADY, MD

Across Main Line Health, research teams are committed to identifying and developing new diagnostics and medications, and bringing life-changing and lifesaving clinical advances to the patient bedside.

Recently, Main Line Health was selected to participate in two national landmark research trials—one with the potential to monumentally advance cancer care and another that could transform the treatment of severe aortic stenosis.

Research for both studies is being conducted at Lankenau Institute for Medical Research on the campus of Lankenau Medical Center.

THE NCI-MATCH TRIAL: MATCHING CANCER TREATMENT TO GENES

The National Cancer Institute–Molecular Analysis for Therapy Choice (NCI-MATCH) trial focuses on delivering highly personalized cancer treatment by matching each patient with drugs or drug combinations that target the specific genetic abnormalities found in that patient's cancer.

It is believed that changes in tumor genes drive cancer growth. The findings from this trial will determine whether treating patients with drugs that target these specific changes will actually shrink the cancer, regardless of its location in the body. This represents the ultimate in individualized medicine today—matching treatments to genes—and Main Line Health is very proud to be participating.

The trial has been designed for patients with solid tumors or lymphomas that have progressed after standard systemic therapy, as well as rare cancers for which there is no standard treatment. Of the 5,000 patients who will be evaluated through genetic screening, it is estimated that approximately 23 percent will match to an existing drug and become eligible to participate.

Main Line Health is currently enrolling patients at Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital and Riddle Hospital. To learn more about NCI-MATCH or to discuss patient eligibility, contact Program Administrator Diana Ewen at 484.476.2649 or Albert S. DeNittis, MD, at 484.476.2433.

THE EDWARDS PARTNER 3 TRIAL: A LESS INVASIVE APPROACH TO AORTIC STENOSIS

The focus of the Edwards Lifesciences PARTNER 3 trial is TAVR—a non-surgical, catheter-based therapy that has proven to be a safe and effective alternative to surgical aortic valve replacement in patients at moderate or higher risk for heart

surgery. PARTNER 3 is the first large randomized clinical trial in the US to assess whether the benefits also translate to patients at low risk for surgery.

Lankenau Heart Institute's TAVR program is one of only a select few programs in the nation chosen to participate in the PARTNER 3 trial and is one of only two centers chosen in the Philadelphia region. Since the launch of our TAVR program in 2012, we have become one of the highest volume centers in the nation.

More than 1,200 qualified, low-risk patients will be enrolled in the trial and randomly assigned to treatment with TAVR or surgical aortic valve replacement. The outcome could profoundly change treatment for many people suffering from the debilitating symptoms of aortic stenosis and allow these patients to recover more quickly than with traditional treatment options.

Enrollment for the PARTNER 3 trial is currently underway at Lankenau Medical Center. To learn more about PARTNER 3 or to discuss patient eligibility, contact Study Coordinator Jennifer Porter, RN, at 484.476.8085 or Lankenau Heart Institute Structural Heart Program Coordinator Lisa Igidbashian, CRNP, at 1.855.820.2583. ■

Albert DeNittis, MD, is Chief of Radiation Oncology and Principal Investigator for the NCI Community Oncology Research Program at Main Line Health. Paul Coady, MD, is an interventional cardiologist and Lankenau Heart Institute's principal investigator for PARTNER 3.



Staff notes

Charles Antzelevitch, PhD, Professor and Executive Director of the Program in Cardiovascular Research, LIMR, delivered a plenary lecture at the 9th Asia Pacific Heart Rhythm Society meeting in Seoul, South Korea. His lecture, titled “J Wave Syndromes as a Cause of Sudden Death: From Bench to Bedside,” focused on two components of J wave syndrome: Brugada syndrome and early repolarization syndrome.

Robert Cabry, MD, is senior team physician for US Figure Skating. He was selected to travel to Croatia with Team USA for an international competition.

Laura Connor, DO, and **Barani Mayilvaganan, MD**, two senior Lankenau Gastroenterology fellows, were invited to present their research at the poster forum during the recent national meeting of the American College of Gastroenterology. Joining them was Lankenau Resident **Elizabeth Richardson, DO**, who also presented her research.

Scott Dessain, MD, PhD, Associate Professor, LIMR, co-wrote a book, *Preserving the Promise: Improving the Culture of Biotech Investment*, a critical analysis of the business practices surrounding the commercialization of academic biotechnology discoveries into medicines by industry, such as those developed in his laboratory and others at LIMR, and what barriers exist that tend to impede this process.

Nicholas DiNubile, MD, gave the keynote address at the American Academy of Anti-Aging Medicine World Congress in Las Vegas. He spoke on preserving musculoskeletal health and durability with age. Dr. DiNubile serves as the Vice President of the organization and has done extensive research, publishing and presentations on this topic. He recently did a similar presentation, “Beating ‘Boomeritis,’ Are You Built to Last?” at Merion Cricket Club.

John Feehery, MD, an otolaryngologist with Providence Ear, Nose and Throat Associates in Chester, PA, was elected to the Board of Directors of The Riddle HealthCare Foundation. The Foundation provides a philanthropic venue for members of the community to support Riddle Hospital.

Thomas Frazier, MD, received the *Light of Life* award, presented to a breast health care provider who provides exceptional devotion to Susan G. Komen Foundation and goes far beyond the ordinary to advance its mission.

William Gray, MD, System Chief of the Division of Cardiovascular Disease at Main Line Health and President of Lankenau Heart Institute, was a keynote speaker at the Complex Cardiovascular Catheter Therapeutics Advanced Endovascular and Coronary Intervention Global Summit (C3) Conference, last summer in Orlando, Florida. Dr. Gray’s lecture focused on three therapies: carotid stenting, patent foramen ovale (PFO) closure, and left atrial appendage occlusion.

Donald J. Klingen, MD, was named Chief Medical Information Officer (CMIO) at Main Line Health. Dr. Klingen has served in the role as interim CMIO since August 2015.

Peter Kowey, MD, was a recipient of the Saint Joseph’s University Medical Alumni’s Reverend Clarence E. Shaffrey, SJ, Award. This award is given annually to a respected physician in the medical community in recognition of service and outstanding contributions to the medical profession.

Hans Liu, MD, presented “Community-acquired Pneumonia: Where Are We Going?” to Making a Difference in Infectious Diseases Conference in Orlando, Florida. This professional pharmacists group works to improve treatment of infectious diseases.

Howard Miller, MD, is Editor-in-Chief of *Postgraduate Medicine*, a peer-reviewed medical journal.

R. Barrett Noone, MD, Main Line Health’s first appointed Chair of Plastic Surgery, was honored with an Endowed Lecture by the American Association of Plastic Surgeons (AAPS) for his contributions to plastic surgery.

Norma Padrón, PhD, Associate Director, Population Health, LIMR, was an author of “In Hepatocellular carcinoma detection: diagnostic performance of a simulated abbreviated MRI protocol combining diffusion-weighted and T1-weighted imaging at the delayed phase post gadoteric acid,” which appeared in the journal *Abdominal Radiology*.

Ronald Phillips, DO, CCHP, earned professional certification in correctional health care.

Konstadinos Plestis, MD, System Chief of Cardiothoracic Surgery, presented at the 2016 Medtronic Cardiac Surgery User Meeting in Beijing, China. Dr. Plestis gave two presentations: “Ischemic and Degenerative Mitral Valve Replacement and Repair” and “Minimally Invasive Aortic Root/Valve Replacement.”

George Prendergast, PhD, President and CEO, LIMR, participated as a panelist in the Cancer Moonshot Summit at Fox Chase Cancer Center in Philadelphia, part of the White House-led National Cancer Moonshot Initiative to build new collaborations and partnerships in the fight against cancer.

John Pron, DPM, received certification in Advanced Cardiac Life Support and can use his Hyperbaric Medicine certification to monitor patients at Riddle Hospital’s Wound Healing Center.

Janet Sawicki, PhD, Professor and Deputy Director, LIMR, with her colleagues, developed a new precision medicine approach to treat the most aggressive forms of ovarian cancer. Her ground-breaking proof of concept study is the first to show how targeted reduction in a specific protein called HuR can eradicate ovarian tumor cells while leaving normal cells intact.

Katherine Schneider, MD, President, Delaware Valley Accountable Care Organization (DVACO), has been recognized as one of the most powerful women in health care technology by *Health Data Management*. Dr. Schneider was chosen as one of the “Provider/Payer Executives” honorees and was one of 75 women to receive this honor. She received the award at the Most Powerful Women in Healthcare IT event in Boston.

Stanley Schwartz, MD, was guest speaker at the following meetings: North American Artery Association in Chicago; American Diabetes Association DM 2016 Symposium in Hollywood, FL; the Delaware ACP in Rehoboth Beach, DE; and the International Conference on Diabetes and Metabolism, Korean Diabetes Association, Seoul, S. Korea.

Sean Wright, MD, was elected to the Board of Directors of The Riddle HealthCare Foundation. Dr. Wright is founder and president of Wright Plastic Surgery, PC in Media, PA and founder of Swellbox, Inc., a portable digital health record company. The Foundation provides a philanthropic venue for members of the community to support Riddle Hospital.

Accolades

- All four MLH acute care hospitals—Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital and Riddle Hospital—have again been recognized by *US News and World Report*'s "Best Hospital" rankings as among the top 10 in the Philadelphia region. In addition to the regional ranking, Lankenau Medical Center was listed as among the 10 best hospitals in the state of Pennsylvania, and is one of only 63 hospitals in the nation that had the best performance in each of nine inpatient surgical procedures and chronic conditions.
- For the tenth time, Lankenau Medical Center was listed among the nation's Top 50 Cardiovascular hospitals by Truven Health Analytics.
- Paoli Hospital received 5 stars in the Centers for Medicare and Medicaid Services' new Overall Hospital Quality Star Ratings. All other MLH acute hospitals received 4 stars.
- Lankenau Medical Center, Bryn Mawr Hospital and Riddle Hospital received the American Heart Association/American Stroke Association's Get With The Guidelines[®] – Gold Plus Quality Achievement Award. In addition, Bryn Mawr Hospital was named to the Stroke Honor Roll Elite for achieving time to thrombolytic therapy within 60 minutes in 75 percent or more of acute ischemic stroke patients treated with IV tPA. Lankenau Medical Center and Riddle Hospital both were named to the Stroke Honor Roll for achieving time to thrombolytic therapy within 60 minutes in 50 percent or more of acute ischemic stroke patients treated with IV tPA.
- In September, Lankenau Medical Center was officially accredited as a Level II Trauma Center by the Pennsylvania Trauma Systems Foundation.
- Main Line Health received the Beacon Award for exceptional devotion to the Susan G. Komen[®] organization and for Main Line Health's unique brand of support in the fight against breast cancer at the organization's Pink Tie Ball in October.
- Paoli Hospital is a 2016 Press Ganey Pinnacle of Excellence AwardSM winner for maintaining consistently high levels of excellence over multiple years for Patient Experience in Inpatient Care.
- Lankenau Medical Center's Delema G. Deaver Wellness Farm and its distribution of organic food to vulnerable patients were highlighted by Michelle Obama at the White House celebration of the First Lady's *Let's Move* initiative to reduce childhood obesity and encourage a healthy lifestyle in children.
- All five MLH hospitals—Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital, Riddle Hospital, and Bryn Mawr Rehab Hospital—have received NICHE designation. The NICHE (Nurses Improving Care for Healthsystem Elders) designation indicates an organization's commitment to elder care excellence by stimulating senior-focused transformation in the culture of health care facilities and achieving patient-centered care for older adults. ■