

Main Line Health

Physician

Restructuring the MLH/Jefferson partnership



SUMMER 2014
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Main Line Health®
Well ahead.®

Medical staff education initiative

BY ANGUS GILLIS, MD

The Main Line Health medical staff structure is an integrated model that encompasses private practice physicians who are on staff, hospital-employed physicians, and physicians/physician groups who are under contract for provision of services to the Hospital System.

Medical staff functions have traditionally included initial credentialing, reappointment, and approval of privileges for new procedures. Tools used to fulfill these tasks include focused and ongoing professional practice evaluation (FPPE and OPPE). The staff is responsible for peer review, including case study and quality concerns. By-law and policy issues such as investigations, interventions, confidentiality, and physician rights are also areas in which the medical staff is involved. The staff has administrative functions related to patient safety, infection control, pharmacy and therapeutics, medical records, and behavioral issues like disruptive behavior and practitioner health. This is only a partial list of the responsibilities of the medical staff. Ultimate responsibility for approval and implementation of any recommendations by the staff's Medical Executive Committee lies with the Board of Main Line Health.

In addition to the above functions, the medical staff also takes an active role in continuing medical education. Your medical staff dues have always funded clinical educational efforts, such as Grand Rounds, at our various locations. A new additional effort is the Medical Executive Committee's budgeting of dedicated monies for physician education, which will enable members to carry out these medical staff responsibilities. This effort will be funded yearly. The educational initiative will allow invested physician members to receive up-to-date information which can then be shared with all staff members. It will also enable staff physicians to be in contact with members of the medical staffs from other institutions and learn from best practices in other settings.

It is the intention of the MEC to give physicians and physician leaders who are involved in these functions the tools and knowledge to lead in our complex and changing environment. Physicians who want to get involved can be assured that they will benefit not only from contact with experienced staff members but also from formal education. ■

Angus Gillis, MD, is president of the Main Line Health Medical Staff.



Accolades

- For the first time, all four MLH acute hospitals — Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital and Riddle Hospital — were named among the Best Regional Hospitals for the Philadelphia metro area for 2014-2015 by *US News & World Report*. Lankenau Medical Center has also earned a national ranking as one of the top 50 hospitals in the specialty of Diabetes & Endocrinology.
- Main Line Health has once again been named among the top 20% of health systems in the nation by Truven Health Analytics. Listed as one of 21 in the “medium health systems” category, Main Line Health is the only health system in Pennsylvania recognized.
- Main Line Health received the Hospital and Health System of Pennsylvania's Donate Life Challenge Award for building awareness for tissue, eye and organ donation.
- All four Cancer Centers at MLH acute care hospitals — Bryn Mawr Hospital, Lankenau Medical Center, Paoli Hospital and Riddle Hospital — earned a three-year National Accreditation from the Commission on Cancer (CoC) of the American College of Surgeons. This award is presented to facilities that meet the 34 CoC standard requirements to deliver comprehensive patient-centered level of care.
- Lankenau Medical Center has again been named one of the nation's 100 Top Hospitals® by Truven Health Analytics™ and is one of only five hospitals in Pennsylvania to receive this designation.
- Riddle Hospital's Cancer Center has been granted the 2013 Outstanding Achievement Award by The Commission on Cancer of the American College of Surgeons. The award is presented to a select group of 74 accredited cancer programs throughout the US, representing approximately 14 percent of programs surveyed by the CoC in 2013.
- Three MLH hospitals — Bryn Mawr, Paoli and Lankenau Medical Center — have received the American Heart Association's Mission: Lifeline® Receiving Quality Achievement Award, acknowledging the implementation of specific quality improvement measures outlined by the AHA for the treatment of patients who suffer severe heart attacks.
- Paoli Hospital has earned full Chest Pain Center re-accreditation with Percutaneous Coronary Intervention (PCI) from the Society of Cardiovascular Patient Care (SCPC). Offering cardiac care as part of the Lankenau Heart Institute, this is the second time Paoli has received this accreditation.
- Lankenau Medical Center received the Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award from the American Heart Association for the fourth consecutive year. Bryn Mawr Hospital and Riddle Hospital have also received recent recognition from the American Heart Association/American Stroke Association.
- Lankenau Medical Center has received a \$40k grant from the Department of Health for its Medical Student Health Advocate Program.
- Riddle Hospital's ICU received a Gold Level Beacon Award from the American Association of Critical-Care Nurses (AACN).
- *Philadelphia* magazine's May 2014 “Top Doctors” issue recognized 77 Main Line Health physicians, after more than 400 Main Line Health physicians were recognized by their peers in *Main Line Today* magazine's 2013 “Top Doctors” list.
- Lankenau Medical Center received the LEED® Silver Certification from the US Green Building Council for new, sustainable design and construction of its Master Facility Project, including the Heart Pavilion.
- Bryn Mawr Hospital's Bariatric Center received a three-year accreditation as an American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Center of Excellence, one of the field's highest levels of achievement.

Technology and relationships

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



Physicians and nurses have worked side by side for many, many years. As a nurse for almost 30 years, I can recall many wonderful stories

where a physician and I partnered in conversation to deliver difficult news, or promising news, or sometimes little news, simply an update on the patient's condition. Today, there are more opportunities than ever to be partners in the care of our patients and families. The ability to coordinate care, to help patients to understand their illness, and to facilitate the highest level of function for the patient to assure the greatest quality of life is readily available — and immensely important.

With all the advances in technology, I wonder about their impact on our conversations. We have migrated away from relationships, as exhibited by texts, tweets, email, and CPOE. The advances in technology — creating safer practices for patients with medical alerts, clarity of orders, protocols that provide the best evidence-based medicine to support the patient — are all examples. These advances improve the care setting for the patient, eliminating handwriting interpretations, order transcription, and guesses at the medication name. (I remember there were certain “special” individuals who easily could read the physician's writing, and I would seek them out to help with the orders.)

Many nurses today will chuckle at that memory. Our newer nurses wonder what order transcription means exactly. They are lost if the electronic health

record is unavailable. Paper... “*What do you mean, paper?*” As we continue the technological journey, with easy access to order entry from any location and the expectation of immediate responses and communication, I would ask that you consider how and when you speak to — or seek — the nurses. If you have a patient that requires a “STAT” or “NOW” medication that you enter in the computer, do you tell the nurse as well, or do you assume our technology is that good and they will



see it immediately?

Our technology is indeed very good. However, technology cannot replace our team relationships and communications about our patients. Just as I worry about the younger generation missing out on truly meaningful conversations and learning from others, I too am concerned that, as physicians and nurses, we are missing opportunities to communicate in a meaningful way. Please give some thoughtful reflection to your interactions with your entire health care team. The power of your communication, compassion, and empathy for our patients is best appreciated when we partner directly.

Thank you for all you do to care for our community across Main Line Health. ■

Barbara Wadsworth is chief nursing officer for Main Line Health.

Moving forward

BY ANDY NORTON, MD



Moving forward is a recurring theme throughout this issue of *Main Line Health Physician*. The “Strategies for growth” article (page 4) outlines the future clinical and educational relationships

between Main Line Health and Jefferson following the restructuring of Jefferson Health System. You may find comments by MLH CEO Jack Lynch and Jefferson CEO Steve Klasko, MD, helpful in understanding collaboration plans for the future.

Part of that collaboration involves the Jefferson Transplant Institute, which will enable MLH staff to better serve patients needing liver, as well as kidney and lung, transplants. Information on that is included in our hepatology article, along with a focus on the importance of hepatitis C testing (page 8).

Another look at the future is MLH's new health center in Exton Square Mall (page 7). This is only the second such facility in a retail environment in this region, but it provides a glimpse of where health care may be going.

Further glimpses can be found in:

- How Main Line Health is reducing early elective deliveries (page 9). EEDs are associated with higher rates of infant mortality as well as additional problems for the baby and longer hospital stays for both mother and baby.
- How Main Line Health is successfully addressing sepsis, which causes as many as 325,000 deaths annually across the US (page 5). Initiatives in the ED are now being applied to inpatient units across the System.

The value of “Systemness” across Main Line Health is reinforced in the standardization of our clinical system across all four acute hospitals, enhancing patient care, reducing costs, and making life considerably simpler for our staff. You'll see what I mean on page 6.

As always, my administrative office door is always open, and my e-mail (nortonaj@mlhs.org) is always on. I'd welcome hearing your comments on any of these topics. ■

Andy Norton, MD, is chief medical officer for Main Line Health.



Left to right: Dr. Stephen Klasko and Jack Lynch.

Strategies for growth: Restructuring the MLH/Jefferson partnership

BY JACK LYNCH

Health care reform has drastically changed the landscape of our industry, sharpening the distinction between the challenges faced by MLH as a suburban, teaching community health system and those confronting Thomas Jefferson University Hospitals, as an urban academic medical center. Successfully addressing these individual challenges requires that each organization remain nimble and poised to swiftly and creatively respond to change and opportunity.

Consequently, this spring, the Board of Trustees of Jefferson Health System voted to implement a restructuring plan that provides each System with the autonomy and agility to respond to today's rapidly changing health care environment, while maintaining and enhancing our joint clinical, academic and research affiliations.

Under this new arrangement, MLH and Jefferson — which includes Thomas Jefferson University and the Thomas Jefferson University Hospitals —

are now each responsible for our own managed care contracting and debt, as well as managing our own financial and quality standards. This affords each organization greater freedom to pursue opportunities, execute its strategy, and respond rapidly to new challenges.

We are evaluating several opportunities to combine our strengths for the benefit of our patients.

Jefferson CEO Stephen Klasko, MD, and I are mutually committed to continuing the thriving, synergistic partnerships that MLH and Jefferson have built over the last five years, as well as exploring new ways to leverage our combined strength. We will also continue to partner in the ACO-PA and in creating a common medical plan option for our employees, based on the principles of an ACO. This medical plan will integrate nicely with the joint Health & Productivity Program we have shared for almost two years.

A CONVERSATION WITH STEPHEN KLASKO, MD

The president and CEO of Jefferson shares his thoughts on the future of health care, creative partnerships and Jefferson's relationship with Main Line Health.

When I came to Philadelphia, the very first person I met with was not a member of my board or faculty; it was Jack Lynch. I believe in the strength of our partnership, and now with the restructuring, instead of concentrating on corporate or organizational issues related to JHS, we can identify our shared goals and look at unique ways to work together to improve our community and advance medicine.

The next big thing that will transform health care is going to be creative partnerships. MLH and Thomas Jefferson are the perfect example of how innovative collaboration can result in successful programs and clinical affiliations. For example, the Trauma Center at Paoli Hospital is a creative partnership that reflects well on both organizations, while filling a crucial community need.

We recently held an event to unveil the vision for "Jefferson 3.0" to over 800 attendees. Only one health system CEO was invited to speak that day, and it was Jack. Ours is an important partnership that will take us into the future.

Stephen K. Klasko, MD, MBA, is president and CEO of Jefferson, which includes Thomas Jefferson University and the Thomas Jefferson University Hospitals.

A strong foundation of collaboration

MLH and Jefferson are committed to continuing their partnerships in the areas of clinical medicine, education and research, including these existing initiatives:

- **Paoli Hospital's Regional Trauma Center in affiliation with Jefferson** — Since its inception in 2010, the skills of Jefferson-trained trauma clinicians have saved the lives of hundreds of Chester County residents who had life-threatening injuries.
- **Jefferson Neuroscience Network** — MLH's Neurosurgery program affiliation with the Jefferson Neuroscience Network, including the Neurovascular Center at Bryn Mawr Hospital, continues to enable patients to receive advanced care for stroke and other time-sensitive neurovascular diseases.

(continued on page 11)

Caused by patients' overwhelming immune response to infection, sepsis occurs in as many as 2 percent of all hospitalizations in the US, affecting at least 750,000 people each year and killing an estimated 210,000 to 325,000 annually.

Surviving Sepsis: ED success moves to inpatient

BY CLARKE PIATT, MD

An initiative launched nearly three years ago in all four Main Line Health Emergency Departments — and supported by the ICUs — is showing impressive results in reducing sepsis mortality rates at MLH.

As a result of MLH's Surviving Sepsis Campaign, sepsis-related deaths since 2011 have decreased approximately 50 percent. In addition, we have shortened the time needed to identify and begin treating sepsis in the EDs (the primary portals for patients with sepsis) to just one hour.

Among the actions behind these achievements:

- **Educating staff** to identify possible severe sepsis patients, based on symptoms such as high fever, low blood pressure, rapid heart rate and a history of infection. Nursing staff use a sepsis screening tool at triage for all patients and SEPSIS ALERT mobilizes the team.
- **Implementing a resuscitation bundle** that includes blood tests (lactate), an immediate chest X-Ray, blood cultures and IV infusion.
- **Beginning IV antibiotics** as early as possible and always within the first hour of recognizing severe sepsis and septic shock.

Based on our success in the EDs, attention has now turned to the inpatient population under the direction of a new Inpatient Sepsis Performance Team. The goal is twofold: 1) improve awareness of changing conditions that may indicate sepsis, and 2) improve communication — particularly "hand-off" communication

— between members of a patient's medical team.

Starting this past February, one inpatient unit at each hospital began screening all patients (excluding hospice patients) for signs of sepsis.

- Nurses screen patients every 12 hours for nine sepsis indicators. These may include increased heart rate or respiratory rate, elevated or below-average temperature, and increased white blood count, among others.
- If the patient screens positive for two or more indicators, the nurse contacts the attending physician.
- Physicians are asked to respond within 30 minutes of the call or a Rapid Response Team (RRT) alert will be called. To date, no RRTs have been called thanks to full compliance on the part of the physicians.

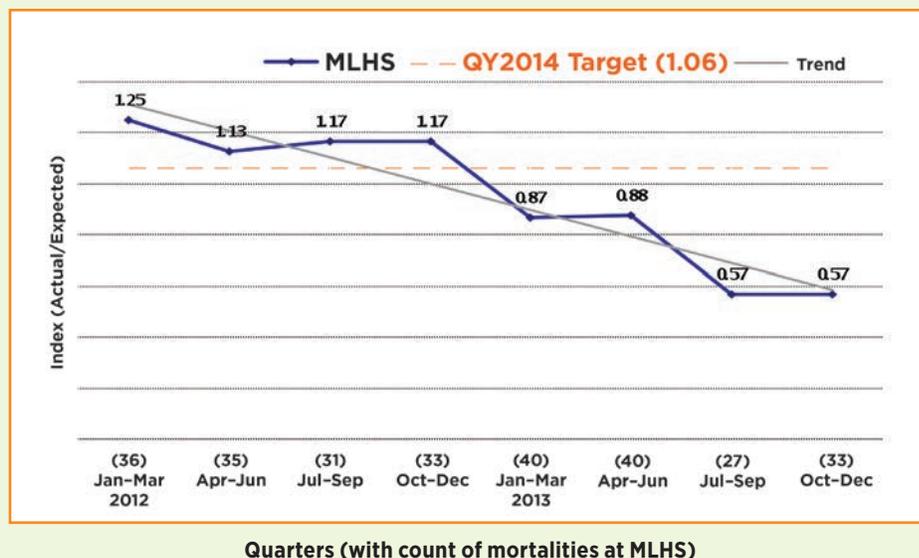
For now, the screening tool being used on the inpatient units is paper-

based, but an early warning electronic system is planned that would be incorporated into the SmartChart clinical application. This system will screen for subtle changes that may indicate the onset of sepsis — giving providers the benefit of computer analysis.

As impressive as the falling sepsis mortality rates are, it is equally important to recognize the cultural shift that has taken place across Main Line Health. From top to bottom and across all four acute hospital campuses, physicians and staff members have enthusiastically supported this initiative. None of the progress we have made would have been possible without their full participation. ■

Clarke Piatt, MD, is the sepsis clinical champion for MLH and medical director of Critical Care for Bryn Mawr Hospital.

**SEPSIS MORTALITY, MAIN LINE HEALTH (ACUTE)
55% DECREASE OVER 8 QUARTERS**



Source: Premier via MLHS Dashboard database

One clinical system for the System

BY ROBERT BULGARELLI, DO

By the time the ambulance brought him from King of Prussia Mall to Paoli Hospital's Emergency Department, the stroke patient was unresponsive, so he couldn't tell anyone about his medical history. But before he was to be given intravenous TPA, the Paoli clinicians found out about his bout with gastrointestinal bleeding, not from his family in Glen Mills, but from his recent treatment at Riddle Hospital.

It used to be most patients brought to an Emergency Department or admitted to the hospital were virtually strangers. All you knew about them was what they remembered to tell you or what you could see for yourself. Researching medication conflicts and other medical history took valuable time away from diagnosis and treatment.

Now, with all Main Line Health acute hospitals standardized on the same electronic medical records (EMR) system, it is much easier for MLH physicians and other clinicians to see information on patients who were previously seen and/or treated

elsewhere across the health system. The result is faster diagnosis and treatment, as well as enhanced continuity of care for patients who cross campuses.

MLH connected the last link in clinical system standardization this spring. At 12:01 am on Saturday, March 29, the Cerner clinical system that Riddle Hospital had used for nine years was turned off, starting a planned system downtime to load data on current inpatients and make the connection to Soarian SmartChart. Saturday morning, the SmartChart EMR platform was activated at each unit as the patient data was converted, along with other system enhancements. The result is a single medical data repository for patients across all four Main Line Health's acute hospitals.

For the past two years, a team that comprised physicians, nursing, operations, pharmacy, administration, Riddle and System IS staff, as well as staff from other clinical departments, had planned the conversion process. This included testing, piloting, hundreds of training sessions, and advance transition of years of data.

Now, as a result of clinical system standardization, physicians at all MLH acute hospitals can access:

- all medical records from visits and admissions to Main Line Health
- all lab, radiology and other results, some dating back to the late 1990s
- notes, discharge summaries, ED visit reports, consults and progress notes from all Main Line Health sites

In addition, Main Line Health's patient portal, where patients can access their own data (lab results, radiology reports, discharge instructions etc.) is now available to Riddle patients as well.

The standardization, which will lead to simplified workflow, standardized clinical processes and practices, and significantly reduced software costs within MLH, is crucial to successful ARRA Meaningful Use Stage 2 attestation as well as MLH's Magnet® application for designation as a System. In addition, it makes life considerably simpler for physicians who transition between MLH hospitals. ■

Robert Bulgarelli, DO, is a member of the Lankenau Heart Group.

From left: Riddle Hospital Nurse Manager Fiona Felton and Dr. Bulgarelli provide SmartChart coaching for Julia Elcock-Vengen, MD.





MLH President and CEO Jack Lynch at the Center's opening.

The future of health care at Exton Square Mall

BY CAROL GLESSNER, MD

Here are the facts:

- The health care delivery model in the US is in the midst of a tremendous evolution, rapidly moving toward a system that delivers more patient-centered and efficient care with the goal of providing a superior patient experience.
- In this new era, patients are looking for convenient hours, same-day appointments, and easy access to services outside of the hospital environment.
- To continue to thrive, we must meet and exceed these expectations.

As Maria Flannery, Main Line Health director of physician practices and ambulatory care, said, "We believe the hospital as we know it is going to change. We are evolving to more and more outpatient care."

Perhaps the best example is the new Main Line Health Center at Exton Square — a 32,000-square-foot, state-of-the-art outpatient facility located on the lower level of Exton Square Mall with both physician practices and ancillary services under the same roof as over 100 retail stores. The Health Center offers cardiology, family medicine, hematology and oncology, orthopaedics, laboratory services, neurodiagnostic and vascular testing, pediatrics, physical rehabilitation, radiology, urgent care and more.

The feedback from our patients has been very positive. The extended hours mean patients no longer need to miss work or visit the hospital for lab work, X-Rays, or screenings. Women can even get a mammogram in the evening. It's a very patient-friendly model, with a dedicated outside entrance, complimentary valet parking, one-step registration, and lab visits that don't require any appointment at all.

Fundamentally, this model is about improving access to health care. The more available and convenient we can make physician services and testing, the more inclined patients will be to access these services, and ultimately, the better their outcomes. In addition, the design of the new center fosters greater interaction between physicians and specialists, allowing clinicians to coordinate care seamlessly.

I had the privilege of serving as a member of the executive steering committee that guided the development of the Main Line Health Center at Exton Square. We believe this facility truly represents the future of medicine, and we are proud to offer the quality, personalized medicine our patients expect from Main Line Health in such an innovative setting. ■

Carol Glessner, MD is a family physician with the practice of Main Line HealthCare Family Medicine at Exton Square.



PRIMARY AND SPECIALTY CARE

- Family Medicine
- Pediatrics
- Cardiology
- Dermatology
- Gastroenterology
- Hematology and Oncology
- OB/GYN
- Orthopaedics and Spine Care
- Podiatry
- Pulmonology/Sleep Medicine
- Rheumatology

MEDICAL SERVICES

- Cancer center (chemotherapy and infusion, genetic counseling, social work services, survivorship care, and access to clinical trials and complementary therapies)
- Laboratory services
- Neurodiagnostic and vascular testing
- Open-architecture MRI (for increased patient comfort and enhanced precision)
- Physical rehabilitation
- Radiology (CT Scan, DEXA Scan, Mammography, Ultrasound, X-Ray)

- Urgent care

AMENITIES

- Complimentary valet parking
- Dedicated parking spaces for patients and visitors
- Drop-off lane for added ease
- One-step registration*

Additional specialties are available across the mall inside the mall. For more information, see mainlinehealth.org/exton.

*Not applicable to all practices.

Hepatology: From Hep C to transplant care

BY SCOTT FINK, MD

There has been a revolution in the treatment of hepatitis C in recent years. Traditional therapies — such as interferon and ribavirin — with long treatment courses, low cure rates (under 40 percent) and potential side effects are quickly giving way to new agents that work in 12 weeks or less with cure rates of 85 percent or better, all with little to no side effects.

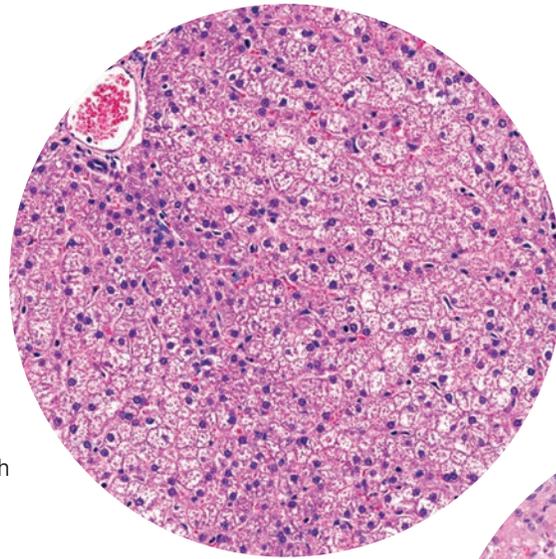
These medications are called “direct-acting antiviral drugs” because they target specific steps within the HCV life cycle, resulting in disruption of viral replication and infection. This is in contrast to older drugs that target systems — some of which are important to good health — that produce new hepatitis C virus.

At least three million Americans are infected with the HCV virus, and up to half of them don't know it. Many of those infected are baby boomers who were exposed to the virus decades ago but never experienced symptoms. (Boomers are estimated to account for 75 percent of the hepatitis C cases in the US, although they make up only 27 percent of the population.)

The CDC now recommends that all Americans born between 1945 and 1965 be tested for hepatitis C. If all baby boomers got tested, more than 800,000 new cases might be identified and appropriately treated.

For many hepatitis C patients, symptoms don't appear until complications such as cirrhosis or cancer occur. Chronic hepatitis C virus is the most frequent cause of liver transplantation in the United States.

Patients across Main Line Health have access to a full spectrum of hepatology services — including

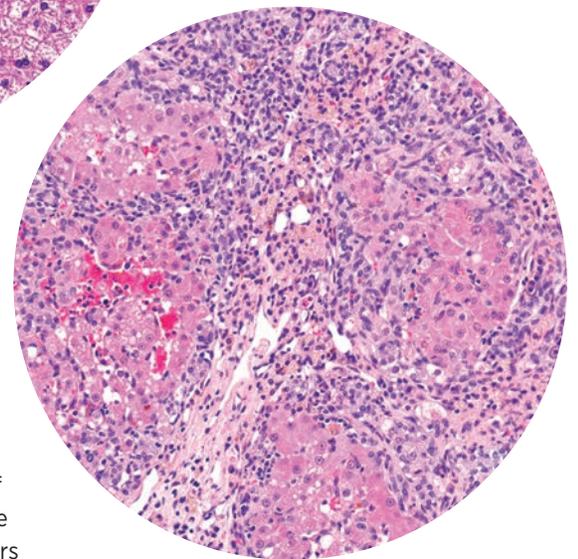


testing, medications, surgery, vascular procedures and interventional radiology — but Lankenau Medical Center has a particular area of expertise in the care of patients with cirrhosis and end-stage liver disease.

The recent establishment of the Jefferson Transplant Institute at Lankenau Medical Center offers patients with end-stage liver disease (and those with end-stage heart disease) the opportunity for significant pre- and post-transplant care close to home.

Patients with advanced liver disease now have the convenience of a local base where a patient's complex pre- and post-transplant needs can be met by an experienced clinical team that is familiar with the patient. Further, because clinical services are highly centralized at Lankenau, the Institute's liver transplant center, as well as its heart transplant center, will be able to offer efficient pre-transplant evaluation, for the possibility of faster placement on the organ waiting list.

Then, the Institute's surgical teams at Jefferson will collaborate closely



Normal healthy liver (left) compared to unhealthy diseased liver (right) with hepatic cirrhosis.

with the Institute's clinical teams at Lankenau to help patients prepare successfully for organ transplantation procedures and to monitor patients through recovery. Naturally, referring physicians are encouraged to work together with the Institute's clinical and surgical teams to ensure smooth and effective transitions of care.

To refer a patient for liver transplantation consultation at Lankenau Medical Center, please call 610.896.7360. ■

Scott Fink, MD, a gastroenterologist, is chief of hepatology at Lankenau Medical Center and Main Line Health.

Reducing early elective deliveries

BY HELEN KUROKI, MD; NANCY ROBERTS, MD; AND NANCY SHIELDS, MSN, RNC

Research published in the past two to three years has confirmed that induced labor or cesarean births before 39 weeks are associated with higher rates of infant mortality, admissions to the Neonatal Intensive Care Unit, respiratory and developmental problems, and longer hospital stays for both mother and baby. While some providers and patients may prefer non-medically indicated early elective deliveries (37–39 weeks) for such non-medical reasons as convenience, relief of symptoms in the final stages of pregnancy and perceived liability concerns, Main Line Health's Department of OB/GYN has always recognized the importance of women reaching full term to achieve optimal outcomes.

Over the last two years, MLH has enacted stringent guidelines in an effort to decrease the number of these early elective deliveries (EEDs). As a result, Main Line Health's EED rates have dropped from 4.4 percent to 1.3 percent, with some of our hospitals achieving 0 percent.

MLH attributes its success to the following strategies:

- **A clearly defined policy** — Non-medically indicated EEDs before 39 weeks (by induction or scheduled cesarean section) are not permitted at MLH's four acute care hospitals.
- **Physician-driven effort** — Adherence begins in the physician's office with patient education. If an expectant mother asks about early induction, her physician explains the importance of letting the baby reach full term for the best outcomes.
- **Documentation** — MLH's electronic medical record for labor and delivery, Centricity Perinatal Nursing (CPN) includes prompts for physicians to enter a reason for early elective deliveries, enabling accurate data collection and easier identification of outliers.
- **Communication** — Physicians and nurses discuss case management twice daily during board rounds, presenting the opportunity to address any early scheduled deliveries.

CHANGING TERMINOLOGY

In 2013, the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine jointly proposed the following new definitions of term deliveries:

- **Early Term:**
37 weeks 0 days – 38 weeks 6 days
- **Full Term:**
39 weeks 0 days – 40 weeks 6 days
- **Late Term:**
41 weeks 0 days – 41 weeks 6 days
- **Post Term:**
42 weeks 0 days and beyond

- **Empowerment** — Labor and delivery nurses have the authority to question physicians about scheduled EEDs and to go up the chain of command to nurse managers or the department chief.
- **Transparency** — EED data is included in the department's monthly dashboard. Additionally, as part of the Pennsylvania OB collaborative, MLH submits monthly data on a standardized set of measures.

MLH is a member of the Obstetric Adverse Events Collaborative, launched in May 2012 by the Pennsylvania Hospital Engagement Network (PA-HEN), an initiative of the Centers for Medicare and Medicaid Services. The collaborative is led by The Health Care Improvement Foundation (HCIF) through the PA-HEN. One key goal has been to reduce the rate of non-medically indicated EEDs to less than 5 percent. From July 2012 to December 2013, the 30 participating hospitals have succeeded in reducing their EEDs by 78 percent to a rate of 1 percent. The 2013 national average was 4.6 percent. ■

Helen Kuroki, MD, is vice president, Medical Affairs, Riddle Hospital; Nancy Roberts, MD, is system chair, Department of OB/GYN, Main Line Health; Nancy Shields, MSN, RNC, is a clinical nurse educator, Obstetrics, Bryn Mawr Hospital.

NON-INDICATED DELIVERIES 37-39 WEEKS, MAIN LINE HEALTH (ACUTE)



Quarters (with count of cases at MLHS)

Staff notes

Melissa Calder, DO (PGY-3), William Huntington, DO (PGY-2), and Amber Sobuto, DO (PGY-1), Main Line Health's three osteopathic track residents, scored the highest in-training exam scores in the US from among 107 programs with 1,607 trainees. The program, under the leadership of **Dan Lazowick, DO**, and **Bill Surkis, MD**, has held this record since 2009 and is additionally the #1 ranked program in the United States for the cumulative period of 2006-2014.

Gary Daum, MD, has been named System Chair, Department of Pathology at Main Line Health, succeeding **Albert Keshgegian, MD, PhD**, who served in this role since 1998, and retired in June 2014.

Jonathan Fischer, MD, was the lead instructor for a point-of-care ultrasound lab arranged by the Philadelphia College of Osteopathic Medicine Emergency Medicine Club.

Atul Gupta, MD, is principal investigator of the study "Radiation Dose and Contrast Reduction During Uterine Fibroid Embolization Using 3D MRA Guidance Versus Conventional 2D Technique," being presented at the Cardiovascular and Interventional Radiological Society of Europe (CIRSE) scientific meeting in Glasgow, UK. He is also principal investigator of the study "Physician Radiation Dose Reduction Using Real-Time Feedback During Interventional Procedures" to

be presented as an electronic exhibit at the 114th annual American Roentgen Ray Society (ARRS) meeting in San Diego, CA.

Carol Henwood, DO, became the 61st president of the American College of Osteopathic Family Physicians. She is the second female president. Henwood is a nationally recognized expert on Patient Care Medical Home (PCMH).

Maribel Hernández, MD, received the American Heart Association (AHA) Philadelphia Chapter's 2014 Por Tu Corazón Ambassador Award in recognition of extraordinary commitment and dedication to the AHA in the fight to build healthier lives free of Cardiovascular Disease and Stroke in the Latino Community. She was also recently honored as the 2013 Woman of the Heart at the AHA's Go Red for Women luncheon.

Walter Klein, MD, was elected to the Board of Trustees of the Pennsylvania Medical Society as an at-large specialty trustee for a four-year term.

Peter Kowey, MD, system division chief, Cardiovascular Diseases, presented at "Thresholds and Roles for CV Outcome Studies to Define Drug Safety: A CSRC/FDA/ACC Think Tank Meeting" during the Cardiac Safety Research Consortium in Washington, DC. He also coordinated, with **Jonathan Seltzer, MD**, a think tank on Novel Oral Anticoagulants (NOACS) sponsored by the Cardiac Safety Research Consortium (CSRC) and the FDA, in White Oak, MD. The session

attracted 100 leading researchers and clinicians from across the US. At the 63rd annual Scientific Sessions of the American College of Cardiology in Washington, DC, Dr. Kowey presented on "Antiarrhythmic Drugs and the Selection of Patients for Ablation," **Francis Sutter, DO**, presented on "How to Develop a Program Buy-In from Hospital/Staff/Referrals," and the presentation by **Rizwan Sardar, MD**, was entitled "All at Once."

Jeffrey Lehrman, DPM, presented a talk and led a demonstration of total contact casting at the International meeting of the Academy of Physicians in Wound Healing.

Jess H. Lonner, MD, was selected by leaders in the field of orthopaedics and listed in *Orthopaedics This Week* as one of the top 22 knee surgeons in North America.

Henry Mayer, MD, Vice President, Medical Affairs, at Bryn Mawr Hospital, has announced his planned retirement this summer.

Lee Peng, MD, received the Top Community Hospitalist Award presented by the Society of Hospital Medicine, Philadelphia—Tri-State Chapter.

Konstadinos A. Plestis, MD, is the new System Chief of Cardiothoracic and Vascular Surgery at the Lankenau Heart Institute, Main Line Health. He most recently served as Director of Aortic Surgery and the Aortic Wellness Center at Lenox Hill Hospital in New York City.

Robert H. Rossenwasser, MD, received the American Association of Neurological Surgeons (AANS) Cushing Award for Technical Excellence and Innovation in Neurosurgery at its annual scientific meeting in April in San Francisco.

Harm Scherpbier, MD, CMIO, Main Line Health, is a HealthTech Research Alliance & Council nominee for Excellence in Healthcare Project Management. The program celebrates Health IT leaders whose vision, innovation and remarkable accomplishments have improved efficiency, the delivery of government services, citizen engagement, information sharing and national security.

David Targan, DO, spoke at the Mid-Atlantic Churches of Christ Lectureship and Health Fair in King of Prussia. His topic: "Practical Genomics-Gene Testing Applied to the Current Practice of Medicine."

PATIENTS LEARNING ABOUT MLH'S PATIENT PORTAL

At each MLH hospital, brochures, posters and other materials are helping patients understand the benefits of Main Line Health CONNECT, MLH's 24/7, secure, online patient portal.

Main Line Health CONNECT gives users access to important health information included in their medical records, including lab and radiology results, as well as the ability to schedule appointments and access their inpatient summary of care and discharge instructions.

To adhere to the Centers for Medicare and Medicaid Services' "Meaningful Use" guidelines for electronic health record access, each MLH acute care hospital is required to have 51 percent of its discharged inpatients register for Main Line Health CONNECT and 6 percent of discharged inpatients log-on and view their health record.

"We know that engaging patients to take part in their health care is vital to improving health outcomes," said Karen Thomas, MLH senior vice president and chief information officer. "Patients who have easy access to their health information are more likely to ask questions, follow-up with their health care provider, and take an active role in prevention."

For more information or to register for Main Line Health CONNECT, patients can visit mainlinehealth.org/connect to fill out a request form online. For questions about Meaningful Use, please contact Troy Brailo, MLH Information Services, at 484.596.2342 or BrailoT@mlhs.org.



New appointments

DECEMBER 2013–MAY 2014

ANESTHESIOLOGY

Benjamin J. Duckles, MD

EMERGENCY MEDICINE

Vibha P. Gambhir, MD
Jerahme S. Posner, MD

FAMILY PRACTICE

Beth Ann Bingaman, DO
Charles P. Catania, MD
Carol L. Henwood-Dahdah, DO
Meng-Chao Lee, DO
Charles P. McClure, MD
Jeanne M. Sandella, DO
Natalie B. Tussey, MD

MEDICINE/DERMATOLOGY

Gopal Patel, MD

MEDICINE/ENDOCRINOLOGY

Neema Chokshi, MD
Eugena L. Wright, MD

MEDICINE/INTERNAL MEDICINE

Mihai V. Diamandi, MD
Sonia L. Siu, MD

MEDICINE/PHYSICAL MEDICINE AND REHABILITATION

Ronald B. Lincow, DO
Lance S. Roberts, DO

MEDICINE/PULMONARY DISEASES/ CRITICAL CARE

Leonard B. Berkowitz, MD
Wei Bin, MD
Pierre Frederique, MD
Asad U. Khan, MD
Hussein A. Kiliddar, MD
Catherine A. Riley, MD
Gary D. Wendell, MD

OBSTETRICS/GYNECOLOGY/ REPRODUCTIVE ENDOCRINOLOGY

Albert El-Roeiy, MD

PATHOLOGY

Pradeep K. Bhagat, MD

PEDIATRICS

Kristine A. Herrell, MD
Bonnie F. Offit, MD
Jessica A. Rosen-Pries, MD
Abdullah Sakarcan, MD
Daniel Walmsley, DO

PEDIATRICS/NEONATOLOGY

Cheryl L. Davis, MD
Kamel M. Ghaben, MD
Kelly J. Zook, MD

RADIOLOGY/DIAGNOSTIC RADIOLOGY

Samuel G. Putnam, MD

SURGERY/OPHTHALMOLOGY

Jing Jin, MD
Sharon S. Lehman, MD

SURGERY/ORAL MAXILLOFACIAL SURGERY AND DENTISTRY

Gary T. Fishbein, DMD
Charles A. Picchioni, DMD

SURGERY/ORTHOPAEDIC SURGERY

James C. Krieg, MD
Angela D. Smith, MD

SURGERY/PLASTIC SURGERY

Christian R. Subbio, MD

SURGERY/PODIATRY

Brian D. Crispell, DPM

SURGERY/UROLOGY

Darlene M. Gaynor-Krupnick, DO
Francis J. Schanne, MD

Strategies for growth

(continued from page 4)

- Jefferson Transplant Institute at Lankenau Medical Center** — This major expansion aligns Lankenau's 20-year Kidney Transplant Program with Jefferson's Transplant Program, establishing standardized clinical protocols, a shared team of Jefferson-based surgeons and the opportunity for research collaboration. Lankenau also provides patients with advanced liver or heart failure on-site pre- and post-transplant care and seamless access to Jefferson's transplantation teams.
- Cancer Research** — Membership in the National Cancer Institute-designated Kimmel Cancer Center at Jefferson enables Lankenau Institute for Medical Research to engage in a number of collaborative studies, including work in the area of immunotherapy and immunogenetics.
- Academic appointments at Jefferson for MLH physicians** and participation by MLH as a training site for Jefferson medical students, residents and other health care professionals allows for the sharing of expertise and advancement of clinical knowledge between our two organizations.
- Jefferson's Radiation Oncology Service at Riddle Hospital** and Riddle's membership in the Kimmel Cancer Center delivers quality care to cancer patients in Delaware County.
- Main Line Health's HomeCare & Hospice Services** (formerly The Home Care Network) in affiliation with Jefferson Home Infusion Therapy Services offers comprehensive home care services throughout Philadelphia and the western suburbs.

Main Line Health and Jefferson are evaluating several opportunities to combine our strengths for the benefit of the patients we serve. When you look at health care five years from now, I am confident that the relationship between our organizations will be among the strongest partnerships in the Philadelphia area. ■

Jack Lynch is president and CEO of Main Line Health.

Philanthropy | Introducing the 1860 Society

On April 2, 1860, the German Hospital of the City of Philadelphia was incorporated through the tireless efforts of a handful of physicians who were determined to meet the health care needs of their community. Philanthropy was essential to founding what is now Lankenau Medical Center, and it has since been a transformational force in its evolution as a world-class academic medical center. The hard work and unceasing commitment of physicians has allowed the institution to evolve from a 50-bed facility at 20th and Norris Streets to the world class, nationally acclaimed center of patient care, education and research that Lankenau is today.

In 2013, the *1860 Society* was established to recognize and honor the philanthropic leadership of our physicians and scientists, who demonstrate their confidence in and commitment to the ideals that make Lankenau such an extraordinary institution.

“I have been very fortunate to be able to practice at Lankenau and be

part of an excellent medical staff and institution,” said *1860 Society* member Jerome Santoro, MD. “Joining 1860 is about recognizing your colleagues and the hospital family and in a small way hopefully perpetuating graduate medical education, research, and first rate patient care for generations to come.”

The vision of a Lankenau physician, the *1860 Society* consists of current and emeritus physicians and scientists who have pledged \$25,000 or more to support Lankenau Medical Center programs and services. In just a matter of months, the *1860 Society* grew from an initial core group of nine to 38 Charter Members whose commitments total more than \$1.1 million.

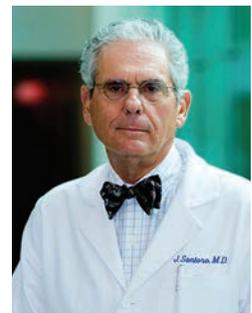
So far, the *1860 Society* contributions have supported areas including fellowships, surgical education, cardiovascular services, breast care, cancer research and the Master Facility Project just to name a few.

“These gifts are a real testament to the leadership and commitment of our physicians at Lankenau,” said Lankenau President Phil Robinson. “It is such a meaningful response from the medical

staff who have shepherded the care and culture at Lankenau for so many years.”

Across the Main Line Health System, physicians support a wide variety of programs and services, from education and research to technology and facilities, with charitable giving, and participation in the annual Physician Giving campaigns has always been notable. In addition to the incredible and direct impact that these resources have, the physician-led *1860 Society* philanthropy is also a tremendous show of support and vote of confidence in the present and future, and a demonstration of the impact of the culture of philanthropy within MLH.

To honor the 38 Charter Members of the *1860 Society*, a permanent plaque listing their names is displayed at Lankenau Medical Center. ■



Jerome Santoro, MD