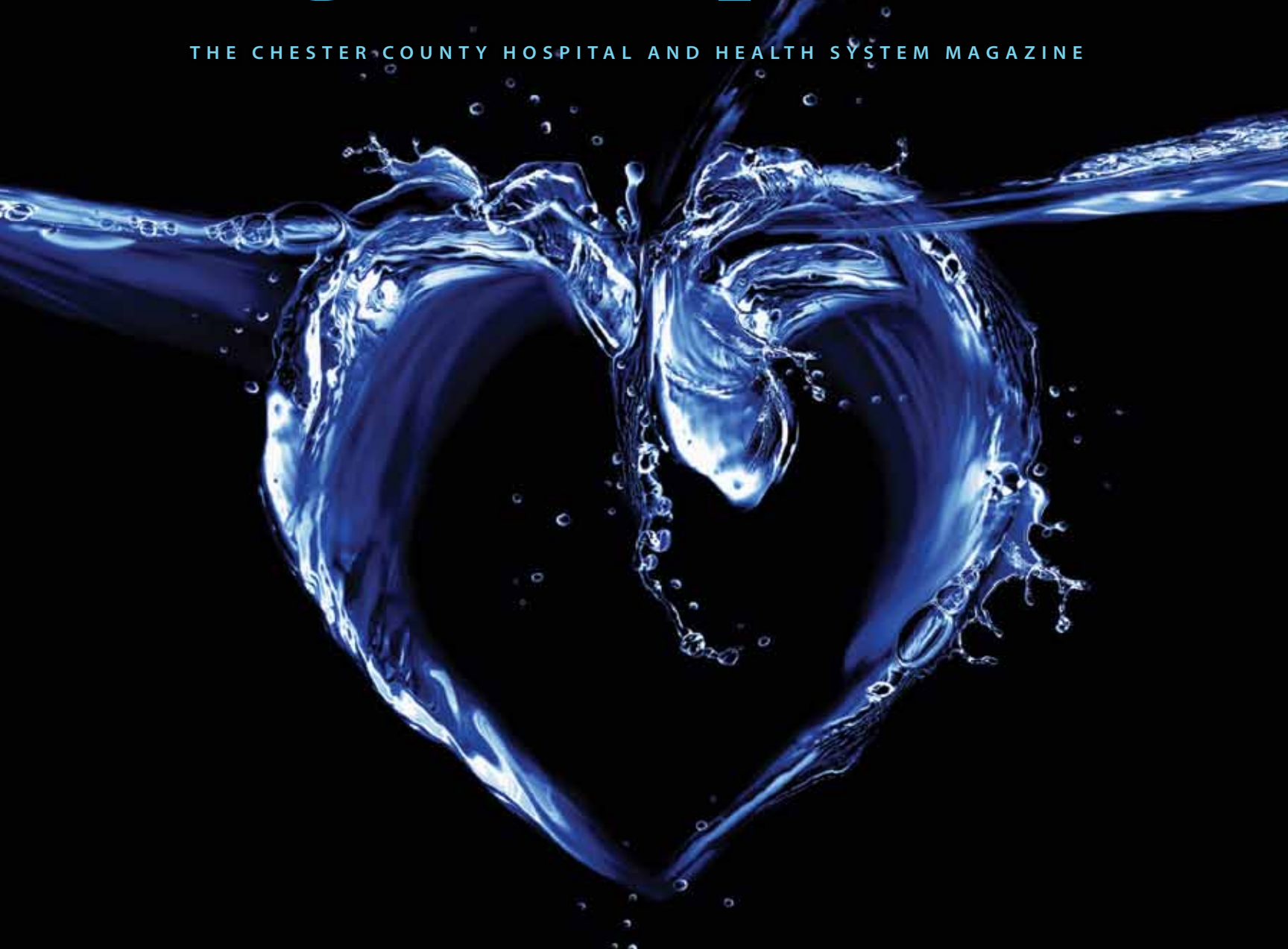


Palliative Care Preserves Quality of Life · Power of the Patient · Inspired To Give

synapse

THE CHESTER COUNTY HOSPITAL AND HEALTH SYSTEM MAGAZINE



COLD-HEARTED

[Therapeutic Hypothermia Improves Odds After Cardiac Arrest]

CALENDAR

▼ ONGOING

Screenings

BLOOD PRESSURE

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CARDIOVASCULAR
HEART TRACKS™

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STROKE

Education

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EDUCATION

DIABETES SELF-
MANAGEMENT

NUTRITION
AND WEIGHT
MANAGEMENT



NEW HEALTH & WELLNESS

Coaching

Health and Wellness Coaching is the new way of addressing lifestyle improvement. It goes beyond education by supporting individuals working toward personal health or wellness goals. Coaching sessions will be one-on-one with a certified health and wellness coach who is also a registered dietitian. This service can easily adapt to numerous health issues such as healthy eating, increasing activity and stress reduction.

The fee for this service is \$375 for seven coaching sessions over three months. A la carte pricing will also be available. Please call to register for your free initial phone consultation for you and the coach to determine your optimal wellness plan.

HOSPITAL PROGRAMS & SUPPORT : Throughout the year, The Chester County Hospital offers various types of programs, courses, support groups and fundraising events. Here are a few of the many opportunities that will be taking place in the upcoming months.

Wellness Events & Fundraisers



Reversing Pre-Diabetes – January 9

Stop Smoking Now! (FREE Series!) – Start Dates January 31, February 8, March 27

Reversing Pre-Diabetes – February 13

The Truth About Women and Heart Disease – February 18

Peripheral Vascular Disease Lecture –
February 18

Weight Matters – February 20

CardioVascular Center Tour – February 22

Reversing Pre-Diabetes – February 28

Mastering Menopause – March 8

Bones and Joints: Preventing and Treating Joint Pain – March 14

Eating to Live – March 17

St. Patty's Day: Beef-Beer-Boogie* - March 17

Dash 4 Diabetes* – April 7

Annual Women's Health Spring Event – April 25

Gala at Longwood Gardens* – May 5

May Festival* – May 18-20

Challenge for Cancer Bike Tour* – June 17



*FOR SPECIAL EVENTS INFORMATION CALL 610.431.5329

Registration

Register online or call 610.738.2300, except where noted.

Please note: Some programs have a fee.

Pre-registration is required for these programs.

Because enrollment is ongoing, these events could potentially be filled.

Dates are subject to change.

www.chestercountyhospital.org/synapse

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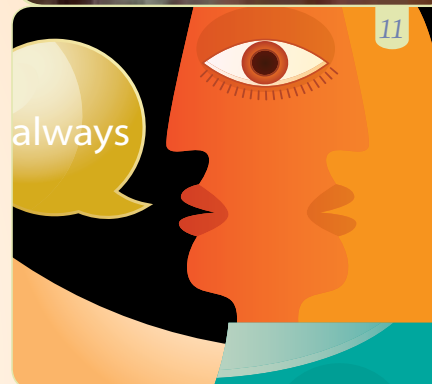


We have all heard this adage: You only get one chance to make a good first impression. Since coming to

The Chester County Hospital and Health System in the spring, that is exactly what I have been -- impressed. I am impressed by the beauty of the Hospital and the friendliness of the people who work here. I extol the combination of having academic and community-based physicians working alongside one another within one institution. The clinical affiliations we boast and our focus on quality place us among the best. The Medical Staff, the nursing team, the technicians and everyone working on the front lines of care, at our main campus and our satellite locations, are delivering on the Mission of this Health System every single day. I have witnessed this firsthand while rounding in the surgical units and while shadowing caregivers. I take corporate culture very seriously, and the culture here excites me. My management philosophy is "Love people, Expect excellence." At The Chester County Hospital and Health System, treating people with respect and delivering high quality medicine are expected. Combining this with the clinical pursuit of excellence is a goal I share, and one we will continue to advance together.

My best,

MICHAEL J. DUNCAN
President and CEO



synapse

(NOUN - *sin-aps*)

THE SITE OF COMMUNICATION BETWEEN NERVE CELLS

Synapse is the award-winning publication produced by The Chester County Hospital and Health System's Corporate Marketing Department. The articles provided in this magazine are solely for informational purposes. It should not be relied on or used in placement of a physician's medical advice or assessment. Always consult a physician in matters of your personal health.

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►► **Feedback Welcome**

Email synapse@cchosp.com to let us know what you think, to make suggestions about future topics or to change your mailing information.

breathe easy... PROVEN PROTOCOLS ZAP VAP

Ventilator-Associated Pneumonia (VAP) occurs in about 15% of all patients who are on ventilators, a machine designed to mechanically pump more breathable air in and out of the lungs. According to the Centers for Disease Control, it may account for up to 60% of all deaths from healthcare-associated infections in the US and can increase the mortality rate of vented patients. VAP is also associated with prolonged length of stay for patients (6.1 days) in our Intensive Care Unit (ICU), and greatly increases the cost of care.

To prevent the development of VAP in our ICU patients, the Hospital relies on its taskforce of intensivists, pulmonologists, critical care nurse practitioners, critical care nursing staff, respiratory therapists and infection prevention to research and introduce new protocols of care.

The Hospital's success is the result of efforts dating back to the mid-2000's when it...

- joined the national 100,000 Lives Campaign, a voluntary effort to prevent 100,000 incidents of medical harm, including vent pneumonia;
- re-emphasized the use of the ventilator bundle, a series of interventions designed to reduce the risk of complications;
- expanded its onsite intensivist program, hiring additional board-certified physicians who specialize in critical care medicine.

In more recent years, the Hospital introduced new methods of sedation; began using a special endotracheal tube to minimize secretions; started a different variety of tube feeding for therapeutic nutrition; implemented the use of a new technique for tube feeding to help reduce reflux; and established its own weaning method, known as the SSSh! Protocol.

Driven by nursing and respiratory therapy, the SSSh! Protocol is a three-part weaning process for patients in the ICU to lessen the amount of time they are on ventilators:

- 1 The team provides the patient with four-hour periods of dedicated **S**leep;
- 2 The team conducts awakening tests where **S**edatives are reduced to determine if the patient is mentally alert enough to be weaned from the vent;
- 3 The team performs **S**pontaneous breathing trials to determine whether the patient is physiologically ready to be weaned from the vent and ultimately extubated.

To maintain our zero-incident success in the ICU, the Hospital investigates new opportunities to prevent VAP, monitors the progress of its current strategies, and continues the implementation of the SSSh! Protocol, making adjustments based on measurable data.

▼
THIS TEAM HAS
SEEN TREMENDOUS
SUCCESS SINCE ITS
INCEPTION AND IS
NOW CELEBRATING
MORE THAN FOUR
YEARS WITHOUT AN
INCIDENCE OF VAP
IN THE ICU.

►► More at www.chestercountyhospital.org/synapse.

COOL THE BODY

THERAPEUTIC HYPOTHERMIA OFFERS NEW HOPE FOR PATIENTS AFTER CARDIAC ARREST

SAVE THE BRAIN

Most of us have witnessed this dramatic scene in a movie or on TV: A person collapses in cardiac arrest, bystanders administer CPR until EMTs arrive with a defibrillator, the heart starts beating again, and everyone breathes a collective sigh of relief. A heartbeat is a good sign, considering that only about 40,000 of the 300,000 Americans who go into cardiac arrest outside a hospital each year actually make it to the hospital.* But it's by no means an automatic happy ending: Fewer than 8-percent of these patients will survive.** Those who do are just beginning a long uphill climb to return to the lives they once knew. How far they make it often depends on how badly the brain was damaged.

Why does someone's heart suddenly stop beating? Cardiac arrest is often caused by a blockage (or blockages) in the arteries feeding the heart—better

known as coronary artery disease—but it also can happen as a result of other heart and lung problems or stroke. When the heart stops, the brain and other organs lose their blood supply, making quick resuscitation essential. But when the oxygen-rich blood rushes back into the brain, it can be a damaging shock to the already fragile tissue. Even if patients regain consciousness, they often need nursing care or other forms of assistance for the rest of their lives.

Now, a newer procedure called therapeutic hypothermia—practiced at The Chester County Hospital and just a fraction of all hospitals nationally—is improving the odds of successful recovery after cardiac arrest for patients who have been resuscitated but remain in a coma. This therapy cools the body to 92 degrees Fahrenheit, or roughly six degrees lower than normal body

temperature, and maintains it there for 24 hours. This slows down destructive inflammatory processes to give the brain tissue time to recover gradually.

"You can think of it as cooling the body to save the brain," says Susan Savini, CRNP, Director of Critical Care Nurse Practitioners at the Hospital. "People can survive cardiac arrest, but if you don't take care of those brain cells, what quality of life will they have? We've always known that putting something cold on an injury can be helpful: Think of your mom telling you to put ice on a sprain, or how in the past it was discovered that injured soldiers healed better in the cold than when they were laying right by the fire."

In 2002, two landmark studies showed that when patients were cooled after cardiac arrest, they had about a 20% greater likelihood of surviving with brain function intact. Later studies

continued





The Team in Action

▲ WHEN A PATIENT IS BEING COOLED, IT IS IMPERATIVE TO MONITOR HIM CLOSELY. TOGETHER AS A TEAM (FROM LEFT), INTENSIVIST JOHN WANG, MD, SUSAN SAVINI, CRNP, SARAH RIDDLE, RN, AND MICHELLE ROOT, RN (WITH BACK TO THE CAMERA), CAREFULLY DECREASE THE CARDIAC ARREST PATIENT'S BODY TEMPERATURE TO 92 DEGREES FAHRENHEIT USING A HYPOTHERMIA MACHINE (BOTTOM LEFT) AND PADDED WRAPS.

suggested that for some groups of patients, the improvement was even more dramatic. By 2005, the American Heart Association (AHA) began recommending therapeutic hypothermia as the standard of care for selected patients after cardiac arrest—especially those who had a cardiac event that caused a specific type of arrhythmia (irregular heartbeat) known as ventricular fibrillation. (Some patients are not good candidates, such as those who have had recent surgery, have bleeding disorders or other health complications, or are pregnant.)

Physicians and nurses at The Chester County Hospital were following these developments with great interest when intensivist John Wang, MD, joined the Hospital's group of full-time Intensive Care Unit (ICU) physicians in early 2007.

Both he and fellow intensivist Don Emery, MD, previously worked at the same hospital where they had experience using therapeutic hypothermia.

"When I had my first post-cardiac arrest patient here, I wanted to use the therapy, so we cooled manually with cold packs and ice packs," Dr. Wang recalls. "This piqued everyone's interest even more, and we all decided this was something we wanted to be able to offer here in this community."

The Hospital soon purchased a hypothermia machine, a mobile unit with several cooling blankets and pads that are placed on a patient's body to cool it to the target temperature. Dr. Wang and the entire Critical Care group surveyed other hospitals' practices and began developing the Hospital's own therapeutic hypothermia protocol—a step-by-step

guide that includes everything from how to decide whether a patient is an appropriate candidate, to what medications to give and vital signs to monitor, to how long to cool and then rewarm.

By the end of 2007, the ICU staff had mastered the process and began rolling it out to other departments, including the Emergency Department (ED), which soon had its own dedicated cooling machine, and the Cardiac Catheterization Laboratory (cath lab). Their involvement is critical because research now suggests that getting therapeutic hypothermia started as soon as possible is more beneficial than waiting until the patient is moved up to the ICU. It also requires an extraordinary level of cooperation among all three disciplines, as well as other departments such as respiratory therapy and imaging. In a 2010 inter-

view with Reuters, an expert with Penn's Center for Resuscitation Science suggested that only about one-fourth of hospitals nationwide offer therapeutic hypothermia because such cross-disciplinary coordination is simply too great a barrier.

"Certainly there had to be some discussion about how exactly we were going to do this," says ED physician Dudley Backup, MD. "For instance, we had to consult with the cardiologists about what was going to take place and when. You don't want to delay the cooling, but many of these patients also need to get to the cath lab quickly for treatment.

"We have all been committed to offering this because it is the kind of state-of-the-art care you would want your own family member to have," he adds. "There is compelling data showing that this is their best hope. And you don't want to have to transfer a patient out and lose precious time because you can't offer it."

Today, therapeutic hypothermia is initiated in the ED, and the cooling equipment can move with patients who need to go to the cath lab. There, cardiologists focus on opening up the blockage that led to cardiac arrest, while the intensivists continue with the cooling protocol.

"It really is a seamless process," notes Timothy Boyek, MD, Director of the Cardiac Catheterization Lab. "Just as the EMTs in the field activate us to get ready for the patient, they let the ED know they have a cardiac arrest patient and the ED notifies the intensivists. The



hypothermia protocol does not slow us down. We stay focused on opening up the artery as quickly as possible, but the cooling doesn't have to stop.

"The AHA now has a national initiative to develop hypothermia programs across the country," adds Dr. Boyek, who actively participates in Pennsylvania's efforts related to AHA's Mission Lifeline, a project focused on giving evidence-based care to all heart attack patients. "The Hospital is far ahead of the game, thanks in large part to the intensivists driving this effort. Ten or 20 years ago, you might fix the blockage that caused the arrest but the person would die anyway, or never be the same again. So this new therapy is really pivotal."

continued

Critical Caregivers



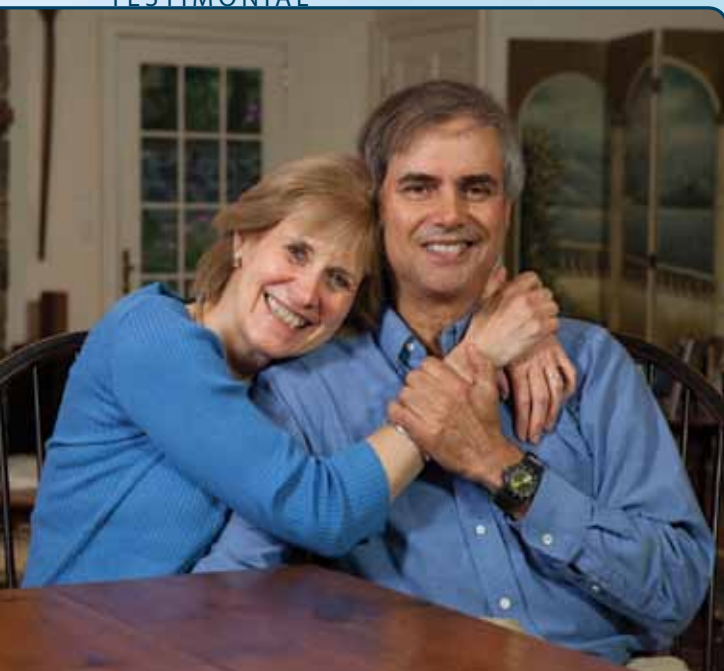
SARAH BONES PHOTOGRAPHY

▲ MEMBERS OF THE ICU TEAM (FROM LEFT): SUSAN SAVINI, CRNP; JOHN WANG, MD; RENEE GIOMETTI, MD; DONALD EMERY, MD; JOHN ROBERTS, MD; KRISTEN SHIBAN, CRNP; AND MINNIE ABRAHAM, CRNP.

COOL THE BODY SAVE THE BRAIN

continued

TESTIMONIAL



School nurse **Sue Davis** credits the therapeutic hypothermia treatment she received at The Chester County Hospital - as well as her husband Larry's quick thinking - with her full recovery after her cardiac arrest last February. To read Sue full story, go to www.chestercountyhospital.org/synapse.

Since April 2009, the Hospital has treated approximately 15 post-cardiac arrest patients with therapeutic hypothermia. ICU nurse Christine M. Parsons, RN, BSN, has cared for several of them. She notes that these patients require very close monitoring of their blood pressure, temperature and other vital signs as they are cooled and then again during the rewarming process.

"At times you need to take vital signs every 15 minutes, so really you're working with this patient one-to-one," she says. "But I think the

most challenging part is supporting the family. They've already seen this person they love go through cardiac arrest and come so close to death. Now they have to wait about 48 hours or more to find out whether this person is ultimately going to live. It's just a very trying period for the family.

"As a care team, we all work to reassure the family that the patient is in good hands, and we have the equipment and the process here that has been proven to offer the best chance of a full recovery," she adds.

If a patient pulls through, it can be several days to even months before anyone knows how

well the brain has recovered. So far, though, there have been some great success stories at the Hospital. Parsons says there was a patient recently who woke up, quickly recognized his family members, and walked with assistance in three days. Another patient just returned for a friendly visit two months after her release from the ICU and reported that she was swimming again, going to the gym, and back to her normal routine. "Seeing a patient like that come back is incredibly rewarding and encouraging," Parsons says.

As the Hospital continues to treat

patients with therapeutic hypothermia, the team will continue to make changes to its protocols and care processes as needed. Another key goal is getting the cooling process started even sooner for the right patients by EMTs in the field. Dr. Backup of the ED, who directs three local Emergency Medical Services units, says that two are already able to cool in the field using cold packs and chilled IV fluids. Dr. Ian Butler, an intensivist who recently joined the ICU staff, is also working with other local EMS teams to get the word out and help make pre-hospital therapeutic hypothermia a standard across Chester County.

"It is certainly exciting and rewarding to offer this expert level of care in our community hospital," says Maureen Sutcliffe, RN, BSN, CEN, Clinical Manager of the ED. "We see this as an opportunity in which we can quite possibly save a patient who comes to us in very serious condition. Although cooling never guarantees recovery, we welcome this chance to make a difference in the lives of some critically ill patients and their loved ones."

* Source: The New England Journal of Medicine

** Source: American Heart Association

by Kristine M. Conner
photos by Rick Davis

►► More at www.chestercountyhospital.org/synapse.

**Michael Costello, MD**

Department of Medicine, Section of Hematology/Oncology. Dr. Costello graduated from Penn State's Milton S. Hershey Medical Center, completed a residency at Temple University Hospital and a Fellowship at Fox Chase Cancer Center. Dr. Costello has joined Chester County Hematology Oncology Services.

Curtiland Deville, MD

Department of Radiology, Section of Radiation Oncology. Dr. Deville graduated from Brown Medical School in Rhode Island, completed an internship at Harbor Hospital in Maryland and a residency at the Hospital of the University of Pennsylvania and is part of the Penn Radiation Oncology services at The Chester County Hospital.

Monica Khitri, MD

Department of Surgery, Section of Ophthalmology. Dr. Khitri graduated from David Geffen School of Medicine at UCLA, completed an internship at Harbor-UCLA Medical Center, a residency at David Geffen School of Medicine and a fellowship at Children's Hospital of Philadelphia. Dr. Khitri has joined Mudgil Eye Associates.

Narainder Gupta, MD

Department of Radiology. Dr. Gupta graduated from the University College of Medical Sciences in Delhi, India and completed radiology training at the University College in London, England. Dr. Gupta is Board Certified in Radiology and is part of the Penn Radiology services at The Chester County Hospital.

Charles McClure, MD

Department of Medicine, Section of Internal Medicine. Dr. McClure graduated from Jefferson Medical College and completed an internship and residency at Bryn Mawr Hospital. Dr. McClure is Board Certified in Family Medicine and has joined Medical Inpatient Care Associates of Chester County.

**vital signs**

**LEADING PHYSICIAN
RECRUITMENT
COMMITTEE FOR DREXEL**

Nicholas A. Vaganos, MD, FACC

Chief of Cardiology is a 1974 alumnus of Drexel University and a 1978 graduate of Hahnemann University School of Medicine, which is now the Drexel University College of Medicine. He has been on Drexel's Board of Trustees of the College of Medicine since 2006. Recently, he was named a member of its Executive Committee and appointed Chairman of the Personnel Committee. As Chair, he is responsible for physician recruitment. According to drexel.edu, "The Board of Trustees is comprised of preeminent Drexel alums and Drexel supporters, including entrepreneurs, business leaders, academicians, and scholars – each of whom contribute a unique perspective and years of expertise."

Shripali Patel, DO

Department of Medicine, Section of Internal Medicine. Dr. Patel graduated from the Philadelphia College of Osteopathic Medicine and completed a residency at Lehigh Valley Hospital in Allentown. Dr. Patel is Board Certified in Internal Medicine and has joined Medical Inpatient Care Associates of Chester County.

Robert Prosnitz, MD

Department of Radiology, Section of Radiation Oncology. Dr. Prosnitz graduated from Duke University School of Medicine, completed an internship at Beth Israel Hospital in Massachusetts and a residency at Harvard Joint Center for Radiation Therapy. Dr. Prosnitz is Board Certified in Radiation Oncology and is part of the Penn Radiation Oncology services at The Chester County Hospital.

Marilyn Ryan, MD

Department of Medicine, Section of Endocrinology. Dr. Ryan graduated from SUNY Upstate Medical University, completed a residency at Temple University Hospital and a fellowship at the University of Chicago Hospital. Dr. Ryan is Board Certified in Endocrinology and has an office in Paoli.

Diana Stripp, MD

Department of Radiology, Section of Radiation Oncology. Dr. Stripp graduated from Robert Wood Johnson Medical School in New Jersey, completed an internship at UMDNJ Robert Wood Johnson University Hospital and a residency at the Hospital of the University of Pennsylvania. Dr. Stripp is Board Certified in Radiation Oncology and is part of Penn Radiation Oncology services at The Chester County Hospital.

**Sunil Saroha, MD**

Department of Medicine, Section of Hematology/Oncology. Dr. Saroha graduated from All India Institute of Medical Sciences, completed a residency at Thomas Jefferson University Hospital and Graduate Hospital and a fellowship at Temple University/Fox Chase Cancer Center. Dr. Saroha is Board Certified in Internal Medicine and has joined Chester County Hematology Oncology

TWO DOCTORS JOIN HOSPITAL-AFFILIATED FAMILY PRACTICES**Shannon Lieb, DO**

Department of Family Medicine. Dr. Lieb graduated from the Philadelphia College of Osteopathic Medicine and completed an internship and residency at Delaware County Memorial Hospital. Dr. Lieb has joined Kennett Care Medical Associates.

**Lisa Parviskhan, DO**

Department of Family Medicine. Dr. Parviskhan graduated from the Philadelphia College of Osteopathic Medicine, completed an internship at University of Medicine and Dentistry of New Jersey and a residency at Philadelphia College of Osteopathic Medicine. Dr. Parviskhan is Board Certified in Family Medicine and has joined Whiteland Medical Associates for Progressive Health.



These physicians hold Medical Staff privileges at The Chester County Hospital but they are not necessarily employees of The Chester County Hospital and Health System.

►► To find a Doctor, call
610.738.2300, or search online at www.chestercountyhospital.org/synapse.



Preserving Quality of Life

PALLIATIVE CARE SUPPORTS PATIENTS AND FAMILIES

The loss of quality of life is often one of the most difficult issues faced by individuals and families dealing with a serious illness or chronic medical disorder. But, over the last decade or so, the medical community has increased its focus on the importance of maintaining and enhancing quality of life during illness and treatment.

Palliative care, a relatively new discipline in the field of healthcare, is a recognized medical specialty that uses a team approach to help patients with

debilitating chronic conditions live life as comfortably – and as fully – as possible each and every day.

There is often confusion between the terminology “palliative” and “hospice” care. Although both provide care that emphasizes patient goals, relief of pain and suffering, and quality of life, there is a difference. Unlike traditional hospice programs, in which trained caregivers help alleviate pain and provide physical, emotional and spiritual support at the very end of life, palliative care is not

dependent upon prognosis and can be offered in conjunction with curative and other life-sustaining medical treatments. Palliative care may be offered as part of a hospice program, but it is not limited to hospice or end of life care.

The approach of palliative care is designed to help patients and their families manage the disabling effects of chronic disease regardless of the patient’s life expectancy or plan of care. Palliative care is not about treating or curing disease; it is about helping patients and families better cope with the challenges of a disease and/or the side effects of treatment. And it is available from the point of initial diagnosis.

“Very often, people think of palliative care as pre-hospice. But, in reality, the goal of palliative care is really to relieve suffering and support the best quality of life for patients and families no matter what their disease or stage of illness,” says Heidi Owen, Neighborhood Health’s Director of Hospice Services. “It may not be a life-limiting illness, but it may be an activity-limiting illness. Many patients who receive palliative care aren’t expected to die any time soon.”

▼ DEBBIE TRAVERS, RN, A HOMECARE NURSE WITH NEIGHBORHOOD HEALTH EXPLAINS THE DETAILS OF CARE TO ONE OF HER NEW PATIENTS IN THE PALLIATIVE CARE PROGRAM.



Neighborhood Health, a subsidiary of The Chester County Hospital and Health System, has been offering home care and hospice services for 100 years. Always at the forefront of care, the West Chester-based organization was one of the first providers in the region to offer palliative care services in the home environment. Today, palliative care plays an integral part in both the hospice and home care programs.

TESTIMONIAL



Joan Snyder's mother, **Wini Vorbach**, never wanted to be a burden on anyone. Even when her health was failing, she never complained. Neighborhood Health worked closely with Wini and Joan to make sure her needs were met without her having to ask for help. To read Wini's full story, go to www.chestercountyhospital.org/synapse.

"Palliative care takes the traditional home care and hospice medical models and adds other supports to them," explains Andrea L. Devoti, President and CEO, Neighborhood Health. "Over the years, we have identified that there are times when people in our community need palliative care and may not realize it's available to them. We want everyone to know that these services are offered locally right here."

The Neighborhood Palliative Care Program brings together a diverse, multidisciplinary team of professionals who look beyond the strictly medical and physical issues involved with fighting disease to find ways to address a patient's quality of life issues. The highly skilled team includes nurses, physical and occupational therapists, social workers and clergy. Each patient's doctor is also part of the care team, as is the patient and their family.

"Our nurses are in constant dialogue with our patients' doctors. We keep each other abreast of where we are going, the challenges to care, and how we can progress in making sure that the patient continues to be comfortable," said Pat Bush, Director of Home Care Services. "We make sure doctors, nurses, the patient and their loved ones are always 'on the same

page' and working together toward the same goals."

"The patient is always involved in the planning of care, as is the family," Bush continues. "Our physical and occupational therapists work very closely with the family on things like home modifications that will help make the patient's quality of life better."

Once mobilized, the palliative care team works together to identify a

patient's sources of discomfort and/or pain, which may involve problems with breathing, fatigue, insomnia, depression, or bowel or bladder issues. The team then determines the best plan of care to offer relief. For the patient, that might include medication, massage therapy, relaxation techniques, counseling, or other options. For the family, it may mean education, training, spiritual support, or respite services.

"Just as the medical community has become more aware of the importance of a 'whole person' approach to meeting patient needs, the public is becoming savvier and more in control of their medical care," says Devoti. "As a patient, you have the right to care that is focused on improving your ability to function and to enjoy quality of life."

If you believe that you or a loved one would benefit from palliative care, talk to your doctor. A physician referral is necessary. Also check with your insurance provider. Private insurance coverage varies, depending upon the company, policy, and specific services required. Although Medicare and Medicaid do not include a specific palliative care benefit, many treatments and medications are covered through standard benefits.

For more information about palliative care, call Neighborhood Health at 610.696.6511. A customer service team is available to answer your questions. You may also want to visit www.neighborhoodhealthandhospice.org to learn more about the many programs and services provided by Neighborhood Health.

*by Beth Eburn
photos by Rick Davis*

►► More at www.chestercountyhospital.org/synapse.



Hospital Streamlines Operational Efficiency by \$1.3 Million

The Chester County Hospital and Health System was **one of just eight healthcare organizations nationwide** to earn VHA's Leadership Award for Supply Chain Management Excellence. It was recognized for its work to improve operational efficiency and cut costs from the supply chain while maintaining quality patient care. The winners of the 2011 VHA Leadership Award for Supply Chain Management Excellence were recently honored at VHA's Annual Leadership Conference in San Diego.

This same endeavor also earned the Hospital an Achievement Award for Operational Excellence by the Hospital & Healthsystem Association of Pennsylvania (HAP).

The Hospital set and achieved the goal of identifying and implementing supply expense reductions in excess of \$1.3 million. Priority areas were selected based on the highest dollar expenditures. Cardiovascular Services and Pharmacy accounted for 72% of the savings from the cost reduction initiative, which did not affect employee headcount. The agreed-upon savings were removed from individual departments' budgets, contracts were re-negotiated for better rates, and the vendor mix was revisited and revamped.

This successful project was initiated by Hospital President and Chief Operating Officer Michael Barber. Because of the critical roles that they played in the initiative, Jan Markham, Materials Management Director; Karen Novielli, Pharmacy Director; Sharon Delaney, Director of Cardiology; and Mary Coniglio, Cardiovascular Service Line Director, accepted the award from Curt Nonomaque, President and CEO of VHA, at the national conference.

"By prioritizing supply chain excellence, these healthcare organizations are maximizing their resources, which is increasingly important in light of ongoing industry economic pressures," says Scott Downing, VHA Executive Vice President. "These award winners are setting the right example for other hospitals in learning how to do more with less while maintaining high-quality care."

"Engaged physician champions were an important component to successfully driving these savings. The physicians were aligned with Hospital management on this project and were committed to realizing the savings," says Chief Operating Officer Michael Barber.

SPECIFICALLY, **NASRIN GOLSHAN, MD** (INFECTIOUS DISEASES); **JOHN ROBERTS, MD** (INTERNAL MEDICINE); **CHRISTINA ELLIS, MD** (OBSTETRICS/GYNECOLOGY); AND **DONALD EMERY, MD** (CRITICAL CARE) PROVIDED LEADERSHIP WITH REGARD TO THE PHARMACY SAVINGS. CARDIOLOGISTS **RICHARD HUI, MD**; **HOPE HELFELD, DO**; **JOSEPH LEWIS, MD**; **TIMOTHY BOYEK, MD**; AND VASCULAR SURGEON **SEAN RYAN, MD** WERE KEY CONTRIBUTORS IN THE CARDIOVASCULAR AREA.

►► More at www.chester-countyhospital.org/synapse.

Defining and Measuring Patient Satisfaction

The term “patient satisfaction” is heard regularly in today’s healthcare environment. But what does it mean exactly? In a hospital setting, it should mean a lot. At The Chester County Hospital, it does. At The Chester County Hospital, patient satisfaction is the lynchpin in the overall healthcare experience.

“We have the philosophy that every single patient experience matters. Of course, we want every patient to be pleased with his or her medical care, but we also want each patient’s stay with us to be satisfying in every way possible, both medically and personally,” says Carli Meister, Director of Customer Relations and Risk. “And we believe that our patient’s positive memories of us are built at every step along the way... from when they come in until they return home.”

How does the Hospital go about making sure that patients – inpatients and outpatients alike – leave the Hospital with positive memories about their Hospital experience? They are asked, and their answers are heard. According to Meister, listening to patient feedback is the most valuable way to gauge how the Hospital is doing.

CHECKING IN ONE-TO-ONE

Chester County’s nursing staff visits patient rooms at least once every hour to perform what is called “Hourly Rounding,” a room check for safety and service issues. They enter the room to

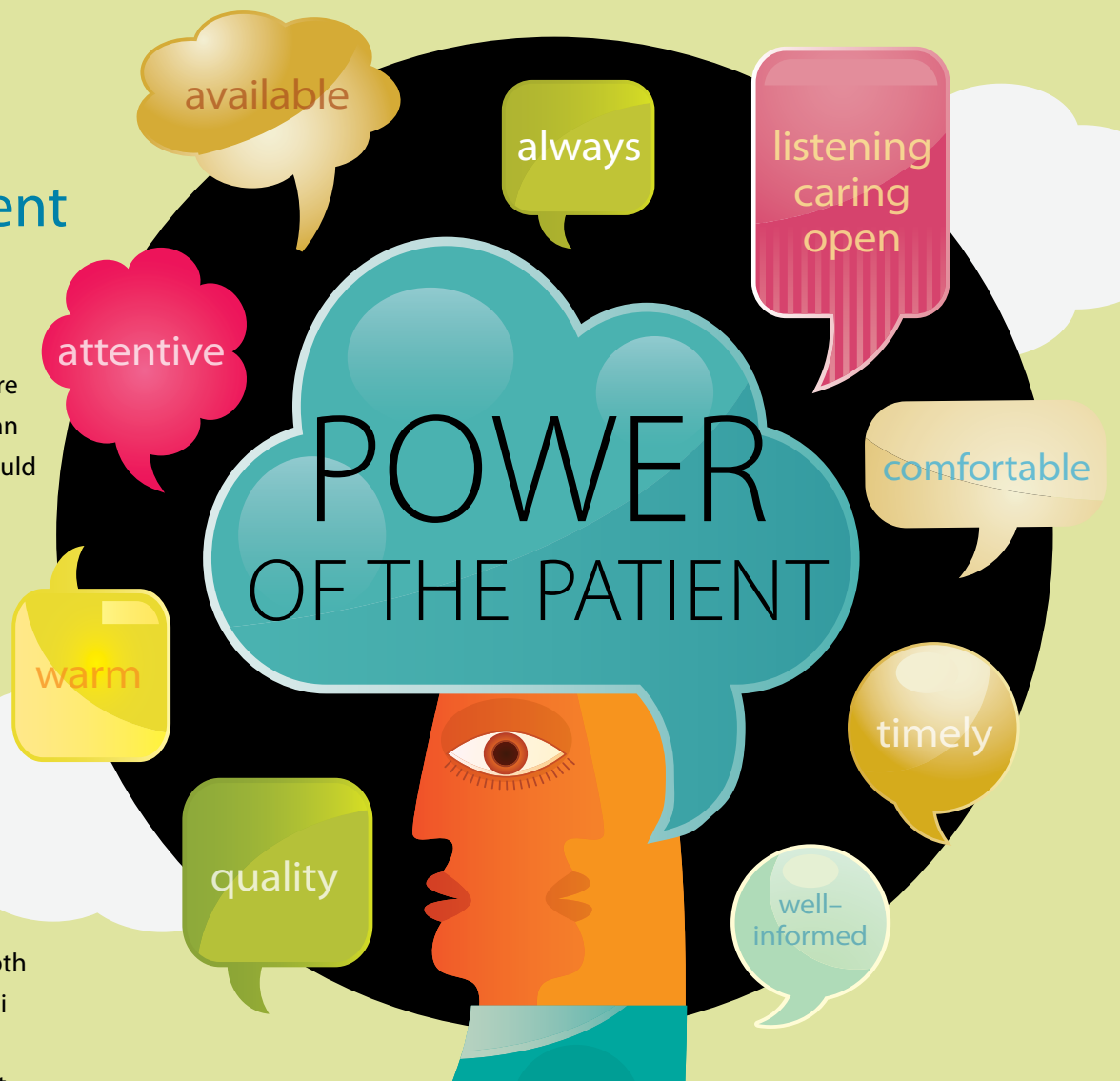
make sure that nothing is amiss that could possibly cause any risk to patients, checking electrical cords and ensuring clear pathways. They make sure the patient’s call bell and water are within easy reach. They ask a variety of questions to make sure each patient’s specific needs are being met. Questions like... *How are you feeling? Can I get you anything for your pain? Can I help you to the bathroom? Do you have any questions about your medication? Is there anything I can do for you before I leave?*

Patients always have the comfort of knowing that someone will soon be in to check on them. “Studies show that call bell usage goes down with hourly rounding, because patients know someone will always be back in less than an hour, and they feel like they don’t have

to use their call bell to get the attention they need,” said Meister. “It creates an incredible sense of trust and safety in patients.”

And, at Chester County, nurses are not the only ones checking in with patients via rounding. Hospital volunteers also visit patients to collect their feedback and to make sure patients are happy with their care. These volunteers each come equipped with an electronic clipboard that sends a signal out to inform nursing staff, or the appropriate department, if a patient’s expectations are not being met. The Hospital can take immediate measures to rectify the patient’s concern. In addition, members of the Hospital Senior Administration also stop in routinely to talk with and get input from patients. Leaders

continued



responsive

introduce themselves to patients, ask questions, gather feedback, and make sure any issues are addressed right then and there with the patient's whole clinical team.

RANDOM PATIENT SURVEYS

The Chester County Hospital also uses external patient satisfaction surveys to hear the voices of its inpatients and learn about the

Hospital experience from their perspective. The Hospital uses patient feedback from the surveys to continuously focus on performance improvement and enhancing existing services and programs.

"If you are a patient here, you could receive a survey at home within two weeks of your visit. It doesn't matter why you were here or how old or how young you might be, we want your feedback," says Meister. "The questionnaire touches on everything from how you personally respond to the patient experience to whether the staff did everything possible to respond to your concerns and lessen the impact of hospitalization."

For many years, patient satisfaction has been measured through a formal survey independently administered by

feedback

Press Ganey Associates, a satisfaction measurement firm. Chester County also uses patient input collected through another assessment tool called HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), the first national, standardized, publicly reported data of patients' perspectives of hospital care.

The Press Ganey survey, which is mailed to random patients' homes, asks patients to rate various aspects of their visit on a scale of very good (100%) to poor (0%). Alternatively, the HCAHPS survey asks patients of all ages to rate their care in eight key areas by answering questions asked in terms of behavior. For example, "How often was my call bell responded to?" is one inquiry. Patients choose from "never, sometimes, usually, and always." HCAHPS also measures patients' overall rating of the Hospital, along with their willingness

to recommend the Hospital to others.

For the past few years, The Centers for Medicare and Medicaid Services (CMS) has required all hospitals across the country to participate in HCAHPS. Beginning in 2012, CMS will start using the HCAHPS patient experience data to determine the level of funds it will reimburse hospitals for services, based

satisfied

on the percentage of "always" answers each hospital receives. With this Value-Based Purchasing program, CMS will financially reward or penalize hospitals with Medicare reimbursement based on performance as noted by patients who fill out their questionnaire. This means it is important for satisfied patients to take the time to complete the survey too.

"Value-Based Purchasing is forcing some hospitals to re-examine how really critical it is to do the right thing for their patients and families. For us, it just serves to underscore a mission we have always held firmly in place," says Meister. "We have always been dedicated to making sure that our patients know we will do everything possible to make their entire patient experience of the highest quality."



SHARING AND APPLYING INFORMATION

Patient satisfaction data is shared throughout the Hospital. Press Ganey and HCAHPS results are distributed to staff at every level across the Hospital, via formal reports, management/department meetings, and the Hospital's intranet. Staff can also go directly to a website to look at Hospital data in real time and even calculate the financial impact of what the current scores might mean to the Hospital.

To Chester County, this data is not just numbers. It represents real people – members of the community who were cared for by its team within the past few weeks – telling what they think about their experience at the Hospital.

For this reason, it is important to Hospital leadership that all staff has access to the information. Patient satisfaction data is never seen as belonging to a certain department. At The Chester County Hospital, everyone is in the patient satisfaction business and everyone shares in the responsibility.

"We live and breathe this all the time. It's not just about percentages or scores, it's about someone's personal experience," explains Meister. "Someone we know is opening up her mail at home, maybe with a cup of coffee at her kitchen table, and thinking about us while she fills out the survey. She is thinking about our staff, our Hospital, and the memories of the care we provided."

One area where Chester County has seen a lot of improvement noted in its patient survey data is the subject of noise at night – a real challenge for all hospitals nationwide. One question from HCAHPS asks patients to rate the statement "The area around my room was quiet at night" with a response of "never, sometimes, usually, and always." According to Meister, the national percentage of "always" answers usually fluctuates at about 50 to 60 percent at the very best hospitals across the nation. Data can easily ebb and flow, however The Chester County Hospital has recently attained that same percentage range as the best hospitals in the nation.

The satisfaction increase seems to be a direct response to a few new initiatives at the Hospital, designed to help make a positive impact on the noise level for patients. Every patient

admitted now receives a special sleep aid packet, which includes an eye mask and ear plugs with a message from the Hospital asking to be informed if patients experience any difficulty sleeping. The Hospital also observes "quiet time" in the late afternoon and evening, when lights are turned down and quiet is encouraged.

"We are all excited to see positive patient satisfaction numbers, because they reflect happy patients and that is our goal," said Meister. "We will continue to work hard to ensure that our patients and their families know that their positive Hospital experience is our goal, and that we are constantly striving to create a comfortable, healing environment for them."

HCAHPS Results are posted for public review at www.hospitalcompare.hhs.gov.

by Beth Eburn

always

experience

happy patients

progress

►► More at www.chester-countyhospital.org/synapse.

Heart + Sole 5k Run/Walk for Cancer Care

A year ago, high school seniors Steve Jordan and Drew Kelly started a run in memory of a friend's mother who lost her fight with stomach cancer. This year with the assistance of the Gatto family, Dominic Smith continued the run as his Henderson High School Senior Project. While the race started as a tribute to one person's memory, the race became a collection of teams and individuals each running for their own reasons. There were friends and family members celebrating victory over cancer. Others encouraged their loved ones in the fight of their life. For those that have lost their battle with cancer, we remembered. And for some, the Heart + Sole race on September 24 was a milestone in their commitment to good health. And for all of us, it was a great way to kick off Cancer Awareness Month and support patients living with cancer in our community.

newsmakers



Team Josephine Gatto



Hats off to Polo

Polo Cup

Hundreds of guests enjoyed watching the Polo ponies and their agile riders as they played the international game of Polo right in Chester County's countryside. Known as the "Sport of Kings," Polo is a fast-paced, exciting premier sport that can be easily understood and enjoyed by not only the seasoned aficionado but the first-time spectator as well. This year, the Polo Cup encouraged its sponsors and attendees to put forth their best creative efforts in decorating their tent or area for our Ultimate Tailgating Spectacular, where the most creative and stylish tents won prizes. Always the second Sunday in June, the Polo Cup is hosted by the Turks Head branch of the Women's Auxiliary. This year, the event raised \$30,000.

Pictured from left: Bridget Voltz, Lisa Kitchen, Francie Wood and their young guests.

Cancer Survivor's Day

Darcie Goldberg, Executive Director of the Chester County Art Association (CCAA), was the 2011 recipient of the annual Russell R. Tyson Award of Hope. She is an inspirational woman who has gone above and beyond in her commitment and dedication to finding ways to honor those living with cancer. By giving time and space at CCAA and hosting a weekly art therapy group for patients dealing with cancer, she gave this group the opportunity to not only create, but also to show their healing art work. Ms. Goldberg received the award at Cancer Survivor's Day, in front of hundreds of survivors and supporters.

Pictured from left are: Marge Lang, LCSW, OSW-C, Oncology Social Worker; Darcie Goldberg, Executive Director of the Chester County Art Association; and Sharon DeNault, Art Therapist.



Meeting the Challenge

Bike Challenge

The 2011 Chester County Challenge for Cancer Bike Tour, which attracted avid and recreational riders from around the area, raised \$24,000 for cancer care in our community. The money raised stays in Chester County to support people with cancer and hospice services. This year, the ride was paired with Cancer Survivor's Day. When the ride concluded, bikers and survivors shared a meal and camaraderie.

May Festival Gala

Each year prior to the May Festival, the Hospital hosts an elegant evening of dining and dancing. This year's Gala commemorated the 34 years of leadership of H.L. Perry Pepper as he embarked on his retirement - trading his signature bow ties for leisurely fishing flies. Guests enjoyed the dazzling beauty in the Conservatory at Longwood Gardens, while dancing to live music and toasting Mr. Pepper. Save the date - the 2012 Gala will be held May 5.



Congratulations Darcie



Dancing the Night Away



Thank You Mr. Pepper!

**What stirs the heart to give?
The answer isn't universal;
it is highly personal.**

The Chester County Hospital has a longstanding relationship with people who support it. The essence of its mission is to improve the health of its community as a whole. It has a proud heritage of being not-for-profit, and therefore it relies on the generosity of friends and neighbors. Thankfully, these friends and neighbors have been inspired to give.

They give because at some point in their lives, the doctors and nurses from the Hospital made a lasting impact. For some, it was when a new life was warmly welcomed, or when a young life was miraculously saved. For others, it was when a loved one was lost but retained their dignity, or when they received compassionate care in spite of life-altering news. The Hospital, its patients and their families are endlessly bonded during these pivotal moments in life.

JoAnna and Andy Benton became devotees of the Hospital after unexpectedly losing their first son, Henry, during childbirth in 2002. Out of their grief came their unwavering commitment to support the doctors and nurses who tried everything to save their baby.

The Benton's are co-chairs of the FORE Health Invitational, an annual golf event that has led to the purchase of major pieces of technology for the NICU.

"We didn't want Henry's memory to fade and his legacy to be one of tragedy; we wanted his legacy to be one of triumph," says Andy.

JoAnna adds, "We want to actively honor him and give back to the place that showed us so much compassion."

The Benton's now work with Sarah and Brian Mears, who share a similar motivation to give. Deb Warden, Kim Simmons and the entire Willistown branch of the Women's Auxiliary to organize the outing. Their efforts are making a positive impact on health services for the Hospital's tiniest patients.

The women of the Willistown branch have always felt that it was important to support their local Hospital. With more than \$900,000 in proceeds from the golf outing donated to the Hospital over the past 24 years, Kim Simmons says the Willistown Auxiliary is motivated because "all of us feel we have a great Hospital. It is critical for us to help our Hospital have the latest, state-of-the art facilities and technologies so that our community continues to benefit."

As President of the entire Women's Auxiliary, Elizabeth Drummond is not only inspired to share her own time, talent and treasure, but she is also in a position to motivate others.

Betty leads a group of 400+ volunteers fundraising for the Hospital, but her own reason for giving is still quite personal.

In the early 1990's, Elizabeth's daughter was hospitalized for six weeks. "I was amazed by the way we were all cared for during that emotional time. As soon as my husband and I were in a position to give, we did ... in order to show our gratitude."

In recent years, the Auxiliary's good work has financed six renovations and has helped purchase 12 major pieces of medical technology. The Auxiliary is currently directing its efforts to fund an advanced monitoring system for the Emergency Department, which cares for more than 42,000 people each year.

Elizabeth says, "The Hospital has ingrained itself so deeply in Chester County that the community members feel personal ownership of it." The motivations to give may be unique, but the goal is singular – to support the Hospital in its mission to provide the most excellent and compassionate healthcare to all people.

by Lisa M. Huffman

Inspired to Give

EXAMPLES OF TECHNOLOGY RESULTING FROM DONATIONS

ADVANCED BREAST BIOPSY INSTRUMENTATION (RADIOLOGY)

ABBI SUITE (BREAST SURGERY)

AFFINITY 4 BIRTHING BEDS (LABOR AND DELIVERY)

AXIOM LUMINIS TF (RADIOLOGY)

C-ARM FOR OPERATING ROOM (CARDIOVASCULAR)

CARDIO PULMONARY MONITORS (NICU)

DA VINCI SI SURGICAL SYSTEM (OPERATING ROOM)

DEXA SCAN MACHINE (RADIOLOGY)

ECLIPSE TREATMENT PLANNING SYSTEM (RADIATION ONCOLOGY)

GEM PREMIER 4000 (NICU)

GIRAFFE BED (NICU)

LINEAR ACCELERATOR (RADIATION ONCOLOGY)

LYMPHEDEMA TREATMENT TABLE (PHYSICAL THERAPY)

MAMMOGRAM MULTI-VIEWER (RADIOLOGY)

NEOPUFF INFANT T-PIECE RESUSCITATOR (NICU)

TOTAL CARE BEDS (NURSING)

ULTRASOUND EQUIPMENT (RADIOLOGY)

►► More at www.chester-countyhospital.org/synapse.



Minimally Invasive Robotic Surgery at The Chester County Hospital

WHERE SCIENCE MEETS ART

When medication and other non-surgical treatments are either unavailable or cannot relieve symptoms, surgery is the accepted treatment for a broad range of conditions. With the use of the **da Vinci Si Surgical System**, experienced Chester County Hospital surgeons can perform advanced minimally invasive surgeries with the help of the newest model in robotic technology. This provides an alternative to traditional open surgery and conventional laparoscopy, allowing even the most complex and delicate procedures to be completed through small incisions with matched precision and accuracy. Through tiny, 1-2 cm incisions, surgeons using the **da Vinci Si Surgical System** can operate with greater precision and control, minimizing the pain and risk associated with large incisions while increasing the likelihood of a fast recovery and excellent clinical outcomes.

The **da Vinci Si Surgical System** is currently used at The Chester County Hospital to perform gynecological and urological procedures. This offering will expand to include more physicians, specialties and surgical procedures.

Credentialed for the Robotics Program:

Donald H. Andersen, MD, *Urology*
James Bollinger, MD, *Urology*
Melissa L. Delaney, DO, *Ob/Gyn*
Christina Ellis, MD, *Ob/Gyn*
George Henry, MD, *Ob/Gyn*
Dianne Hotmer, MD, *Ob/Gyn*
William Merriam, MD, *Urology*
Jeffrey Rosenblum, MD, *Urology*
Waleed Shalaby, MD, PhD,
Gynecologic Oncology
Ilene Wong, MD, *Urology*

701 East Marshall Street
West Chester, PA 19380

www.chestercountyhospital.org/synapse

ADD FSC LOGO HERE



Call 610.738.2793 to update your mailing information.



HOW WILL YOU BE REMEMBERED?

Create Your Legacy

Your estate plan tells the people you love about what was important to you during your life. Including a charitable bequest to The Chester County Hospital demonstrates that charity and care for others were meaningful to you. Your bequest can ensure that your legacy will help support and aid generations to come. You have placed your trust in The Chester County Hospital for your healthcare, now help us grow for the future so we can be here for your family, friends and neighbors.

Call us today at 610.431.5366 or visit
www.chestercountyhospital.org/foundation