

Private Maternity Rooms Due in May · ED Reduces Wait Times Drastically · Tower Honors Lasko Family

synapse

THE CHESTER COUNTY HOSPITAL MAGAZINE | 2013 : VOL 3

STRONGER TOGETHER



Penn Medicine

CALENDAR

▼ ONGOING

It's a Weigh of Life

Each month, a Registered Dietitian Nutritionist will lead a discussion on an interesting, timely and immediately useful topic about food, eating, activity and wellness. We can also provide support for people on their journey to a healthier lifestyle and weight loss.

DATES AND SESSIONS

JAN 14 4:30 or 6 pm

FEB 11 4:30 or 6 pm

MAR 11 4:30 or 6 pm



Hands-Only CPR

Would you know what to do if you saw someone suddenly collapse from cardiac arrest?



HANDS-ONLY CPR TRAINING

< Increase your confidence and reduce your fears during an emergency by being trained in Hands-Only CPR (CPR without

mouth-to-mouth breathing). It is an easy and effective technique that any bystander can use to help an adult who collapses. We've teamed up with local fire companies and CPR instructors to offer interactive Hands-Only CPR broken into continuous 45-minute sessions. All programs run from 4:30-7 pm. Call 610.738.2300 for session details.

DATES AND LOCATIONS

FEB 11 at Longwood Fire Company

FEB 12 at Goshen Fire Company

FEB 12 at Minquas Fire Company

FEB 13 at Chester County Hospital

HOSPITAL PROGRAMS & SUPPORT: 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

Weight Matters Introductory Class – January 21

Reversing Pre-Diabetes – January 22

A Matter of Balance: Managing Concerns about Falls – January 27

Weight Matters 8-week Class – January 28

National Diabetes Prevention Program – February 3

Reversing Pre-Diabetes – February 6

Living with Type 2 Diabetes – February 18

Turn Your Health Around – February 22

Senior Supper Club:

Staying Fit After 60 – March 13

Reversing Pre-Diabetes – March 18

Eating To Live: More Fact than Fiction When Reducing Your Cancer Risk – March 26

Bones and Joints Talk and Tour – March 27

Parkway Dash 4 Diabetes* – April 5

May Festival Gala* - May 3

* For fundraiser info, 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

Contents

▼ DEAR NEIGHBORS



By all measures, we had an outstanding 2013. Our quality and patient satisfaction measures are among the highest in the region; we opened the first 24 rooms in our expansion and named the building Lasko Tower; we installed the new TrueBeam linear accelerator; and we implemented a new model of care in the Emergency Department that has dramatically improved customer service and reduced treatment times.

On top of all those big changes, we joined Penn Medicine. Now, as part of Penn Medicine, we will continue to transform our organization with the opening of the new orthopaedic and surgical unit on the third floor of the Lasko Tower in January and the construction of a brand new, all private-room maternity unit, which will open next May.

For 120 years, we have served our community with the highest quality health care, and now, as part of Penn Medicine, we will have the resources and expertise of one of the top academic health systems in the country right here in Chester County.

We will blend the best of Chester County Hospital with the remarkable achievements of Penn Medicine to create one of the leading hospitals in the Philadelphia suburbs. For our patients and community, they will continue to receive the same quality care for which our hospital is known while benefiting from the medical advances and innovation inherent to Penn Medicine.

Warm regards,

Michael J. Duncan
President and CEO

cover story

3.... STRONGER TOGETHER: DOING WHAT'S BEST FOR OUR COMMUNITY

In September 2013, the Trustees of the University of Pennsylvania and the Board of Directors of Chester County Hospital announced the hospital would join Penn Medicine's health system – its only hospital in suburban Philadelphia. This new relationship will give local patients greater access to a wider range of medical services.

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You've waited nine months for your new arrival. We've waited a lot longer for ours. This coming May, we will welcome 24 bundles of joy in the form of private maternity rooms. The amenities of the rooms, plus a new well-baby nursery, will complement the exceptional care our families already receive.

10... QUICK CARE. LESS WAITING. 24-7-365: EMERGENCY CARE BEGINS AT THE DOOR

What used to take about an hour, now takes about 10 minutes. Drastic changes have taken place in the Emergency Department, resulting in the reduction of the average wait time it takes to see an ED physician. The key to this improvement - moving the doctor to the first step in the emergency visit, rather than at the last.

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Out of gratitude, the hospital has named its new expansion the Lasko Tower in recognition for the overwhelming generosity longtime West Chester couple - Vivian and Oscar Lasko - and their family have shown to us.

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Cover Photo Credit: Michael J. Duncan,
Courtesy of the Daily Local News.



synapse

SYNAPSE MAGAZINE SINCE 1981

Synapse is an award-winning publication produced by Chester County Hospital'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.

William W. Wylie, Jr. Chair, Board of Directors
Michael J. Duncan President and CEO
Colleen Leonard Leyden Editor-in-Chief
Lisa M. Huffman Managing Editor
Coastal Design Team Designer
Great Atlantic Graphics Printer

►► 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.



ICU Recognized as Beacon of Excellence

The American Association of Critical-Care Nurses (AACN) conferred a silver-level Beacon Award for Excellence on the ICU at Chester County Hospital.

The Beacon Award for Excellence - a significant milestone on the path to exceptional patient care and healthy work environments - recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards.

Green Initiatives lead to BLUER Award

Chester County Hospital was recognized by Borough Leaders United for Emissions Reduction (BLUER), a committee created by West Chester Borough Council, for its efforts to reduce greenhouse gas emissions and lessen its environmental footprint.

Specifically, BLUER applauded the hospital's house-wide energy conservation measures; its effort to reduce medical waste and recycle plastic, metal and paper; its many green initiatives associated with the Lasko Tower; and the work of its staff involved with employee wellness, food and nutrition services, and energy-conservation projects.

2013 Guardian of Excellence AwardSM



Three Chester County Hospital employed practices were named 2013 Guardian of Excellence AwardSM winners by Press Ganey Associates, Inc. The award recognizes top-performing facilities that consistently achieved the 95th percentile of performance in Patient Satisfaction. Congratulations to Chester County

Hematology/Oncology, Associates for Women's Medicine, and the Women's Specialty Center. The Guardian of Excellence Award is a health care industry symbol of achievement. Fewer than 5% of all Press Ganey clients reach this threshold and consistently maintain it for the one-year reporting period. The organization partners with more than 10,000 health care facilities, including more than half of all U.S. hospitals, to measure and improve the patient experience.

Breast Health Accomplishment for High Quality

The Breast Health Program of Chester County Hospital has been granted a three-year accreditation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by NAPBC is only given to those programs that voluntarily commit to providing the highest level of quality breast care and undergo a rigorous evaluation process and review of their performance. Chester County Hospital received its initial NAPBC accreditation in 2010.

Chest Pain Center with PCI Re-Accreditation

Chester County Hospital received full re-accreditation as a Chest Pain Center with PCI from the Society of Chest Pain Centers (SCPC). While Chester County Hospital has steadfastly provided superior care to people experiencing chest pain, it is an honor for the Society of Chest Pain Centers to again recognize the hospital's process for quality and the positive impact this has had on the community. Its Chest Pain Center has demonstrated its expertise and commitment to quality patient care by meeting or exceeding a wide set of stringent criteria and undergoing an onsite review by a team of SCPC's accreditation review specialists.



Cancer Commendation by CoC

The Cancer Program of Chester County Hospital has been granted a three-year accreditation with commendation by the Commission on Cancer (CoC) of the American College of Surgeons. During the accreditation process, the Cancer Program demonstrated compliance with standards that represent the full scope of cancer care, such as committee leadership, data management, clinical services, research, community outreach, and quality improvement. Chester County Hospital received its initial CoC accreditation in 1970.

STRONGER TOGETHER

*In a Historic and
Forward-Thinking Move,
Chester County Hospital joins*



Penn Medicine

"WHAT IS BEST FOR OUR COMMUNITY?"

This one question has driven all decisions at Chester County Hospital since its founding in 1892. It's not about what's best for the bottom line, the leaders, the physicians or staff—although these are important—but what's best for the people of Chester County and surrounding areas. For 120 years, the answer was clear: The hospital could best serve the community as an independent, stand-alone organization, building the programs and culture most suited to local needs.

Within the past several years, however, standing alone has started to impede the hospital's mission to the community. After the 2008 U.S. financial crisis, it became more difficult to access capital needed to finance new facilities and equipment, as lenders gravitated toward much larger health care systems and organizations. With the arrival of President and CEO Michael J. Duncan in 2011, the hospital conducted a thorough review of all facilities and technology and concluded it would take well over 200 million dollars to create a truly leading edge facility within 10 years—and it expects nothing less than to be leading edge.

"Hospitals are capically intensive places," Duncan observes. "To bring in a new technology like robotic equipment for surgery, you need two

continued >

million dollars. If you need a new wing, we are talking about 50 or even 100 million dollars. Chester County was among the top 10 percent of

hospitals nationwide in terms of our quality metrics and patient satisfaction, but we did not have access to capital to build what this community needs.”

At the same time, hospital leaders realized there was a major shift taking place

in health care, with more specialty services and outpatient procedures moving into community settings. More patients were staying closer to home for surgeries and other treatments that once required traveling to a major academic medical center. Increasingly, only the most complex cases would have to be sent to Philadelphia, says William Wylie, Jr., Chairman of the Hospital Board of Directors.

“As Board members, we live in this community and are very concerned about doing what’s in its best interest,” he says. “The environment dictated

that we would need to provide a greater breadth of services right here. This meant having a larger medical staff, more specialists, and more outpatient facilities—and this requires capital investment.”

In this changing environment, how could the hospital keep advancing its facilities and technology while broadening its scope of services? How could it keep doing what is best for the community?

By 2012, the Board and leadership arrived at a new answer: partnership—and not just with any partner, but with an organization that would complement its strengths, help it better fulfill its mission to the community, and respect the culture it had worked so hard to build. After an intensive year-long search, the hospital found the right partner in its own backyard:

Penn Medicine. In September, the two organizations announced that Chester County Hospital will be the system’s fourth hospital, joining the Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, and Pennsylvania Hospital.

“We have the strongest reputation as a community hospital in Chester County, and Penn has an incredibly strong national and international reputation,” says Mike Duncan. “Putting those two together is very powerful.”



MICHAEL J. DUNCAN



WILLIAM WYLIE, JR.

THE PROCESS

In August 2012, Chester County Hospital’s Board of Directors issued a nationwide call for applications from potential strategic partners. A committee formed to solicit interest from roughly 30 different health systems, corporations and health care organizations. The committee then asked for detailed proposals from a group of 16, deliberately including a wide range of candidates: for-profit and nonprofit, regional and national, religious and non-religious, academic and community-based. By casting such a wide net, says Duncan, the Board and leadership team were able to explore many different options and refine their thinking about what would be best for the community.

“We knew we had objectively great quality, market-leading patient satisfaction, a great community, and that we were going into the discussions from a position of strength,” he says.

Duncan also had a clear understanding of what physicians, staff and employees wanted in a partner, thanks to a series of a dozen or more town hall meetings during which he and other committee members asked for input and answered questions about the process.

“Everybody wanted the same thing: a partner who would let the culture thrive but give us access to capital and programs. We would still be us, only better. So this became the main item on the checklist we used to evaluate candidates.”

The committee chose five finalists to make detailed presentations about what a relationship with Chester County Hospital might look like.

THE CHOICE: PENN MEDICINE

Throughout the process, Penn Medicine emerged as the most natural fit for Chester County Hospital. Many of the two organizations' administrators and physicians already had working relationships or had trained together, so their first meetings were more like reunions than blind dates. The hospital had existing clinical affiliations with Penn Medicine in high-risk Maternal-Fetal Medicine, Radiology and Cancer. Patients needing higher-level care often went to see specialists at one of Penn's hospitals downtown. But most importantly, it became clear that Penn Medicine wanted to empower the hospital to do what's best for this community.

"Penn was head and shoulders above everyone else because they want us to be more than we are today, and they are willing to invest more in our facility and technology and bring in new clinical programs," Duncan says. "They were appreciative of our existing culture and they wanted a relationship where the local management team would be responding to the needs of the local community."

"We are approaching this integration just like a partnership," notes Phil Okala, senior vice president of business development at Penn Medicine. "Chester County Hospital has a rich culture and sense of stability that was attractive, and they understood

the value of Penn Medicine. To have a venture be successful, it is vital to have the organizational cultures and leadership aligned."

At the same time, Penn Medicine realized the value that Chester County Hospital would bring to its organization. As more services shift from urban medical centers to suburban settings, it too must adjust to a changing health care environment. Through its Clinical Care Associates network of primary care and specialty practices and the more recently formed Penn Specialty Network, Penn Medicine is already bringing high-level medical services to the Route 202 corridor and Chester County—just one recent example being the new Penn Medicine Valley Forge facility. With Chester County Hospital as a

part of Penn Medicine, the health system can offer the western suburb residents access to a wider range of medical procedures right here, only bringing a patient downtown when the case is complex enough to warrant the attention of a highly specialized team.

"Our goal isn't to duplicate everything in the community," says Bert O'Malley, Jr., MD, chair of the Department of Otorhinolaryngology/Head & Neck Surgery and associate vice president, Physician Network Development. "Working with Chester County Hospital, our goal is to provide high-quality care across a wider breadth of disciplines so patients don't have to come downtown to Penn. But we also want to work together to define when it does make sense for a patient to come here, and then create clear and efficient

Everybody wanted the same thing: a partner who would let the culture thrive but give us access to capital and programs.

We would still be us, only better.

pathways for them to access the highest level of advanced care when they need it. Potentially, someone might come to Penn for a specific complex procedure and then return to Chester County Hospital for their follow-up care or rehabilitation. That's how smooth we want the transitions to be."

Ronald Barg, MD, executive director of the Clinical Care Associates network and

an internal medicine physician with Penn Medicine Bala Cynwyd, agrees that a seamless transition is key.

"The overall goal is to develop a health care delivery system that allows patients to get seamless care, and the more we can link up, the better," he says. "We already have several primary care practices in the Chester County Hospital area, so this is a great opportunity to develop the community reach for Penn Medicine and bring more services to the hospital.

"Coordination is better for us and for the patient," he adds. "In my own practice, if I see someone in Bala Cynwyd and I need to send him to a specialist at HUP [the Hospital of the University of Pennsylvania], we share the same information in the electronic medical record and that's so much more effective. Is the eventual goal to bring Chester County Hospital into that? Absolutely."

continued >



RONALD BARG, MD



BERT O'MALLEY, JR., MD

Stronger Together... *continued*

WHAT THIS MEANS FOR YOU AND YOUR FAMILY

You may have already noticed that Chester County Hospital has added the Penn Medicine name and logo to its signs, web site and advertisements—but the impact will be much broader than just a name change.

In the near term, you'll notice what Michael Duncan calls "an acceleration of everything we need to do for the community." First up is the completion of the final two floors of the Lasko Tower, a capital dependent project. In January 2014, a new orthopaedics unit will open on the third floor, followed in May by the new maternity unit and nursery on the second floor. This will provide the flexibility the hospital needs to start turning semi-private rooms into predominantly private rooms, which has been a longstanding goal. Renovations to the operating suites and upgrades of technology and equipment are also on the priority list. Throughout the hospital, it will be in a much better position to invest in the best that medicine has to offer.

Over time, you'll also notice more physicians with Penn credentials bringing a wider range of clinical services to this community.

"Let's say a patient here needs a specific type of lung surgery," Duncan explains. "With Penn Medicine, we would be able to have a discussion with a faculty member that specializes in thoracic surgery or thoracic oncology, and have that physician come and

see patients here. This is just one example, but it shows how the partnership can broaden our clinical offering."

Duncan adds that he and other hospital leaders have already met with leaders of the cardiovascular programs at HUP, Pennsylvania Hospital, and Penn Presbyterian Medical Center to figure out how to expand services at Chester County Hospital. The same conversations will take place "medical specialty by medical specialty," he says.

Chester County Hospital has a mixture of employed and private practice physicians on its Medical Staff – a model that has worked well for the hospital, the doctors and the community. As new programs are developed, you may notice a wider range of specialty services available to meet the needs of this community.

In addition to accessing more services closer to home, Chester County families will benefit from the commitment to innovation and excellence that Penn Medicine brings as a recognized leader in academic medicine. Chester County Hospital's physicians, nurses and clinical staff will have access to continued professional education through Penn. At the same time, the hospital will be in a better position to recruit new physicians from Penn's training programs.



PHIL OKALA

If you or a family member needs to be seen downtown at Penn, you will be moving within the Penn system and your physicians can better facilitate the connection. In the case of a life-threatening emergency, that quick and seamless transfer is especially critical.

"As we move forward, we are focused on the idea that a rising tide floats all boats," says Phil Okala of Penn Medicine. "We must strengthen the Chester County Hospital brand while adding value to the overall Penn Medicine family—all in a very thoughtful way. We think that Chester County Hospital will be the top-notch hospital in the region, growing even stronger locally and also when needed, be able to provide for a seamless transition to a more specialized level of care in Philadelphia that cannot be accessed locally."

What will not change here is the culture that so many patients and staff say they appreciate so much, whatever words they use to describe it: "family-oriented," "friendly," "a close community," "familiar faces," "neighborly," "attentive," "caring," "felt like I was my nurses' only patient" ... and the list goes on. This culture has been in the making for 120-plus years, and it will remain an essential part of the fabric of Chester County Hospital for the next 120.

By Kristine M. Conner

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FIRST DAYS
OF LIFE WITH A
FOCUS ON
FAMILY AND
PRIVACY

the greatest expectation...

Welcoming a new baby into the family is a very special time for everyone... mothers, fathers, siblings, grandparents, and treasured loved ones. The excitement has been building for nine months, and the first days spent with the child are precious. Women who plan to deliver their babies at Chester County Hospital now have a new reason to anticipate an exceptional experience for their entire family during the first days following birth.

In May 2014, the hospital will open the second floor of the Lasko Tower as a brand new maternity unit designed with the total family experience in mind. Chester County Hospital has always been known for providing excellent maternity care and offering the latest technologies and medical expertise. The design of the spacious and modern new unit has raised that level of care even higher by adding special amenities and creating a comfortable, nurturing environment that

helps shape a birth experience as truly special as such a momentous time in life deserves.

One of the most anticipated aspects of the new unit is the fact that it will feature all private, single rooms. Every room has a home-like quality



and includes a private bathroom, large windows, a flat-screen TV, extra space for flowers and gifts, in-room controls for lighting and room temperature, as well as a comfortable sitting area for families – complete with a couch that converts to a bed so the mother and baby's room easily accommodates a family member during overnight visitation. Of course, all the technical elements needed to provide medical care in a hospital room setting are close at hand, but the features are designed to fit in subtly or remain out of sight.

"Chester County Hospital has a tremendous reputation with our maternity patients. New mothers are confident about our exceptional care, and they absolutely love our nurses," explains Celeste E. DeBaptiste, MD, Chair of Obstetrics and Gynecology.

"The only concern some patients have had, at times, is that we could not always guarantee them a private

continued >

greatest expectation... *continued*

room on the existing unit, although our nurses always tried whenever possible. It's great to be able to put this important step in place, giving everyone a private room and a wholly family-oriented experience during those special

first days with baby when everything is so new."



CELESTE E. DEBAPTISTE, M.D.

A family-friendly, home-like feel is apparent across the new Tower. Windows bring in a lot of natural light. Halls and rooms are spacious and quiet. Colors are warm and soothing. Furniture is comfortable. Ample space is available for families to spend time together without being restricted to patient rooms, including a large, welcoming area

just outside the unit and another more intimate spot inside the unit. Mothers and families will also have access to a room designated just for refreshments, where families can find a snack if hungry and store or warm up food brought in from home, such as a new mother's favorite dish.

Although visitors are always welcome on the unit, they do have to go through an identification process as a security measure. They also must adhere to the unit's designated "quiet time," between 2 and 4 pm every afternoon. "The idea behind having a 'quiet time' is to give our moms a chance

Inpatient Pediatrics and CHOP Pediatric Care

Emergency treatment and admission to the hospital can be frightening for children and parents. The hospital's caring staff understands that when a child is hospitalized, the whole family is affected. It will partner with you to provide the best care for your child and support for your family. CHOP Pediatric Care combines the extensive resources of CHOP with the strong experience and excellent facilities of Chester County Hospital.

to decompress a little. After you deliver a baby, there is so much going on. So much excitement. You can forget to breathe," says Liz Waterhouse, RN, Maternity Unit Manager. "During our quiet time, moms and dads or birth partners are able to relax, sit and talk with each other without a lot of interaction with family or friends. It allows them to reconnect and be a family with just the baby. And, if they choose

Neonatology and CHOP Newborn Care

Affiliated with The Children's Hospital of Philadelphia, the Hospital's CHOP Newborn Care neonatologists work in concert with the hospital's perinatologists, obstetricians, pediatricians, anesthesiologists, specially trained neonatal nurse practitioners, registered nurses, and respiratory therapists to deliver the county's highest level of neonatal services on a 24-hour basis.

to have the baby visit the nursery during quiet time, it gives them a chance to nap."

Mothers are encouraged to keep their babies with them in their rooms during their stay so they can bond with and personally care for their new arrival, but a nursery will be located at the center of the unit. According to Waterhouse, other hospitals have built maternity units without includ-



ing a nursery. "In retrospect, they found that their moms couldn't take a break if they wanted or needed one because there was no nursery on the unit," she explains. "If a new mom wants to get an hour's sleep or take a moment for herself, it's important to have a nursery right there that is well staffed to take care of the baby."

Even the nursing stations on Chester County's new maternity unit will be positioned with mothers and families in mind. Instead of one large nursing station, there will be two small stations – one at each end of the unit. There will also be individual alcoves, complete with a desk and computer, located between patient rooms where a nurse can update medical records without having to return to one of the main



Maternal Fetal Medicine

The Maternal Fetal Medicine team at Chester County Hospital provides expert care that blends knowledge, experience, technology and compassion. The team includes board certified specialists in perinatology from Penn Medicine's Ob/Gyn Department, and a clinical staff who are certified and trained to support the needs of high-risk maternity patients.

nursing stations. The new layout makes sure nurses are visible and accessible to patients. And, to make patient care even more fluid and consistent, the same nurse is assigned to both mother and baby throughout their stay.

"Our clinical team goes out of its way to make sure the needs of mom and baby are always met, and that every mom feels comfortable and understands everything about caring for and bringing home her baby. Breastfeeding, lactation support, bottle-feeding, bathing, diapering, burping, car safety ... nothing is left out, and all the family's questions are answered," says Frances Doyle, MSN, RN, CNML, Director of Maternal Child Services.

"Remember, a maternity unit is a unique hospital setting. For the most part, our patients are not what you would consider ill or sick. New moms may be tired, uncomfortable and recovering. They may be going through a wide range of emotions. But they are not sick. Our nurses are experienced, extremely caring, and they know our patients very well. They are right there to help, support and teach our mothers and families. They also understand and respect the need for privacy and alone time."

The new maternity unit was designed to support the extraordinary level of commitment shown by the hospital's team of experienced doctors and talented nurses in a special environment that offers just the right blend of comfort,



technology and medical expertise. It was designed around the wishes and needs of mother, child and family. Women who plan to deliver their babies at Chester County Hospital can look forward to a wonderful start with their new baby and cherished family memories that will last a lifetime.

By Beth Eburn

►► LEARN MORE AT
www.chestercountyhospital.org/synapse

Emergency care begins when
you walk in the door...

Quick Care. Less Waiting. 24-7-365

Unexpected illnesses and injuries happen every day, and even minor ailments can mean a trip to a local emergency room. Nobody looks forward to heading through those doors at any hospital, but far too often a lot of the apprehension associated with the visit has to do with the hassles and inconveniences of getting through a process that can seem needlessly long and cumbersome.

When your condition doesn't require immediate medical attention, a visit to a typical emergency room can seem like an endless series of stops and starts and a whole lot of waiting and repetition as you move through the system. The experience may end up feeling similar to the ordeal of a slow bus ride to an important destination. You know you will get there eventually, but you have

no idea how long the trip will take or how many stops will be made along the way.

A visit to the Chester County Hospital's re-envisioned Emergency Department (ED) will quickly change your perspective on what an emergency room visit can and should be. The hospital has transformed its emergency care delivery system to create a whole

new process and a brand

new experience for patients. The en-

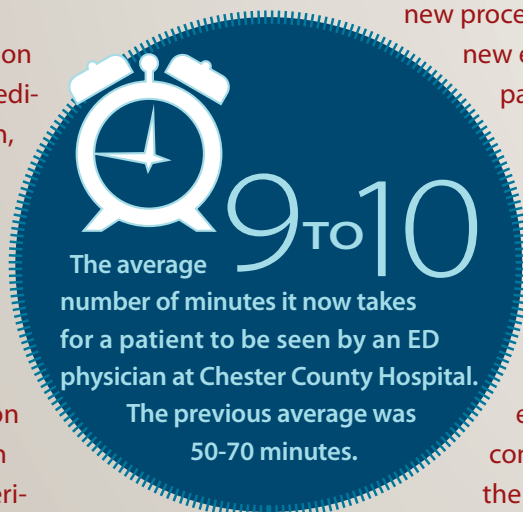
tire system has been streamlined and fine-tuned. The hospital

has found a faster, more efficient way to continue providing the highest quality

care possible while improving the overall experience for each and every person visiting the Emergency Department.

"We decided to really look at how our ED was functioning to see if we could make the process easier for our patients. We brought together a team of people to design a better system that would ultimately allow us to begin treatment faster," explains Betty Brennan, EdD, MSN, RN, CEN, Director of Emergency Services. "First, we said 'Let's be smarter. Let's put the people who do the ordering up front.' That meant having patients see a doctor right away instead of further along in the process. Then we looked at what other changes we could make to shorten the length of time between when our patients walk in the ED door and when they are either discharged back home or admitted to the hospital."

The traditional model for treating a patient in an emergency room setting was built around the paradigm that medical care must be delivered on a hospital bed or stretcher. How long it took for each ED patient to make it to a bed and see a doctor depended upon their physical condition and needs

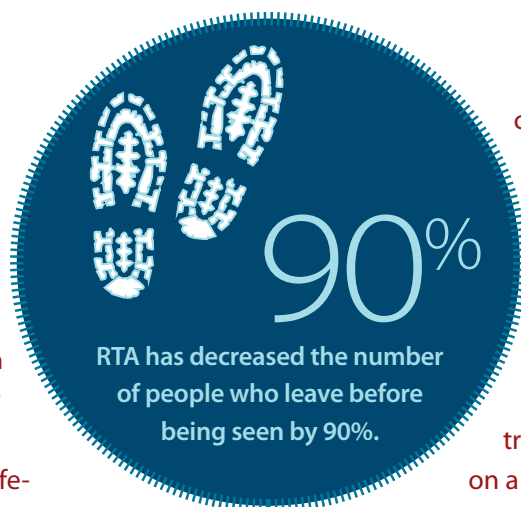


upon arrival and, of course, the number of patients already being treated in the ED at any given time. Rightfully so, people with more serious, life-threatening conditions moved more swiftly through the system. For those with needs that are relatively less severe, however, the old ED process easily became a succession of evaluations, encounters and empty gaps while waiting for a bed to become available or for treatment to begin.

Christopher Ware, MD, Vice Chair of Emergency Medicine, says "We've taken ourselves out of the model where everybody needs a bed. Everybody doesn't need a bed. Some patients may only need a 15-minute evaluation by a physician, a simple test or two, or maybe a prescription and a follow-up discussion about what to do when they're discharged. With the old system, these patients were thrown into a model that treated them the same as a heart attack or stroke victim. That doesn't make sense."

Prior to the new process taking place in May 2013, it would take an average of 50-70 minutes for a patient to see a physician. Today with these outside-the-box changes, the average wait time to see a physician is now just 9-10 minutes.

"Our new system places patients with more acute or critical conditions into beds, while less sick patients are able to remain dressed and upright during



care," Ware explains. "Patients are evaluated right away by a physician or physician assistant who is able to make an early determination about which patients truly need to lay down on a bed and which patients don't. Now, we can begin addressing our patients' medical issues from the moment they walk in. Treatment begins immediately for everyone, and we can quickly move patients on to the next stage of their care, whether that's toward discharge, further testing or hospital admission."

In a customary ED setting, patients are assessed by multiple people at

with full registration at a more convenient time later in the process. They then move very quickly to a special area near the front of the department where they see a triage team, including an Emergency Department physician and/or physician assistant, as well as nurse. Patients now tell their story once to this team of experts who are able to ask questions, do some preliminary testing, make a diagnosis, and place orders for treatment along with any additional tests that may be needed.

While patients with more serious or complicated conditions are moved directly to a traditional ED bed, some of the patients with conditions of a less serious nature may be able to receive whatever treatment is needed right then and there during their visit with



CARE BEGINS IN THE TRIAGE AREA OF THE ED, WHERE PATIENTS ARE ASSESSED BY A PHYSICIAN OR PHYSICIAN ASSISTANT AS SOON AS THEY WALK IN.

various points as they move through the system, often having to repeat the same story and answer the same questions multiple times. Patients entering the Chester County Hospital's revamped ED now spend just a few minutes at the front desk providing their names to be entered into the system,

the triage team. For example, the doctor may decide that a patient with a sinus infection needs only a prescription and some instructions before heading home. In these cases, the patient can be discharged without progressing any further through the system.

Patients who do not need a hospi-

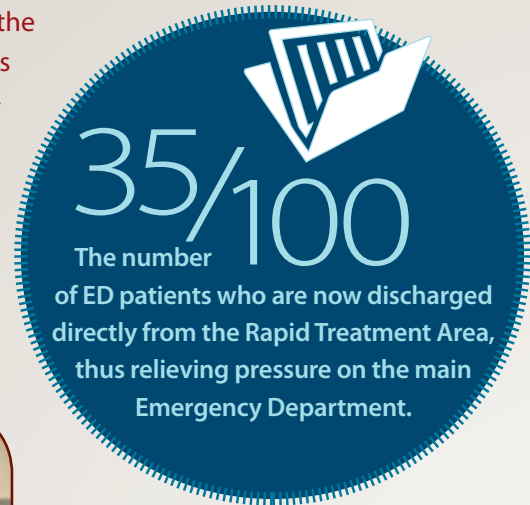
continued >

Emergency care... *continued*

tal bed but do require further testing or treatment are escorted to what is called the Rapid Treatment Area, where they can sit comfortably and remain dressed while being continuously monitored by a nurse.

"Patients in our Rapid Treatment Area are able to stay in an environment that isn't quite as disconcerting or

a hospital gown in the privacy of the Radiology Department and comes back fully dressed again. Any other tests or treatments also take place in private. When the time comes, patients are discharged and on their way home having received the attention and care they needed usually far



AFTER THE DOCTOR BEGINS YOUR CARE, YOU WILL BE MONITORED BY A NURSE AND TAKE CARE OF THE REGISTRATION PROCESS.

clinical as a more traditional ED treatment space. Their care really began at the door of the ED when they saw the doctor and triage nurse. Orders have already been placed to get their care started. The doctor may have wanted some lab work, x-rays or an EKG or may have ordered pain medication, IV fluids or something for nausea," explains Diana Kane, MD, Chair of Emergency Medicine.

"Radiology is adjacent to the rapid treatment waiting area so if x-rays are needed, a technician will come and get the patient. The patient changes into

more comfortably and much faster than they had expected."

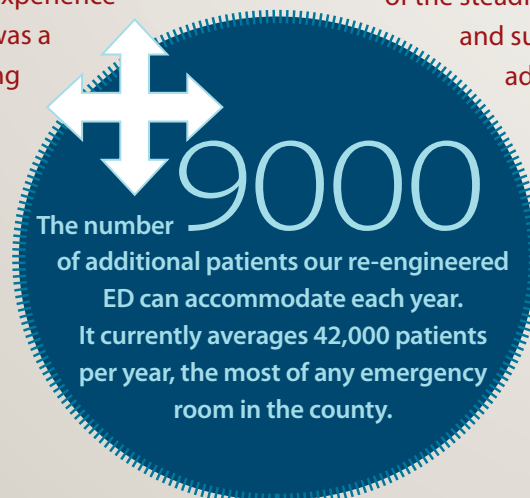
Conceptualizing and then creating such a positive experience for ED patients was a huge undertaking that took commitment and involvement from across the Emergency Department and at all levels of the hospital. Reconfiguring

the old system meant evaluating and redesigning processes, redirecting resources, remodeling physical structures, increasing staffing, and shifting the mindset of people who were used to things being done a certain way.

Made possible through the generosity of several private donors, the new patient care system was built and the process refined by the people who live it every day and understand it best – the ED technicians, ED nurses, ED physicians, and ED physician assistants. Everyone supplied input from their perspective on how to make changes that would streamline and improve the system. And Betty Brennan, Dr. Kane and Dr. Ware all agree that the evolution was made possible because of the steadfast commitment and support of hospital administrators.

"To really take this on and make it work, it had to be a total team effort," says Dr. Ware.

"Change isn't easy and it doesn't just



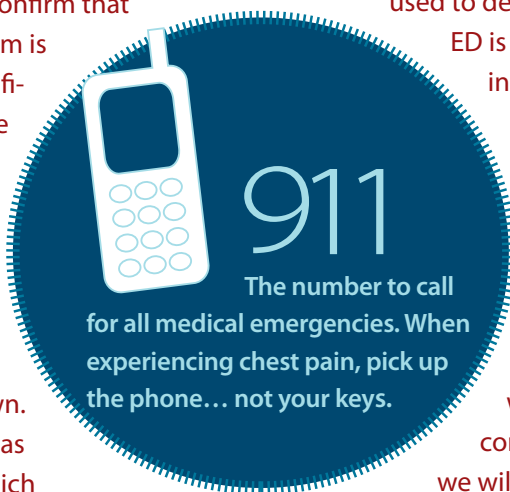
happen. I think the success of this system has a great deal to do with the enthusiasm for it at every level... the leadership shown at the administrative level, the total involvement and commitment of our nursing team, the contributions of our techs, and the engagement and active participation of the medical staff. Together, we developed a system unique to our hospital, our patients and our physical layout."

According to Dr. Ware, the care and attention to detail that the team put into the initial planning stages may have made all the difference. "It took us probably a good year of preemptive meetings, work-flow modeling and setting everything up in just the right way to have this work well out of the gate," he explains. "The time and effort involved prior to implementing the new system has reaped significant dividends. It has been and continues to be a smooth transition."

Since the new system went live this spring, its success has become evident in many ways. All metrics measured by the hospital confirm that the new system is having a significantly positive impact in the ED. Patient satisfaction is up. Staff satisfaction is up. Waiting times are down. Patient flow has improved, which means patients are in and out of the system much faster.

In addition, there has been a drastic reduction in the number of patients who check in at the Emergency Department only to leave without

All pull-out statistics since May 2013.



being seen by a doctor. "Left without being seen" (LWBS) statistics are often used to determine how well an ED is functioning. According to Brennan, Chester County's new system has reduced the number of LWBS patients at Chester County's ED by more than 90 percent.

"This process is working and it will continue to work because we will continue to adapt it to meet our patients' needs and the situations we face each day," says Dr. Kane. "After all, the ED is like a living, breathing thing. Each day has its own personality and it can be unpredictable. There are days when everyone

who comes through our doors is absolutely as sick as can be and other days when we see only minor issues. But with our new system, we've found a process that allows our focus to remain on starting the appropriate medical care sooner rather than later for every patient we see. It respects our patients' time and puts our patients' needs above all else."

By Beth Eburn

Photos by Rick Davis

The Emergency Department modification was complemented by additional monitored beds opening in the Lasko Tower, as well as an ED protocol change that accelerated the throughput of low-risk chest pain patients.



**PATIENTS WHO TRULY NEED TO LIE DOWN FOR THEIR CARE
WILL GO TO THE MOST URGENT AREA OF THE ED.**

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ACTIVE STAFF



Charles P. Catania, MD



Department of Family Medicine. Dr. Catania graduated from American University of the Caribbean School of Medicine and completed his residency at Underwood Memorial Hospital in Woodbury, NJ. Dr. Catania is board certified in Family Medicine and has joined Gateway Myers, Squire and Limpert Family Practice.

Alexandra T. Novitsky, MD

Section of Neonatology. Dr. Novitsky graduated from Temple University School of Medicine, then received pediatric residency training and completed her neonatology fellowship at Thomas Jefferson University Hospital, A.I. DuPont Hospital for Children, and Christiana Care Health System. Dr. Novitsky is board certified in Neonatology and has joined the CHOP Care Network–Newborn Care at Chester County Hospital.



Tiffany A. Cooke, MD

Department of Pediatrics. Dr. Cooke graduated from Rutgers Robert Wood Johnson Medical School and completed a residency at the University of Chicago Medical Center. Dr. Cooke is Board Certified in Pediatrics and has joined the CHOP Care Network – Pediatric Care at Chester County Hospital.

Katherine C. Chin, MD

Section of Internal Medicine. Dr. Chin graduated from Drexel University School of Medicine and completed her residency at Lehigh Valley Hospital in Allentown. Dr. Chin is board certified in Internal Medicine and has joined Gateway Internal Medicine of West Chester.



Greg Kirwin, DO

Section of Orthopedics. Dr. Kirwin graduated from the Philadelphia College of Osteopathic Medicine where he completed a residency in Orthopaedic surgery followed by a fellowship in Orthopaedic Foot and Ankle Surgery with the University of Pennsylvania Health System. Dr. Kirwin has joined Premier Orthopaedics/Chester County Orthopaedic Associates.



Neema Y. Chokshi, MD



Section of Endocrinology. Dr. Chokshi graduated from the University of Texas Southwestern Medical Center in Dallas, completed her residency in Internal Medicine at the University of Illinois at Chicago, and then performed her fellowship training in Diabetes, Endocrinology & Metabolism at the University of Texas Southwestern Medical Center. Dr. Chokshi is board certified in Internal Medicine and has joined Gateway Endocrinology Associates.

Hans M. Haupt, MD

Section of Cardiac Surgery. Dr. Haupt graduated from Jefferson Medical College, completed his surgical residency at Brigham and Women's Hospital in Boston, and then completed his cardiothoracic surgery residency at New York Hospital/Cornell Medical Center. His fellowship training took place at St. Luke's Episcopal Hospital in Houston, and Harvard Medical School. Dr. Haupt is board certified in Thoracic and Cardiac Surgery and is part of the Penn Cardiac Surgery Division supporting the Hospital's cardiothoracic surgery program.

Yueping Hou, MD

Department of Radiology. Dr. Hou graduated from Kansas University Medical Center, completed an internship at Mount Carmel West Hospital in Ohio, a residency at the University of Texas Health Science Center and a fellowship at Washington University in St. Louis. Dr. Hou is Board Certified in Radiology and is part of the Penn Radiology service at Chester County Hospital.

Robert A. Kunz, MD

Department of Emergency Medicine. Dr. Kunz graduated from Temple University School of Medicine and completed a residency at the Medical Center of Delaware. Dr. Kunz is Board Certified in Emergency Medicine and has joined Emergency Care Specialists.



Umer Saleem, MD

Section of Cardiology. Dr. Saleem graduated from Baqai Medical and Dental College, University of Karachi in Pakistan and completed his Internship/Residency at the Medical College of Georgia. Dr. Saleem is board certified in Internal Medicine, and now practices with West Chester Cardiology.

Benjamin Oshrine, MD

Department of Pediatrics. Dr. Oshrine graduated from the University of Virginia and completed a residency at Children's Hospital Boston and a fellowship in Pediatric Hematology/Oncology at the Children's Hospital of Philadelphia. Board certified in Pediatrics, Dr. Oshrine has joined the CHOP Care Network-Pediatric Care at Chester County Hospital.

Blane A. Sessions, MD

Section of Orthopedics. Dr. Sessions graduated from Louisiana State University Health Science Center in New Orleans, where he also completed his residency before receiving fellowship training at The Philadelphia Hand Center and Thomas Jefferson Hand Fellowship Program. Dr. Sessions is board certified in Orthopedic Surgery and practices at The Philadelphia Hand Center.

AFFILIATE STAFF

Megan M. Gaskill, MD

Department of Family Medicine. Dr. Gaskill graduated from St. George's University School of Medicine in Grenada and completed her internship and residency at Saint Joseph Hospital Health Center in Syracuse. She is board certified in Family Medicine, and has joined Kennett Family Practice.



Catherine M. Porter, DO

Section of General Surgery. Dr. Porter graduated from the Philadelphia College of Osteopathic Medicine, interned at Christiana Hospital in Delaware and completed her surgical residency at

Cooper Medical Center in Camden, NJ, before going on to complete a breast surgery fellowship at Stanford University. Dr. Porter has joined Women's Specialty Center of Chester County Hospital.



Raymund C. Santos, MD

Section of Anesthesiology.

Dr. Santos graduated from the University of the East Ramon Magsaysay Memorial Medical Center in the Philippines, and he completed his anesthesia residency at Howard University and Georgetown University Hospital. He is board certified in Anesthesiology, and has joined West Chester Anesthesia Associates.



Karen L. Straus, MD

Department of Radiation Oncology. Dr. Straus graduated from Dartmouth Medical School, completed an internship at Thomas Jefferson University Hospital and a residency at the Hospital of the University of Pennsylvania. Dr. Straus is Board Certified in Therapeutic Radiology and has joined Comprehensive Cancer Care.

Peter Justin Roe, MD

Department of Emergency Medicine. Dr. Roe graduated from

Jefferson Medical College and completed a residency at Christiana Care Health System. Dr. Roe is board certified in Emergency Medicine and has joined Emergency Care Specialists.



►► TO FIND A DOCTOR, CALL 610.738.2300, OR SEARCH ONLINE AT www.chestercountyhospital.org/synapse

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

CHARITABLE GIVING

CHESTER COUNTY HOSPITAL IS PLEASED TO ANNOUNCE THAT IT IS THE BENEFICIARY OF THE LASKO FAMILY'S REMARKABLE GENEROSITY.

Because of their significant contribution to the hospital's Capital Campaign, the Lasko Family will now have a permanent and lasting legacy in our community. With gratitude, we have named our new expansion, in their honor, to be known as the Lasko Tower.

The Laskos have been loyal supporters of Chester County Hospital for many years. Mr. Lasko's history with the hospital includes a period of time when he served on the hospital Board of Directors and the Finance Committee.

Kevin Holleran, a board member for The Chester County Hospital Foundation, says, "Clearly, philanthropy is something the Lasko Family does with great care and thoughtfulness."

Kevin O'Brien, Senior Vice President for Development, says, "Chester County Hospital is the grateful beneficiary of the Lasko Family's extraordinary generosity. They have repeatedly stepped forward to offer philanthropic support to serve the hospital and our community."

Photo by Don Pearce



THE LASKO FAMILY (pictured from left): DAN LASKO, BILL AND JANET LASKO, VIVIAN AND OSCAR LASKO, GAIL HOFFMAN, REBECCA HOFFMAN, JOSHUA HOFFMAN, AND JAYE LASKO. *Photo by Sarah Bones*

Towering Generosity



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