

CHESTNUT HILL  
HOSPITAL

UNIVERSITY of PENNSYLVANIA  
COMMUNITY HEALTH NETWORK

# Chestnut Hill Health

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TREATING YOU WELL AT CHESTNUT HILL HOSPITAL



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readmissions

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## A message FROM OUR CEO

**BROOKS  
TURKEL**  
Chief Executive  
Officer

.....

### **SMALLER CAN BE BETTER—HOW CHH BENEFITS YOU**

As a community hospital chief executive officer, I believe that even in one of the most competitive health care markets in the country, smaller can be better.

Chestnut Hill Hospital (CHH), with its smaller, more personal scale, provides an advantage to our patients with an experience that larger health care facilities may find difficult to provide.

#### **Convenient care**

Regional, university-based hospitals can deliver quality care, but their size can make them inconvenient, difficult to access and simply intimidating. They aren't right here in your community in familiar surroundings. CHH provides comprehensive care close to home, with a personal touch. At CHH, our leaders visit nearly every patient, we call patients at home after they've been seen in the emergency department (ED), our nurses check hourly to see if patients are comfortable, our nurse managers call patients after discharge and our employed physician practices make follow-up calls to patients after office visits.

CHH also provides convenience, with valet parking available on campus for a small fee. Adults ages 50 and better who join our Senior Circle program pay \$15 a year and park for free. Scheduling for most services requires just one call, and wait times for appointments generally are shorter than at big centers.

#### **Comprehensive treatment**

We know that treating you like a neighbor is only part of our mission—we also must deliver advanced care. CHH was one of only 16 hospitals in Pennsylvania recognized by the governor's office for low infection rates in 2010. We've partnered with university-based

hospitals to enhance our heart and stroke care. Our cancer program is university-affiliated and recognized by the American College of Surgeons' Commission on Cancer.

Our special qualities enable us to provide quality care with compassion. Our team of clinicians, nurses and staff support each other with one goal in mind: caring for our community. The staff's spirit and attitude are the source of positive patient satisfaction measures that set us apart. For example, nine of 10 patients who've visited the CHH ED say they'd recommend us to their family and friends.

#### **Community efforts**

We also take care beyond the hospital walls and into our community. This fall, we'll present a free women's health conference in Mt. Airy, sponsor the Chestnut Hill Center for Enrichment's Designers' Show House ([chdesignhouse.org](http://chdesignhouse.org)) and the Chestnut Hill Community Association's Holiday House Tour ([chestnuthill.org](http://chestnuthill.org)), and conduct wellness lectures throughout the region.

We're fortunate to live in a region with health care options. At CHH, we believe that smaller can be better. Our friendly and courteous staff can deliver convenience, quality and compassion that will gain your confidence, loyalty and satisfaction. Please let me know about your experiences at CHH so that we can continue to surpass your expectations.

Best regards,

**Brooks Turkel**

*Chief Executive Officer  
Chestnut Hill Hospital*



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By signing up on our website, you'll automatically receive an e-mail notifying you when the next issue is available to read online.

# An improved **quality of living**

## Introducing palliative care

➤ **Susan Bray, M.D., board certified in nephrology and palliative care** and a member of the palliative care team at Chestnut Hill Hospital (CHH), knows how to treat the medical issues involved with kidney disease. “But it always bothered me that symptoms of pain or emotional problems that come with the disease weren’t being recognized and treated well enough,” she says. She went back to school, earning a master’s degree in bioethics, and learned about palliative care. Now, she’s helping CHH establish a palliative care program in partnership with Keystone Care.

Palliative care is not the same as hospice care. “Palliative care provides care to those with a chronic illness that may be life-shortening, like kidney disease, chronic obstructive pulmonary disease

(COPD) or dementia,” Dr. Bray explains. “It involves a team of physicians, therapists, spiritual counselors and other providers who help the patient’s primary care physician (PCP) control pain and other symptoms, set goals and plan for the future.”

Hospice, on the other hand, provides care when the end of life is imminent. “Patients on palliative care may live for years or decades,” she says. “But they still need a lot of support and help with decision making.”

### Treating the whole patient

“The palliative approach is not just about improving the quality of life, it’s about improving the quality of living,” says Gail Inderwies, R.N., B.S.N., M.B.A., president and executive director of Keystone Care.

When a PCP approves palliative care for a patient, whether the patient has an early- or late-stage diagnosis, Keystone offers a menu of support services from health care providers (see *Meet Keystone Care*) including nurses and other specialists trained in pain management—“both physical and spiritual-psychic pain,” Inderwies says. “We treat the patient as a whole, bringing both Eastern and Western philosophies together. We find this really improves outcomes.”

### An exciting approach

CHH staff members embrace this opportunity to offer another form of support to our patients, says Teresa Kelly, R.N., M.S.N., chief nursing officer. “It’s very difficult to see chronically ill patients come back to the hospital days after leaving,” she says. “This can be good for those patients.”

Echoing those sentiments, Dr. Bray adds, “Wherever palliative care goes, it generates many positive comments. I’m sure it can do the same here.” ●



Susan Bray, M.D.



### Compassionate care

To learn more about palliative care, visit [chestnuthillhealth.com](http://chestnuthillhealth.com), click on “Health Resources,” and search for “palliative care.”



## Did you know?

Palliative care provides care to those with chronic illnesses.

### Meet Keystone Care

**Keystone Care**, located in Wyndmoor and founded in 1994, is a nonprofit, full-service agency. “We provide coordinated and comprehensive care to address the physical limitations and emotional changes that accompany illness or rehabilitation from a medical procedure,” says Keystone Care’s Gail Inderwies, R.N., B.S.N., M.B.A.

Keystone’s palliative care program is directed by board-certified palliative care specialist Amy Davis, D.O., M.S., and offers these specialists:

- a chaplain
- bereavement counselors
- complementary therapists (massage, acupuncture, Reiki, etc.)
- creative arts therapists (music, art, dance, etc.)
- home health aides/homemakers
- medical social workers
- physical, occupational and speech therapists
- private duty nurses/aides
- R.N. case managers

# Physicians in the house

## How hospitalists help



### Here for you!

To learn more about CHH's care and services, visit [chestnuthillhealth.com](http://chestnuthillhealth.com).



## Did you know?

Research shows that hospitalists help reduce inpatient length of stay and improve overall care efficiency, according to the Society of Hospital Medicine.

### ➤ Chestnut Hill Hospital (CHH) teams up with the University of

Pennsylvania to have specially trained physicians, known as hospitalists, provide care to inpatients. Hospitalists are physicians who specialize in the care of patients in the hospital. Instead of a medical specialty organized around an organ (cardiology), a disease (oncology) or an age (geriatrics), hospital medicine, like emergency medicine, is organized around a site of care—the hospital.

In recent years, the significance of hospital medicine has grown. Primary care physicians (PCPs) are devoting more time to their clinical offices, thus limiting their availability to be at a patient's bedside during a hospital stay. And now, more than ever, inpatients require specialized and coordinated care. The hospitalists' office is the hospital, and they're available to care for often complicated hospitalized patients on a daily basis.

"We're pleased to provide the care of University of Pennsylvania hospitalists to patients at Chestnut Hill Hospital," says John Scanlon, D.P.M., CHH chief medical officer. "Our experienced team provides a continuum of care, meeting the needs of our patients and primary care physicians in the community."

### Communication is key

Hospitalists coordinate patients' care during a hospital stay. They have the

benefit of being familiar with hospital services and other specialists and are able to expedite tests and follow up quickly on results. In addition, hospitalists are more readily available to meet with family members and answer questions.

Hospitalists maintain regular contact with a patient's PCP during the hospital stay. The physicians exchange information regarding patient medical history, medication and special needs that will help develop a care plan. Upon discharge, patients will return to the care of their PCPs.

"Key to our hospitalists' success at CHH is communication with PCPs," says Wendy Wiese, D.O., CHH hospitalist program director. "At discharge, the PCP is aware of the patient's status and can oversee the post-hospital recovery." ●

## Making the rounds

**While hospitalists and other specialists** oversee the medical treatment of our patients, registered nurses (R.N.s) provide ongoing care and support. At CHH, a member of the nursing team checks in on each patient every hour.

"We're not just in the room to say 'Hi,'" says Chief Nursing Officer Teresa Kelly, R.N., M.S.N. "We're proactively addressing patient needs and asking questions. 'How is your pain? Do you need to be repositioned in the bed? Do you need to use the bathroom?' We try to anticipate needs so patients don't have to call for help."

The hourly rounds mean better patient care, including fewer falls, fewer bedsores and increased patient satisfaction. "The nicest compliment we get is when patients tell us they haven't had to use the call light," Kelly says.

In addition, nurses contact patients after they leave the hospital to ask how they're feeling and answer any questions.



←  
L-R, Hospitalists Kwaku Amexo, M.D., David Schwartz, M.D., Jennielyn Bumanlag, M.D., and Russell Musthafa, M.D.

# Seeing “RED”

## Project RED reduces readmissions

➤ **No one wants to come back to the hospital once he or she is discharged.** When patients need to be readmitted soon after leaving, it can be disheartening for all involved.

In fact, potentially preventable readmissions account for 4.4 million hospital stays each year, according to the Agency for Healthcare Research and Quality (AHRQ). To correct this problem, the AHRQ and the National Institutes of Health funded research called Project RED—for Re-Engineered Discharge. It created a new set of standardized protocols to help patients understand how to take their medicines, when to see their physicians and other plans to improve their care after leaving the hospital. When it was tested at Boston University Medical Center for a month, it led to a 30 percent decrease in readmissions for patients who received the RED standardized discharge process compared with those who underwent the typical

discharge. Now, Project RED has come to Chestnut Hill Hospital (CHH).

### Patient-centered care

At CHH, the discharge program focuses on patients with chronic obstructive pulmonary disease (COPD) and sepsis (systemic infection) because these patients have the highest percentage of readmissions, says Teresa Kelly, R.N., M.S.N., chief nursing officer and project leader.

“We want to make discharge more patient-centered, so patients are better able to care for themselves at home,” she says. “To do that, we’re improving medication instructions, making follow-up appointments before discharge, creating clearly written discharge plans and making sure the patient’s primary care physician or adult care facility is aware of the plan.” CHH also will make follow-up phone calls to these patients to answer any questions about the plan or medication.

### An advocate for you

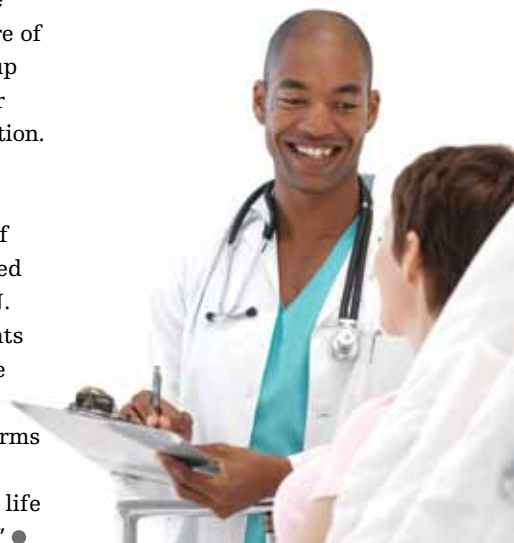
All these duties will be in the hands of the discharge advocate, a newly created position held by Suzan O’Driscoll, R.N.

“My role is to identify which patients might need these services when they’re admitted,” she says. The Project RED plan “puts us in a position to get our arms around our patients and give them the opportunity to have a better quality of life after discharge. That’s really our goal.” ●



## Did you know?

CHH has a discharge advocate who will work with patients and their physicians to develop care plans that will be followed after discharge from the hospital. The discharge advocate also will follow up with each patient by contacting him or her at home.



# Healing your wounds

➤ **Every year, chronic wounds and other conditions keep many people from enjoying their lives.** Whether age, health or diabetes keeps a persistent open wound from healing, the Comprehensive Center for Wound Healing at Chestnut Hill Hospital is here to help. The center offers advanced wound treatment from skilled specialists, using dressings, antibiotics and hyperbaric oxygen

therapy to help heal patients.

Wound care treatment can help with:

- bone infections
- diabetic conditions
- leg ulcers
- slow-healing wounds
- tissue damage from radiation

If you or a loved one has a wound that won’t heal after 30 days, talk with your physician to see if wound care is right for you. ●

CHESTNUT HILL  
HOSPITAL  
COMPREHENSIVE CENTER FOR  
WOUND HEALING



### Healing help!

Call the Comprehensive Center for Wound Healing to make an appointment or learn more at **215-248-8601**.

# Minimally invasive surgery

Less cutting means quicker healing



Lynda  
Thomas-Mabine, M.D.

➤ **If your idea of surgery is still a surgeon cutting a big, 10-inch opening in your belly, you might be surprised to learn that over the past decade, many surgeries once done that way are now performed through openings just a few centimeters wide.**

It's called minimally invasive surgery, and at our Institute for Minimally Invasive Surgery, Chestnut Hill Hospital's (CHH's) surgeons are experienced and qualified in the technique. They use minimally invasive surgery for gynecologic, prostate and general surgical procedures, says Lynda Thomas-Mabine, M.D., a board-certified minimally invasive gynecologic surgeon and chief of the division of gynecology. "Our surgeons offer patients small incisions for big surgeries," she says.

## Fewer is better

Minimally invasive surgery involves making anywhere from one to five small openings, through which the surgeon passes a laparoscope (a camera that sends video to a monitor in the operating room) and surgical tools. Sometimes the surgeon manipulates the tools by hand. Other times, he or she uses a robotic device and moves the instruments from a console near the patient. (See *Benefits of robotic-assisted surgery*.)

Gynecologic surgeons use these tools to perform hysterectomies, myomectomies



(fibroid removal), uterine prolapse surgery, cancer surgery and fertility surgery. Urologists perform minimally invasive procedures for prostate cancer and other conditions of the male reproductive organs. It's now considered the standard of care for general surgeons to make small incisions for the removal of the appendix, gallbladder and other organs.

In some cases, surgeons can perform single-incision laparoscopic surgery, or SILS, with just one opening in the belly-button. "Fewer incisions are the goal," she says.

The benefits of minimally invasive surgery generally include less bleeding, less pain, shorter hospital stays and lower risk of infection. The cosmetic benefits are obvious. Most important, perhaps, is that patients can return to normal activity much faster. "We had one patient run a marathon just a week after her robotic surgery," Dr. Thomas-Mabine says. "We don't recommend that, but most people are usually back to normal activities within two weeks of the surgery." ●



## Click here!

Chestnut Hill Hospital was the first hospital in Pennsylvania with the robotic da Vinci Si Surgical System. To learn more about surgery services, visit [chestnuthillsurgery.com](http://chestnuthillsurgery.com).

## Benefits of robotic-assisted surgery

The robotic da Vinci Si Surgical System is an advanced minimally invasive surgical tool, Dr. Thomas-Mabine says. The surgeon wears a special visor that receives highly magnified, 3-D video of the surgery site. It's a better view than can be seen with the naked eye.

Computer-assisted instruments help the surgeon make fine, precise movements, reducing the risk of damaging nerves, blood vessels or other tiny tissues. This is especially important during complex surgeries of the prostate, uterus and other reproductive organs.



## Did you know?

Approximately 20 percent of the 600,000 hysterectomies done in the United States every year are performed laparoscopically, but at CHH, 90 percent are done that way, Dr. Thomas-Mabine says.



# Sleep soundly soon!

Center for Sleep Medicine can help

## ➤ We can help you get your zzzs. A new sleep specialist has joined

Chestnut Hill Hospital (CHH). "It makes me sound old to say it, but no one in Philadelphia has done sleep medicine longer than me," says June M. Fry, M.D., sleep medicine specialist. "I started the very first sleep disorder center here in 1981."

Dr. Fry brought her practice, called the Center for Sleep Medicine, to CHH to help push the sleep program to new heights. "To have a specialist who does only sleep medicine join our pulmonologists and the existing sleep program is

exciting," says Kelly Piper, director of respiratory care.

The sleep center has undergone cosmetic changes as well. The lab has been expanded from four to five beds, each equipped with new monitoring equipment, Piper says. "We've also renovated the area to add more personal touches, like new linens and lamps, so it looks more like a hotel room than a hospital room."

## Treating a variety of sleep disorders

Dr. Fry evaluates and treats any type of sleep disorder. "The most common is a breathing problem called sleep apnea, which causes difficulty with sleep and daytime fatigue," she says. "Next is restless legs syndrome, which makes it difficult to fall asleep and stay asleep. There are also other disorders, like insomnia and narcolepsy, a neurological disorder that causes patients to need sleep more frequently during the day."

The center offers sleep clinics to educate patients about how to use sleep masks, which is a "new component of our sleep care," Piper says. "When a patient gets a mask that fits and is properly educated about how to use it, he or she may see a big improvement." ●

## What's your snore score?

If you answer "yes" to any of the following questions, you may have a sleep disorder. Ask your physician if you could benefit from a sleep study.

- Do you snore or gasp for air while you sleep?
- Are you sleepy during the day?
- Do you nap or doze when you don't want to?
- Do you have trouble falling asleep or wake up during the night?
- Do you have leg discomfort or does the need to move your legs keep you from falling asleep?



## Did you know?

People who get insufficient sleep are more likely to suffer from chronic diseases, according to the Centers for Disease Control and Prevention.



## Get a good night's rest!

Call the Center for Sleep Medicine at **215-248-8502** to schedule an evaluation.

*Chestnut Hill Health* is published as a community service of Chestnut Hill Hospital. There is no fee to subscribe.

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70CHH

This facility has agreed to comply with the provisions of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act and all requirements imposed pursuant thereto to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service.

## Q&A with Dr. Bussler

### ➤ The physicians of Chestnut Hill Hospital (CHH) can help keep

you healthy. Here, get to know Brandon Bussler, M.D., with Chestnut Hill Family Care Associates in Fort Washington.

### About Brandon Bussler, M.D.

**Brandon Bussler, M.D.,** a board-certified family medicine physician, graduated from medical school at Jefferson Medical College in Philadelphia and received his master's degree in physiology and biophysics from Georgetown University Graduate School of Arts & Sciences in Washington, D.C. Dr. Bussler completed his family medicine residency at Abington Memorial Hospital, where he was chief resident. He's a member of the American Academy of Family Physicians, American Medical Association and Pennsylvania Medical Society. Dr. Bussler stays up to date on changing medical care recommendations and his special interests include orthopedics, palliative care, pediatrics, sports medicine and psychiatry.

Dr. Bussler, an avid outdoorsman, enjoys fishing, hiking and kayaking.

### Q: Why did you decide to become a family medicine physician?

**A:** Being able to offer a continuity of care and be involved in all aspects of my patients' health care motivated me to go into family medicine.

### Q: What do you like best about being a family medicine physician?

**A:** I enjoy playing a part in keeping my patients—from newborns to the very elderly and everyone in between—healthy and out of harm's way.

### Q: What's your patient care philosophy?

**A:** I want to get to know my patients! Forming a relationship with my patients builds trust and helps me make better decisions about their treatment.

### Q: What drew you to CHH?

**A:** I like being part of this smaller health system, where the hospital plays an important role in the community and there's a closely connected network of physicians and staff working together. ●



Brandon Bussler, M.D.



### Make an appointment!

Dr. Bussler is accepting new patients and offers same-day appointments.

Call his office at **215-646-6743**. Chestnut Hill Family Care Associates is located at 535 Pennsylvania Ave., Suite 100, in Fort Washington.

