Advanced Cardiac Procedures Arrive

Network Adds New Hyperbaric Chamber

Radiology: 4 Uses to Question

NEW Physician Satisfaction Survey in March
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These network improvements are here to stay.”

Todd Anderson regarding the uncertainty of the Affordable Care Act (pg 8)

“Frees up beds and reduces waiting time.”

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“One of the most influential persons in my life.”

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“The need for amputation prevention has never been greater.”

Julie Gilkeson, MD, on the value of the new hyperbaric chamber at Sycamore Medical Center (pg 22)

“Ten times safer than commonly used invasive tests.”

Patrick Allan, MD, describing the electromagnetic navigational bronchoscopy procedure (pg 26)

“More people need to hear about it.”

Kelly Cole, MD, talking about plans to renovate the Family Birthplace (pg 34)
Advanced Cardiac Procedures Arrive

Network adds two atrial fibrillation treatments

Kettering Health Network’s long tradition of excellence in cardiology care continues with the introduction of two innovative technologies for the treatment of atrial fibrillation. Several cardiologists championed these minimally-invasive technologies and shared their recommendations with network leaders.

Cardiologists at Kettering were the first in Dayton to offer both cryoballoon ablation and the Lariat procedure.

Putting a freeze on the pulmonary vein

Cryoballoon ablation was approved by the Food and Drug Administration in 2010 for the treatment of a-fib. Like radiofrequency ablation (RFA), it utilizes image guidance and a balloon catheter. Unlike RFA, it uses freezing technology, rather than heat, to achieve pulmonary vein isolation.

“Targeting ganglia is the new holy grail in treating persistent a-fib.”

Frank Chen, MD, cardiologist at Southwest Cardiology, recently performed the network’s first cryoballoon ablation. “Cryoballoon ablation is safer and faster than RFA, with less potential damage to surrounding structures, such as the esophagus,” says Dr. Chen. “Also, it avoids an inherent flaw associated with radiofrequency ablation. RFA uses point-by-point ablation, which can leave microscopic gaps. This can lead to pulmonary vein reconnection down the road, one of the biggest reasons for a-fib recurrence post-ablation.”

Cryoballoon ablation achieves circumferential freezing of the PV atrium, Dr. Chen explains. “Not only is the pulmonary vein isolated, but the ganglia around the pulmonary vein also are targeted and destroyed. Targeting ganglia is the new holy grail in treating persistent a-fib.”

Cutting off stroke risk

The Lariat procedure is used not to treat a-fib, but to reduce the risk of stroke that accompanies the disease. It is indicated for patients with a-fib who cannot tolerate anti-coagulants.

“About half of all strokes are related to a-fib, and of those about 95% are caused by a clot breaking off from the left atrial appendage,” says Brian Schwartz, MD, cardiologist at Southwest Cardiology. “Surgeons have been performing open procedures to ligate the left atrial appendage since the 1950s. However, this procedure only takes place when the surgeon is opening up the patient anyway— to perform bypass surgery, for example. Therefore, many a-fib patients who could not take anti-coagulation drugs and did not need open surgery were left exposed to a high stroke risk.”

Dr. Schwartz and Dr. Chen recently performed the first Lariat at Kettering Medical Center. The procedure requires pericardial and epicardial access, a balloon catheter, image guidance, and magnetic guide wires, one placed inside and one outside of the appendix to stabilize it. A preloaded suture loop is placed via an over-the-wire approach onto the appendage, and the appendage is ligated.

Kettering cardiologists continue to look for new, potentially life-saving technologies currently in development. One potentially promising device is called the WATCHMAN, which is pending FDA approval. This device is placed using percutaneous access only, and is used to trap emboli to prevent it from leaving the left atrial appendage.

“When cardiologists express interest in offering a new therapy or participating in a clinical research study, network leaders listen and include physicians in the decision making process,” says Khawaja Baig, MD, medical director of the electrophysiology lab at Kettering Medical Center and cardiologist at PriMed Cardiology. “Physicians and network leaders share the same vision for excellent heart care,” says Dr. Baig. “Another good example was when Kettering became the first hospital in Dayton, and only the third in Ohio, to introduce stereotactic magnetic guided heart therapy. That technology has proven to be very successful for our patients.”

From left: Cardiologists M. Niranjan Reddy, MD, Khawaja Baig, MD; Brian Schwartz, MD; and Frank Chen, MD, continue the network’s tradition of excellent care with the introduction of the Lariat and cryoballoon procedures and participation in a clinical trial designed to test the benefits of an innovative heart device for patients with coronary artery disease.

Six Kettering Health Network affiliated interventional cardiologists are participating in a clinical trial designed to test the Absorb™ Bioresorbable Vascular Scaffold (BVS), an investigational device manufactured by Abbott. The ABSORB III trial is the first in the United States to evaluate the potential benefits of Absorb in comparison to a metallic, drug eluting stent in patients with coronary artery disease. Kettering Cardiologists Participate in Heart Device Clinical Trial

Kettering cardiologists who enrolled and treated the first Kettering patient in the study. “Absorb is cutting-edge technology—eventually, we will only use non-metal stents like these.”

Abbott is the first company in the world to begin testing a BVS in patients in the United States. The device is made of poly lactide, a naturally dissolvable material that is commonly used in medical implants such as dissolving sutures.
Antimicrobial Stewardship Program Encourages Appropriate Antibiotic Therapy

A new program at Kettering and Sycamore medical centers is helping physicians identify inappropriate antimicrobial drug use and make judgments quickly. While many hospitals monitor antibiotic use, the antimicrobial stewardship program is one of only a few in Ohio to include daily rounding with an infectious disease specialist and pharmacist.

Approximately 50% of antimicrobial use in U.S. hospitals is inappropriate. “Common mistakes include using the wrong antibiotic for a particular infection, using two or more antibiotics when one would be sufficient, undertreating a serious infection, and using antibiotics for longer than necessary,” says Jeffrey Weinstein, MD, infectious disease specialist and chief of internal medicine at Kettering Medical Center.

Such mistakes can lead to antimicrobial resistance—making infections harder to treat. Increased bacterial resistance can affect both hospitalized patients and those in the community since the diseases can be spread from person to person. Another critical problem is that overuse of antibiotics can make patients susceptible to C. difficile (C. diff), an infection that has become more virulent in recent years.

Reviewing patient cases

The Antimicrobial Stewardship Program Team includes Dr. Weinstein and Amanda Hipsher, pharmacist at Kettering Medical Center. Each weekday morning, Amanda identifies inpatients who meet criteria for stewardship review. This includes those who have been prescribed at least two antimicrobial drugs, those who have received seven or more days of antimicrobial therapy, and those with positive blood cultures. Using microbiology lab reports and pharmacology reports, she identifies those who might not be receiving optimal antibiotic therapy.

“Many doctors have told us they appreciate the real-time feedback, which allows them to make adjustments quickly,” says Dr. Weinstein. “We might suggest an antibiotic that is less likely to cause C. diff, advise the physician to discontinue antibiotic use, or suggest switching from an intravenous to oral antibiotic.”

“A few examples of possible red flags include a patient who is taking two antibiotics to treat a urinary tract infection, patients on two antimicrobials from the same drug class, and patients with positive cultures who are on inappropriate antibiotic therapy,” says Amanda. Dr. Weinstein and Amanda then meet for about two hours, discussing a daily average of 60 patients and referring to the electronic medical record as needed. Using established clinical guidelines, they decide whether to make a recommendation to the attending physician.

“We might suggest an antibiotic that is less likely to cause C. diff, advise the physician to discontinue antibiotic use, or suggest switching from an intravenous to oral antibiotic,” says Dr. Weinstein.

Positive feedback

Attendings receive recommendations via MatchMD or phone. So far, feedback has been very positive, and physicians have been following the recommendations 80-85% of the time.

“If the recommendations are followed, there is a decrease in the C. difficile infection rate, and a hospital-readmission rate for infectious diseases, a decrease in the C. diff infection rate, and a hospital-readmission rate for infectious diseases,” says Amanda. “If the recommendations are followed, there is a decrease in the C. difficile infection rate, and a hospital-readmission rate for infectious diseases, a decrease in the C. diff infection rate, and a hospital-readmission rate for infectious diseases.”

Physician Brings New Pain Management Technology to Dayton

Dr. Abraham, who is board certified in anesthesiology and pain medicine, states that statistics show at least 70% of Americans will experience back pain at some time in their life and the second most common reason for non-routine visits to primary care physicians is pain. While for many patients, back pain will benefit from this procedure,” says Dr. Abraham. “But it is clear that it’s very helpful in managing pain and minimizing the need for medication.”

Improving pain management

Prior to the development of these MRI compatible leads, there were a variety of risks for patients with spinal cord stimulators who underwent an MRI procedure including neurologic damage and burns. Risks to the device itself included malfunctions because of loss of communication, loss of output, loss of recharging ability, or unintentional programming changes.

SureScan® Systems provide long-lasting chronic pain treatment with the confidence of knowing that patients can get optimal diagnostic treatment whenever the need arises.

Because it is only appropriate for specific types of pain conditions, it is difficult to say how many patients with chronic pain will benefit from this procedure,” says Dr. Abraham. “But it is clear that it’s very helpful in managing pain and minimizing the need for medication.”

SURESCAN® MRI FEATURES AND BENEFITS

<table>
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<tr>
<th>Feature</th>
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<tr>
<td>Lead Heating</td>
<td>Unlike a conventional lead, the shielded lead reduces the risk of thermal tissue damage by dispersing RF energy along the entire length of the lead.</td>
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<tr>
<td>Device Damage</td>
<td>Protective technology, such as filtered feedthroughs, protects the neurostimulator by preventing RF energy from entering the device. This technology shunts RF energy from the lead to the outside of the neurostimulator, protecting internal circuitry from damage.</td>
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<tr>
<td>Unintentional Stimulation</td>
<td>Enabling MRI mode turns off the device and disables neurostimulation.</td>
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<tr>
<td>Magnetic Pull</td>
<td>Medtronic implantable neurostimulation systems have minimal ferrous material, reducing unwanted movement of the device and leads.</td>
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Affordable Care Act: Network Positioned for Success

Todd Anderson, VP of Finance/Operations and Chief Financial Officer, Grandview Medical Center

The Affordable Care Act is off to a challenging start, to say the least. But in the midst of uncertainty, we can be sure of at least one thing: Kettering Health Network is positioned for success. That’s because for many years, we have been implementing new processes to increase efficiency, reduce waste, and most importantly, improve patient care. Regardless of what happens with the Affordable Care Act, these network improvements are here to stay.

Improved data analytics enhance alignment and integration

One key to our success is that we are finding ways to ensure that our hospitals, physicians, and ancillary providers are working together to provide excellent, patient-centered care. It isn’t enough to be satisfied with what happens within our hospital walls or in the physician office setting—we must ensure that patients receive the best care possible across the continuum.

Regardles of what happens with the Affordable Care Act, these network improvements are here to stay.”

Quality and customer satisfaction metrics are important to us, and we review them regularly. If we identify areas for improvement, teams work together to review the data and identify the One Best Practice to implement. We’re all in this together.

Electronic medical records make it possible for us to review and analyze many more data elements, but the systems are not perfect. We are continuing to explore new ways to improve data and utilize data analytical tools to improve care and the integration between providers across the care continuum.

Improved models of care

There may be a potential for patient volume fluctuations once newly insured patients are enrolled into the system. But right now we are focusing on a more important question: “How can we meet the needs of our patients and improve their care?”

The goal is to create value by improving outcomes and the cost of care, while participating in newly created reward systems that will enhance payments to providers that deliver high quality and evidence based care. The Patient Centered Medical Home is one model that can help us accomplish this goal. According to the Agency for Healthcare Research and Quality, a Patient Centered Medical Home practice provides care that is comprehensive, patient-centered, coordinated, and accessible, while maintaining high levels of quality and safety. This model was introduced about 10 years ago, and it is becoming widely adopted. A number of Kettering-affiliated primary care practices are working toward or have already achieved third-party Patient Centered Medical Home accreditation.

Several network-affiliated entities also have participated in the Comprehensive Primary Care Initiative. Under the initiative, the Centers for Medicare & Medicaid Services is working to foster collaboration between public and private healthcare payers and providers to strengthen primary care and improve the coordination of care for our patients. Primary care practices that have chosen to apply for and participate in this initiative are working on resources and improved data analytics to improve coordinated care for their patients.

Working toward a common goal

At Kettering Health Network, we have many reasons to feel confident about our future as health care transformation continues. Despite the potential challenges ahead, we will fulfill our mission of improving the health and quality of life of the people we serve.

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Kettering Medical Center opened a new critical decision unit (CDU) 3-West in May 2013 as a way to reduce bottlenecks in the emergency department. Now the unit is having a positive secondary effect: reducing length of stay for patients admitted for observation.

The CDU is primarily for patients who come to the ED with symptoms that include chest pain, abdominal pain, nausea, diarrhea, balance issues, and dehydration. These patients need a significant amount of testing and monitoring, which are often difficult to provide efficiently and expeditiously in the emergency department.

“Until we have a definitive diagnosis, these patients meet the criteria for observation status,” says Rebekah Wang-Cheng, MD, medical director for clinical quality at Kettering Medical Center. “In the past, we might have admitted 60-70 observation patients to several different units in the hospital. But physicians and staff were not always aware of the patients’ observation status, and cared for them as if they were simply inpatients. This resulted in care delays, patient dissatisfaction, and unnecessary out-of-pocket patient costs.”

A team including Dr. Wang-Cheng, emergency and hospitalist physicians, nurses, case managers, and leadership met for several months, using Lean methodology to discuss the opportunity for a CDU. After the team researched CDUs at other medical centers and made a field trip, they made a decision to move forward.

“Cohorting observation patients on the CDU allows the staff to provide more focused, streamlined care and detailed discharge planning,” says John Weimer, MS, RN, director of emergency, trauma and support services at Kettering Medical Center. “It also frees up beds and reduces waiting time in the ED, which allows the staff to focus on higher acuity patients.”

Reducing length of stay

With 24 beds, the CDU cannot accommodate all patients who are admitted to the hospital on observation status. But those who are admitted to the CDU tend to stay for less time than observation patients on other units. The CDU’s impact on the emergency department has been even more significant.

In the month prior to the CDU launch, length of stay in the emergency department was about 330 minutes. In the months since then, the average length of stay has been under 300 minutes (see chart).
Academy, and churches in the Medical Center, Spring Valley lay the groundwork for Kettering wisdom and resources, he helped network and community. With his physicians, Dr. Luthas was known of Kettering Medical Center's first key founders, Vernon Luthas, of one of the chaplain's patient, one of the chaplain's holly is greater than the patient's sickness. The chaplain can be a living reminder to patients and encouragement to the patient. For a world-class neuroscience program for the region. As one of the few hospital-based neuroscience institutes in the United States where cutting-edge techniques are applied directly to patient care, the institute is known as a pioneer in combining the skills of physicians and scientists with advanced technology to develop and implement new neurological treatments. WKNI continues to pursue its mission: to improve the neurological health of the community. From advanced stroke treatment to the most precise radiosurgery, WKNI offers a wide range of neuropsychology, neurodiagnostics, neurointervention, and neurological solutions. To learn more visit wjni.org.

RememBerING
Vernon Luthas, MD
1928 – 2013

One of Kettering Health Network’s key founders, Vernon Luthas, MD passed away late last year.

“One let me tell you what I love about my God.”

As founder of Kettering Anesthesia Associates and one of Kettering Medical Center’s first physicians, Dr. Luthas was known as a pioneer of God’s work for the network and community. With his wisdom and resources, he helped lay the groundwork for Kettering Medical Center, Spring Valley Academy, and churches in the Dayton area and overseas.

Many of Dr. Luthas’ conversations opened with the phrase, “Let me tell you what I love about my God,” continuing to express his passion for a life of service.

“He was one of the most influential persons in my life,” says son-in-law David Doucette, MD. “Vernon was a loving gift from God as a father, mentor, and spiritual giant that I otherwise would not have had over the past 35 years.”

Dr. Luthas is survived by his wife, Betty; daughter, Diane and her husband, David Doucette and their three daughters; son, Richard and his son.

One of Dr. Luthas’ proudest accomplishments was establishing a prayer team ministry at Kettering Medical Center that prayed for each pre-operative patient. His medical practice blessed patient after patient.

“He was a missionary wherever he went,” says Fred Manchur, Kettering Health Network CEO. “His love for God and others showed on his face and flowed from his heart to everyone he met. We would not be where we are today without him.”

Dr. Luthas spent years doing mission work after he retired from Kettering Medical Center’s medical staff in 1990—always giving of himself to strengthen others.

Healing the Whole Person

Larry Kositzin, MD, Network Director of Spiritual Services

As a physician interacts and intervenes with patients, patients view doctors as having a vast amount of knowledge and expertise that is greater than the patients’ sickness.

Similarly, when a chaplain interacts with a patient, the patient often views the chaplain having knowledge of God’s dealings greater than the patient’s sickness. The chaplain can be a living reminder to patients and their families that the Divine, the holy is greater than the patient’s sickness.

More than just being with a patient, one of the chaplain’s objectives is to assess how the patient is understanding God’s dealings in the context of sickness and suffering. Patients might view sickness in the context of a God who might be punishing them with this sickness because of some sin. Why is God allowing the medical condition to happen in my life? The chaplain assesses to understand if God is a source of love, strength, compassion, forgiveness, wisdom, power, and encouragement to the patient. Does the patient have a view that God is greater than the patient’s medical condition? Chaplains have the opportunity to be a bridge in helping patients appreciate the relationship that God desires to have with individuals. God has the welfare and concern of the patients in mind and is a source of peace, strength, and help that is greater than their present situation. In future issues of Physician Quarterly, we will continue to explore the chaplain’s role in patient experience by addressing the following questions:

• What can chaplains do to help patients understand their purpose and meaning?
• To what extent do chaplains help guide the patients in their spiritual journey?
• How does hope play into a patient’s experience?

WKNI Celebrates 20 Years

Named in honor of major contributions presented by Dennis Hanaghan, executive director and trustee of the Wallace Foundation and Virginia W. Kettering of the Kettering Foundation, the Wallace-Kettering Neuroscience Institute (WKNI) at Kettering Medical Center celebrates 20 years of excellence.

Theodore Bernstein, MD, medical director of neurosciences, Joseph Mastri, MD, PhD, medical director of nuclear medicine/PET, as well as physicists, scientists, and executives at Kettering Medical Center established the vision for a world-class neuroscience program for the region. As one of the few hospital-based neuroscience institutes in the United States where cutting-edge techniques are applied directly to patient care, the institute is known as a pioneer in combining the skills of physicians and scientists with advanced technology to develop and implement new neurological treatments. WKNI continues to pursue its mission: to improve the neurological health of the community. From advanced stroke treatment to the most precise radiosurgery, WKNI offers a wide range of neuropsychology, neurodiagnostics, neurointervention, and neurological solutions. To learn more visit wjni.org.

Radiology: 4 Uses to Question

Adapted from the American College of Radiology, part of the Choosing Wisely Campaign— an initiative of the ABIM Foundation

Imaging for an uncomplicated headache

Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome. Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings. Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.

Imaging for suspected pulmonary embolism (PE)

With a low or high pre-test probability.

While deep vein thrombosis (DVT) and PE are relatively common clinically, they are rare in the absence of elevated blood d-Dimer levels and certain specific risk factors.

Imaging, particularly computed tomography (CT) pulmonary angiography, is a rapid, accurate and widely available test, but has limited value in patients who are very unlikely, based on serum and clinical criteria, to have significant value. Imaging is helpful to confirm or exclude PE only for such patients, not for patients with low pre-test probability of PE.

Admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.

Performing routine admission or preoperative chest x-rays is not recommended for ambulatory patients without specific reasons suggested by the history and/or physical examination findings. Only 2 percent of such images lead to a change in management. Obtaining a chest radiograph is reasonable if acute cardiopulmonary disease is suspected or there is a history of chronic stable cardiopulmonary disease in a patient older than age 70 who has not had chest radiography within six months.

Recommend- ing follow-up imaging for clinically inconsequential adnexal cysts.

Simple cysts and hemorrhagic cysts in women of reproductive age are almost always physiologic. Simple cysts in postmenopausal women are common, and clinically inconsequential. Ovarian cancer, while typically cystic, does not arise from these benign-appearing cysts. After a quality ultrasound has been performed in women of reproductive age, don’t recommend follow-up for a classic corpus luteum or simple cyst <5 cm in greatest diameter. Use 1 cm as a threshold for simple cysts in postmenopausal women.
Influence Your Future
Be involved from the beginning on decisions that will influence your future. You care for your patients, let us care for you.

Look for more information on how to take this 7-minute survey in March.

What is the purpose of the survey?
We are committed to making our organization a best-in-class place to practice medicine for physicians like you. We want to understand how we can help improve your work environment and enhance the quality of care provided to your patients. This survey will help us assess where to target our efforts to accomplish this goal. The information we gather will help define our strategic priorities for the coming year.

How long will the survey take?
The survey should take no more than approximately 7 minutes to complete. We have intentionally chosen a short, concise survey as we know how valuable your time is.

Where should I take the survey?
You can complete the survey from any computer with Internet access. You are welcome to complete the survey at your home or office, at the hospital, or on your smartphone.

Will anyone else ever see my responses?
No, the survey is completely confidential. All results will be tabulated in aggregate, making it impossible for a leader or peer to identify your responses.

Will I get to see the results of the survey?
The results will be shared with all participating physicians by August 2014.
Shout Outs

Kettering Health Network Receives National Recognition for Epic

Healthcare Information and Management Systems Society (HIMSS) Analytics says the network is one of a select number of hospitals and hospital systems to reach a Stage 6 on a scale of 0 to 7 for its deployment of Epic, the network’s electronic medical records system. Only 10 percent of the more than 4,500 U.S. hospitals being tracked have reached Stage 6.

Recognition stipulates that institutions:
• Have made significant executive commitments and investments to reach this stage
• Have almost fully automated/paperless medical records when they have implemented their IT applications across most of the inpatient care settings.
• Recognize the strategic value of improving patient care with electronic medical records.
• Are creating strategic alignments with their medical staff to effectively utilize information technology to improve the patient safety environment.
• Are well positioned to provide data to key stakeholders, such as payers, the government, physicians, consumers and employers to support electronic health record environments and health information exchanges.

“Kettering Health Network’s successful adoption and implementation of a strategic, single-system electronic medical record system demonstrates that we have accepted the challenge needed to meet the future data-driven healthcare environment demands,” says Susan Pratose, network director of business and clinical applications. “This Stage 6 recognition speaks well for our care providers and staff. I am confident that achieving HIMSS Stage 7 is in our near future.”

Charles Watson, DO, has transitioned to full-time chief medical information officer for Kettering Health Network. For the past five years, Dr. Watson served in this role in a part-time basis and has been instrumental in helping the implementation of Epic, the network’s electronic medical record.

Dr. Watson began his long tenure with Kettering Health Network in 1981 as an OB/GYN resident at Grandview. Since then he has been in private practice, serving for a time as the OB/GYN Department Chair at Grandview. He is a founding member of the Board of Directors for Providence Medical Group. Although he will be leaving his medical practice, he will continue to work with residents three to four half days per month since he is dedicated to medical education.

When he is not at work, Dr. Watson enjoys spending time with his wife and three daughters, and new son-in-law. He is an avid skier and cyclist.

The Transfer Call Center expanded last year to assist Greene Memorial Hospital and Soin Medical Center. Since its formation in March of 2011, the call center has continued to grow, adding on more staff and expanding to more hospitals in the network. The Transfer Call Center is open 24/7 and facilitates all direct admissions and transfers for admission into six hospitals in the network. The staff includes a team of 10 RNs who answer physician requests to transfer and admit patients into the proper network facility.

Orthopedic Surgery Program Director, Brent Bamberger, DO, was recently honored by the American Osteopathic Academy of Orthopedics with the Morton J. Morris, DO, JD Award for Osteopathic Orthopedic Education.

Since 2010 this award has been presented annually to a member of the profession who has made an outstanding contribution preferably related to Osteopathic Orthopedic Education.

Fort Hamilton Hospital recently completed a $250,000 urgent care renovation and also finished renovating the gynecology department. “The availability of high quality digital x-rays that can easily be transmitted to other physicians rapidly helps us better serve our patients,” says William Dickhoner, MD, medical director of surgery at Fort Hamilton Hospital. “The look of the urgent care reflects the exceptional care that each patient is provided.”

Ensuring High Quality Post-Acute Care

Kettering care coordination network announced

While many patients are able to transition home after a hospital stay, approximately 20% of older adult patients require additional short-term care at a skilled nursing facility. Skilled nursing facilities offer post-acute and chronic care delivery in addition to physical, occupational, and speech rehabilitation for patients requiring extra care following an inpatient stay.

With an emphasis on cross-continuum, value-based purchasing, or “pay for performance,” it is now more critical than ever to ensure that the skilled nursing facilities caring for Kettering Health Network patients are doing so in a high quality, efficient manner.

“Value-based purchasing is here to stay,” says Teri Sholder, network chief quality officer. “Because of our proactive position, the network has done an excellent job with value-based purchasing, particularly in 2013.”

In order to align patients and services with best-in-class providers across the care continuum and continue to successfully position the network in a value-based accountable care environment, Kettering Health Network recently announced the Kettering Care Coordination Network (KCCN).

In addition to strong performance on these metrics, the selected skilled nursing facilities have agreed to share in the network’s approach to accountable care across the continuum. The network will continue to evaluate and reassess the Kettering Care Coordination Network provider list every six months to ensure the highest quality of care is available to our patients.

“While the network will honor a patient’s choice,” says Teri, “it is important that we have the opportunity to positively influence the patient’s care after they leave one of our hospitals.”

Facilities that meet the criteria for the Kettering Care Coordination Network are identified as ‘Collaborators’ and populate the middle portion of the web-based list patients use to select a skilled nursing facility. The network-owned entities—Sycamore Glen and Greene Oaks—continue to appear at the top of the list. Facilities that are neither owned nor a part of the Kettering Care Coordination Network will appear in alphabetical order at the bottom of the list if they meet a patient’s specifications.

The Centers for Medicare and Medicaid Services (CMS) now measure the overall cost of a Medicare patient’s episode of care, in addition to the quality of care provided. Hospitals are held accountable for this “Medicare Spending per Beneficiary”, which begins three days before the patient is seen at a hospital and ends 30 days after the patient is discharged.

“While the network will honor a patient’s choice, it is important that we have the opportunity to positively influence the patient’s care after they leave one of our hospitals.”

The Transfer Call Center expanded last year to assist Greene Memorial Hospital and Soin Medical Center. Since its formation in March of 2011, the call center has continued to grow, adding on more staff and expanding to more hospitals in the network. The Transfer Call Center is open 24/7 and facilitates all direct admissions and transfers for admission into six hospitals in the network. The staff includes a team of 10 RNs who answer physician requests to transfer and admit patients into the proper network facility.
Physician Leadership Institute Begins
Inaugural class selected from high number of applicants

Kettering Health Network recently launched the Physician Leadership Institute, a physician-designed program built to equip physicians with the business skills and tools for effective leadership within the network. Of the more than 70 physician applicants, 41 were accepted and began their first class in January. Courses are presented by national faculty from the Advisory Board Company’s leader development program and network strategy champions. Judith O’Connell, DO, family medicine physician at Pain Alternatives, recognized her need for personal and professional leadership development and chose to pursue a master’s degree in health administration. Dr. O’Connell shared her thesis, “The Case for Physician Leadership,” with Chief Learning Officer Joe Nicosia to discuss the opportunity of developing a physician leadership program for the network. “I am honored to be included in the inaugural class,” says Dr. O’Connell. “I look forward to new insights and connections as I join colleagues from throughout the network in a supportive learning environment.”

Enrolled physicians signed a written commitment agreeing to eight, four-hour classes during a two-year term, plus online assignments and discussions. Course content focuses on physicians learning how to:
• Execute strategic growth
• Effectively collaborate with hospital administration
• Practice productivity
• Further interpersonal skills
• Develop a successful team environment
• Advance leadership career

Hospital-based physicians such as Rodney Sauser, MD, anesthesiologist at Kettering Anesthesia Associates, are ready for the opportunity to align physician and hospital administrator leadership.

“I think it’s important for hospital-based physicians to be involved with leadership throughout the hospital,” says Dr. Sauser. “The experience and knowledge available to anesthesiologists and other physicians because of the Physician Leadership Institute will allow us to be instrumental in guiding growth goals for the network.”

If you are interested in applying for the 2015 class, please contact Chief Learning Officer Joe Nicosia at Joseph.Nicosia@khnetwork.org. To learn more, visit ketteringhealth.org/physicianleadership.

For the first time ever, Kettering Health Network hosted a medical staff dinner for all medical staff physicians across the network. More than 250 physicians joined together for an opportunity to connect with one another as colleagues and friends. Adrian Godtick, co-author of The Orange Revolution: How One Great Team Can Transform an Entire Organization, presented how the network’s physicians have the opportunity to not only do impactful work, but become a high-performance team.

Based on a study from 2008-2009 of 350,000 people—the largest survey ever conducted on the elements of great teamwork—Adrian and his team discovered the three core parts to every breakthrough team.

• The team is engaged, which impacts the bottom line.
• The team has a noble cause and extreme clarity regarding the direction they are headed.
• The team understands the rule of three.
  1. Wow. How does the team work.
  2. No surprises. The team embraces open communication.
  3. Cheer. Teams give each other a pat on the back.

“I think it’s important for hospital-based physicians to be involved with leadership throughout the hospital,” says Dr. Sauser. “The experience and knowledge available to anesthesiologists and other physicians because of the Physician Leadership Institute will allow us to be instrumental in guiding growth goals for the network.”

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ICD-10 Conversion Continues
Chuck Watson, DO, Chief Medical Information Officer, Kettering Health Network

Now that Beaker, Epic’s lab module, is installed in all Kettering Health Network labs, information systems and informatics will turn more attention to the ICD-10 conversion in 2014. Physician training in coding and documentation as well as ICD-10 Epic build and testing is currently under way.

In early April physicians will begin to see a larger clinical terminology list to choose diagnoses from. Between April and October, these more detailed and specific diagnoses will still be associated with ICD-9 codes. This will give physicians six months to become familiar with the more descriptive and specific codes before the associated ICD-10 diagnoses codes are introduced in October.

The Epic Diagnosis Calculator will also be functional in early April. The calculator will alert physicians when a diagnosis that is overly generic is chosen and will suggest a more detailed diagnosis associated with the coming ICD-10 codes. Physicians will also be prompted to change overly generic diagnoses in the problem list to more specific terms. The prompt will gray out the overly generic term.

ICD-10 frequently asked questions and timelines are available on the Kettering Health Network intranet physician page. If you have specific questions again please don’t hesitate to contact me at (937) 914-7361 or Charles.Watson@khnetwork.org.
Reinventing Osteopathic Medical Education

Are medical schools preparing students to meet the primary care needs of a rapidly changing health care delivery system? Many experts believe the answer is no, and are seeking innovative strategies to combat the problem. Leaders at the American Osteopathic Association and American Association of Colleges of Osteopathic Medicine created an independent Blue Ribbon Commission for the Advancement of Osteopathic Medical Education. Members were charged with re-engineering both the goals and substance of medical education in order to train practice-ready osteopathic physicians.

Robert Cain, DO, director of medical education at Grandview and Southview Medical Centers, served on the 24-member commission.

“The current model of medical education has several flaws, one of which is over-emphasis of inpatient practice in several fields. As a result, students receive inadequate training in key areas such as using health information technology for population health management,” says Dr. Cain. “Another problem is that it takes at least seven years for a physician to enter the workforce, and many more years of training for those who want to specialize. In order to prepare physicians for the future of medicine, we have to take a different approach.”

Commission members represented the practice community, professional organizations, medical colleges, accreditation organizations, and state licensing boards. They worked together—virtually and in person—for 18 months, and in November 2013, presented a bold pathway for change. The pathway’s core principles include:

• Focusing on community needs served by primary care physicians
• Advancing residents based on knowledge, not years of study
• Boosting clinical experience
• Requiring a range of experience
• Requiring modern health system literacy

The next step is for medical schools, in collaboration with residency program partners, to explore new education strategies that build on these principles.

“One of our conclusions was that medical schools could create a competency-based environment to prepare motivated students for primary care practice in as little as five years rather than seven,” Dr. Cain says. “This will require students to study year-round and work very hard. But with input from licensing and credentialing organizations, it can be done.”

What about osteopathic physicians who wish to specialize? Dr. Cain believes that the new model could benefit them as well. “We believe that a good specialist is built on a good generalist,” he explains. “Physicians who are trained in a competency-based environment and then pursue specialization actually would be in a stronger position than those who graduated from a traditional medical school program.”

Appropriate Testing: There’s an App for That

Harvey Hahn, MD, Director, Cardiovascular Fellowship Training Program and Cardiac Noninvasive Laboratory, Kettering Medical Center

Appropriate use criteria have become increasingly important as a way to gauge quality and as a means for cost savings. This has been especially important in the area of cardiac stress testing where reducing patients’ radiation burden has become a focus of attention. The newly launched nationwide ‘Choosing Wisely’ campaign has also targeted cardiac stress testing as one of the five major tests that are over used or used inappropriately.

The criteria are also relevant as approximately 10 million nuclear stress tests are being performed each year in the U.S.

Preliminary results of more than 400 patients showed that we order tests appropriately 66.3% of the time, but 29.3% of studies are graded as inappropriate. Only 22.3% of our studies were abnormal—meaning that over two-thirds of the tests ordered turned out completely normal. This represents a huge opportunity to reduce medical costs and radiation exposure thus delivering better care to our patients. A free smartphone app is an easy-to-use tool to assist physicians in determining appropriateness at bedside.

Education on appropriate use criteria and greater deployment of the iPhone app could make a significant impact throughout the network.

Grandview Medical Education Gives Back

Residents and faculty donate to local community members

Each year, Grandview medical education residents and faculty donate backpacks filled with food, personal hygiene products, and warm clothes to the House of Bread community kitchen near Grandview Medical Center.

Known as the Backpack Challenge, the medical education department initially began participating as a way to challenge the residents to see which one could turn in the most backpacks. “Now the response is so high that residents and faculty don’t worry about who is going to bring the most,” says Jane Buch, manager of residency education at Grandview Medical Center. “We just want to help those in need.”

Grandview residents donate backpacks filled with food, personal hygiene products, and warm clothes to the House of Bread community kitchen near Grandview Medical Center.

Last year, for the first time, residents and faculty provided much-needed items for children as well as adults. The House of Bread has recently seen an increase in the number of children using their services, especially during the holidays when schools are closed.
Kettering Medical Center: One of the Nation’s Top 50 Cardiovascular Hospitals

Truven Health Analytics, formerly the healthcare business unit of Thomson-Reuters, recently named Kettering Medical Center one of the nation’s 50 top cardiovascular hospitals. Truven Health Analytics is a leading provider of information and solutions to improve the cost and quality of healthcare.

“This is an extreme honor to receive this recognition,” says Roy Chew, president of Kettering Medical Center. “This award acknowledges the comprehensive, quality care that our heart patients receive from our very talented physicians, nurses and staff.”

This is the fifth year in a row that Kettering Medical Center has been recognized with this honor.

The Truven Health 50 Top Cardiovascular Hospitals study evaluates performance in key areas:
- Risk-adjusted mortality
- Risk-adjusted complications
- Percentage of coronary bypass patients with internal mammary artery use
- 30-day mortality rates
- 30-day readmission rates
- Severity-adjusted average length of stay
- Core measures (a group of measures that assess process of care)
- Wage-and severity-adjusted average cost

Truven Health Analytics researchers analyzed 2011 and 2012 Medicare Provider Analysis and Review (MedPAR) data, 2012 Medicare cost reports, and 2013 Centers for Medicare & Medicaid Services Hospital Compare data.

OB/GYN Teams Deliver High-Risk-Multiples

Since transitioning to a Level IIIB NICU in 2012, Kettering Medical Center physicians have delivered and cared for three sets of quadruplets—two of which were born within a month of each other.

The birth of quads presents the labor and delivery and NICU teams with special challenges.

Bhairavi Patel, MD, OB/GYN at Oak Creek OB/GYN, Inc., was the lead obstetrician in the delivery of one of the sets of quads, who were born at almost 28 weeks. Nurses, respiratory therapists, an additional obstetrician, and other healthcare professionals assisted Dr. Patel in the delivery.

“The OB team was completely prepared,” says Dr. Patel. “Everything needed for a delivery was there—not just for one but for four deliveries! This is an entire team coming together and changing their entire focus for the day and making it all about this family—that’s what makes high-risk deliveries like this successful.”

Jerod Rone, MD, medical director of Kettering Medical Center’s Level IIIB Obstetric and NCU service provides mothers and babies an advanced level of care. The hospital is prepared to care for the tiniest babies, including multiples.

As my term has now ended, I sit back and look at all of the great things we have done. I am thankful to each medical staff member whom I had the chance to work with for all their effort and help.

It has been an awesome journey!

Epic was installed successfully. Kettering is an accredited Level II trauma program. The Level IIIB NICU is working well. Thanks to everyone who helped make this happen.

We have resolved the issue of unattached and attached patients. Our medical record committee has done a great job. We have the lowest delinquencies rate of medical charts in the network. We had zero delinquency red flags for a week in September. The credentials committee has helped develop new guidelines for robotic and teledermatology privileges. We passed several policies to become current for HFAP requirements. Peer review committee structure and function has been defined and clarified with each committee reporting to the central quality review committee.

Several physicians participated in the skill lab activity to help improve patient experience scores. These scores have shown recent improvement. Medical, nursing and administrative staff have worked on several lean projects to improve efficiency and bring in process improvement.

The Physician Leadership Institute, a physician-designed program, was recently launched to equip physicians with the business skills and tools for effective leadership within the network.

We are focused towards network development more than just looking at individual hospitals. Several committees are being made at the network level. Decisions made at these committees will be passed on to the local hospitals for implementation. Therefore, it is important that those who represent their hospitals attend these meetings, actively participate at these network committees, and make sure that they have a chance to represent their interests. Chiefs of staff will be involved in naming the representatives. Those with particular interests in any of these committees should touch base with their chief of staff.

Thanks to all for a great job in bringing the hospital and the network to sound financial health in these tough times. I am thankful to all of you who have placed into action: One Best Practice for every patient, every time, everywhere with one team approach for a common goal of network success.

An Awesome Journey

Rajeev Mehta, MD. Past Chief of Staff, Kettering and Sycamore Medical Centers
The multiplace hyperbaric chamber will hold 12 patients, along with two inside attendants, and will simultaneously allow staff to treat multiple patients with monitoring equipment. With less than 50 such facilities in the country, the chamber will add to the network’s hyperbaric treatment options as one of only two such facilities in the state.

The chamber at Sycamore will be the largest diameter multiplace hyperbaric chamber in civilian use in Ohio, Sycamore Medical Center prompted the construction of a wound center at Sycamore. “It will be a great complement to the wound center.” says Louis Platil, MD, medical director of the wound healing and hyperbaric medicine center at Kettering and Sycamore.

“ar multi-disciplinary approach,” says Dr. Platil and Richard Garrison, MD, hyperbaric and emergency medicine physicians, are two of only five physicians in the state of Ohio who are board-certified in hyperbaric medicine. The multi-faceted team also includes plastic surgeon Matthew Fox, MD, and vascular and endovascular surgeon Julie Gilkeson, MD.

“The need for amputation prevention has never been greater,” says Dr. Gilkeson.

“Many people don’t even know that hyperbaric therapy exists for conditions like diabetic foot ulcers, but we have data to show that it works.”

According to the amputee coalition, there are nearly 2 million people living with limb loss in the United States with vascular disease, including diabetes and peripheral artery disease, at 54%, and trauma at 45% being the major causes.

Hyperbaric oxygen therapy is an option for treating certain wounds that won’t heal. Patients lie or sit in a hyperbaric oxygen chamber where they receive 100 percent oxygen. The chamber is pressurized, much like scuba diving, which helps increase oxygen absorption in the patient’s bloodstream and improve the wound healing process.

Hyperbaric oxygen therapy can treat

- Non-healing diabetic wounds
- Air or gas embolism
- Carbon monoxide poisoning
- Clostridial myositis and myonecrosis
- Crush injury, compartment syndrome, and other acute traumatic ischemias
- Decompression sickness
- Intracranial abscess
- Necrotizing soft tissue infections
- Osteomyelitis (refractory)
- Delayed radiation injury of the bone or soft tissue
- Skin grafts & flaps (compromised)
- Thermal burns
- Enhancement of healing in selected problem wounds
- Central retinal artery occlusion
- Idiopathic sudden sensorineural hearing loss

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Amanda Sample, MD
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Kettering • Sycamore Med Staff Welcomes New Docs (August–December 2013)
Foundation Brings Medical Trend Experts

Professional development and personal growth are just two of the many physician benefits provided by the Medical Education Virginia Kampf Lecture Endowment Fund. Thanks to technological capabilities, the fund enables the Kettering Medical Center Foundation to bring in respected physician professionals to discuss medical trends, innovations, and issues with physicians, residents, and support staff throughout the network. Past speakers include Melissa Wood, MD, Harvard-trained cardiologist and co-director of the Corrigan Women’s Heart Health Program at the Massachusetts General Hospital Heart Center and Ralph DeFronzo, MD, Texas Diabetes Institute deputy director.

“We must have other experts in the field—true experts—expand our horizons and challenge us to greater heights.”

The benefits of those programs are invaluable according to Lyndetta Schwartz, MD, program director of the Kettering Medical Center Internal Medicine residency program.

“Sir William Osler, speaking of staying in the same pasture too long, says it would be ‘apt to breed self-satisfaction, to produce a narrow outlook, foster a local spirit, to cause us to grow stale and thin mentally,’” says Dr. Schwartz. “We must have other experts in the field—true experts—expand our horizons and challenge us to greater heights.”

Physician support of the endowment fund will ensure that high-profile speakers will continue to share their expertise with the Kettering Health Network community. An estimated $10,000–15,000 is needed to underwrite speakers annually. For information on the fund or to contribute, visit the foundation’s website at kmcfoundation.org.

Welcome to Grandview Medical Center!
Renovations improve safety, access, and clinical operations

Today, thanks to highway infrastructure improvements in Dayton, patients have told us that safety concerns made them feel apprehensive about coming downtown to Grandview for health care. When accessing Grandview from I-75, they had to take an indirect route past rundown apartment buildings and homes. The hospital entrance was difficult to find, and the lobby was small and outdated. Pre-op and post-op areas were located far from surgery, and outpatient services were scattered throughout the campus.

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To accommodate these changes, we demolished the old OB building and built a 70,000-square foot, five-story west wing. Two floors of that wing are currently empty, and we are working on a plan to create 48 private, inpatient rooms in that space. We also are considering options for new services on these floors to enhance patient care at Grandview.

I’d like to thank our physicians for their input and patience during what was a two-year construction project. Our warm and welcoming environment truly reflects the heart of Grandview Medical Center and its dedicated medical staff.

Grandview and Southview Announce Chief Medical Officer

Dr. Martin currently practices with the Providence Medical Group, which he will continue part-time, and is a member of the Dayton District Academy Executive Council and Ethics Committee. He also serves as the Dayton delegate to the Ohio Osteopathic Association.

An active leader both locally and nationally, Dr. Martin’s past leadership experience includes immediate past president of the American College of Osteopathic Family Physicians and the past president of the Ohio American Osteopathic Association. Thanks to his advocacy work on behalf of osteopathic medicine, Dr. Martin has been invited to testify at numerous congressional meetings on Capitol Hill and present at the Center for Medicare & Medicaid Services (CMS).

Dr. Martin is a winner of numerous awards and honors including the Ohio Family Physician of the Year award and holds faculty appointments from Ohio University College of Osteopathic Medicine and University of Dayton. Dr. Martin received his DO degree from the Chicago College of Osteopathic Medicine and interned at Grandview.

Richard Haas, President, Grandview Medical Center

Over the years, patients have told us that safety concerns made them feel apprehensive about coming downtown to Grandview for health care. When accessing Grandview from I-75, they had to take an indirect route past rundown apartment buildings and homes. The hospital entrance was difficult to find, and the lobby was small and outdated. Pre-op and post-op areas were located far from surgery, and outpatient services were scattered throughout the campus.

Today, thanks to highway infrastructure improvements in Dayton, patients have access to the Grand Avenue or Main Street exits off I-75. Driving along well-lit roads, they pass a newly created green space on Great Miami Boulevard and Grand Avenue. A large, bright “Grandview Medical Center” sign guides their way to our new entrance, and patients enter the facility through a spacious, attractive lobby. New pre- and post-op areas, surgical suites, support services, and specialty clinics are grouped near the lobby, making the patient experience far more convenient than before.

Paul Martin, DO, recently began his new role as chief medical officer for Grandview and Southview medical centers.

“No stranger to Grandview, Dr. Martin has practiced family medicine in the Dayton region for over 35 years,” says Grandview Medical Center President Richard Haas. “His leadership experience includes membership on a host of medical executive committees and boards.”

In his new position, Dr. Martin will play a vital role in continuing to provide a collaborative environment for the medical staff while continuing the Grandview and Southview tradition of being high quality healthcare facilities. Dr. Martin will provide leadership in quality improvement, clinical outcomes, patient safety, and clinical effectiveness.

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Electromagnetic Navigational Bronchoscopy Procedure Now at Grandview

As one of the more experienced practitioners of electromagnetic navigation bronchoscopy procedures in the United States, Patrick Allan, MD, pulmonary/critical care specialist at Grandview Medical Center, recently became the first physician in the Dayton region to utilize the i-Logic™ electromagnetic navigation bronchoscopy procedure.

Grandview Medical Center is the first hospital in the network to offer the minimally invasive outpatient procedure, which allows for the early detection and staging of lung disease and lung cancer.

“The electromagnetic navigational bronchoscopy is 10 times safer than commonly used invasive tests and can reduce the need for unnecessary surgery in people with suspected thoracic cancer by half,” says Dr. Allan.

The procedure permits the early diagnosis and treatment of cancer by using GPS-like technology to guide a unique set of biopsy tools deep into the lungs.

“Before this technology, the only way to perform lung biopsies was either to pass a biopsy needle through the chest or perform surgical procedures,” says Dave Seidel, vice president of clinical and support services at Grandview. “For many patients, it was more a matter of performing frequent CT scans and waiting until the lesion enlarged to determine if someone had cancer.”

Physicians expect the electromagnetic navigational bronchoscopy procedure will detect cancers early.

“An unfortunate fact is that lung cancer is often diagnosed too late,” says Dr. Allan. “The electromagnetic navigational bronchoscopy procedure can capture evidence of lung cancer at an early, potentially curative stage. We can also reveal if someone’s cancer has already spread, thereby preventing patients from going through a possible harmful surgery.”

For more information contact Dr. Allan at (937) 832-0990.

Three Osteopathic Family Physicians Honored at 55th Annual Gala

From medical residents to retired physicians and spouses in their eighties, 300 physicians and guests attended the 55th annual Grandview Holiday Gala at the Dayton Art Institute on December 14. The event was jointly sponsored by Grandview Medical Center, Grandview medical staff and Dr. John A. Vosler, DO, family medicine physician and the Dayton District Academy of Osteopathic Physicians.

The gala honored the induction of family physicians Carolyn Bailey, DO; Bernard Berks, DO, and Don Turner, DO, into the Hall of Distinguished Service for reaching the milestone of 50 years in the practice of osteopathic medicine. A video celebrated each physician’s career in medicine.

Donald G. Burns, DO, Honorary Lecture Established

More than 85 physicians, residents, and respiratory therapists attended the first Donald G. Burns, DO, Honorary Lecture and dinner held in Grandview’s new main lobby.

A long-time champion of medical education, Dr. Burns is a lifelong learner and teacher. In honor of Dr. Burns’ recent birthday, several tribute gifts were made to establish a fund to provide a continuing medical education lecture in his name.

Several physicians and friends of Dr. Burns presented at the Grandview Foundation-sponsored event including:

• Robert Cain, DO, director of medical education at Grandview
• Mark Ferguson, DO, chief resident in internal medicine
• James Laws, DO, cardiologist and pulmonary fellow of Dr. Burns
• Jerry O’Ryann, a former respiratory therapy colleague and co-textbook author

Srinivas Bhadiraju, MD, pulmonologist from Baylor Medical Center, delivered the keynote address on “Chronic Disease and Sleep.”

The event was funded by donations made in honor of Dr. Burns’ many contributions to Grandview Medical Center and the development of its pulmonary and critical care departments.

Preble County Medical Center Expands

With more than 25,000 outpatient visits a year, Preble County Medical Center continues to see an increase in patient volume. A recent renovation expanded the center’s primary care areas, opened up space for additional specialty clinics, and gave the facility a fresh look.

The center provides primary care as well as cardiac testing, medical imaging (including CT, MRI, ultrasound, DEXA scanning, X-ray, and digital mammography), dialysis, physical therapy, laboratory services, and a retail pharmacy. Specialists lease space through a time-share arrangement—indeed, 17 specialty groups covering 15 different specialties offer patient appointments at Preble County Medical Center, which is one of Kettering Health Network’s thriving ambulatory care centers.

Construction will wrap up in March. Among the enhancements:

• 6,000 square feet of additional space (bringing the total to 39,260 square feet)
• A third time-share area for specialty practices
• The addition of chiropractic care, provided by Preble County native Matt Roberts, DC
• An expanded cardiac testing area
• A common waiting room for all primary care and testing appointments
• New flooring and freshly painted walls

Primary care physicians Harold Ferguson, DO, and John A. Vosler, DO, founded Preble County Medical Center in 1965, bringing a new level of care to Preble County.

Today, four of these physicians’ children have family medicine practices of their own at the medical center. They include Dr. Ferguson’s son, Allen, and three of Dr. Vosler’s children: Mark, Scott, and Jill. All are doctors of osteopathic medicine and all trained at Grandview Medical Center.

Dr. Scott Vosler says that the expansion is particularly meaningful to him because of its connection to the past. “When Dr. Ferguson and my dad opened their practice, they had a vision to one day offer comprehensive healthcare services to people in Eaton,” he explains. “It’s very exciting to be able to serve our community in this way.”
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<th>Specialty</th>
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**Heart Health Remains a Priority**

Prashanth Bhat, MD, Chief of Staff, Greene Memorial Hospital and Soin Medical Center

With national attention on heart health in February, it’s interesting to note that a recent IMPACT study showed a decrease in the number of deaths attributed to heart disease from 1980 to 2000. The study credited the decrease to hypertension and hyperlipidemia control, smoking cessation, and percutaneous coronary intervention. We should applaud the unsung heroes: our nurses, educators, pharmacists, primary care physicians, and cardiologists that daily toil to improve our patients’ lives.

Since heart disease continues to be the leading cause of death for both men and women, we still have much to do. However, since heart disease continues to be the cause of death for both men and women, we still have much to do. We must find a way to provide health care for the uninsured and underinsured in our area. We must use our knowledge of care in hypertension, diabetes and hyperlipidemia and reign in compliance.

I am optimistic that by working together we can coach our patients on the epidemics of obesity and diabetes and not allow lifestyle changes to reverse our advances in longevity and quality of life.

**Kettering Breast Evaluation Center Comes to Greene County**

Greene Memorial Hospital and Beavercreek Health Center recently partnered with Kettering Breast Evaluation Center (KBEC) to establish locations at each campus. Now women in Greene County have increased access to the most comprehensive breast health care.

“Our collaboration with Kettering Breast Evaluation Center allows us to access a larger network of services and additional resources when necessary.”

“With national attention on heart health in February, it’s interesting to note that a recent IMPACT study showed a decrease in the number of deaths attributed to heart disease from 1980 to 2000. The study credited the decrease to hypertension and hyperlipidemia control, smoking cessation, and percutaneous coronary intervention. We should applaud the unsung heroes: our nurses, educators, pharmacists, primary care physicians, and cardiologists that daily toil to improve our patients’ lives.”

beginning with communication and follow up, and counsel regarding a needed biopsy or surgery.”

The Kettering Breast Evaluation Center designation increases patient and physician confidence in the quality of care available. In addition to the latest in digital mammography services at both locations, Greene offers Breast Specific Gamma Imaging, one of the only such services in the region, for patients who need further diagnostic tools.

Greene Memorial and Beavercreek Health Center join eight other Kettering Breast Evaluation Center sites in the region, offering a comprehensive, consistent approach to breast health for Kettering Health Network. Physician offices can schedule patients directly, or patients can schedule without a prescription by calling (937) 299-0099.
Better Than a Field Hospital
Soin, Greene open ORs to Wright-Patterson surgery teams

When Wright-Patterson Air Force Base Medical Center began planning for extensive renovations last year, a top priority was figuring out how to provide surgeries while the facility’s operating rooms were under construction. In a combat zone, perhaps they would have deployed a field hospital. But Wright-Patterson decided to keep patients local, so they looked to Soin Medical Center and Greene Memorial Hospital for help.

Both facilities offered Wright-Patterson a dedicated operating room for up to two months beginning December 2. Wright-Patterson personnel—including 37 surgeons and about six additional non-physician staff—submitted to quality review and were credentialed.

“The air force base is part of our community, and we want to be good neighbors,” says David Small, MD, chief medical officer of Greene and Soin. “We have a world of respect for the United States Air Force and its 36,000 active and retired personnel in southwest Ohio. It’s good to have an opportunity to help, even if the arrangement stretched us a bit.”

Wright-Patterson scheduled as many as 10 surgeries a day between the Soin and Greene ORs. During surgery, air force personnel were assisted by Soin and Greene nurses, surgery techs, and anesthesiologists.

Most patients were discharged the same day; those who stayed overnight remained under the care of their air force surgeon.

Ron Connoovich, vice president of Greene and Soin, hopes to see future collaborations with Wright-Patterson Medical Center. “I think we’ll look back at this OR arrangement as the beginning of some very positive synergies between our clinical programs.”

Soin Now Offers Cancer Services
Cancer Specialists of Greater Dayton opens new office

Soin Medical Center recently welcomed its first oncology practice with the opening of the Cancer Specialists of Greater Dayton. Manisha Nanda, DO, and Amanda Laubenthal, DO, staff the office and provide multi-modality treatment for cancer using chemotherapy, immunotherapy, and biotherapy treatments in coordination with surgery and radiation therapy.

“I am excited for the opportunity to partner with Soin Medical Center to further provide cancer care to Greene County,” says Dr. Nanda. “Our staff is eager to provide a level of care to our patients allowing them to be at the center of the experience. My hope is to expand the already great services in place at Soin Medical Center.”

“An opportunity to serve patients in Greene County is very exciting, and we have a great staff to do just that,” adds Dr. Laubenthal. “I look forward to forging relationships with patients, collaborating physicians, and the community in which I practice.”

Located in Suite 400 on the fourth floor of the Ollie Davis Pavilion, the office welcomes new and existing patients. To refer patients or for more information, call (937) 558-3500 or fax (937) 522-8889.
Fort Hamilton Names Chief Medical Officer

Marcus Romanello, MD, recently joined the Fort Hamilton Hospital executive team as chief medical officer.

As Fort Hamilton’s emergency medical director for the past two years, Dr. Romanello established and implemented the 90/20 campaign which lowered Fort Hamilton’s emergency department door-to-doctor time from over 40 minutes to 15 minutes or less. He has played a key role in increasing patient satisfaction scores from the 6th percentile in 2011 to the 90th percentile in 2013, which also contributed to an 18% growth in our ED volume from 2011 to 2012.

First Full-Time Cardiothoracic Surgeon Practice Now at Fort Hamilton

“Kettering Health Network adds to its cardiothoracic and vascular surgery capabilities with the addition of Fort Hamilton Hospital’s first on-site cardiothoracic surgeon.”

Ahmed M. Halal, MD, recently joined Kettering Cardiothoracic and Vascular Surgeons, Inc., and is seeing patients in the physician office building. Dr. Halal performs thoracic and vascular surgeries at Fort Hamilton Hospital.

“Although Dr. Halal will perform cardiac surgeries at Kettering Medical Center, he will be available for pre- and post-operative care right here in the Hamilton community,” says Jayne Testa, director of cardiac services at Kettering Medical Center.

New Recommendations for Lung Cancer Screenings

Michael I. Gabrilovich, MD, PhD, Medical Director, Pulmonary and Critical Care Services and Early Lung Screening Program, Fort Hamilton Hospital

The U.S. Preventive Task Force recently established new screening recommendations for people at high-risk for lung cancer. These recommendations call for annual screenings with low-dose computed tomography (LDCT) for adults ages 55 to 80 who are at high risk for lung cancer. High-risk individuals include those who have smoked a pack or more per day of cigarettes for at least 30 years and currently smoke or have quit within the past 15 years.

These recommendations are now considered the standard of care and will be covered by the Centers for Medicare and Medicaid Services and other insurance carriers. Some estimates suggest that the LDCT screening could eventually prevent between 8,000 and 22,000 lung cancer deaths per year.

Currently LDCT is the only recommended screening test for lung cancer, and it is widely considered an effective tool for early detection.

Last year the National Lung Cancer Screening Trial sponsored by the National Cancer Institute demonstrated that screening high-risk populations with LDCT decreases mortality by 20%, due to the detection of lung cancer at earlier stages. Since that time, multiple national medical societies have recommended annual lung cancer screenings with eligibility criteria.

Fort Hamilton Hospital has been offering LDCT lung cancer screenings since 2012. The screening is available at no cost for eligible Medicaid recipients and for just $99 out of pocket for other eligible patients. We believe that this heavily subsidized cost structure encourages participation and, therefore, early detection. Our criteria are slightly less stringent than those established by the task force. Generally, eligible patients are 50-74 years old and have smoked a pack or more every day for 20 years total, even if they are no longer smokers. On a case-by-case basis, younger patients with a history of heavy smoking and other risk factors, such as occupational exposures or a family history of early lung cancer can also be screened. Patients who already have clinical signs that are suspicious for lung cancer undergo a different diagnostic testing regimen.

Any patient can prescribe the LDCT screening by calling the Fort Hamilton CT department at (513) 867-2323. Referring physicians and patients receive a follow-up letter with results and further recommendations. If negative, another LDCT is recommended in 12 months. If the screening indicates suspicious abnormalities, patients are urged to see a pulmonologist for further testing.

LDCT Screening Addresses Key Risk Factors

Lung cancer is a heavy burden to patients and society as a whole, and early detection gives the best chance for curative treatment.

- Lung cancer is the third most common cancer and the leading cause of cancer death in the United States.
- Approximately 85% of all U.S. lung cancer cases are linked to smoking.
- Approximately 37% of U.S. adults are current or former smokers.
- The incidence of lung cancer increases with age and occurs most commonly in people 55 years or older.
- Increasing age and cumulative exposure to tobacco smoke are the two most common risk factors for lung cancer.

Source: www.uspreventiveservicestaskforce.org
Fort Hamilton Celebrates 85 Years with Maternity Renovation Plans

Fort Hamilton Hospital celebrates its 85th anniversary this year and to help commemorate the occasion, the Fort Hamilton Hospital Foundation recently launched a special fundraising campaign to enhance the hospital’s maternity department, the Family Birthplace.

The department was completely redesigned in 1996 to provide labor, delivery, and recovery rooms for patients. The renovation, in effect, combined every two rooms into a single unit, allowing ample space for families to share in the birthing experience and bond with the newest family member.

A redesign would focus on attracting new patients and physicians.

“We are now in a competitive position, with a highly skilled and experienced staff,” says Sonja Kraniotis, Fort Hamilton Hospital Foundation director. “But we need to address some cosmetic improvements if we want to attract new patients and recruit new physicians.”

Updated room decorations, enhanced bathroom facilities, and newer technologies like flat screen TVs, are all part of the phased makeover. In order to complete all of the proposed phases, the foundation has established a fundraising goal of $1.2 million. Work on the first phase can begin with the commitment of the first $250,000.

“Hamilton area families receive tremendous care at Family Birthplace,” says Kelly Cole, MD, OB/GYN, medical director of Family Birthplace. “More people need to hear about it.”

The planned enhancements will make patients and families feel more comfortable, relaxed, and help create a higher level of confidence in the staff.

More Than Weight Loss

Bariatric surgery can help patients dramatically improve their health.

Stephen Fleischer, DO, Bariatric and General Surgeon, Kettering Health Network

Less than two years ago I saw a 60-year-old patient named Richard in our office. Richard was extremely obese and suffered from conditions such as Type 2 diabetes, high blood pressure, high cholesterol, asthma/COPD requiring oxygen and psoriasis. He had attempted multiple dietary regimens without success, and was very concerned that without some kind of help his conditions would continue to worsen and eventually lead to his death. He wanted to take back control of his life.

Richard successfully underwent Roux-en-Y gastric bypass surgery, which I performed at Grandview Hospital. He did exceptionally well post-operatively, and left the hospital after two days. Since then he has lost 130–150 pounds and is completely changed his life.

Weight loss surgery also can lessen mortality associated with these conditions by 30% when compared to standard medical therapy. Kettering Health Network surgeons offer four different kinds of bariatric procedures. The most commonly performed are Roux-en-Y gastric bypass and gastric sleeve; others include laparoscopic adjustable gastric banding and bili-pancreatic diversion duodenal switch procedures. These are available at Grandview and Sycamore Medical Centers, which are designated as Bariatric Surgery Centers of Excellence by the American Society for Metabolic and Bariatric Surgery. We offer pre-operative education classes, support groups and a weight loss maintenance program.

Many individuals who suffer from obesity and attempt weight loss—even medically supervised weight loss—are not successful. In the right circumstances, bariatric surgery is safe and effective, and can resolve many of the conditions associated with morbid obesity.

Recent studies demonstrate the type of results that patients can expect with bariatric surgery. A 2004 study from Journal of the American Medical Association looked at 22,000 bariatric surgery patients who experienced an average weight loss of greater than 62% of their pre-operative body weight. Among the findings:

• Type 2 diabetes was eliminated in almost 80% of these patients
• 60-80% had complete resolution of hypertension and high cholesterol
• Almost 90% experienced completely resolved obstructive sleep apnea

For more information contact Kettering Weight Loss Solutions at (937) 433-5957 or visit ketteringhealth.org/weightloss.
First Name Last Name, Degree
Office Name
Address 1
Address 2
City, State Zip Code

Kettering Physician Network recently opened Springboro Primary Care, the network’s first primary care office in Springboro.

Michael Buch, DO, leads the practice. “I am committed to providing quality care to my patients and their families,” says Dr. Buch. “My goal is to optimize their individual health and wellness through continued care.”

The new office is located at 52 Remick Boulevard, across the parking lot from the Springboro YMCA. Hours are Mondays, Tuesdays and Thursdays, 7 a.m. – 4 p.m.; Wednesdays, noon – 6:30 p.m.; and Fridays, 7 a.m. – noon.

Springboro Primary Care is accepting new patients and has same-day appointments available. For more information or to schedule an appointment, call (937) 531-0120.

Several physician, administrative, and government leaders celebrated the Springboro Primary Care opening with a ribbon cutting ceremony. From left: Thomas Dunn, DO, primary care physician at Springboro Primary Care; Russ Wetherell, vice president administrator of Southview Medical Center; state representative Ron Maag; Michael Buch, DO, lead primary care physician at Springboro Primary Care; Springboro mayor John Agenbroad; David Doucette, MD, chief medical officer of Kettering Physician Network; and Tim Ko, chief financial officer of Kettering Physician Network.

If you would like to submit an article or have information you would like to see in Physician Quarterly, email physicianquarterly@khnetwork.org or call (937) 752-2053.

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