Minimally-invasive Brain Surgery

Smart Rx

Family Medicine

For America’s health

New Cancer Center
Broke ground in May
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**Additional Writing:**
Cheryl Kennison, Christie Mildon
Design & Layout: AGI Studios
Managing Editor: Emily Syvertson
Cover Photography: AGI Studios

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**“With these freestanding Emergency Centers, residents will have better access to quality emergency care closer to home.”**

Fred Manchur, CEO of Kettering Health Network, on the network’s focus on expanding access to emergency care (p. 3)

**“Patients who have the TAVR procedure are sitting up in their hospital rooms four hours later and talking to family and friends.”**

Brian Schwartz, MD, on the quick recovery time of Transcatheter Aortic Valve Replacement (p. 6)

**“We’re lucky to have such a dedicated team here at Kettering Medical Center when it comes to the neurosciences. The surgery is only part of it. It’s the after care, it’s the therapy. It’s an innovative atmosphere with a community hospital feel.”**

Phillip Porcelli, DO, on the importance of the entire team in delivering innovative, compassionate care (p. 20)

**“Primary care is the path to putting the health back in health care.”**

Paul Martin, DO, on the vital role of primary care providers to improve the health of people in the U.S. (p. 22)

**“The goal of care coordination is to provide the right care to the right patient in the right location... Care coordination requires an increased focus on patient-centered care, rather than disease-centered management.”**

Jody Underwood on the mentality that is integral to the pursuit of care coordination (p. 26)

**“It takes a great amount of trust for a patient to put their health in the hands of a physician, nurse, technician, or—a larger scale—a hospital or network. As a testament to that trust, Hamilton residents are coming to Fort Hamilton Hospital to receive their heart care.”**

Patrick Lyrle, DO, on the marked increase in cardiac cath lab volumes (p. 30)

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**#1**

The rank in Ohio held by
- Kettering Health Network for orthopedic care
- Kettering Medical Center for trauma care and major cardiac surgery (p. 36)

---

**75%**

of U.S. healthcare costs are spent on treating preventable disease (p. 22)

---

**72%**

of U.S. hospitals used hospitalists in 2014—a significant rise from 50% in 2007 (p. 28)

---

**95th**

The percentile ranking
Fort Hamilton Hospital holds for quality care, according to Truven Health Analytics (p. 30)
**New Cancer Center to be Built on Kettering Medical Center Campus**

In order to advance the level of health care in Ohio, Kettering Health Network is building a comprehensive cancer care center on the campus of Kettering Medical Center. The network broke ground on Thursday, May 14, 2015. Construction is expected to be completed in late 2016.

The cancer center will offer complete care to patients in a caring environment, with dedicated patient-centric services and specialized treatments to fight cancer. The center will serve as a single touch point for patients, providing them with a wide range of services. The 120,000-square-foot, five-story facility will cost approximately $49 million.

**Tailored amenities**

The center will provide a full menu of cancer-specific amenities that are tailored to patients’ needs, including:

- A café that focuses on the nutritional needs and tastes of patients with cancer
- Complimentary holistic medicines, such as medical massage
- A boutique in a serene, spa-like setting that offers post-surgical apparel and other products that help patients through their cancer journey

**Designed for patients, by patients**

From the very beginning of the project, the network has sought the input of current and former cancer patients.

“Our patients’ voices have been our guide throughout the planning of this cancer center,” says Fred Manchur, CEO of Kettering Health Network. “We formed a patient advisory council to provide direction for our decisions on everything from the building and interior design to the kind of food and furniture. The cancer center is designed for patients by our patients.”

**Cutting-edge cancer care close to home**

Kettering Health Network is committed to providing comprehensive cancer care close to home, so patients can focus on their health without the stress of extensive traveling.

“We have the most sophisticated cancer treatment technology available so that patients do not have to travel out of the region to receive their cancer care. We also have the expertise required to help patients and their families navigate the journey through cancer treatment,” says Elizabeth Koeker, director of the oncology service line for Kettering Health Network. “This cancer center is being designed to provide the most advanced patient-centered care in an environment that focuses on healing the mind, body, and spirit.”

As the only network of hospitals in the Greater Dayton area to receive the Outstanding Achievement Award from the Commission on Cancer, Kettering Health Network is taking the next step in delivering quality cancer care.

**Network Continues to Expand Emergency Care**

Because minutes count in an emergency, Kettering Health Network has been on a mission to bring emergency services closer to where people live and work.

The journey began in 2011 when the network opened its first freestanding Emergency Center in Huber Heights. Most recently the network identified northern Warren and Preble counties as areas in need of better and faster access to emergency services. In 2014, the network broke ground on two new Emergency Centers to serve these areas.

"With these freestanding Emergency Centers, residents will have better and faster access to quality emergency care closer to home,” says Fred Manchur, CEO of Kettering Health Network.

**Franklin**

The Kettering Health Network Emergency Center serving northern Warren County residents is located off I-75 at the Franklin/ Springboro exit on State Route 73, next to the southbound 75 entrance ramp. The facility, which is accredited through Sycamore Medical Center, is 12,000 square feet and has 12 rooms. It has created 40 new jobs, including registered nurses, respiratory therapists, imaging and lab technicians, and support staff.

Four board certified emergency physicians are also on staff.

After the ribbon cutting on February 3, the center held an open house on February 22. It officially opened for patients on February 23, 2015.

**Preble**

The Emergency Center that will serve Preble County is located in Eaton next to the network’s existing Preble County Medical Center. It will have eight to 12 rooms, and is expected to create 25 to 30 new jobs. Four board certified emergency physicians will also be on staff.

It is scheduled to open August 24, 2015.

**SoIn**

After only two years of operation, the SoIn Emergency Department needed to expand. In 2014, the network broke ground to add 12 new exam rooms, a nurses station, an EMS suite, and supply areas. The expansion will be open for patients in the summer of 2015.
Transcatheter Aortic Valve Replacement Provides Alternative for High-risk Surgical Patients

A team of interventional cardiologists and cardiac surgeons is performing transcatheter aortic valve replacement (TAVR) procedures at Kettering Medical Center for patients with aortic stenosis. The TAVR procedure is a minimally-invasive alternative to heart surgery in which surgeons and cardiologists replace the aortic valve through a catheter. The procedure can be performed through three approaches: transfemoral, transapical, and transaortic. The procedure was first approved in 2011 for "inoperable" patients before the TAVR procedure typically recover in the hospital for two to three days and can resume most activities within a week.

"Patients who have the TAVR procedure are sitting up in their hospital rooms four hours later and talking to family and friends," explains Brian Schwartz, MD, who along with Peter Pavlina, MD, is co-medical director of Kettering Medical Center’s TAVR program. "After having this procedure, patients feel dramatically better almost immediately. TAVR is a game-changer in the treatment of valvular disease."

The team performed their first two procedures on November 24, 2014. Drs. Schwartz and Pavlina performed the first, and Raja Nazir, MD, and Thomas Merle, MD, performed the second procedure.

The Kettering Medical Center Foundation provided $48,000 in donor-designated funds to make equipment adjustments to one of Kettering’s operating suites in order to accommodate the TAVR procedure.


Pharmacogenomic Testing Personalizes Cardiac Therapies

The office of Innovation, Research & Grants is conducting pharmacogenomic testing—which extends the study of pharmacology to modern genetics—to reveal cardiac patients’ risks of serious side effects and reduced drug effectiveness. This insight will allow physicians to make clinical decisions that improve therapeutic outcomes prior to initiation of therapy.

Working with Schuster Cardiology Associates and Southwest Cardiology, the studies include patients who have reported at least one problem with their cardiac medications. After the patient’s cheek is swabbed, the DNA is sent to Companion Dx™, a comprehensive, health-focused provider of genetic analysis services, to run a genetic test. The results reveal each patient’s drug metabolism, information that is critical for the development of new drugs and devices.

Understanding patients’ genetic profiles prior to starting therapies can help physicians minimize risks by pre-identifying responders and non-responders, as well as avoiding potentially life-threatening adverse events. "For example," says Dr. Handel, "certain patients taking Plavix (clopidogrel) have an allele which makes the breakdown of clopidogrel to its active metabolite less likely to occur in therapeutic blood levels. This would make the drug less likely to benefit the patient. By knowing the patient’s P450 2C19 hepatic activity, we can prescribe the proper antiplatelet agent for the patient."

Did you know?

- The majority of prescription drugs only work in 30-50% of the people taking them.
- About $350 billion is spent annually on ineffective medicine.
- Two-thirds of office visits to physicians result in prescription drug therapy.

Aortic stenosis affects up to 7% of the population over the age of 65*

Aortic valve disease is responsible for more than 25,000 deaths annually**
Anterior Hip Replacement Offers a Speedy Recovery for Patients

It is estimated that more than 285,000 total hip replacements are performed each year in the United States. Kettering Health Network surgeons perform the highest volume in the Greater Dayton area.

Getting patients back to their normal activities as soon as possible is the primary goal of any joint replacement surgery. Some of the joint surgeons from Kettering Health Network are performing hip replacement procedures using an anterior approach, as opposed to the more traditional posterior approach.

Advantages of anterior approach

Anterior approach hip replacement differs from other surgical techniques in that the surgeon can replace the joint without cutting muscles or tendons from the bone, causing less tissue damage. This less-invasive method results in quicker recovery times, less pain, and improved mobility. Another advantage of the anterior hip replacement is that patients will not need to follow routine hip precautions post-operatively.

“The direct anterior approach allows patients to return to activities earlier than with the posterior approach secondary to decreased muscle damage during surgery,” says Gurpal (Jerry) Ahluwalia, MD. “There are also lower dislocation rates and fewer post-operative restrictions in regard to bending and squatting.”

The anterior approach requires specialized instrumentation and a customized operating room table. The table’s design allows extension of a patient’s leg downward, which gives access to the front of the hip that is not possible with conventional tables.

“Because of the shorter recovery time, the anterior approach for hip replacements is optimal,” says Michael Welker, MD, from Far Oaks Orthopedists. “However, not everyone is a candidate.”

Best practices

Another key component to a speedy recovery at any network hospital is a highly-specialized orthopedic team that educates the patient prior to surgery, and assists the patient and family every step of the way on their road to recovery.

Whatever approach is used, the experience and skill of the surgeon is key to a successful outcome. Since every approach to hip surgery has specific pros and cons, it is the surgeon’s responsibility to discuss each individual patient’s needs and match them to the best-suited approach.

Kettering Health Network has been recognized in 2015 as #1 in Ohio for Medical Excellence in Orthopedic Care by CareChex® — a division of Comparion®.
The Patient Will Hear You Now
Sandy Johnson, network director of Patient and Family Experience

In our “new” world of health care, we have moved from volume-based to value-based incentives and payment, from episodic to care-continuum roles of providers. The competing nature of providing compassionate care and meeting productivity goals puts physicians in a complex position. Regardless of the modern healthcare environment, one thing will always be true: Physicians are at the core of the patient encounter, and their behaviors and human-connection skills impact not only the current encounter, but also the myriad of ways the patient will engage in his or her plan of care in the future. While physicians are trained and often measured on individual performance, patients’ experiences and outcomes—safety, quality, and their perception of care—cannot be driven by only one clinician. It takes all of us building a consistently coordinated and compassionate, patient-centric care delivery system. And it requires physicians to reevaluate older, more traditional approaches to delivering care, such as telling the patient, “I know what is best for you.” In the past, patients were rarely asked what they needed, and a one size-fits-all approach was common, albeit with good intentions. Clinical competency is imperative, yet our sacred work also hinges on relational competencies. We understand that relationships heal, and intentionally honing our ability to create a healing presence re-inflates our work with joy. Building on a foundation of compassion and a genuine interest in the wellbeing of those we serve, we know that effective communication is linked to health, safety, and quality outcomes, as well as confidence in a provider. Communication is not something “soft and fluffy” that can be done well if one has “time.” Effective communication is a critical clinical skill that may come more naturally for some, but can be learned and retained by all with practice. You have the power to impact healing in non-technical, non-pharmaceutical ways that will keep your passion alive for this sacred work, as well as build trusting relationships with your patients and their families. Thank you for all of the ways you improve the quality of life for the communities we serve.

Personal communication assessment
Please spend a moment with the personal communication assessment developed by Wendy Leelov, EdD, and Carla Ratering, MD, found in their book, “The Language of Caring Guide for Physicians: Communication Essentials for Patient-Centered Care.”

Directions
For each item, if you do it consistently, put an “x” in the box that is shaded orange in the column to the right.

How to score your profile
Count the number of checks you entered in the shaded boxes in each column and write the total below the column’s letter in the TOTAL line.

What does it mean?
Your totals in each column represent the extent to which you regularly demonstrate best practices related to these key physician communication competencies:

For each competency area, the lowest possible score is 0, meaning that you do not regularly employ any of the best practices for that competency area. The highest possible score is 5, indicating that you see yourself as employing all five best practices in that area of competency. The lower your score, the more opportunities you have for improvement.

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<th>COLUMN</th>
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<th>YOUR SCORE</th>
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<td>Collaboration and teamwork</td>
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TOTAL OF ALL COLUMNS (out of 35 possible)


“Who we are and what we bring within us that strengthens life may have more to do with healing that what we know or what we do.” -Rachel Naomi Remen, MD
Opportunities to Live with a Mission

Each year Kettering Health Network employees, physicians, and other affiliates volunteer to travel across the globe to bring physical and spiritual healing. Our teams perform surgeries, dental care, eye care, and personal health education to villages that do not have access to health care. Providing assistance to various hospitals around the world is part of our calling.

PAPUA NEW GUINEA

Robert Arrom, MD, OB/GYN from Fort Hamilton Hospital is putting together a team to work at Kurji Nazarene Hospital in Papua New Guinea. They are in need of healthcare providers, including nurses, respiratory therapists, and physicians.

BELIZE

Kettering College’s Health Science Division will take a mission trip to Belize. Anyone is welcome to join them, though there is a specific need for family practice and pediatric healthcare providers.

ALBANIA

Allegheny West Conference is hosting a medical mission trip to Albania. They are in great need of nurses and nurse assistants.

HONDURAS

A team is forming for a trip to Adventist Health International/Hospital Adventista Valle de Angeles, which is located in the mountains 30 minutes outside the capital, Tegucigalpa. Both non-clinical and clinical volunteers are needed to help conduct medical clinics at various villages.

KENYA

Both clinical and non-clinical volunteers are needed to help conduct medical clinics in various villages in Kenya, Africa.

INDIA

Allegheny West Conference is hosting this medical mission trip to India. They are in need of physicians, nurses, and other clinical help.

Seeking medical and nonmedical specialists

- Sonographer
- Nurses
- Physicians
- Anesthesia
- Nurse assistant
- Respiratory therapists
- Optometrists
- Advanced practice clinicians
- Non-clinical personnel

2015 MISSION TRIPS

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<tr>
<td>India</td>
<td>November 18-December 2</td>
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Get involved!

Contact Missions Outreach
(937) 752-2063

Physician Leadership Institute Starts Second Cohort

Joseph Nicosia, Chief Learning Officer of Kettering Health Network

The Physician Leadership Institute is a physician-designed program built to equip physicians with leadership and business skills for effective leadership within the network. This January, the Physician Leadership Institute’s second cohort of 38 physicians began courses. We now have two cohorts of physicians receiving state-of-the-art leadership development resources.

Customized courses

Physicians involved attend four half-day sessions a year for two years. Some courses include:

- Breakthrough Leadership
- Data-driven Leadership
- Leading Change

This course prepares physicians to effectively lead change initiatives that renew the organization.

One of the unique features of this curriculum is an online discussion board where physicians can continue to develop the concepts presented in their classes.

Courses are presented by national faculty from the Advisory Board Company’s leader development program alongside Kettering Health Network strategy champions.

Professional growth

Physician leaders play a critical role in advancing network strategies. Physicians who complete the program are introduced to issues that healthcare leaders are facing on a daily basis. The program also helps each physician to better understand their individual leadership strengths and opportunities for further development. Physicians who successfully complete the program will be eligible to participate in advanced physician leadership development initiatives.

Physicians interested in future leadership training programs should contact me at joseph.nicosia@khnetwork.org

Providers Can Focus on Care with PHA Tools

Troy Tyner, DO, president of the Physician Hospital Alliance

As a physician, it is all too easy to get caught up in managing the details of modern health care. This diverts time, energy, and focus away from caring for patients. As a physician-led, physician-driven organization, the Physician Hospital Alliance (PHA) provides products that attend to the business side of a medical practice so physicians can focus on what they do best: providing high-quality care.

PHA programs and initiatives include:

- Coordinated managed care contracting
- The continued growth of group purchasing opportunities
- A referral service
- An online employee recruitment service
- A fringe benefits program for members and their staffs

To continue to prepare physicians and the network for the future, the PHA is re-negotiating managed care contracts which meet PHA contracting criteria; expanding cost-saving services; and providing educational opportunities to PHA members and their staffs related to the local delivery of health care and group purchasing options.

To enroll in PHA, call Kim Kristian at (937) 752-2164.
Questions?
Email troy.tyner@khnetwork.org
Physicianhospitalalliance.com

The PHA is a resource for facilitating practices to be financially viable, quality driven, and patient centered.
Leadership Changes
Support Network Alignment

Nursing leadership
Brenda Kuhn transitioned full-time into her role as Kettering Health Network Chief Nursing Officer. Kuhn has served the network for 15 years, the past seven as vice president of Patient Care Services at Kettering Medical Center. She relinquished her daily responsibilities at Kettering Medical Center to focus on One Best Practice, ensuring mission and culture, optimal quality, safety, service and performance outcomes are successfully deployed throughout each facility.

Deaneet Sisson has been named vice president of Patient Care Services at Kettering Medical Center, assuming the responsibilities previously held by Kuhn.

As Sycamore Medical Center’s former vice president of Clinical Services, Sisson excelled in implementing innovative strategies resulting in improved patient care. She deployed excellent tools for nursing communication and alignment to enhance the patient experience.

Ronda Brandstater was promoted to vice president of Clinical Services at Grandview Medical Center.

During her past year at Grandview, Brandstater has demonstrated outstanding skills in improving patient, employee, and physician collaboration. Drawing from more than a decade of nursing leadership, her experience positions Grandview for continued growth.

Quality focus
Teri Sholder transitioned from a dual role capacity to focus solely on her duties as Chief Quality Officer. As Kettering Medical Center’s vice president for Quality since 2013, Sholder successfully developed and implemented standardized clinical and operational practices across the network.

Under her leadership, all network hospitals have recently had successful HFAP surveys, and the network ranked in the top national decile for quality and safety according to Truven Health Analytics. Sholder will continue leading the organization’s quest for the best outcomes in quality and patient safety.

Physician and business development
Jon Larrabee transitioned to vice president of Physician Recruitment for Kettering Health Network. As an excellent relationship builder with physicians and medical residents, he will focus his full attention on identifying and cultivating potential physicians for our network and enhancing the organization’s physician outreach.

Paul Hoover was named director of Business Development for Kettering Medical Center. He joins the network from Florida Hospital's North Pinellas campus, where he successfully increased volumes and developed core markets as the senior leader of Business Development.

David Campbell was named director of Business Development for Greene and Soin, developing mutually beneficial relationships with area physicians and aligning the services offered by the network with the healthcare needs of the community.

Campbell has more than 14 years of experience in the healthcare field, and more than half of that time was as a physician liaison manager for Kettering Health Network.

Jason Brown was named manager of Business Development at Sycamore Medical Center. In this role, he identifies and develops growth opportunities for services provided by Sycamore and Kettering Behavioral Medicine Center.

Prior to this role, Brown was an acquisition liaison with Kettering Physician Network and an outreach development coordinator for Kettering Behavioral Medicine Center.

Epic Updates

Chuck Watson, DO, Chief Medical Information Officer at Kettering Health Network.

Following completion of the Epic upgrade on January 18, attention is being turned to optimizing Epic for end users and preparing for the ICD-10 go-live on October 1, 2015. As you may recall the ICD-10 go-live was postponed one year by the federal government.

Refresh your ICD-10 knowledge
The physician eLearning for ICD-10 will again be available in HealthStream, and campus presentations will begin in the second quarter of this year. For more resources and details, please refer to the ICD-10 newsletter for quarter 1 2015, which is available in the physician lounges, as well as on the Physician and ICD-10 intranet pages.

Inpatient Epic Problem List Calculator
Available toward the end of the second quarter, the Epic Problem List feature is crucial to patients’ continuing care. The Problem List Calculator assists inpatient physicians by providing the greater specificity needed for diagnoses with ICD-10.

Note templates to come
Work has begun on network documentation templates which will contain elements to construct various notes (H&Ps, Progress Notes, etc.) that meet regulatory compliance, ICD-10, and recognized quality parameters. Use of these templates, while not required, will provide physicians with easy-to-use note options that include pre-built note elements.

Questions? Email me at Charles.Watson@khnetwork.org, call (937) 914-7361, or contact me via Spôk.

Kettering Health Network to be the Exclusive Local Provider for Dayton Area HealthSpot Kiosks

Kettering Health Network and HealthSpot have partnered to increase access to high-quality, affordable healthcare through HealthSpot stations. The telemedicine stations are private, walk-in medical kiosks staffed by an attendant. Inside, patients connect to a healthcare provider via a high-definition video-conferencing system and a suite of interactive digital medical devices that stream biomedical information to the provider.

Patients can visit the station without scheduling an appointment and can receive treatment for minor, common health conditions, including cold and flu, rashes and skin conditions, eye conditions, ear aches, sore throat, sinus infections, upper respiratory infections, and seasonal allergies.

Kettering Health Network is the exclusive local provider in the Dayton area. Patients who select a Kettering Health Network provider will be connected to a Kettering Physician Network physician or advanced practice provider who will offer medical advice and write prescriptions remotely if indicated. HealthSpot visits will also be entered into Epic, ensuring continuity of care.

The kiosks will initially be open at eight Rite Aid locations throughout the region, with HealthSpot planning to open 100 locations throughout the state of Ohio by the end of 2015. Several health insurance companies currently cover telehealth sessions as a regular office visit. Patients can also self-pay for their visit.
Network Offers CME on Responsible Prescribing Practices

Excerpts taken from Ohio State Medical Association’s quarterly magazine, Ohio Medicine

Kettering Health Network, in partnership with the Ohio State Medical Association (OSMA) and other major hospital systems across the state, began rolling out an innovative new educational initiative this March called Smart Rx—Smart Medicine and Responsible Treatment.

“This program offers information on crucial compliance issues in a format that is concise, engaging, and accessible from many digital devices,” says Robert Patterson, vice president of Corporate Integrity and Ethics at Kettering Health Network.

Staying up to speed

Considering prescribing issues now account for more than one of every five disciplinary actions before the state medical board, it is imperative that doctors are aware of current prescription drug laws and other regulatory changes.

In the past year alone, lawmakers have sponsored more than a dozen bills that attempt to end abuse and reduce overdose deaths, which have jumped more than 440 percent between 1999 and 2012. In fact, more Ohioans now die from prescription drug abuse than car crashes.

Smart Rx will fill a key role to help doctors understand what they must do to protect patients and themselves.

Short and engaging courses

Smart Rx provides highly-visual, interactive online courses that doctors and nurses can take in 15- or 20-minute modules from their laptops, tablets, or phones.

To develop the four-part curriculum, OSMA worked with next-gen training firm Mindset Digital, experts in unpacking complex information through online courses.

“Today’s professional has an attention span of eight seconds,” said Mindset Digital CEO and founder Debra Jasper, PhD. “It doesn’t mean they won’t tune in longer. But they are making a snap decision about whether these courses are worth their time.”

Physicians earn Continuing Medical Education credits for completing the sessions, which cover:

• New and pending laws that affect opioid prescription and reporting
• Strategies to help identify patients who might be abusing painkillers
• Alternatives to prescription painkillers for chronic pain

The series also includes videos from top medical professionals across Ohio, as well state lawmakers, who share advice and insights.

Making people safer

“Kettering Health Network physicians and allied health professionals should embrace this unique interactive online programming to review their evaluation and prescribing patterns for opioids and, in turn, provide the highest safety and quality of care for their patients,” says Paul Martin, DO, Chief Medical Officer of Grandview and Southview medical centers.

“Kettering Health Network, in partnership with the Ohio State Medical Association (OSMA) and other major hospital systems across the state, began rolling out an innovative new educational initiative this March called Smart Rx—Smart Medicine and Responsible Treatment. This program offers information on crucial compliance issues in a format that is concise, engaging, and accessible from many digital devices,” says Robert Patterson, vice president of Corporate Integrity and Ethics at Kettering Health Network.

The series also includes videos from top medical professionals across Ohio, as well state lawmakers, who share advice and insights.

Smart Rx will fill a key role to help doctors understand what they must do to protect patients and themselves.

Turn Resolutions into Year-long Resolve

Robert Smith, MD, vice president of Medical Affairs, Chief Medical Officer of Kettering and Sycamore medical centers

What are your resolutions this year—both personal and professional? On January 1, perhaps you vowed to spend more quality time with your family or study for a recertification exam. I am writing this at the time when most well-meaning intentions have waned. Personal goals such as “losing 10 pounds” and “eating more vegetables” are said to fall by the wayside on an average of just three weeks into the New Year.

With numerous goals and to-dos on your list, consider refocusing on one or two resolutions that will span the personal and professional, making them essential to every part of your life. Here are a couple suggestions:

Listen attentively

As professionals we interrupt our patients on an average of 15-20 seconds after they start speaking. Are we doing the same to our families?

Practicing the art of listening for two minutes before we speak may open up conversations that otherwise might not occur.

Practice patience

When the pressures of the day pursue us at work, at home, and at weekend long, how do we respond to the next page, call, or question? Feeling constantly “on call”—whether for work or in demand at home—can lead to clipped, impatient interactions.

Unplug for a time and enjoy a pleasant discussion with a family member or friend. Practicing patience in a clinical setting can result in both you and your patients feeling more fulfilled. Having interactions at home when refreshed can lead to more quality time with your family and friends, which plays an essential role in maintaining your work-life balance.

Your turn

Choose one area you wish to improve in both your personal and professional life. Write it down, including a specific approach toward improvement. Review this area as the year progresses and adjust your plan as needed.

Together we can take an active approach in achieving the goals we have set. Enjoy this year with your family and friends, and in your careers.
Comments of Encouragement

William McCullough, MD, Chief of Staff at Kettering and Sycamore medical centers

In 2015 the winds of change continue to affect the healthcare environment. The future will require aircraft engines of great leadership to navigate dynamic skies. Both physician medical staff leadership and administrative business leadership plan to collaborate, focusing on our triple aim directives and striving to achieve our One Best Practice model.

During my final year as Chief of Staff, I find great pleasure in leading our medical staff’s continuing journey which seeks relentless process improvement on behalf of our patients. Our sacred mission helps to sustain the many awards and accolades we have earned for outstanding patient experience and our HFAP accreditation evaluations. I extend many heartfelt thank-yous to my fellow physicians and executive colleagues who have worked together to make our innovative care process a reality.

Words of inspiration

A highlight from 2014 is the positive feedback medical staff has received regarding our holiday medical staff meeting for Kettering Medical Center at the elegant Schuster Center. Our 50th “Golden Anniversary”—spanning from 1964 through 2014—was capped off with a DVD depicting 50 years of caring together to make our innovative clinical leadership. Thankfully—and by no accident—our recent physician survey has confirmed my suspicion that over 85 percent of our doctors are either engaged or aligned with Kettering Health Network.

Kettering and Sycamore Named Two of Nation’s Top Hospitals

Truven Health Analytics has named Kettering and Sycamore medical centers two of the nation’s 100 Top Hospitals. Truven Health Analytics is a leading provider of information and solutions to improve the cost and quality of health care. This is the 11th time Kettering Medical Center has been recognized with this honor, and the seventh time for Sycamore Medical Center. “We are extremely proud of this remarkable achievement,” says Troy Chew, president of Kettering Medical Center. “Kettering is one of only six hospitals in the country that has been named a 100 Top Hospital at least ten times and consecutively for at least the past three years. We are grateful to be consistently recognized as one of the best hospitals in the country.”

This award reflects the commitment of our hospital’s physicians, nurses, and staff to provide an exceptional experience for every patient who comes through our doors for treatment,” says Walter Sackett, senior vice president of Sycamore Medical Center. “We are honored to receive this distinction.”

Study details

The Truven Health 100 Top Hospitals® study evaluates performance in 11 areas: mortality; medical complications; patient safety; average patient stay; expenses; profitability; patient satisfaction; adherence to clinical standards of care; post-discharge mortality; readmission rates for acute myocardial infarction, heart failure, and pneumonia; and Medicare Spend per Beneficiary (new this year).

Kettering College Prepares To Open Occupational Therapy Doctoral Program In Fall 2015

Responding to growing demand for occupational therapy and a shortage of therapists nationwide, Kettering College, a health sciences college on the campus of Kettering Medical Center, is in the final stages of preparation to launch its doctoral program in occupational therapy.

It will be one of only 18 such programs in the United States, says its founding director Terrance Anderson, OTD, who joined Kettering College in November 2013. An experienced educator and clinician, Dr. Anderson has led curriculum development, accreditation efforts, and faculty recruitment. Classes for the OTD program, which is Kettering College’s first doctoral program, will be held at the Olle Davis Medical Arts and Education Center, located in Beavercreek, Ohio.

“We are pleased to welcome Kettering College to the Olle Davis Medical Arts and Education Center,” says Jeff Brock, president of the Greene Medical Foundation. “Olle Davis gave this facility to our Foundation in 2012 with the desire to continue her medical interests, and especially medical education, in Greene County.”

Network collaboration

“Our close connection with the 140 occupational therapists who work at Kettering Health Network-hospitals will make this program stand out,” says Dr. Anderson. “Another big draw is that Kettering College’s values of trustworthiness, innovation, caring, competence, and collaboration mesh well with the values shared by occupational therapy practitioners.”

This program offers an opportunity for clinicians across the network to become involved in a variety of aspects of student learning and clinical experience. “The dynamic interaction between Dr. Anderson and the staff of the OTD program raises the bar for us as clinicians to integrate innovation and clinical research into our daily work with our patients and their families,” says Marcia Cox, OT/RL, clinical specialist.

Kettering Health Network rehab directors, rehab managers, and occupational therapists formed an OTD advisory board to assist Kettering College staff with the needs analysis and business case for why an occupational therapy doctorate program would benefit the region. “We have a shortage of occupational therapists in Ohio and this program will help fill the need for positions within the Greater Dayton area and Ohio in general,” says Diane Ryckman, MA, OTR/L, administrative director of rehab medicine and the orthopedic service line at Kettering, Sycamore, Soin, and Greene.

Responding to demand

The American Occupational Therapy Association has been encouraging institutions nationwide to develop entry-level doctoral programs like Kettering College’s. “Occupational therapy is a growing field and is demanding more professionals who have post-graduate degrees,” explains Nate Brandstatt, president of Kettering College. “The Olle Davis Center is a first-class setting in which to start this program, and to broaden our footprint into Greene County.”

An advantage of the doctoral program for occupational therapy, says Dr. Anderson, is that it provides “extensive training to improve participation in clinical research, which will help students gain a better ability to provide evidence-based care. Occupational therapists need a great deal of didactic instruction and clinical experience to become proficient, and it is difficult to fit all of that into a master’s program.”

Dr. Anderson reports there were 206 applicants for the first 18-seat cohort. The program includes five semesters of classroom instruction; two semesters of field work; and four months in a doctoral experience, which can include clinical practice, research, administration, program development, and other areas of training.

For more info visit kettering.edu/otd
Minimally-Invasive Laser Brain Surgery Provides Hope for People with Inoperable Brain Tumors

NeuroBlate® laser therapy is now offered at The Neuroscience Institute at Kettering Health Network. Offered as a potentially life-extending option to patients diagnosed with “inoperable” tumors or tumors considered unsuitable for traditional brain surgery, NeuroBlate technology allows surgeons to reach more areas in the brain with a reduced risk of harming surrounding healthy tissue.

“The procedure is done while the patient is in an MRI machine so the doctor can see the tumor and surrounding healthy tissue to apply laser energy where it is needed,” says neurosurgeon Phillip Porcelli, DO, of Kettering Medical Center. “The temperature of nearby healthy tissue is monitored to help ensure that it is protected as much as possible. Kettering Medical Center is the only hospital in Ohio to have this advanced technology, besides the Cleveland Clinic and University Hospital in Cleveland.”

The NeuroBlate System is used in conjunction with an MRI scanner, which allows physicians to view and guide the real-time progress of tumor destruction, offering patients better odds that the tumor will be completely treated. The integration of the NeuroBlate and MRI devices allows the neurosurgeon to precisely direct an MRI-compatible, gas-cooled laser probe through burr-holes to a desired target, administer laser interstitial thermal therapy (LITT), and monitor thermal dose using real-time MRI thermometry data.

Benefits

“The big difference between this and traditional brain surgery is recovery and length of stay. It also limits blood loss significantly, reduces post-operative pain, and allows patients to recover faster and get back to their lives,” says Dr. Porcelli.

Post-operative NeuroBlate patients remain in the hospital for one to two days, as opposed to the 8.8 day hospital recovery length of stay for open-cranial surgery patients. Considered minimally invasive, the procedure generally involves less pain, discomfort, and scarring than traditional surgery and allows patients to go home and resume normal activity sooner.

“While NeuroBlate therapy isn’t for every type of tumor, it gives a certain patient population an option, and it also allows them to recover faster with minimal risk,” says Dr. Porcelli. “To a patient who has been told, ‘We’re sorry, there’s nothing more that can be done,’ this gives them hope.”

Quality neurosurgery close to home

Offering this procedure is just one way in which Kettering Health Network offers state-of-the-art neurosurgical care close to the homes of the communities it serves.

“We’re lucky to have such a dedicated team here when it comes to the neurosciences,” says Dr. Porcelli. “It’s the after care, it’s the therapy. It’s an innovative atmosphere with a community hospital feel.”

Kettering Medical Center now offers the latest wide-bore MRI technology. This MRI system, with its wider opening (70 cm), noise reduction package, and faster, clearer scanning ability, offers patients a more comfortable exam experience.

With the ability to place the patient’s feet first, many procedures can now be performed with the patient’s head remaining outside of the bore. These features reduce patient anxiety and claustrophobia, and in most cases, the need for anesthesia when compared to conventional MRI systems.

The wide-bore MRI also allows Sycamore Medical Center to better accommodate patients with special needs. Cardiac MRIs can often be performed without contrast, offering a non-invasive option for patients with renal compromise or a dye allergy.

This new technology also offers the ability to see soft tissue against a piece of metal, allowing patients with total joint to have accurate MRI exams.

For more information, contact Sandra Chubner, Sycamore’s Radiology manager at (937) 914-6229. To schedule an appointment contact Central Scheduling at (937) 384-3888.
Family Medicine for America’s Health: Why?

Paul Martin, DO, Chief Medical Officer of Grandview and Southview medical centers

For too long, the United States healthcare system has been out of balance. Spending on treatment far exceeds spending on prevention. Our current payment system rewards for volume of care ordered by physicians rather than value derived from care. And, at times, the healthcare system can lose focus on the patient.

Primary care is the path to putting the health back in health care. A system based on primary care can help to deliver on the Triple Aim: better health, better care, and lower costs.

**Better Health**—Access to primary care can help patients live longer, healthier lives. In areas of the country where there are more primary care providers per person, death rates for cancer, heart disease, and stroke are lower.

**Better Care**—An increase in one primary care doctor per 10,000 people can decrease costly and unnecessary care. Evidence also shows that primary care is associated with a more equitable distribution of health in populations, a statistical finding that holds both cross-national and within-national studies.

**Lower Costs**—U.S. adults who have a primary care physician have 33 percent lower healthcare costs. Medicare spending is less for states with more primary care physicians, and these states have effective, higher-quality care. A primary care system based on the values of family medicine can make America healthier. Family medicine wants to ensure that America is a place where health is primary. A place where:

- Doctors and patients work together in a true partnership on important health issues, including smoking cessation and prevention, nutrition and fitness, obesity, immunizations, and chronic disease management.
- Doctors have long-term relationships with their patients and evaluate and treat the patient holistically.
- Technology through computerized interoperability supports and fosters the relationship between doctors and patients.
- Everyone has access to a patient-centered primary care medical home, where most, if not all, of their healthcare needs can be met in a coordinated medical neighborhood that provides additional consultative care and management when needed.
- Prevention and health promotion are as important as treating disease.
- Doctors will engage employers, policymakers, health advocates, and civic leaders to address individual and population health as well as accelerate and expand access to primary care.
- Health disparities are reduced by increasing access to primary care.
- Financial incentives are fully aligned with quality care and better health outcomes.

This end, the specialty of family medicine has launched a five-year initiative titled “Family Medicine for America’s Health,” which places emphasis on practice transformation, workforce development, payment review, primary care research, technology, and medical school education to transform itself and the healthcare system to ensure that family medicine can meet the nation’s healthcare needs.

A three-year communications campaign titled “Health is Primary” was also launched to advocate for the values of primary care, demonstrate the benefits of family medicine, and drive patient activation.

The team made significant clinical improvements as well, including:

- Greater utilization of regional anesthesia, such as spinal and adductor canal blocks, which can reduce the risk of deep vein thrombosis and other complications
- Utilization of perioperative medication (such as tranexamic acid) to limit blood loss and the need for transfusions

Grandview’s Joint Surgery Program Seeks to Improve Patient Care

Grandview Medical Center’s joint replacement surgery program called together a team of people from orthopedic surgery, internal medicine, anesthesiology, nursing, social work, information technology, registration, pre-admission testing, billing, home health, and every other hospital department engaged in joint replacement surgery care. Their mission: to achieve clinical outcomes and patient satisfaction scores that place Grandview Medical Center in the top five percent in the nation for joint replacement surgery. The team met every two weeks during most of 2014, working to analyze every aspect of the patient experience, identify areas for improvement, establish metrics to measure progress, and create solutions. Leading the effort was Debby Moore, director of operational design at Grandview and Southview, Todd Anderson, senior vice president of market strategies; Matt Heckler, DO, orthopedic surgery; Troy Tiner, DO, internal medicine, network process improvement medical director; and Robert Melashenko, MD, and Rodney White, CRNA, anesthesiology.

Streamlined pre-admission testing and education

One of the team’s early findings was that the pre-admission testing process was time-consuming and inconsistent, requiring multiple doctor appointments and testing days. Now, the process takes about four hours from start to finish: patients undergo lab tests and imaging at Grandview, then meet with an internist to review test results. The same internist follows them during their hospital stay and post-discharge.

For more info visit fmahealth.org or healthispri mary.org

Grandview Provisional Level III Trauma Center

In late quarter 3 of 2014, Grandview Medical Center was designated a Provisional Level III Trauma Center. "We saw the need for the hospital to offer this additional lifesaving, highly-specialized service to our patients," says Paul Martin, DO, Chief Medical Officer of Grandview Medical Center.

Grandview is the fourth network hospital to open a trauma center, joining Kettering (verified Level II), Greene (verified Level III), and Soin (verified Level III).
Grandview Foundation Gives Women’s Health Services a Boost

Two very successful fundraising campaigns by Grandview Foundation are enhancing women’s healthcare services at Grandview Medical Center and Southview Women’s Center—and providing great training opportunities for medical residents.

A major upgrade at Southview Women’s Center

In 2013, Grandview Foundation raised funds to expand and renovate Southview Women’s Center, a resident training clinic adjacent to Southview Medical Center that offers a full range of obstetric and gynecologic care. The $250,000 project was completed in February 2015, and included:

- Purchasing a 3-D ultrasound unit and a digital colposcopy unit
- Adding two exam rooms, a larger charting room, a private patient education area, and an updated break room
- Creating a new conference room with high-tech audiovisual capabilities
- Developing new educational materials for patients
- Updating carpet, paint, artwork, and furniture throughout

“This is a very busy outpatient clinic, and the extra space makes a big difference for our patients, residents, medical students, faculty, and additional clinical staff,” says Mark Day, DO, an obstetrician/gynecologist who serves as director for the OB/GYN residency program. “We are excited about training our residents on the digital ultrasound and colposcopy technologies—it puts us ahead of the game in comparison to other residency programs nationally. Also, it’s great to offer ultrasound on site, instead of sending patients elsewhere.”

New technology, training opportunities at Grandview

The foundation’s 2014 campaign created a comprehensive breast center at Grandview, which brings the medical center’s breast care services together in one place. The center opened in October 2014. The most exciting aspect of the $350,000 project from a patient care standpoint is the purchase of a digital mammography unit, says Mike Elrod, DO, general surgery program director at Grandview. “Digital mammograms have been shown to be about 15-25 percent more effective than standard mammograms in detecting tumors in women under age 50 and those with dense breast tissue,” Dr. Elrod explains. “They are also considered more accurate for pre- and peri-menopausal women. This technology will help us catch cancers earlier.”

The center offers new training opportunities for residents as well. “We are developing a curriculum that includes a didactic series and multi-specialty conferences covering all facets of breast care,” Dr. Elrod explains. “This training will help ensure that residents in obstetrics/gynecology, general surgery, radiology, family practice, and internal medicine will be able to provide excellent breast care to their patients. We also plan to train general surgery and radiology residents to perform stereotactic and ultrasound-guided breast biopsies.”

As part of the hospital’s commitment to care for medically underserved people, the new center will offer a new community education and outreach program to increase breast cancer screenings and mammograms.

Save the date: August 17

More than hall of the money raised for these women’s health projects came from the Grandview Foundation’s Eagle Seekers Golf Tournaments in 2013 and 2014. The 2015 Eagle Seekers tournament will be held August 17 at the Dayton Country Club. The event will raise funds to enhance resident and community education efforts, and fund updates to the Ohio University building on Grandview’s campus.

Health Centers Expand to Welcome More Patients

Troy Health Center now open

The Troy Health Center opened its doors to patients in the Tipp City and Troy areas in early February. The small ambulatory care center now offers additional medical specialties in areas including general surgery, vascular surgery, orthopedics, gastroenterology, pain medicine, internal medicine, and pulmonary medicine. In the future, the facility also plans to offer x-ray services.

“It is our goal to continue to provide the community with 10-minute access to quality physician care,” says Calen Bowshier, director of Business Development at Grandview and Southview. “Patients in the Tipp City and Troy areas can see these specialists near home.”

The renovated facility is located in the same building as Upper Valley Family Care, a longstanding, multi-physician family practice.

Expansion at Englewood Health Center

Three new family medicine physicians have joined Kettering Physician Network Primary Care in Englewood.

Lewis Mahran, DO, and Katie Amegatcher, MD, began to see patients at the center earlier this year. Ryan Foster, MD, will join Dr. Mahran and Dr. Amegatcher following the completion of his sports medicine fellowship in August.

Grandview • Southview Medical Staff Welcomes New Docs

(Sept 2014 – Jan 2015)

PATHOLOGY
-Erie Pougare, MD
Grandview Hospital
(937) 723-3889

NEONATOLOGY
-Jill Rosset, MD
Phoenix Pathology LLC
(937) 660-8750

OBSTETRICS & GYNECOLOGY
-Ned Nefcy, DO
Contemporary OB/GYN, Inc.
(937) 433-4325

OTOLARYNGOLOGY
-Stewart Adam III, MD
Southwest Ohio ENT Specialist, Inc.
(937) 496-2600

INTERNAL MEDICINE
-Kevin Voll, MD
Internal Medicine Care, Inc.
(937) 429-0067

PULMONOLOGY
-Mohammed Zeitouni, MD
Premier Cardiothoracic/Vascular Surgeons
(937) 278-5100

RADIONUCLIDE TOMOGRAPHY
-Freddie Swain, MD
Premier Cardiothoracic/Vascular Surgeons
(937) 278-5100

RADIOLOGY
-Elab Hussein, DO
Kettering Network Radiologists, Inc.
(937) 297-6306

THORACIC-CARDIOVASCULAR SURGERY
-Buup Kim, MD
Premier Cardiothoracic/Vascular Surgeons
(937) 278-5100

Please note: This list is not exhaustive and includes only the names of physicians who started their new positions during the specified time frame.
Working Together to Ensure Coordinated, Seamless Care

Jody Underwood, Director of Clinical Quality at Greene Memorial Hospital and Soin Medical Center

A network-wide effort to establish care coordination protocols is gaining momentum. Leading the charge is the readmission, mortality, and advanced illness key result area team. This large, interdisciplinary, multi-facility team started meeting in January, and will have key processes in place by the end of 2015. I serve as team leader, and the team has great support from executive sponsor Deanne Sisson, vice president of patient care services at Kettering Medical Center. David Small, MD, chief medical officer at Greene and Soin, is on the team as well, adding a physician’s perspective to all we do.

What is care coordination?
The goal of care coordination is to provide the right care to the right patient in the right location. Care coordination is essential for all patients, but especially for those who are at highest risk for hospital readmission and increased utilization of emergency department services, and those who are at an advanced stage of illness.

Care coordination requires an increased focus on patient-centered care, rather than disease-centered management. One important goal is to identify a patient’s post-discharge needs early in the hospital stay, addressing any potential barriers to success. For example, does the patient have transportation to get to follow-up appointments? Can the patient pay for the prescribed medication? Are family members available to provide support as needed?

Communication is key
Effective communication between care providers is essential, especially in “hand-offs” from one care setting to another. The team is finding ways to inform primary care physicians, specialists, post-acute care facilities, and home care providers about a patient’s post-discharge needs so that there are no delays or gaps in care. We are working with information technology experts at Kettering Health Network to create better communication mechanisms within Epic and other electronic medical records systems.

Another objective is to provide more aggressive post-discharge follow up. Perhaps nurses could call patients at home after a hospital stay, looking for problems such as missed follow-up appointments, unfilled prescriptions, and non-compliance with home therapy. All of these can affect a patient’s health status, risk for readmission and overall satisfaction.

Your input is crucial
As a physician, you are on the front line of patient care, and we welcome your observations and recommendations. If you see an area for improvement in the network’s efforts to provide coordinated care, please share your concerns with me, a senior leader, or the quality director at any network hospital. I can be reached at 937-702-4141 or Jody.Underwood@khnetwork.org

Orthopedic Surgeons Help Launch Soin’s New Joint Replacement Surgery Program

Soin Medical Center recently launched a comprehensive joint replacement surgery program with leadership from Aram Donigian, MD, Matthew Hess, MD, and Britton Wells, MD. These orthopedic surgeons worked with an interdisciplinary team at Soin, modeling the new program after Kettering Medical Center’s joint replacement surgery program, considered among the best in the country.

Dr. Donigian, Dr. Hess, Dr. Wells, and Diane Ryckman, MA, administrative director of the orthopedic service line for Kettering, Sycamore, Soin, and Greene, started meeting with the team in October 2014. “The surgery itself is very important, of course, but so is great pre-operative education, peri-operative care, and post-discharge follow up,” says Dr. Hess. “We made sure that staff in every department that interacts with joint replacement surgery patients was on board. That’s important, because we know that a collaborative, team approach to joint replacement surgery leads to a high level of success.”

Adapting the program to Soin
Team members spent time with their counterparts at Kettering and Sycamore medical centers, which have busy joint replacement surgery programs. Nurses and therapists attended in-services and a pre-op joint replacement surgery class, and received training on pain management; the surgical team observed joint replacement surgeries at Sycamore.

“The interdisciplinary team worked together quickly and efficiently, and did an outstanding job of setting best practice goals for every phase of patient care,” says Ryckman. “They used Kettering Medical Center care protocols and quality processes as a guide, customizing them for Soin staff and patients.”

“We expect that this program will have the same strong outcomes as Kettering Medical Center’s in areas such as length of stay, post-operative pain control, and patient satisfaction,” Dr. Donigian says.

Coordinated care from day one
One convenient aspect of the program is that patients can undergo pre-op testing, pre-op education, and a thorough physical exam all in one day at the Olle Davis Pavilion, which is attached to Soin Medical Center. Clinical Nurse Specialist Lisa Meiring coordinates patients’ pre-op education and preparation, and follows them post-surgically until discharge. Two internal medicine specialists, Sven Raymond, MD, and Priyanka Edara, MD, also play a critical role, seeing patients pre-operatively and providing medical management during their inpatient stay.

Prior to launching this program, only one surgeon—Dr. Wells—performed total hip, knee, and shoulder surgeries at Soin. Now, at three surgeons are doing so. “This program gets everyone on the same page, and I feel like I have more support before, during, and after surgery,” Dr. Wells says. “For example, now we have a dedicated team, whose members are familiar with newer techniques, such as the use of tranexamic acid to reduce post-op blood loss. This familiarity allows us to work together more efficiently.”

Ron Cornovich, vice president of finance and operations for Greene and Soin, says that this new program is part of the natural progression in the growth and development of Soin Medical Center. “Orthopedic surgery is one of many service lines that is coming into maturity as Soin grows as a full-service hospital,” he says. “It is part of our commitment to providing the residents of Greene County with high-quality care close to home.”
Meetings tend to get a bad rap. But at Greene Memorial Hospital and Soin Medical Center, they are helping hospitalists work more effectively with administrators, nurses, and other care providers to improve the patient experience and reduce inefficiencies that can cost time and money. Hospitalists play a key role in these meetings, which take place once a day, once a week, and once a month.

Hospitalists at Greene and Soin “quarterback” the inpatient care teams on medical/surgical floors and in the Intensive Care Unit. Also, they admit patients who are hospitalized following a visit to the Emergency Department (which accounts for 80 percent of all patients at Greene and Soin). The 10 hospitalists who work primarily at Greene and Soin are contracted through South Dayton Acute Care Consultants, a private practice that also contracts with Kettering and Sycamore medical centers for hospitalist care.

The daily “huddle”

Every morning, hospitalists at Greene and Soin lead an interdisciplinary team meeting on each unit to talk about medical/surgical and ICU patients. Care team members discuss how each patient is doing in relation to areas such as clinical care, social/psychosocial issues, barriers to discharge, and readmission risk.

“We want to keep on top of each patient’s needs and make effective use of our resources as we work toward hospital discharge,” explains David Small, MD, chief medical officer at Greene and Soin.

Weekly conferences

Each week, Dr. Small meets with Sven Raymond, MD, head hospitalist for Greene and Soin, and Jody Underwood, director of Clinical Quality, Greene and Soin, to focus on hospital- and network-wide issues that may affect inpatient care.

“Something we’ve been tackling recently is the fact that on any given day, about one-third of Greene and Soin inpatients are in observation status—a much higher rate than other network hospitals,” Underwood says. “We are looking at that situation from a lot of different angles, and finding ways to manage observation patients more aggressively.”

Monthly strategy meetings

Once a month, Dr. Small, Dr. Raymond, and Underwood meet with Indu Rao, MD, who is hospitalist coordinator for South Dayton Acute Care Consultants. These meetings are more strategic in nature, as participants discuss issues related to quality, physician communication, and care coordination at Greene and Soin. Dr. Small and others also work closely with Rebecca Ramirez, MD, Kettering Health Network hospitalist coordinator, to improve efficiency and coordinate One Best Practice for all hospitalist services across network hospitals.

“We want to keep on top of each patient’s needs and make effective use of our resources as we work toward hospital discharge.”

Frequent, regularly scheduled meetings have become indispensable in helping Greene and Soin team members improve care coordination and address any issues early.

“Before, the tendency was to communicate only when something went wrong,” Dr. Small says. “In the year or so that these meetings have been in place, we’ve made some positive changes and have seen improvements in patient satisfaction scores as well.”

Hospitalists are the fastest growing specialty in the history of medicine.

The percentage of hospitals using hospitalists has risen from 29% in 2003 to 50% in 2007 to 72% in 2014. The number of U.S. hospitalists has quadrupled, from 11,000 in 2003 to 44,000 in 2014.

Hospitalists work in hospitals, skilled nursing facilities, rehabilitation units, and other types of facilities.

Source: HealthLeadersMedia

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Weekly conferences

Each week, Dr. Small meets with Sven Raymond, MD, head hospitalist for Greene and Soin, and Jody Underwood, director of Clinical Quality, Greene and Soin, to focus on hospital- and network-wide issues that may affect inpatient care.

“Something we’ve been tackling recently is the fact that on any given day, about one-third of Greene and Soin inpatients are in observation status—a much higher rate than other network hospitals,” Underwood says. “We are looking at that situation from a lot of different angles, and finding ways to manage observation patients more aggressively.”

Monthly strategy meetings

Once a month, Dr. Small, Dr. Raymond, and Underwood meet with Indu Rao, MD, who is hospitalist coordinator for South Dayton Acute Care Consultants. These meetings are more strategic in nature, as participants discuss issues related to quality, physician communication, and care coordination at Greene and Soin. Dr. Small and others also work closely with Rebecca Ramirez, MD, Kettering Health Network hospitalist coordinator, to improve efficiency and coordinate One Best Practice for all hospitalist services across network hospitals.

“We want to keep on top of each patient’s needs and make effective use of our resources as we work toward hospital discharge.”

Frequent, regularly scheduled meetings have become indispensable in helping Greene and Soin team members improve care coordination and address any issues early.

“Before, the tendency was to communicate only when something went wrong,” Dr. Small says. “In the year or so that these meetings have been in place, we’ve made some positive changes and have seen improvements in patient satisfaction scores as well.”

Hospitalists are the fastest growing specialty in the history of medicine.

The percentage of hospitals using hospitalists has risen from 29% in 2003 to 50% in 2007 to 72% in 2014. The number of U.S. hospitalists has quadrupled, from 11,000 in 2003 to 44,000 in 2014.

Hospitalists work in hospitals, skilled nursing facilities, rehabilitation units, and other types of facilities.

Source: HealthLeadersMedia
Fort Hamilton Hospital’s Cardiac Cath Lab Volume Climbs

Patrick Lytle, DO, Medical Director of Cardiology at Fort Hamilton Hospital

It takes a great amount of trust for a patient to put their health in the hands of a physician, nurse, technician, or—a on a larger scale—a hospital or network. As a testament to that trust, Hamilton residents are coming to Fort Hamilton Hospital to receive their heart care.

We see the evidence of this in our cath lab volumes: In 2014, the cath lab reported a total of 905 cardiac procedures—a 32 percent increase from 2013. We also performed 175 coronary interventions, which is up 39 percent from 2013.

What makes this impressive is that, nationally, cath volumes peaked in 2008-2009. But we are still experiencing increases from our 2008 volume of 738 cardiac procedures.

This increase in volume can be traced back to several factors. Our cardiologists have always taken great pride in delivering high-quality care to our patients. Our nursing staff works hard to create a positive patient experience. In addition, under current leadership, the hospital’s reputational capital within the community has increased.

I believe our surrounding community perceives this, entrusting their care to our cardiologists.

Fort Hamilton ranks in 95th Percentile for Quality Care

Each year, Truven Health Analytics publishes a report comparing quality and efficiency of hospitals across the country. Hospitals are ranked on performance in the relevant measures of quality and safety, including mortality, length of stay, patient safety, core measures, readmissions, cost of care, and patient experience.

Fort Hamilton Hospital ranked in the 95th percentile in the 2015 report (based on 2013 performance) compared with 959 hospitals of similar size across the country. This means the quality of care at Fort Hamilton is better than 95 percent of the country’s similarly sized hospitals and has exceeded top decile performance. Hospitals that rank this high are the best in the country because they demonstrate a commitment to excellence through outstanding performance in patient care, operational efficiency, and financial stability.

This achievement was driven by the skill, effort, and dedication of the medical staff to the patients they serve.

Advances in Lung Cancer Diagnosis and Therapy

Robert B. Barriger, MD, Radiation Oncologist at Fort Hamilton Hospital

Lung cancer is the second most frequently diagnosed cancer but remains the leading cause of cancer death in men and women. Many cases are diagnosed at advanced stages when treatment is less effective. However, advancements in diagnosis and therapy have increased the number of available therapies in the fight against this disease.

Recent efforts have been made to reduce lung cancer mortality through earlier diagnosis. In 2011 a randomized trial showed a 20 percent reduction in lung cancer-specific mortality when low-dose CT scans are used to screen high-risk patient populations compared to screening with chest x-rays. In general, screening with low-dose CT is recommended for patients between the ages of 55 and 74 with at least a 30-pack-year smoking history who quit no later than the past 15 years.

Various national societies interpret the data slightly differently. Early stage non-small cell lung cancer (Stage I) is typically surgically treated in medically operable patients. For patients who are not surgical candidates due to medical comorbidities or poor pulmonary function, highly focused and high-dose radiation therapy, stereotactic body radiation therapy (SBRT), or stereotactic ablative radiotherapy (SABR) yield greater than 90 percent local control of the primary tumor with few if any side effects. This high control rate favorably compares to the 30 percent local control of conventionally fractionated radiation for early stage lung cancers. Suitable candidates for primary SBRT/SABR are those with tumors <=5cm and no lymph node involvement. Targeting pulmonary tumors with the precision needed for SBRT/SABR requires specialized radiation equipment and treatment planning.

To care for the community how and where they need it, we are expanding a service line that encompasses all aspects of cardiovascular medicine, with the exception of open-heart surgery. This means that more than 90 percent of Hamilton-area residents can receive top-notch cardiac care at their own community hospital. This growth reflects the dedication of the physicians, nurses, ancillary staff, and administration of Fort Hamilton and Kettering Health Network. Their desire and hard work to create the ultimate patient experience is paying off.

Volunteer Information

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Fort Hamilton Physicians Recognized As Top Doctors

After asking more than 5,000 physicians—including MDs and DOs—who they would seek out for medical care of friends, family, and even themselves, Cincinnati Magazine compiled the Top Doctors 2015 List. Nine hundred physicians in 50 specialties made the list, each having received at least five votes from their peers.

Congratulations to the following physicians at Fort Hamilton Hospital who made Cincinnati/ Magazine’s Top Doctors 2015 List:

- Cardiology: Paisal Khan, MD
- Emergency: Marcus Romanello, MD
- General Surgery: Douglas Hingsbergen, MD
- Gastroenterology: Robert Cucinotta, MD
- Hematology: Evan Z. Lang, MD
- Internal Medicine: Manish Sachdeva, MD
- Nephrology: Ritche Chiu, MD
- Orthopaedics: Daniel Love, MD
- Orthopedic Surgery: Joseph S. Scheidler, DO
- Psychiatry: Quinton Moss, MD
- Pulmonology: Michael Gabrilovich, MD
- Radiation Oncology: John F. Sacco, MD
- Radiology: Linda Reilman, MD
- Neonatology: Adam Mussman, MD
- Vascular Surgery: Girish Nagesetty, MD

Kettering Physician Network Makes Key Leadership Changes

As Kettering Physician Network (KPN) continues to align strategic goals and improve processes, its leadership structure continues to evolve to best support and strengthen these initiatives.

Dan Halbach is now the executive director of Physician Partnership Services. He collaborates with network-employed and independent physicians to strengthen their partnerships with KPN, while continuing to tap extensive knowledge to implement best practices in physician contracting, compensation models, and compliance.

Matt Dabbelt was named director of Business Development. Working with physicians and hospital administration, he establishes new physician partnerships, enhances physician and medical practice onboarding processes, and implements physician relations and retention strategies.

Primary Care in Springboro Hires Fourth Physician to Keep Up with Rapid Growth

Since opening its doors in August 2013, Kettering Physician Network Primary Care in Springboro expanded from one family medicine physician to four, and recently added new clinical space to accommodate patient volume.

The practice welcomed its newest team member, F. Ward Blair, MD, in December 2014. Dr. Blair joined Michael Buch, DO, who has been on staff since the practice opened, and Kassandra Bond, DO, and Thomas Dunn, DO, who began last August. Drs. Buch, Bond, and Dunn completed the family medicine residency program at Grandview Medical Center.

“Patients appreciate that we want to build relationships with them that are based on trust and respect,” says Dr. Dunn. “We keep wait times low, take time to listen to what patients tell us during appointments, and investigate the underlying causes of their symptoms. I think people are drawn to this type of high-quality care and are getting the word out to our community.”

The practice is located at 52 Remick Boulevard in Springboro.

“I think people are drawn to this type of high-quality care, and are getting the word out to our community.”
New Employee Assistance Program Supports Needs of Physicians

In response to the annual employee engagement survey, Kettering Health Network expanded Employee Assistance Program (EAP) offerings for employed physicians. Designed to make physicians’ lives easier by supporting the unique challenges physicians and their families face, these new benefits provide a wider range of assistance.

The network worked with IMPACT Solutions, a behavioral health and people development consulting firm, to develop these services, which are also available to physicians’ families.

Mental health services

These free services are designed to help physicians manage stress related to burnout, marital and family concerns, anxiety, or depression. Clinicians provide confidential, 24/7 support. Employed physicians have access to an extensive local network of licensed mental health professionals who participate in the UnitedHealthcare plan.

Financial and legal services

Employed physicians have access to free financial counseling. Identity theft prevention and recovery services include free identity theft monitoring through Control Your ID. Legal assistance includes a complimentary consultation, as well as a 25 percent discount on most legal services.

Work-life balance

A free work-life resource and referral, available online or by phone, can save time and assist with daily living demands such as finding childcare, finding eldercare, traveling, relocating, and connecting to other community resources.

The easy-to-access Work Life website hosts vetted articles, resources, and interactive features that address issues physicians and families deal with every day.

Coming soon

Later in 2015, physician-centered educational opportunities that focus on topics such as preventing burnout, balancing work and family life, and dealing with adverse patients will be available. Specialized services, such as physician peer coaching (for an additional fee), are on the horizon.

Call 24/7 for live, immediate assistance: 1-800-227-6007. myimpactsolution.com (login: KHN)

Supplemental Long-term Disability

Disability insurance can be an important part of a physician’s income security plans. The long-term disability (LTD) plan provided by Kettering Physician Network is a strong foundation.

If you want additional security, Principal Financial Group and Kettering Health Network Individual Disability Income Advisor Keith P. Davis offers employed physicians a supplemental long-term disability plan on a voluntary basis. This plan includes:

- Individual non-cancelable disability insurance with own-occupation protection
- A 30 percent discount from standard rates
- Issue limit of up to $15,000 per month with financial underwriting
- Guaranteed issue of up to $5,000 per month if currently working
- Retirement security benefits

Because of the skill and commitment you contribute to the network and patients, KPN and Principal want to help protect the lifestyle those skills provide you and your family.

For a quote or consultation, contact Keith at david.keith@princor.com or (937) 449-0031.
Because of you, our patients can continue to

Trust Ohio’s Best

Medical Excellence
Orthopedic Care
Kettering Health Network
Trauma Care
Kettering Medical Center
Major Cardiac Surgery
Kettering Medical Center

Providing excellent care is only possible with our outstanding physicians. We are extremely grateful for your ability to care for patients in such an exceptional manner.

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.