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This is a purposeful effort on Kettering Health Network’s part to engage with the community and address an identified community health need.

Fred Manchur, CEO of Kettering Health Network, on the partnership with OneFifteen to help those suffering from addiction. (pg. 8)

The new ORs will make scheduling easier for current surgeons, help with recruitment, and allow us to expand surgical specialties.

Andrew Archer, DO, on the OR expansion at Southview Medical Center (pg. 25)

When Dave and I are in Gabon, we are the only orthopedic surgeons in the country of 1.7 million people.

Michael Welker, DO, on his mission trips to Gabon (pg. 4)

These are services that have been provided in the community for years. With this partnership, we can continue to offer quality care in an even more streamlined manner.

Deepak Kumar, MD, on the new colon and rectal services offered by Kettering Physician Network (pg. 16)

The center provides residents in training the opportunity for hands-on experience in a safe, stress-free, simulated environment. This experience will help the residents become more proficient in surgical skills and techniques required for direct patient care.

Mike Elrod, DO, on the Wetherell Innovation & Procedural Skills Center at Southview Medical Center (pg. 18)
When we think about health crises in Africa, the Ebola virus and malaria outbreaks come to mind. Sometimes overlooked is the fact that in many places in Africa, there is a severe surgeon shortage. Cities with a population of 250,000 might have only one surgeon. In other areas, it is even worse. Anesthesiologists, nurse anesthetists, and other surgical personnel also are in short supply.

The Pan-African Academy of Christian Surgeons (PAACS) is a strategic response to this critical need. About 20 years ago, an American missionary-surgeon named Dr. David Thompson recognized the need to train African physicians to become surgeons. Dr. Thompson began a surgical residency program at Bongalo Hospital deep in the jungles of Gabon.

The ministry grew, and today PAACS operates general and orthopedic training programs in eight African countries. The organization receives support from Loma Linda University in California and the Christian Medical and Dental Associations of the United States. In addition to providing surgical training, PAACS teaches residents to share the love and gospel of Jesus Christ with their patients.

Sixty-four surgeons have completed the PAACS surgical training program. All are working in various parts of Africa or have gone on to pursue post-graduate surgical training.

Serving in Gabon

I learned about PAACS about 12 years ago, when Dr. Thompson and an American orthopedic surgeon serving in Gabon named Kier Thelander spoke at my church. Since then my brother, Dave Welker, an orthopedic surgeon in Pittsburgh, and I have been going to Bongalo Hospital to teach residents about orthopedic surgery practices and operate on difficult cases they save for us. We try to go every 18 months or so for about two weeks—our most recent trip was in September.

Bongalo Hospital is busy and relatively well equipped, with 140 beds and an obstetrics practice delivering about 600 babies a year. The surgical training program is for general surgery only. Surgical attendings include two general surgeons from the United States and two African surgeons who graduated from the residency program and remained on staff. The staff anesthesiologist, who is from Dayton, recently began a nurse anesthetist training program there.

When Dave and I are in Gabon, we are the only orthopedic surgeons in the country of 1.7 million people. We routinely see people who travel three days to see us for problems such as club feet, non-unions, and chronically torn tendons. Some have waited years for surgery. Dave and I train surgical residents to perform orthopedic procedures, and provide follow-up support for two or three months after we come home. Facetime, WhatsApp, and other technologies are a great resource when Bongalo’s internet connection is strong enough.

Long journey, long hours

I would describe serving in Gabon as “missions 401.” The journey alone takes a day and a half, with long flights followed by a nine-hour drive into the jungles of Gabon. It’s hot and uncomfortable, and it’s frustrating in that there is always more work than you can possibly do in the time you have. Dave and I learned pretty quickly that our role at Bongalo is to support what God has called surgeons there to do and help as much as we can. It’s humbling and fulfilling at the same time.

In the next few months, Dr. Thelander (now chief medical officer for PAACS) will be in Dayton to present information about how to support the work of PAACS, whether with a short-term mission trip or financial gift.

If you’re interested in participating in a mission, email missions@ketteringhealth.org
The Network Operations Command Center (NOCC) is seeing impressive results as it celebrates one-year at Kettering Health Network. The NOCC has become a model for other hospital systems around the country, whose leaders are interested in learning more about its early successes here, from faster transfers to decreased dirty bed time.

The NOCC is powered by sophisticated software, with capabilities that include providing a real-time enterprise view of all beds at all network hospitals and emergency departments. This enterprise view helps nurses at the command center manage all bed placements for Kettering Health Network by monitoring patient arrivals, movement, and destinations on 200 computer screens. Real-time reporting, analytics, and dashboards help them anticipate bottlenecks, predict and manage patient demand, and proactively assign the right resources at different points of care.

“Our priority is to provide the appropriate level of service to each patient in a timely fashion, as close to the patient’s home community as possible, and with the right consultant services needed,” said Nancy Pook, MD, medical director of the NOCC and Network Emergency Services. “Patients requiring hospitalization services who originate in a physician office or emergency department may be directed to an alternate, high-quality Kettering Health Network hospital service, based upon appropriate bed availability. Complex medical or surgical care is directed to high-level specialty coverage.”

The NOCC provides centralized command for other activities that were previously managed by individual hospitals in a “silofed” fashion. A few examples include:

• Facilitating all out-of-network transfers
• Working with nursing supervisors to manage any network issues related to emergency codes
• Dispatching Environmental Services personnel during peak hours as needs arise (re-prioritizing jobs)

The NOCC’s integrated software can streamline a patient’s progression through the system, from the moment they are loaded into an ambulance until hospital discharge. Multiple team members can work in parallel on the same patient movement to create a more effective process. NOCC personnel work closely with Kettering Mobile Care, which is based at the command center. “This means bed transfers and placement decisions happen in the same place as helicopter and ambulance dispatches,” said Jodie Cremeans, BSN, RN, director of the NOCC. “We all use the same phone system and computer software, which minimizes delays and maximizes transparency across the network.”

Continuous quality improvement is a high priority, Cremeans said. “NOCC leaders and chief nursing officers at every campus are rounding together at units across the network to learn from employees what is going well and what problems need to be addressed with the new system,” said Cremeans. “We are all learning together, and finding new ways to leverage this technology in ways that improve patient care and help our providers be as efficient as possible.”

Troubleshooting

Quality reviews help the NOCC team identify areas for improvement, especially when an adverse outcome has occurred. This can involve pulling reports and listening to transcripts of phone calls between providers to help see a fuller picture of what happened and how resources were utilized.

To direct admit or transfer from another facility, call the NOCC at (937) 762-5900 or extension 25900.
On June 14, a ribbon cutting marked the opening of OneFifteen, which offers new substance use disorder treatment services in Montgomery County. The event celebrated the unveiling of three of the five units: a crisis stabilization unit, an inpatient rehabilitation facility, and an outpatient services facility. This five-acre campus, including leased space in the Kindred Heart Hospital, is dedicated to the full and sustained recovery of those living with substance use disorder.

OneFifteen was created in partnership with Kettering Health Network, Premier Health, and Verily—Alphabet Inc.'s life sciences organization devoted to making the world's health data useful so that people can enjoy healthier lives. OneFifteen is a nonprofit ecosystem designed to help those suffering from substance use disorder to achieve recovery and stay in sustained recovery. "This is a purposeful effort on Kettering Health Network’s part to engage with the community and address an identified community health need," said Fred Manchur, Chief Executive Officer of Kettering Health Network.

"One of the unique things about OneFifteen," said Marti Taylor, CEO and president of OneFifteen, "is that we’ll be able to provide every level of service throughout the continuum of care, all the way from prevention to recovery housing."

The outpatient clinic opened in October 2019 and is currently serving the community seven days a week with psychosocial services, medication assisted therapy, individual and group counseling, and other social services. The crisis stabilization unit will open in early 2020, in Kindred Hospital, off Edwin C. Moses Boulevard, and will have 12 bays and a dedicated staff of clinicians to serve those experiencing crisis. The inpatient residential facility will open in the second quarter of 2020, located on the third floor of the Kindred Hospital. This unit will have 32 beds and serve patients requiring short term, inpatient residential care.

In the third quarter of 2020, OneFifteen will open a 58-bed residential treatment/housing facility for those with substance use disorder. "This is an initiative that directly relates to our mission of improving the health of our community," said Terry Burns, chief operating officer for Kettering Health Network. "OneFifteen is a comprehensive approach to implementing known evidence-based techniques to reduce the symptoms of addiction, including recidivism."

A need for more solutions

OneFifteen was born of a need to provide more solutions for opioid addiction treatment in Montgomery County. "Through the Greater Dayton Area Hospital Association, we’ve been working on finding a new formula for a crisis center for a while," Burns shared. "Through the partnership with Verily, this initiative has gone from an initial vision of a crisis center to a comprehensive rehabilitation program that is structured, research-based, and on the cutting edge of addiction medicine."

When the idea for OneFifteen was being formed in 2017, statistics showed that 115 people were dying of unintended overdose every day in the U.S. "The name OneFifteen is a crucial reminder of how much we need to do to move the needle in the right direction," said Taylor.

No wrong door approach

Patients can come to OneFifteen through self-referrals, physician referrals, from the emergency department, or through the criminal justice system. As Taylor said, OneFifteen is established on a "no wrong door approach"—patients have multiple referral points and can enter the system at any point along their continuum of care.

The medical director of OneFifteen, Natalie Lester, MD, has worked closely with Nancy Pook, MD, medical director of the NOCC and Network Emergency Services, to develop transfer protocols available throughout network emergency departments. The structure of the program tightly follows top protocol and established, rigorous criteria. As OneFifteen grows, analysis of the data collected may lead to the discovery of solutions that could be scaled and implemented to lead the way in addiction recovery. Taylor invites anyone who would like to visit and tour the facilities. "We’re more than happy to have people come visit and meet those of us in the program."

To learn more about OneFifteen, visit OneFifteen.org

OneFifteen Offers an Innovative Option for Patients Struggling with Addiction

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To learn more about OneFifteen, visit OneFifteen.org
Kettering Health Network has become a leader in stroke care in the Dayton region. From innovative technology and high-level certifications to a collaborative care approach, the stroke team has consistently offered top-quality care to the community.

Life-changing outcomes

Since going live with RAPID in October 2018, the stroke team has seen a 28.6% increase in patients who went to interventional radiology for a thrombectomy. As Megan Smith, BSN, RN, SCRN, stroke program manager for Kettering Health Network said, “Although this affects a small population of patients, for those patients, the outcomes are life-changing.”

RAPID is a neuroimaging platform used on emergent patients who present with significant symptoms that appeared within the past 24 hours. The technology works by figuring out what area of the brain is not receiving enough blood and calculating what parts of the brain tissue could be saved.

Kettering Health Network was the first health care system in the Dayton area to be using RAPID technology, positioning the network as the leader in quality stroke care. One patient presented at Kettering Medical Center while having a stroke; the stroke was so severe that the care team predicted that this patient was at risk of completely losing function of their left side. However, due to how quickly RAPID was able to identify what areas of the brain were salvageable, the patient received emergent treatment from the neurointervention team and was discharged within three days. The patient regained full function and had minimal to no side effects prior to discharge.

Previously, patients had an average of six hours from the onset of their stroke to have a successful procedure. With the new RAPID technology, patients have a 24-hour window for successful surgery.

Stroke certifications

Every site in Kettering Health Network’s stroke program is currently stroke-certified by the Healthcare Facilities Accreditation Program (HFAP), with Troy Hospital’s certification pending. The HFAP certifications include:

- Comprehensive Stroke Center Certification: Kettering Medical Center
- Primary Stroke Center Certification: Sycamore Medical Center, Grandview Medical Center, Southview Medical Center, Soin Medical Center, and Fort Hamilton Hospital
- Stroke-ready Certification: Greene Memorial Hospital, and the emergency departments at Franklin, Huber Heights, Preble County, and Kettering Health Network Middletown

“Having these HFAP certifications means that we can guarantee we are delivering high-quality care,” said Smith. “We can compare ourselves to other facilities across the nation and know we’re meeting or even exceeding the benchmark.”

In addition, Kettering and Sycamore medical centers have been honored by the American Heart Association and American Stroke Association with the Get With the Guidelines – Stroke Gold Plus with Honor Roll Elite Plus award. Fort Hamilton Hospital has been recognized by the American Heart Association and American Stroke Association with the Get With the Guidelines – Stroke Bronze award.

A collaborative care team

The stroke program involves high levels of collaboration. The continuum of care lasts at least 90 days after a patient has been discharged from the hospital. This involves a high level of coordination between the emergency department, interventional radiology, the laboratory, pharmacy, physical therapy, occupational therapy, and more.

“Everyone has to do their part to reach these excellent outcomes,” said Smith. In the most recent comprehensive stroke survey, Kettering Health Network was commended for having excellent documentation and an extremely collaborative team.

“We are leading the area in our innovation and quality outcomes,” Smith said. “Kettering Health Network also continues to participate in high levels of research, and we are excited to see how the outcomes of these studies will continue to change the ways in which we can care even better for our patients.”

For more information about the Kettering Health Network stroke program, visit ketteringhealth.org/stroke
Safe Sleep Task Force Aims to Reduce Infant Mortality

From 2017-2018, there were 10 infant deaths in Montgomery County that were related to a lack of safe sleep practices—in 2019, that number increased.

To lower these statistics, it is crucial to understand what is happening in the community and why. To this end, Kettering Health Network has an active involvement in both local and network initiatives to reduce infant mortality.

Safe sleep education
“Safe sleep education” are current buzzwords according to Michelle Beebe, MPH, BSN, CCE, manager of Perinatal Outreach for Kettering Health Network. “It’s important to know that education alone isn’t necessarily a quick fix. We’ve been telling people to put babies in cribs for years. As a network, we’re working to ensure that we are not only teaching safe sleep to everyone, but also modeling it in our NICUs and nurseries.”

Key components of safe sleep education focus on the ABCs: making sure the baby is alone, positioned on their back, and in a crib. “Some of the photos that are out there can be confusing for parents,” said Beebe. “There should be nothing in the crib that could cover the baby’s airway.” Other components include a firm sleeping surface and room sharing, but not bed sharing. Breastfeeding and pacifiers are protective, but moms need to be careful about falling asleep with the baby on their chest. “In 90% of sleep-related infant deaths, the mom was impaired from exhaustion,” Beebe said. “If you think you’re going to fall asleep, be careful about falling asleep with the baby on their chest. In 90% of sleep-related infant deaths, the mom was impaired from exhaustion.”

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Proper preventive care
As part of the Greater Dayton Area Hospital Association, Kettering Health Network is part of the collaborative EveryOne Reach One Task Force. The task force focuses on reducing infant mortality, with a goal of bringing the infant mortality rate down to 6/1,000 by the end of 2020. Some of the strategies for achieving this goal include reducing premature birth rates, reducing substance misuse and abuse, and improving health education in the community to reduce the disparities that are based on racial and socioeconomic status.

Research has shown that the number one cause of infant mortality is prematurity, not a lack of safe sleep practices. Some studies have shown that women can benefit from taking progesterone during pregnancy to decrease chances of premature labor. Additionally, it’s important to deal with comorbidities prior to and during pregnancy.

But Beebe also noted that a major part of the EveryOne Reach One Task Force’s discussion is about disparities in the community. Do women need transportation to doctor’s appointments? Do they need better housing? What groups of women in our communities are not getting appropriate access to health care? The discussion about infant mortality is also a discussion about health care equity.

“To illustrate, the cliff theory uses an allegory of two public health workers who discover a community that has better infant outcomes. What groups of women in our communities are not getting appropriate access to health care? The discussion about infant mortality is also a discussion about health care equity.

Improving community health
Sudden infant death rates are higher in the United States than in other developed nations. On average, about 3,500 healthy babies die every year. “If we’re going to make a difference, we all have to say something. We all have to collaborate and work on health equity for our patients,” said Beebe. In the coming months, the EveryOne Reach One Task Force will be launching the Safe Sleep Ambassador Program. This program will be managed by Public Health – Dayton and Montgomery County and will be available to train both public and private organizations on safe sleep practices.

“Every single one of us wants to live in a community that has better infant outcomes. These rates are a litmus test for the health of our community,” Beebe said. “Physicians and health care providers are seen as knowledge experts, no matter their area of expertise. Having awareness of this issue can make a huge difference for women and for our community as a whole. We all want to live in a healthy community, make an impact, and support each other.”

To learn more, or to get involved with the Safe Sleep Ambassador Program, contact Michelle Beebe at Michelle.Beebe@ketteringhealth.org or (937) 395-8600.
What if providers could identify patients who are at an elevated risk for familial and hereditary cancers, and refer them for personalized prevention care? Now they can, thanks to two new resources from Kettering Cancer Care.

One is a new tool called the cancer risk assessment, a digital questionnaire that utilizes sophisticated computer models to calculate a patient’s personal lifetime risk for familial cancers and the eight hereditary cancers: breast, colorectal, endometrial, gastric, melanoma, ovarian, pancreatic, and prostate cancer.

Kettering Health Network was the first health system in the country to integrate the cancer risk assessment into Epic. It is available to providers at all primary care, obstetrics/gynecology, and oncology practices in the network, as well as Kettering Breast Evaluation Center locations.

The other resource is the Cancer Prevention Center, which opened in July. Staffed by Caroline Peterson, DO, and three nurse practitioners, the center offers comprehensive evaluation, genetic testing, and consultation for men and women who are at elevated risk for familial and hereditary cancers. “Our team provides a personal preventive care plan for each patient, with steps they can take right away,” said Dr. Peterson, the center’s director. “That’s pretty powerful.”

How the assessment works

The cancer risk assessment is a series of questions that a medical assistant, nurse, or technologist can ask during any patient visit. At the click of a button, the patient’s risk score appears on the screen. Risk scores are based on National Comprehensive Cancer Network (NCCN) guidelines, which are automatically updated in Epic every three months. About 70% of patients who take the assessment are found to be at an “average” lifetime risk of getting cancer. These patients should continue following national screening guidelines for early detection.

If a patient is found to be at elevated risk, the provider can consider referral to the Cancer Prevention Center. During the first appointment, the provider at the center talks to the patient and assesses their family cancer history and personal risk factors. Patients who are interested in and qualify for genetic testing can provide a blood sample during their first appointment. The center utilizes a 34-gene panel, and about 10% of people who take it are found to carry a hereditary cancer gene. In September, the center began offering RNA and DNA testing to enhance diagnostic yield. It was one of the first practices in the country to do so.

An individualized prevention plan

After test results come back, the provider talks to patients about what the results mean for them and their family members and what options are available, explained Raenell Poynter, APRN-BC, CNP. “So far patient response to our services has been almost 100% positive,” she said. “It is empowering for people to know their personal cancer risk and receive actionable recommendations.”

Patients receive a personalized cancer prevention plan based on the results of genetic testing. All are urged to follow the NCCN guidelines for increased surveillance and prevention. Additional recommendations could include smoking cessation, dietary changes, weight loss, chemoprevention risk-reducing medications, prophylactic surgery (such as oophorectomy or mastectomy), and so on.

Dr. Peterson said she hopes every patient who receives care at an ambulatory practice within Kettering Health Network is given the opportunity to take the cancer risk assessment. “A lot of hereditary mutations are aggressive and affect people when they are young, before they are scheduled for routine screenings,” she said. “Primary care physicians are uniquely positioned to help their patients understand their cancer risk and detect cancer early, when it is easier to treat. So much is happening in the area of genetics and cancer research, and these resources can make a big difference in people’s lives if we take advantage of them.”
Kettering Physician Network has recently added a new specialty to its list of services: colon and rectal care. This addition of these services includes the expertise of colon and rectal surgeons. This group of surgeons specializes in treating conditions of the lower digestive tract, as well as offering preventive care and screenings such as colonoscopies.

Benefits for patients

Deepak Kumar, MD, FACS, FASCRS, has been practicing colon and rectal surgery in the Dayton area for over 40 years. He and his partners at Kettering Physician Network – Dayton Colon and Rectal Center, Augustine Martinez, MD, FACS, and Michael Johnson, MD, FACS, offer much-needed services to the community.

What used to be called a proctology specialty is now a colon and rectal specialty. Colon and rectal surgeons are required to do their full training in general surgery. After those five years, these physicians complete one- to two-year fellowships in the colon and rectal surgery specialty.

"Our services are a hybrid of gastroenterology and surgery," said Dr. Kumar. "We are trained to do colonoscopies, endoscopies, diagnostic screenings, follow-up care, and also perform surgeries ourselves. We offer a huge benefit to patients because they don't have to be referred elsewhere—they can get all the care needed right here."

Medical and surgical management

Recently, the practice has partnered with Kettering Physician Network to offer colon and rectal services. The practice offers a range of services, including colon cancer prevention; treatment for gastroenterological conditions such as irritable bowel syndrome (IBS), Crohn's disease, and ulcerative colitis; and treatment for fecal incontinence.

Dr. Kumar emphasizes that some of these services, such as the options for fecal incontinence treatment, are not offered elsewhere in the Dayton area. Some of these treatments may include dietary or medication changes, as well as surgical options such as muscle repair, gracilis muscle transposition, or artificial anal sphincter implantation.

"A fairly significant number of people experience incontinence or other gastroenterological problems to some degree, but many people don't talk about these issues until they get worse and worse. We specialize in both medical and surgical management of these conditions, and focus on diagnosing, understanding, and resolving each patient's unique problem," said Dr. Kumar.

Dr. Kumar shared that a large percentage of patients approach the practice through word-of-mouth referrals. "I'm operating now on the grandchildren of patients I had 40 years ago," Dr. Kumar shared. In addition to word-of-mouth referrals, patients can also self-present or be referred by another physician.

Continuing to offer quality care

Dr. Kumar has been involved with Kettering Health Network in multiple capacities throughout his career and bringing these services under the Kettering Physician Network umbrella was a logical next step. "These are services that have been provided in the community for years," said Dr. Kumar. "With this partnership, we can continue to offer quality care in an even more streamlined manner."

Kettering Physician Network – Dayton Colon and Rectal Center has office locations in Beavercreek, Englewood, and Dayton. Referrals can be made for any location through Epic or by calling (937) 435-8663.

As noted in the 2019 Q2 issue of Physician Quarterly, Kettering Health Network will be changing our dual authentication process to make us compliant with the Drug Enforcement Agency for electronic prescribing of controlled substances (EPCS). According to current law, all prescriptions for controlled substances will need to be electronically prescribed by January 1, 2021. There are also bonus points available in the Meaningful Use Program for compliance with this law by January 1, 2020.

The new dual authentication process will utilize Bluetooth technology for a more hands-free experience with order entry. This will also make order entry outside the firewall much easier by removing the challenge question requirement. However, the process will require re-enrolling 3D badges for all providers and registering smart devices with the network. This is a phase rollout, and more information will be coming as each campus and surrounding region is enrolled. Enrollment fairs are being scheduled on hospital campuses and network ambulatory sites.

It has now been 10 years since Kettering Health Network installed the Epic electronic medical record software. During that 10 years, significant modifications have been made to the software and available functionality has not been put into standard practice. We are therefore commencing on an Epic Refuel project. This project will enlist Epic's assistance to evaluate how we are utilizing the Epic software. Following the evaluation plans, initiating change, utilizing greater functionality, and returning to the model system will be addressed. Look for more announcements and information regarding Epic Refuel in the coming months.

As always if you have any questions or concerns, please do not hesitate to reach out to me.
Skills Center Expanding Capabilities to Meet Growing Need

The Wetherell Innovation & Procedural Skills Center has been a busy place since opening last year on the campus of Southview Medical Center. Planned upgrades will make it an even more useful resource for residents, fellows, attending physicians, and medical device manufacturing reps.

The $650,000 skills center, which was named in honor of Russ Wetherell, former president of Grandview and Southview medical centers, is located on the second floor of the Yankee Medical Building. The primary purpose of the center is to provide training opportunities for physicians in specialties such as general, orthopedic, hand, otolaryngology, and obstetric-gynecologic surgery. Structured learning experiences help residents master surgical skills and gain confidence before operating on real patients. The physicians can practice essential surgical skills, work on new techniques and technologies, and receive meaningful feedback from trainers.

The skills center features
• 900 square feet of teaching space, and an office, supply room, and restrooms.
• Refrigerated storage for anatomy specimens.
• Four hands-on student training stations and a central teaching table outfitted with surgical lighting and instruments. One station has a high-resolution camera, whose images can be broadcast to remote locations for review and critique, and to document improvement.
• Scopes, imaging technology, drills, and other state-of-the-art simulation and training equipment.

Experienced surgeons have been impressed with the skills center’s capabilities and potential. “The center provides residents-in-training the opportunity for hands-on experience in a safe, stress-free, simulated environment,” said Mike Elrod, DO, program director for general surgery at Grandview Medical Center. “This experience will help the residents become proficient in surgical skills and techniques required for direct patient care.”

Upgrades to the center are coming soon and will include simulators to practice injections, surgical knots, intubation, scoping, and other procedures. Through the generosity of the Grandview Foundation, which continuously strives to support resident education, the skills center recently added a GI Mentor. A GI Mentor is a state-of-the-art, advanced endoscopic simulator used to teach general surgery residents gastrointestinal endoscopic skills.

Medical device manufacturers and other organizations rent the space to provide training modules at the center. “Reps tell us that our skills center is the best resource in the city, a hidden gem,” said Kelly Fackel, vice president for Development at Grandview Medical Center. Grandview Foundation funded the center with proceeds from Eagle Seekers events and other donations.

“We would like to make the center as welcoming and convenient for these vendors as possible,” Fackel added.

For more information about the skills center, contact Robin Dehaan at (937) 401-6003 or Robin.Dehaan@ketteringhealth.org
Eagle Seekers Nets $220,000 to “Grow a D.O.”

The theme of the annual fundraiser was “Grow a D.O.” Proceeds will go toward projects that support the hospital’s medical residency programs, from the recruitment process to program completion and beyond. That includes:

- Funding stipends to help residents pay for books, conference-related travel, and research projects.
- $135,000 allocated to resident stipends—toward new computers, boards exam fees, and study question banks/subscription.
- Supplementing the resident recruitment budget to cover the cost of hosting candidates who visit Grandview Medical Center.
- Contributing toward the purchase of a new, $52,000 surgery simulator at the Wetherell Innovation & Procedural Skills Center at Southview Medical Center.
- Contributing toward a drawing app to bid on items.
- Making themed baskets available to answer calls from 7:30 a.m.-5 p.m.
- Supplemening the resident recruitment budget to cover the cost of hosting candidates who visit Grandview Medical Center.

About 200 golfers participated in the golf tournament this year, and guests used a silent auction app to bid on items. Many thanks to the hospital departments that donated themed baskets to the silent auction, to the employees and foundation board members for all their efforts to make this day a success.

Kettering Cancer Care Extends Pavilion Hours

In the last decade, the Oncology service line at Kettering Health Network has grown exponentially. Unfortunately, the rates of cancer diagnoses are climbing, and the network must continue to find ways to meet the growing need in our community. This fall, one way that Kettering Cancer Care is meeting these needs is through extending hours to accommodate a larger group of patients.

Increasing access to care

In the past, the infusion center has been open from 7:30 a.m.-6 p.m. To increase access to care, the infusion services at Kettering Cancer Care’s Kettering Medical Center location were extended to 8 p.m. in September. In addition, the triage phone line hours have extended. Previously, triage nurses and certified medical assistants were available to answer calls from 7:30 a.m.-5 p.m. Those phone lines will now stay open until 8 p.m.

“The strategy behind this is all about access to care,” said Tricia Tobe, clinical director of Oncology for Kettering Health Network. “This will help to decrease emergency department utilization. When patients are experiencing cancer treatment-related side effects and symptoms, they shouldn’t have to go to the emergency department—they can be safely handled in the outpatient setting. This can also help prevent emotional and financial distress on patients, decrease wait times, and lower costs.”

Tobe also points out that more and more patients are trying to balance cancer treatment with full-time jobs or parenting. The extended hours will allow for patients to take less time off of work, and/or find more affordable childcare options.

Parents of young children often can get more help in the evenings, when a spouse or family member is available to stay home.

Leading the way in cancer care

“Kettering Health Network is really leading the way in our community and changing the way that cancer care is delivered,” said Tobe. Kettering Health Network lives out its mission to offer holistic care through a robust integrative medicine program, providing massage therapy, reflexology, art therapy, group yoga, a multitude of support groups, and more. The network employs certified oncology dietitians and social workers and partners with Maple Tree Cancer Alliance to provide exercise rehabilitation for cancer patients.

The Renew Boutique and Spa at the Pavilion at Kettering Medical Center offers a one-stop shop for women who need breast prostheses, wigs, and/or find more affordable childcare options.

“Our biggest push is around access to care,” Tobe said. Kettering Cancer Care is currently expanding into all areas of southwest Ohio. In early 2019 Kettering Cancer Care opened a full-service cancer center at Fort Hamilton Hospital and opened another full center at Troy Hospital last fall. These new facilities are in addition to the full-access sites already located at Kettering and Soin medical centers. “Our aim is to bring in patients quickly who have a new cancer diagnosis, as well as give patients access to our services for longer periods of time during the day.”

For more information about Kettering Health Network cancer services or to make a referral, call 1-855-500-CURE (2873) or visit ketteringhealth.org/cancercare.
No one ever said that opening a grocery store in a food desert would be easy, but on September 18, Gem City Market reached a significant milestone toward that ambitious goal. After almost four years of planning, community leaders broke ground on the project in the 300-400 block of Salem Avenue in Dayton. The market is expected to open by the end of this year.

Among the market’s most enthusiastic supporters is Josie Elrod, DO, a family physician who leads the Integrative Culinary Medicine (ICM) program at Grandview Medical Center. Here, Dr. Elrod talks about how the partnership between the ICM program and Gem City Market could help transform the way people cook, eat, and live in Dayton.

What is Gem City Market?
Dr. Elrod: Gem City Market is a community- and worker-owned grocery store that will be located less than a mile from Grandview Medical Center. It will provide healthy food options in Dayton’s food desert.

It is also the future site of the Grandview Foundation Teaching Kitchen, which is part of the ICM program sponsored by the Grandview Foundation. The kitchen will have six fully equipped cooking stations and large tables for education and gathering, and will be a place for hands-on community classes and wellness events as well as educational programs for the residents and the medical community.

How will Grandview Medical Center be involved?
Dr. Elrod: The Grandview Foundation cares deeply for the health and wellness of the community and has been a huge proponent of the Gem City Market and teaching kitchen. Last year, the Foundation raised $250,000 to build out and name the kitchen. The collaboration means a lot for the future of the ICM program, and the goal is to have the students become the teachers. The teaching kitchen will provide the setting for health professionals to become more involved in their communities by hosting community classes, health fairs, and cooking demonstrations, all in an effort to help community members learn about and enjoy eating healthy food.

What is the Integrative Culinary Medicine Program?
Dr. Elrod: The ICM program is a course developed for Grandview medical residents and University of Dayton (UD) dietetics students that teaches nutrition and lifestyle techniques to treat, prevent, and reverse chronic diseases. Classes cover nutrition education, societal factors that influence nutrition in our country, and guidance on how to help patients make better food and lifestyle choices.

The program consists of three parts: monthly lectures, monthly journal article readings from the most up-to-date research, and the teaching kitchen, where the students will attend two courses per year. Topics include the anti-inflammatory diet, food allergies, celiac disease, and dietary changes that can help prevent and treat cancer, dementia, and other chronic diseases. We also discuss mindfulness and motivational interviewing skills.
Osteopathic Family Medicine and SAS

The Accreditation Council for Graduate Medical Education (ACGME), the Association of American Colleges of Osteopathic Medicine (AACOM), and committed American Osteopathic Association (AOA) residencies and fellowships have been in the process of implementing a single graduate medical education accreditation system (SAS) since July 1, 2015. This transition will continue through June 2020. AOA-approved residencies were able to apply for pre-accreditation status after their sponsoring institution received ACGME Institutional Accreditation. After a site visit and review of objective materials, core programs in pre-accreditation status that are found to be in substantial compliance with the applicable program requirements can achieve initial accreditation status through a letter of notification, as well as notification of any citations or areas for improvement that must be addressed. Two years from the effective date of initial accreditation, the program will undergo a full site visit and review by the respective review committee.

Why SAS?
• Provide high-quality, uniform graduate medical education accreditation across a specialty
• Increase collaboration within the medical community
• Reduce costs of running parallel programs and increase efficiencies
• Eliminate the need for programs to choose either allopathic or osteopathic accreditation
• Provide consistency across all residency/fellowship programs
• Offer all U.S. medical school graduates a uniform graduate medical education pathway
• Preserve osteopathic medical education
• Increase opportunities for osteopathic graduate medical education and recognition

So where is family medicine for academic year July 1, 2018 to June 30, 2019 (ACGME data)?
• 671 total accredited residency programs
• 57 newly accredited residency programs
• 131 AOA family medicine programs applied for accreditation under the SAS
  • 121 have initial or continued accreditation
  • Five in pre-accreditation status
  • Five withdrew after application filed
• 143 programs applied for osteopathic recognition
• 131 received osteopathic recognition

As a result of the transition to a SAS, the number of osteopathic students in the National Resident Matching Program (NRMP) has grown significantly, and every year more osteopathic applicants have matched in most specialties. With the SAS in 2020, there will be the NRMP and no accompanying AOA intern/resident matching program. Between 2015 and 2019, the proportion of osteopathic students who matched in internal medicine increased from 21.8% to 25.7%. In 2019, family medicine programs matched the second highest number and percentage of DO applicants, with 19.4% of osteopathic students/graduates matching in the specialty. The number of osteopathic students matching in emergency medicine has more than tripled from 2015 to 2019, accounting for 12.8% of all matched osteopathic students.

In comparison, the 2019 AOA osteopathic intern/residency match put family medicine at the top of the list as the specialty of choice, with 34% of osteopathic applicants accepted into family medicine residency programs and 22% matched in internal medicine.

by
Paul Martin, DO, Assistant Director of Network Graduate Medical Education

Two New ORs Will Improve Scheduling for Surgeons and Their Patients

Operating rooms (ORs) at Southview Medical Center have been running at full capacity for months. That will change this spring, when the medical center unveils two new, 700-square-foot ORs.

Like many Kettering Health Network surgeons, Andrew Archer, DO, is looking forward to the project’s completion. “The Southview OR schedule is so tight that it is nearly impossible for surgeons to grow their practice there, because they can’t schedule outside of their assigned block times,” he said. “The new ORs will make scheduling easier for current surgeons, help with recruitment, and allow us to expand surgical specialties.”

The ORs will be slightly larger than the hospital’s existing ORs, which makes it possible to add robotic surgery capabilities or other specialized technology in the future, if desired. The rooms are designed for any type of surgery that Southview currently offers, including general, trauma, orthopedic, and obstetrics-gynecology, among others. Construction involved pushing out a wall and adding 5,000 square feet to Southview, with a total cost of about $8 million.

The new ORs also will improve efficiency—schedulers will be able to group similar cases consecutively on a given day, which means less turnover time between cases. The expansion will allow surgeons to schedule more back-to-back surgeries at Southview, rather than doing single surgeries there on a given day. Shorter wait times for elective surgeries will improve patient satisfaction as well.

Dr. Archer has been with Kettering Health Network for 22 years, and said he is impressed by the network’s approach to growth. “It’s always nice to see the network continue to improve existing facilities, even as we are building new facilities throughout the region,” he said. “Network leaders aren’t focused solely on expansion—they want to meet the needs of medical staff and patients at the same time.”

Andrew Archer, DO

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Andrew Archer, DO
Soin Celebrates Tower Construction with a Topping Out Ceremony

Enthusiastic cheers rose from the crowd as a giant crane gently positioned the final beam atop Soin Medical Center’s new South Tower on September 6. Part of a “topping out ceremony,” the event was attended by about 500 Kettering Health Network employees, community leaders, and construction workers.

Soin Medical Center employees signed the final beam before it was transported from the cafeteria area to the worksite a few days prior to the event. The five-story tower, the hospital’s largest expansion effort yet, is located behind the hospital’s current inpatient structure. When complete it will add more operating rooms and post-anesthesia care space, a new cardiac catheterization lab, a new 25-bed Intensive Care Unit, and shell ed space to accommodate future growth.

The tower was part of the campus’s original master plan and will provide improved access to care in response to community needs. It is just the latest in a series of construction projects at Soin, which have included expanding the Emergency Department and opening two new patient care floors to almost triple the hospital’s bed count.

“Despite weather-related delays early on, the Danis team has kept the construction project right on schedule to open the tower in July 2020,” said Rick Dodds, president of Soin Medical Center and Greene Memorial Hospital. “Danis construction teams are doing a great job, and our community is clearly excited to see the building take shape.”

SOIN SOUTH TOWER FAST FACTS

- Approximately 65 construction workers are on the tower’s worksite at any given time
- The excavation for the building required the removal of 2,000 truck loads of dirt
- The building structure is 9,600 cubic yards, weighing 38,880,000 pounds
- The rebar for the concrete weighs 693 tons
- 343,770 bricks are being used for the building’s exterior
- The tower will have more than 32,000 feet of plumbing piping
- More than 156 miles of electrical wire will be installed in the tower

Caccamo’s Corner

Man’s best friends (and teachers)

Dogs make wonderful companions. We know they are loyal, give unconditional love, never talk back, and always greet their humans with a tail wag. They ease anxiety, improve healing, and decrease stress, and their sense of smell is so sensitive that they can detect low blood sugar levels and certain types of cancer in people.

Dogs help us get out of the house, be more active, meet new people, and overcome social barriers, and have been shown to benefit our mental health in numerous ways. They have an unusual knack for picking up on human moods and emotions. If you are happy, your dog may try to play with you, suggest going on a walk, or want to play fetch. If you are sad or stressed, your dog may try to snuggle up to you, give a reassuring nudge, and stay close to your side, giving you the support you didn’t even know you needed.

I was blessed to share many years of my life with my dog Harley. She was a rescue dog, and my wife and I took her through therapy dog training. She was the smartest dog I ever knew (who hasn’t said that about their dog, huh?). Besides taking care of us, she enjoyed going to nursing homes and hospitals to provide comfort to patients. Harley taught me that dogs need a purpose in life, just like humans. When we find our purpose, life takes on a different view, a different feeling. God distributes special gifts to each of us. It is our job to discover what our gifts are and use them to serve others. The opportunities to do that are limitless—bound only by our imaginations.

Harley died a few years ago, and that was tough. Now we have a new canine in the family—a basset hound named Maggie. Maggie is our co-pilot on the long trips my wife and I take in our RV. She keeps me grounded. She doesn’t have the temperament to be a therapy dog, but she is just as loving as Harley was. She is another rescue dog who was badly abused. When we got her, she would not walk on grass and was scared of just about anything, including the sun and leaves. Through our patience (and she has tried our patience), she has grown to trust my wife and I and love us as we love her. She is now considered part of the family, and we would do anything for her.

We can all learn from dogs. An essay in the book Chicken Soup for the Pet Lover’s Soul provides these reminders:

- When your loved ones come home, always run to greet them.
- Never pass up the opportunity to go for a joyride.
- Take naps and stretch before rising.
- Run, romp, and play daily.
- Avoid eating when a simple grovel will do.
- When you’re happy, dance around and wag your entire body.
- Delight in the simple joy of a long walk.
- Be faithful.
- Never pretend to be something you’re not.
- If what you want lies buried, dig until you find it.
- When someone is having a bad day, be silent, sit close by, and nuzzle them gently.

In short, live simply. Love generously. Care deeply. Speak kindly.

God bless, and happy RVing.

by Michael Caccamo, DO, CCD, Chief Medical Officer at Grandview and Southview medical centers
Shout Outs

George Lewis, MBA, has been named executive vice president of Physician Enterprise for Kettering Health Network. This new role combines the leadership of Kettering Physician Network and Kettering Physician Partners. By combining leadership of these groups, George will be able to align the network’s physician care model to leverage market shifts toward value-based care, enhance outpatient access, and strive to exceed the expectations of the network’s patients and communities. He will also work to advance primary care services, including rural health clinics and On-Demand Care. Lewis currently serves as president of Kettering Physician Network, and his new role will be integrated with his current responsibilities.

Brenda Kuhn, PhD, RN, FACHE, CPHQ, has been named executive vice president and chief clinical officer for Kettering Health Network. Brenda will be responsible for working with physician and clinical leadership to align patient care across the network to achieve One Best Practice. This appointment aligns clinical services under one leader focusing on exceptional care and being more predictable and responsive to market changes and consumer expectations. Nursing, emergency services, and perioperative services will report to Brenda, and she will retain role as chief quality officer.

Jennifer Shull, MBA, BSN, has been named Kettering Health Network senior vice president and chief nursing officer. In this role, she will work with our extraordinary team of nurses, physicians, and other medical professionals to create and implement patient care strategies. The critical objectives of Jennifer’s responsibilities are growing a strong nursing workforce, creating an exceptional patient experience, and enhancing our training and development programs to prepare our nurses to meet tomorrow’s challenges.

Paul Hoover, MBA, has been named senior vice president and chief strategy officer for Kettering Health Network. In this expanded role, Paul will be tasked with the development, implementation, and benchmarking of network growth plans. As network services continue to expand, Paul’s additional responsibilities will be to create growth strategies to achieve our mission, manage strategic partnerships, and build relationships to support patient care. This will include service line executive sponsorship for Orthopedics, Oncology, Brain & Spine, and Heart & Vascular.

Richard Manchur, MBA, has been named president of Grandview Medical Center. Richard served as Southview’s president since May 2017, where he oversaw all health-related services, including patient experience, culture, financial growth, quality, and safety.

Daniel Tryon, MBA, has been named president of Southview Medical Center. Daniel most recently served as executive director and campus administrator for Kettering Health Network Middletown—a role that he will maintain. In addition to providing senior leadership and responsibility for all operational and strategic elements for Middletown and the surrounding region, Daniel was instrumental in a successful opening, a productive rezone appeal with the City of Middletown, and the development of partnerships with key community groups.

Ken Chaij, MA, is returning to Kettering Health Network to serve as the executive director of the Oncology service line after serving as the director of Denver Metro Group Oncology for Centura Health System. Ken previously was with the network for 12 years, most recently as director of Oncology for Kettering Medical Center.

Paul Martin, DO, has been named Assistant Director of Network Graduate Medical Education. Dr. Martin has been affiliated with Grandview and Southview medical centers and ambulatory sites for over 40 years, most recently serving as chief medical officer since 2013.

Joia Henson, APRN, CNP, has been named as manager of Advanced Practice Providers for Kettering Physician Network. In this role, she will oversee all advanced practice provider orientation and onboarding, manage the student portal, and provide mentorship to student advanced practice providers. She will also manage the new advanced practice provider graduate pilot program and provide support and education to clinical teams that utilize advanced practice providers.

After finding out that a patient receiving treatment was homeless, Ravi Desai, MD, and his office manager arranged and paid for a hotel room, so their patient could recover safely and comfortably. Dr. Desai’s generosity is demonstrative of Kettering Health Network’s calling to care for its community by exceeding expectations.
The impact of the Perioperative Surgical Home on opioid usage

Pain. A four letter word, a “fifth” vital sign, a unit of measure on surveys, a source of trepidation for surgical patients, and a significant challenge for clinicians. Yet here is some positive news: the Perioperative Surgical Home initiative at Kettering Health Network is helping patients experience better pain control with less opioid use in the postoperative period.

The Enhanced Surgical Recovery Program focuses on expectation management for patients, non-narcotic pain modalities, early feeding, and mobilization to help patients achieve the fastest functional recovery after major surgery. Critical care is extended to the patient’s home, helping patients experience better pain control and providing a continuity of care that previously wasn’t available. Having everybody on the same page leads to better care and better patient outcomes. Improved outcomes can reduce time spent in the hospital and lower health care costs, as well as increase patient satisfaction (see box).

Multimodal pain relief

The focus is on using non-narcotic medications from different classes that have different mechanisms of action.

- Acetaminophen, non-steroidal anti-inflammatory agents, and gabapentinoids form the analgesic foundation in both the pre and postoperative periods.
- Regional anesthetics (nerve blocks) can greatly reduce the need for narcotics.
- Intravenously, intravenous medications such as lidocaine, magnesium, and ketamine are often part of the recipe for success.

One key to success is to include all aspects of the Perioperative Surgical Home and ERAS® components into the care plan. Choosing to use only some of the components, or making exceptions repeatedly has been detrimental to the aims of the program, and some data exists to suggest that it undermines the benefit of the other components. It is a recipe, and should be treated as such, which is why the Epic build team has moved with caution and care in building the network order sets.

The acute pain service (APS) is another part of the ERAS® team. Physicians and advanced practice nurses on the service can evaluate patients and their pain and make changes to their medication regimen, titrate medication doses, and adjust epidural and perineural catheter infusions. The APS team continues the focus on non-narcotic medications, educates patients on their multimodal regimen, and develops a plan for weaning off of medications at discharge.

Seven Kettering Health Network medical centers currently participate in Perioperative Surgical Home and ERAS®: Grandview, Kettering, Soin, Southview, Troy, Fort Hamilton, and Sycamore.

Current areas of focus are:
- Colorectal surgery
- Gynecologic oncology
- Urology
- General surgery
- Orthopedics—hip and knee
- Spinal fusion procedures
- Urology—prostatectomy, nephrectomy, and cystectomy

Since initiating ERAS® pathways more than a year ago, it has become clear that minimizing narcotics use translates into more of the desired outcomes we want for our patients. Eventually, the Enhanced Surgical Recovery Program will be rolled out to all service lines throughout the network. To learn more or enroll your patients in the Perioperative Surgical Home initiative at your facility, please email the authors.

Colorectal Surgery Experience Reflects
National Trends

Bowel surgery, and in particular colon resection, has been a target of opioid-sparing techniques for years due to both a high level of mobility and long length of stay in the hospital. Additionally, the bowels are highly sensitive to opioid medications, which have the unfortunate side-effect of constipation and delayed bowel transit, which are highly undesirable in the postoperative period.

The results we are seeing at Kettering Health Network in colorectal surgery align with those from other institutions when implementing opioid-sparing techniques. Opiate-sparing techniques benefit the patient in lower rates of complications and shorter length of stay, and result in higher patient satisfaction as well.

Comparing outcomes from colorectal surgery patients who participated in the Perioperative Surgical Home initiative and those did not, Perioperative Surgical Home/ERAS®:

- Reduced the complication rate by 18.1%
- Reduced length of stay by 46%
- Reduced opioid usage by 67%
- Increased patient satisfaction scores from 71% to 87.5%
- Reduced pain scores at the six-hour mark by 35%, at the 24-hour mark by 28%, and at the 48-hour mark by 17%.
Kettering Cardiothoracic & Vascular Surgeons recently expanded to five cardiothoracic surgeons with the arrival of Dwight Slater, MD. Dr. Slater joins Peter Pavlina, MD, Thomas Merle, MD, Karl Borsody, MD, and Bruce Rank, DO, at the practice, which offers open and minimally invasive surgeries.

“Compared to open surgeries, minimally invasive surgeries provide massive benefit for patients, resulting in less post-operative pain and bleeding, shorter recovery times, and higher overall satisfaction,” said Dr. Slater.

Dr. Slater added that when evaluating patients for surgery, safety always comes first. “We want to get patients through surgery successfully with the least invasive approach possible,” he said. “Sometimes open surgery is better, like if you are working on more than one repair. For instance, if you are doing a mitral valve repair and a bypass graft, minimally invasive isn’t feasible for both. What’s nice about minimally invasive surgeries is that our team can consider all of the options and provide whatever the patient needs within Kettering Health Network. That can even include offering hybrid procedures, where one component of the surgery is open and another is done minimally invasively.”

Kettering Medical Center recently purchased a new robotic surgery system that offers more instrumentation and capabilities for lung surgery. “We are happy with what our program offers at this time, but are always evaluating new technologies and devices,” Dr. Slater said. “The goal is always to provide patients with the most comprehensive, effective cardiothoracic surgical care in the area.”

For more information or refer a patient for a surgical evaluation, call Kettering Physician Network Heart & Vascular Surgeons at (937) 294-3611.

Kettering Health Network offers the following cardiothoracic procedures using minimally invasive techniques and/or the daVinci XI surgical system:

- Aneurysm repair
- Angioplasty
- Arrhythmia treatment (hybrid maze procedure)
- Cardiomyoplasty
- Carotid endarterectomy
- Coronary artery bypass grafting
- Extracorporeal membrane oxygenation/ventricular assist device
- Heart valve repair or replacement
- Minimally invasive cardiac surgery
- Mitral valve repair
- Off-pump heart surgery
- Open heart surgery
- Robotic thoracic surgery
- Transcatheter aortic valve replacement
- Thoracic endovascular aortic repair
- Thoracic endoscopy
- Thoracic surgery

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Welcome Providers

Kettering | Sycamore | Troy New Physicians and Advanced Practice Providers
May-November 2019

WELCOME NEW PROVIDERS WELCOME NEW PROVIDERS
Welcome Providers

Welcome Providers

Kettering | Sycamore | Troy New Physicians and Advanced Practice Providers (continued)

May-November 2019

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Hetal Patel, PA-C
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