Marcia Hougen, a recently retired educator and musician, loves being a grandmother—especially when it comes to telling bedtime stories and singing lullabies. Perhaps someday, she’ll share the extraordinary tale with her grandchildren about the tiny WATCHMAN™ that lives in her heart, guarding her against the risk of a disabling or life-threatening stroke.

For Marcia, the WATCHMAN procedure, Richard Borge Jr., MD, of A-fib-related stroke. Specialty trained in the WATCHMAN Left Atrial Appendage Closure (LAAC) Device to help reduce the risk of stroke was the only treatment available to reduce their risk for treatment of select patients with A-fib as an alternative to drug therapy to reduce A-fib-related stroke. Specialty trained in the WATCHMAN procedure, Richard Borge Jr., MD, director, Atrial Fibrillation Program and medical director, Heart Rhythm Center, and Bruce Kuglerz, MD, director, Abington Hospital’s catheterization lab, combined their expertise in electrophysiology and interventional cardiology to implant Marcia’s device.

Marcia, 71, was diagnosed with atrial fibrillation (A-fib). In 2006, upon returning to the U.S. after a trip to El Salvador with a church group. “During our trip, I noticed I became easily fatigued after climbing stairs and had difficulty keeping up with others while walking,” she recalled. When she returned home, a visit to the doctor led to testing that showed Marcia’s heart was in atrial fibrillation. “Over the course of that year, I was in and out of the hospital, trying different medications and heart procedures and finally, my heart went back into normal rhythm,” she said. Thereafter, Marcia’s heart rhythm remained normal, aside from an episode of A-fib in 2013.

The WATCHMAN device permanently seals off the left atrial appendage, eliminating the possibility of clots forming there. Until now, drug therapy with prescription blood thinners—most commonly, warfarin—was the only treatment available to reduce the risk of stroke in people with A-fib that is not related to heart valve disease. Unfortunately, one of the complications of blood thinners is a greater risk for bleeding in the brain or elsewhere in the body, especially after trauma such as a fall.

New Device for Treating Heart Failure

"For patients who are appropriate candidates, the CardioMEMS™ system features a sensor (about the size of a paper clip), which a cardiac specialist implants in the pulmonary artery during a non-surgical procedure," said Robert A. Watson III, MD, chief, Cardiology and co-director, Comprehensive Heart Failure Program, Abington Hospital. The implant is permanent and does not require leads or batteries. It measures pressures inside the heart, which is important in the management of heart failure, because pulmonary artery pressures change weeks before a patient begins to experience signs or symptoms of worsening heart failure.

With the CardioMEMS system, physicians can detect changes in pulmonary artery pressure prior to the onset of symptoms, and adjust treatment to reduce the likelihood of hospitalization. Once implanted, the wireless sensor sends pressure readings to an external electronic system. Simply by lying on a special pillow and pressing a button, patients can take daily sensor readings at home, and transmit the data to their healthcare providers via a secure, online portal.

Visit our website, Jefferson.edu/AbingtonHeart or call 215-481-HEART for information or schedule an appointment with a cardiologist on staff at Abington – Jefferson Health.

Marcia Hougen entered Marcia’s world (and her heart) in October 2015, when she underwent a new procedure at Abington’s Heart and Vascular Institute – Jefferson Health. There, cardiac specialists implanted the WATCHMAN Left Atrial Appendage Closure (LAAC) Device to help reduce the risk of stroke from Marcia’s heart rhythm disorder known as atrial fibrillation (A-fib). In 2015, Abington Hospital became one of the first centers in Pennsylvania to use the WATCHMAN – the only device of its kind approved by the FDA – for treatment of select patients with A-fib as an alternative to drug therapy to reduce their risk of A-fib-related stroke. Specialty trained in the WATCHMAN procedure, Richard Borge Jr., MD, director, Atrial Fibrillation Program and medical director, Heart Rhythm Center, and Bruce Kuglerz, MD, director, Abington Hospital’s catheterization lab, combined their expertise in electrophysiology and interventional cardiology to implant Marcia’s device.

"Affecting nearly 6 million Americans, A-fib is the most common type of irregular heartbeat," said Kelly Applebaum, CRNP, valve coordinator, CardioVascular, Surgery, Abington. The disturbance in the heart’s electrical system can result in the formation of blood clots in a section of the heart known as the left atrial appendage. If a clot forms and breaks loose, it may travel to the brain and cause a stroke.

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FALLING INTO A LIFE-CHANGING TREATMENT OPTION

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When I went into A-fib again in the summer of 2015, it came on the heels of multiple hospital stays for two serious falls,” said Marcia. “After the first fall, the entire left side of my body was black and blue from internal bleeding. The second fall resulted in three fractures in Marcia’s foot, leaving her wheelchair-bound and facing weeks of inpatient rehabilitation therapy, followed by additional months of outpatient therapy. In the midst of the rehabilitation process, Marcia was hospitalized again for A-fib.

“At that point, Dr. Borge recommended the WATCHMAN implant,” said Marcia. “We had tried everything else and we were concerned about continuing with blood thinners when I am at higher risk for falls, and therefore, major bleeding.” After the procedure, Marcia spent one night in the hospital and was discharged home. In time, doctors are hopeful they will be able to discontinue Marcia’s blood-thinning medication altogether.

In the meantime, Marcia remains focused on three straightforward goals. “I’m going to stay out of the hospital, keep singing and finally start enjoying my retirement,” she said. For more information about all cardiac services offered by Abington – Jefferson Health’s Heart and Vascular Institute physicians and surgeons, visit Jefferson.edu/AbingtonHeart or call 215-481-MEDI.

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Joan Benninghoff, 83, would love to tell you about her hip replacement surgery... but it may be tough to catch her at a free moment. Chances are she’s on a hike, swimming laps at the pool, tending to plants in the greenhouse, taking a German class, or any number of activities that keep her on the move at Foulkeways at Gwynedd, a continuing care retirement community.

Joan has always been an active person, and when her right hip started bothering her a little over two years ago, she initially ignored the pain. But then it started slowing her down. On a trip to Maine in 2013 for her granddaughter’s wedding, she found herself unable to join a family hike. “I’ve always been a hiker, but I got nowhere,” she says. “That’s when I knew it was time to do something.”

A CONSERVATIVE START

Her family physician sent her to Benjamin I. Chu, MD, an orthopaedic surgeon at Abington – Lansdale Hospital, who suggested that she start with conservative treatment. But physical therapy and cortisone shots didn’t help, and the pain gradually got worse. Dr. Chu then referred her to Andrew M. Star, MD, chief, Division of Orthopaedic Surgery at Abington Hospital – Jefferson Health. Joan was unsurprised to learn from Dr. Star that the cartilage of her right hip was completely gone, and she would need surgery. “By that time, it even hurt to drive, so I knew it was really bad,” she says. She appreciated that Dr. Star took the time to explain the anterior hip replacement procedure, which would involve replacing the ball-and-socket joint of her hip with a plastic and metal implant. Accessing the hip from the front, Dr. Star uses smaller incisions, resulting in less pain, shorter hospital stays and a quicker recovery.

“He took out a model of a hip, described each step, and answered all my questions,” she says. “He was also very straightforward with me and told me that I would have pain from the surgery, but if I worked through it, I would get over it. I had full confidence in him.”

COMMITTING TO SURGERY AND REHAB

Joan’s procedure on November 10 at Abington – Lansdale Hospital went exactly as planned. Joan had spinal anesthesia and sedation rather than general anesthesia, and she woke up soon after surgery with no nausea or grogginess. Dr. Star says, “We always recommend a spinal because we feel that the patients have less discomfort and fewer side effects from anesthesia (including nausea and vomiting, problems going to the bathroom, blood clots and confusion).”

She was able to put full weight on her hip by the afternoon, and she left the hospital after just one night. “Joan contributed to her recovery by being active and willing to participate fully in her post-op program,” says Dr. Star. “She was always ready to get up and do her exercises and to get back to normal activities as soon as possible.”

For our days later, she started physical therapy at the Foulkeways facility. Things were going well for a week, she thought, as the muscle soreness from her surgery gradually faded. Then, during her second week, she realized something as she watched herself in the facility’s mirrors. “I was taking these tiny, tentative baby steps,” she says. “I told my therapist, and she took me out in the hall and told me, ‘Just try walking as though you’ve never had surgery.’” Encouraged, Joan stretched out her legs and strode confidently down the hall. “I hadn’t realized that I could do that,” she says. “It felt wonderful.”

“We strongly believe that patients do the best in their home environments doing as many normal activities as possible,” says Dr. Star. “For anyone who has spent a day sick in bed, it is obvious that when you finally get out of bed you feel tired, stiff and sore. Our bodies were meant to be up and moving.”

Since then, Joan hasn’t slowed down. She’s back to hiking and swimming, and this Spring, she plans to join her family for hiking in the Pocono Mountains and her Foulkeways friends for kayaking in a local lake. Joan co-chairs the greenhouse committee at Foulkeways.

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WARRINGTON WOMAN PACES HERSELF THROUGHOUT TREATMENT FOR COLORECTAL CANCER

BICYCLING THROUGH COLORECTAL CANCER TREATMENT

WARRINGTON WOMAN PACES Herself Throughout Treatment for colorectal cancer

I needed answers, a thorough explanation of surgery and a treatment plan in order to feel comfortable moving ahead," said Jennifer.

Dr. Fassler provided that and so much more with reassurance and confidence," she added. During his comprehensive evaluation with Jennifer, Dr. Fassler learned she also had experiencing symptoms from previous diagnosed uterine fibroids (noncancerous growths of the uterus). Therefore, Dr. Fassler consulted with Mark S. Shahn, MD, director, Hanjani Institute for Gynecologic Oncology and director, Rosenfield Cancer Center, AH.

Jennifer's case was also discussed by Abington's team of specialists from various disciplines who meet routinely to share expertise for each cancer patient in cancer evaluation conferences. Together, they review diagnostic studies and discuss treatment recommendations for patients as well as for community members seeking second opinions.

"When considering Jennifer's case, our team was concerned about the risk of cancer potentially spreading to the uterus and ovaries," said Dr. Fassler. Because hysterectomy (surgical removal of the uterus) was a treatment option for Jennifer’s symptomatic fibroids, the team recommended that hysterectomy, as well as the removal of the fallopian tubes and ovaries, be performed at the same time as the bowel surgery.

Jennifer was especially pleased to learn Drs. Fassler and Shahn would perform their respective procedures through the same small incisions. "They gave me a two-for-one deal," she joked.

A few weeks after surgery, Jennifer began her six-month chemotherapy regimen. Her prior work experience had prepared her well for this treatment, which would test her stamina. Before immigrating to the United States in 2006 to work as a certified nursing assistant, Jennifer had served for nearly a decade as a firefighter in Trinidad. She was no stranger to endurance or perseverance.

For several months during chemo treatments, Jennifer was able to enjoy her favorite activities – gym classes, outdoor bike riding and hiking – at her own pace. Although cancer-related fatigue kept Jennifer from turning the pedals during her final weeks of treatment, her spirits remained high. Today, Jennifer is cancer free and flying once again, with a steady cadence and solid grip on life’s sweet ride.

For more information about our surgeons, physicians and services, visit Jefferson.edu/AbingtonCancer or call the cancer helpline, 800-405-HELP.

Skin Cancer Screening – FREE

Skin cancer is one of the most common and curable types of cancer. Dermatologists will perform a screening for skin cancer, as well as lesions at risk of cancer. Skin cancer rates continue to increase and it is becoming more common among younger adults. This program is provided for the uninsured or underinsured. By appointment only.

Prostate Cancer at Jefferson

The Sidney Kimmel Cancer Center at Jefferson has joined 14 other leading academic medical centers in the nation’s premier prostate cancer clinical trials group – the Prostate Cancer Clinical Trials Consortium (PCCTC).

The membership not only gives Jefferson patients access to groundbreaking clinical trials from across the country, but brings Jefferson’s research in prostate cancer to centers across the United States. This will help researchers to complete their studies faster, and bring much needed novel therapies to patients sooner.

For more information, visit Jefferson.edu/ProstateCancer.
**JeffConnect**

**THE FASTER, EASIER WAY TO SEE A DOCTOR — VIRTUALLY!**

JeffConnect is a service that ‘connects’ you with a Jefferson doctor — anytime, from your own location — through your smartphone, tablet or computer from anywhere within PA, NJ or DE. The latest video conferencing tool delivers real-time care and consultation, virtually, at a time and location convenient for you.

All of our doctors are board-certified and the service is as secure as an office visit. Visits typically last 10 minutes — the amount of time needed to handle most medical issues. Of course you can add more time if needed. Once you’re connected, your doctor can review medical information you share with them, answer your questions, and at their discretion, diagnose, treat and even prescribe medication. If you receive a prescription, your provider will send it electronically to your pharmacy.

**BUSY WORKING MOM WITH AILING TODDLER**

Sophie Mintz, a nurse practitioner in the Bariatric Surgery Department at Thomas Jefferson University Hospital, was concerned when her two-year-old son began crying when she was dressing him. “He didn’t seem to want to move his arm,” says Mintz. “He just wasn’t acting like his normal self.” Mintz remembered that she had just learned she had breast cancer earlier that year. The nurses, doctors, clergy and hospital staff comforted to know she was tethered securely to the emergency department. “Using text messaging and video, he took Theo to the ED or a doctor’s office. “I was very impressed with the Jefferson emergency medicine physicians to see the worldbelie self。“Using text messaging and video, he took Theo to the ED or a doctor’s office. “I was very impressed with the Jefferson emergency medicine physicians to see the worldbelie self。“Using text messaging and video, he took Theo to the ED or a doctor’s office. “I was very impressed with the Jefferson emergency medicine physicians to see the worldbelie self。“Using text messaging and video, he took Theo to the ED or a doctor’s office. “I was very impressed with the Jefferson emergency medicine physicians to see the worldbelie self。”

**Admitted to MOMU**

In January 2015, Vanessa was just 24 weeks pregnant with triplets when her water broke while she was sleeping. She was hospitalized on complete bedrest for eight weeks in Abington’s MOMU (Maternal Observation and Monitoring Unit). Just days later, her mother, Angela, was also admitted to Abington.

**A precarious path through pregnancy**

While Vanessa and husband Kevin had been blessed with daughter Brooke three years earlier, they had been trying unsuccessfully to conceive another child for more than a year. After fertility treatments and several miscarriages, the Magees decided to pursue in vitro fertilization and Vanessa, 41, became pregnant with triplets. Both thrilled and scared, the couple began planning for the day they’d go from a family of three to a crew of six. “My mom was by my side through it all,” said Vanessa. “She loved being Brooke’s grandmother and was so excited about the triplets.”

As Vanessa’s pregnancy progressed, her mother Angela had begun feeling uneasy. Her doctor ordered some tests and Angela was waiting for results the night Vanessa’s water broke. The next day, Angela received word that the breast cancer she had survived three years earlier had metastasized to her liver. Just one week later, she was admitted to Abington, where she would stay, until the end, with her daughter by her side.

Vanessa was devastated by her mother’s death. “I was doing my best to be calm and stay pregnant,” she said, “I had just lost my mother, who was my best friend. I couldn’t go home to my husband and daughter, I couldn’t help my dad!” During the moments when her grief seemed insurmountable, Vanessa was comforted to know she was tethered securely to her hospital team of supporters. “The nurses, doctors, clergy and hospital staff became my family,” said Vanessa. “They were my lifeline.” They brought her meals, sympathy cards and flowers. They cried and prayed with Vanessa. They made special arrangements so she could attend her mother’s funeral.

The Magee triplets showed the world they were made of stronger stuff than anyone could have predicted. At pregnancy week 32, Vanessa began having contractions. On March 15, a team, including OB/GYN Alice Roberts, MD, experts in maternal/fetal medicine and neonatology were on hand for the birth.

Vanessa and Kevin were overjoyed as they welcomed Angela, named for her grandmother, and sisters Victoria and Alexandria, by Cesarian section. The babies remained on Abington’s Neonatal Intensive Care Unit for five weeks, receiving the highly specialized care they needed to thrive.

**Reality hits home**

Since the babies arrived home in April 2015, an army of volunteers — 100 strong — has served the Magee family. Vanessa had placed a request for help in her church bulletin. That posting opened the flood gates and a steady stream of volunteers has flowed through the Magee household ever since. They change diapers, feed, burp and snuggle babies; wash dishes and do laundry; bake and care for big (yet little) sister Brooke.

**When All Seemed Lost, New Lives Began**

**THRее TINy MiracleS aNd AbIngton STAFF HELP HOrSAM FamIlY aFTER Sudden LoSS**

“Every person who cared for us at Abington — whether it was someone from housekeeping, dietary, nursing, clergy, the OR staff, our doctors — they saved our children. With their caring and kindness, they saved my life, too.”

Dr. Roberts delivered three healthy newborns: Angela (named for her grandmother) and sisters Victoria and Alexandria, by Cesarian section. The babies remained on Abington’s Neonatal Intensive Care Unit for five weeks, receiving the highly specialized care they needed to thrive.

“When we are so blessed to be happy, healthy and thriving,” said Vanessa, “I miss my mom everyday and while I’m heartbroken she isn’t here, I can feel her presence.”

For more information about maternity and all women’s health services at Abington — Jefferson Health, please visit our website, Jefferson.edu/AbingtonMaternity.
Since joining Abington in 2008, Abington – Lansdale Hospital has grown to meet the needs of the North Penn community. We are proud of our accomplishments!

- Providing a full range of inpatient and outpatient services.
- In 2009, new emergency medicine physicians came on board to staff the Emergency Department – consistently earning the highest marks for patient satisfaction ever since.
- In 2011, opening the Orthopaedic and Knee Replacement program.
- In 2015, the hospital announced a Pathway to Excellence® re-designation by the American Nurses Credentialing Center (ANCC).
- In 2016, earning the highest marks for patient experience.
- As a Pathway to Excellence® designated organization, Abington – Lansdale Hospital:
  - is committed to nurses,
  - recognizes what nurses identify as important, and
  - values nurses’ contributions in the workplace.

PATHWAY TO EXCELLENCE® RE-DESIGNATION

Late last fall, Abington – Lansdale Hospital achieved Pathway to Excellence® re-designation by the American Nurses Credentialing Center (ANCC). “Every day I hear examples of nursing excellence and the positive impact it has on our patients’ experiences,” said Kelly Cummings, RN, chief nursing officer at Abington – Lansdale Hospital. “It is an honor to know that our hospital has been recognized a second time at a national level by the ANCC – one of only four hospitals in Pennsylvania. We are pleased to be among this elite group.”

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The Pathway to Excellence designation is suited to small and medium-sized healthcare organizations, but is attainable by all healthcare facilities around the world.

PET THERAPY PROGRAM BRIGHTENS OUR PATIENTS’ DAYS

Animals have an amazing ability to raise patients’ spirits. The Pet Therapy Program at Abington – Lansdale Hospital provides therapeutic companionship in a variety of hospital settings. Research shows that interactions between humans and animals have positive psychological and physiological benefits for hospitalized and homebound patients. To become registered, therapy dogs are tested for many traits, including temperament, obedience, as well as how the dog handles sight, sounds and smells common in hospital and assisted living facilities. The dogs have passed a certification process and a current health record for each dog is kept on file.

THE BENEFITS OF PET THERAPY:
- Positively enhances a patient’s routine and mood.
- Decreases anxiety.
- Reduces stress for patients and staff.
- Lowers heart rate and blood pressure.

The Pet Therapy Program at Abington – Lansdale Hospital is coordinated and staffed by volunteers. Our volunteers enjoy sharing their pets and bringing their unconditional love to Abington – Lansdale Hospital patients.

For information about the Pet Therapy Program at Abington – Lansdale Hospital, contact Cindy Cottle via email at ccottle@abingtonhealth.org.

ABINGTON – LANSDALE HOSPITAL HONORED WITH TWO NATIONAL DISTINCTIONS

Abington – Lansdale Hospital has just achieved two Healthgrades® 2015 distinctions.

We are now among the top 2% of hospitals in the nation to receive both the Patient Safety Excellence™ and Outstanding Patient Experience™ awards. Healthgrades® is the leading online resource for comprehensive information about hospitals and physicians.

Only 93 out of the 3,558 hospitals evaluated for both patient safety and experience showed the superior performance required to be recipients of both achievements.

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SPECIALISTS IN CARING FOR INPATIENTS AT ABINGTON – LANSDALE HOSPITAL

Hospitallists, a dedicated group of physicians, are available to care for patients while they are in Abington – Lansdale Hospital.

A hospitalist is a physician whose entire attention is directed toward caring for hospitalized patients. Just like a primary care doctor, hospitalists are trained in general internal medicine and other specialties. However, because hospitalists do not maintain outside offices, they focus all their time on patients inside the hospital.

Hospitalists manage treatment by:
- coordinating and consulting with specialists,
- monitoring patient’s progress, and
- staying in close contact with patients, their family members and doctors.

HOW DOES THE HOSPITALIST WORK WITH A PRIMARY DOCTOR?

Before a patient is discharged, the hospitalist consults with a primary care doctor to plan future course of care. The primary care providers are notified when patients leave the hospital and receive a summary of test results and discharge instructions.

THIS HOSPITALIST WEARS SEVERAL HATS

Loren Robinson, MD, is Pennsylvania’s deputy secretary for health promotion and disease prevention. On nights or weekends, though, she may be found tending to the needs of patients at Abington – Lansdale Hospital. In fact, over the Christmas weekend, Dr. Robinson provided not just medical expertise but a bit of cheer for all the patients who couldn’t be home celebrating with families and friends. The internist and pediatrician even wore a seasonal green scarf and red Santa cap on her rounds.

As she told the Philadelphia Inquirer, “It’s really easy to forget who the people are that you’re really serving. Doing this clinical work is the thing that keeps me grounded and humble.” Says Dr. Robinson, “It really reminds you of your humanity.”
In September 2015, Michael Flynn, of Collegeville, was at Abington Hospital — Jefferson Health, facing a life-altering decision.

A blood vessel in his brain was significantly blocked, and treatment options were limited.

Michael, 58, listened closely as Larami G. MacKenzie, MD, associate director of Neurocritical Care, explained that he was a candidate for a delicate procedure that would thread a tiny stent (flexible metal scaffold) into the vessel to open it up and improve blood flow to the left half of the brain. He also detailed the surgery’s significant risks — it was possible that it wouldn’t work, or that it would paralyze or even kill him.

Nevertheless, Michael’s response was crystal clear: “I want it done.”

By that point, he’d already survived multiple strokes over the course of the past several months. He had gone blind. His last crisis, the one that had landed him at Abington but had happened many times before, was a transient ischemic attack (TIA) or “warning stroke,” which meant that another major event could be around the corner. He was ready to do what he had to.

REMOVING FLOWS

During a two-hour procedure, Dr. MacKenzie threaded the stent through the terminal artery in Michael’s given up to his intracranial carotid. As the device opened, he saw the diameter of the vessel increase, going from 65% to 30% narrowed. In addition to improving blood flow, the stent stabilized the vessel-dangling plaque within the artery walls, decreasing the chances that a piece of it would break off and cause another stroke.

“Dr. MacKenzie was there when I woke up in recovery,” Michael recalls. “He told me that I’d done great, and he even made a couple of jokes, which put me at ease.”

Michael went home the next day. Slowly, with the help of physical and occupational therapy, he started feeling better. He celebrated Thanksgiving with his family, and he’s now making plans to return to work at the vineyard and cable business he started 30 years ago.

He will continue to see Dr. MacKenzie for a conventional angiogram and then regular noninvasive scans for surveillance, and the two keep in close contact. “Dr. MacKenzie calls just to check up on me,” he says. “He’s a great doctor.”

He’s also seen tangible improvements in his quality of life. “I’m able to think more clearly, and my memory and speech have improved,” he says. (Dr. MacKenzie notes that although this is not usually claimed, since the stented vessel helps supply the part of the brain that controls language functions, this makes sense.) “It feels sort of like fresh air is being pumped into my brain.” And with every passing day, Michael’s becoming more confident that the rest of his life will be stroke free.

Michael would receive the Wingspan Stent System as part of a national clinical trial called WAVES that is being conducted at Abington Hospital and actively recruiting a limited number of other locations in the nation; Abington is the only hospital in Pennsylvania enrolling patients in the trial.

The Weinberg ALS Center, combining excellence in basic research with a robust multidisciplinary treatment clinic, has opened in Jefferson’s Vickie and Jack Farber Institute for Neuroscience. The clinic is supported by The ALS Association Greater Philadelphia Chapter.

“The ALS Association - Greater Philadelphia Chapter has entrusted us with the care of these patients, and we will make it our mission to surround them with an unprecedented level of compassion, treatment, and state-of-the-art care,” said Stephen K. Klasko, president and CEO of Thomas Jefferson University and Jefferson Health.

The center offers patients an innovative, research-based approach to care together with an array of clinical services. It is staffed by a team of specialists dedicated to treating, understanding and managing the disease. Piera Pasinelli, PhD, a leader in ALS research, is the center’s director.

“Our approach of merging research and clinical care is tailored around the patients’ needs, which include immediate needs such as symptomatic care, and ultimate needs in finding effective treatments,” Pasinelli said.

ALS, also known as amyotrophic lateral sclerosis or Lou Gehrig’s disease, is a progressive nervous system disease that affects nerve cells in the brain and the spinal cord and causes muscle weakness and impacts physical function. An estimated 30,000 Americans are living with ALS at any given time.

Appointments are available every Friday for patients with a confirmed diagnosis of ALS. If you have received a confirmed, certain diagnosis of ALS by a neurologist, please call the Jefferson Weinberg ALS Program Manager, Kate Monahan at 215-955-8800. If you have not been diagnosed with ALS, please call 1-800-JEFF-NOW (1-800-533-3669) to speak with a representative for assistance with scheduling an initial appointment with an ALS specialist.
Jefferson Health Opens Advanced Center for Integrative Medicine

Complex, and constantly evolving, the spectrum of human health is remarkably unique for every person. That is why Jefferson physicians at the Brind-Marcus Center of Integrative Medicine take an individualized approach to each patient’s health and healing. With the world’s leading medical treatments and technologies—including the region’s only PET-MRI scanners—combined with proven complementary therapies to prevent and treat chronic health problems, we create comprehensive plans unique to each patient’s total body, mind and spirit wellness. From fatigue to hormonal effects, we understand what our patients want and need. We are unique for every person.

Visit Jefferson.edu/AbingtonBariatrics or call 1-800-JEFF-NOW (1-800-533-3669). For more information about breast cancer care, treatment, and our expert staff, please visit our website, Jefferson.edu/AbingtonCancer, call 900-405-HELP, visit Jefferson.edu or call 1-800-JEFF-NOW (1-800-533-3669).

Abington Recognized for Breast Cancer Care

Abington Hospital — Jefferson Health’s Rosenfeld Cancer Center has been granted a three-year full accreditation designation for the third time by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Jefferson Health’s Breast Cancer Care program at the Sidney Kimmel Cancer Center was one of the first academic medical institutions to receive full accreditation from the NAPBC. Receiving care at a NAPBC-accredited center ensures that a patient will have access to:

- Comprehensive care, including a full range of state-of-the-art services
- A multidisciplinary team approach to coordinate the best treatment options
- Information about ongoing clinical trials and new treatment options; and, most importantly —
- Quality breast care close to home.

For more information about breast cancer diagnosis, treatment and our expert staff, please visit our website, Jefferson.edu/AbingtonCancer, call 900-405-HELP, visit Jefferson.edu or call 1-800-JEFF-NOW (1-800-533-3669).

Jefferson Signs Letter of Intent with Philadelphia University

Thomas Jefferson University and Philadelphia University signed a Letter of Intent on December 17 to exclusively pursue the integration of the two universities. A Definitive Agreement is planned for 2016, which would lead to the creation of a comprehensive university that delivers high-impact education and value for students in health, science, architecture, design, fashion, business and engineering. “Our vision for Jefferson’s academic pillar has been to develop forward-thinking education that integrates new learning models and delivers programs that meet the evolving needs of today’s students,” said Stephen Klasso, MD, president and CEO of Thomas Jefferson University and Jefferson Health. The combination would create Philadelphia’s fifth largest university with enrollment of about 7,500; hub and hub campuses in East Falls and Center City providing suburban-like and urban student experiences; expanded research opportunities; and, a combined alumni base of 78,000.

Jefferson College of Nursing to Offer BSN Program at Abington — Dixon Campus in Willow Grove

The leadership of the Jefferson College of Nursing at Abington Hospital’s Dixon School of Nursing are planning to open a second Bachelor of Science in Nursing (BSN) program at the Abington — Dixon Campus in Willow Grove, pending approval by the Pennsylvania Board of Nursing. This second campus will open after the closure of the diploma program at the Dixon School of Nursing in 2017. The Dixon School of Nursing has graduated more than 4,000 nurses who have served the community and beyond since opening over a century ago. Many graduates went on to earn their BSN and other advanced degrees. A number of students benefited from the generosity of many donors, including the Dixon family, the school’s namesake.

Debby Hines, DNP, director of Nursing Education and chair of the Dixon School of Nursing says, “Our longstanding tradition of educating nurses to care for our community is transitioning into the next chapter for the Dixon School.” Hines is a graduate of both the Dixon School of Nursing and the Jefferson College of Nursing. The second Jefferson College of Nursing campus will be referred to as the Abington — Dixon Campus.

For more information, visit Jefferson.edu/Abington.

Support Abington — Jefferson Health

Abington — Jefferson Health depends heavily on philanthropy to continue its growth and success. If you would like to support the efforts of Abington — Jefferson Health, including those you have read about here in TYN, please consider making a gift to Abington Health Foundation. Every gift makes a difference! Visit www.abingtonhealth.org/waysforgiving or call 215-481-GIFT.

Abington Jefferson Health.
Jefferson Health offers the most advanced cardiac care in the region. With nationally renowned advanced heart failure programs and expertise in sophisticated procedures such as ventricular remodeling and TAVR for non-surgical aortic valve replacement, Abington and Jefferson cardiovascular specialists provide cardiac care that’s as unique as you are.

Advancing medicine heart by heart.

It’s not your cardiac condition that’s rare. It’s you.