As we enter the second decade of the 21st century, I certainly wish all of our faculty, staff, house staff, and alumni a very happy, prosperous, and healthy new year. It appears the economy is showing signs of stabilization or recovery, but I understand that significant challenges remain for us going forward. In this issue, Dr. Freer describes several of the many patient care process improvement projects faculty, staff, and house staff in the department are participating in, or sometimes leading, for our organization. She also reminds us we need to keep our focus on quality of care and patient safety at each step along the way. Dr. Gleeson reports on the progress and challenges within the Division of Pulmonary, Allergy, and Critical Care Medicine, including the ongoing search for a “permanent” division chief. His service as interim chief is deeply appreciated. Special kudos to Linda Knorr, RN, on receiving her master’s degree in...
The Division of Pulmonary, Allergy and Critical Care Medicine (PACCM) is evolving rapidly in response to the imperatives of its many component subspecialties and the needs of the medical center. From the outpatient standpoint, specific clinics are now available for patients referred for pulmonary hypertension (Robert Vender, MD, Laura Delo, CRNP), adult cystic fibrosis (Robert Vender, MD, Patty Yanchuk RN), sleep medicine (Leon Sweer, MD, Kevin Gleeson, MD, Virginia Imadojemu, MD, Laura Delo, CRNP, Todd Eckroth, PA) and lung cancer (Jennifer Toth, MD, Linda Knorr, RN, MS), in addition to our “general” pulmonary clinics. In total, division personnel schedule patients in five clinic sites on campus and five off campus.

Interventional bronchoscopy has become its own superspecialty that will soon acquire the trappings of credentialing and super-specialty certification. This is primarily due to new uniquely effective tools for managing major airway malignancy and related issues. Gone are the days when it is acceptable to nonspecifically palliate asphyxiating major airway obstruction. Jennifer Toth, MD has become the regional expert and, as Medical Director of Interventional Bronchoscopy, oversees all aspects of these procedures including the training of subspecialty trainees. She currently conducts more than 600 procedures yearly and is recruiting an additional faculty member to meet the needs for growth in this area.

The Penn State Center for Sleep Research and Treatment Medical Director is now a PACCM physician, Leon Sweer, MD. The transition of the laboratory itself from the space adjacent to the inpatient psychiatry unit to the ground floor of the Hershey Center for Applied Research (HCAR) building last year under this changed leadership produced many challenges, but the 12-bed lab is currently operating near full clinical capacity due to the efforts of more than a dozen providers and staff across the Departments of Medicine, Psychiatry, and Pediatrics. This having been accomplished, Dr. Sweer and his team immediately moved forward with getting the laboratory re-accredited by the American Society of Sleep Medicine as of the first week of the New Year.

Notably, this is the sole sleep laboratory in the greater Harrisburg area that has achieved this accreditation. Remaining challenges are the development of a multidisciplinary sleep medicine fellowship program and the integrated conduct of clinical research into the day to day clinical operations. In accord with this latter goal, we are pleased that Dr. Sweer has recruited, again in the first week of the New Year, the first patient into a multi-center NIH sponsored clinical research trial aimed at investigating the complex factors that predict adherence to nasal CPAP therapy. No description of the far-ranging pulmonary sleep efforts can omit the assiduous efforts of Laura Delo, CRNP who for years has developed, implemented and overseen a program to assure appropriate continuity of care for what are now thousands of patients with chronic sleep ailments. Todd Eckroth, PA, himself also a certified sleep technician, also plays a substantial role in following many of these patients. PACCM physicians have scaled back the sprawling range of their clinical sleep efforts as the new HMC lab has come on line. Among the remaining off-site sleep-related responsibilities, Virginia Imadojemu, MD is the Medical Director of the Carlisle Regional Medical Center sleep laboratory.

The Medical Intensive Care Unit (MICU) has become the central focus of PACCM inpatient activity and business is booming. Margaret Wojnar, MD assumes most of the administrative responsibility (read that “headaches”) in her role as Medical Director. The past several years have seen the exit of the cardiologists and neurologists to their own subspecialty ICU’s and a greater presence of bone marrow transplant recipients and liver transplant candidates. For these and other reasons, the MICU patient mix has become generally sicker and more chronically ill. When combined with the restrictions on resident duty hours, the pursuit of our primary mission, quality patient care combined with exceptional student and resident teaching, has become an increasing challenge, not to mention lesser order but also important issues such as timely rounding.
and patient length of stay. We are currently recruiting two pulmonary/critical care physicians to fortify this effort. Dr. Wojnar also is the program director of the combined pulmonary/critical care fellowship program that trains three fellows yearly and has populated the region, other noteworthy institutions (most recently the Clinical Center at the NIH), and a number of sites overseas with superbly trained board-certified pulmonary critical care physicians.

The Allergy Section of the division prospers under the masterful leadership of Timothy Craig, DO with its own subspecialty training program. As a group, outpatient clinic visits exceed 8000 yearly. Dr. Craig continues to conduct sponsored clinical trials at a prodigious rate in his laboratory with Cathy Mende, RN and Crystal Rhoads, MA (currently they are enrolling patients in 22 separate trials). He also plays a key role in the AsthmaNet program, funded through the National Heart & Lung Blood Institute (NHLBI). In the past year, Gisoo Ghaffari, MD has added her specific expertise in food allergies and has initiated her own clinical research program currently focusing on the pathogenesis of eosinophilic esophagitis. The most recent addition to the group is an alumnus of the department’s internal medicine training program, Faoud Ishmael, MD who accepted a joint appointment between Medicine and Microbiology beginning in the current academic year. After completing his allergy and immunology training at Johns Hopkins, Dr. Ishmael has come home to pursue his academic interests with a major focus on unraveling the molecular mechanisms of inflammation in airway epithelial cells. The Allergy group sustains its superlative teaching efforts as Dr. Craig recently was honored with the prestigious College of Medicine Distinguished Educator Award. The keenest testimony to the success of these efforts is the year by year successful recruitment of the cream of the HMC internal medicine residency program graduates into the allergy fellowship program: Drs. Erin Banta, Michael Lunn and Tracy Prematta in the current year alone.

Perhaps the most long reaching recent change within PACC M is the resurrection of its traditional research program related to the control of breathing. Philippe Haouzi, MD, an internationally recognized control of breathing investigator, was initially recruited to the Penn State Heart and Vascular Institute from his native France in July of 2007. During the past year, his appointment has been transferred to the auspices of the Department of Medicine. Dr Haouzi brings long and broad experience in investigation of breathing control in adults and children and both small (rodents) and large (sheep) animal models. In turn, Dr. Haouzi has recruited his own first post-doc-toral fellow here at Hershey, Dr. Harold Bell, a Ph.D. scientist with great knowledge and experience with both human and animal research. Dr. Bell in his own right is an international authority in the control of breathing in invertebrates (of all things), e.g. snails, and is currently authoring the definitive review of this topic in the updated “bible” of physiology The Handbook of Physiology. Dr Haouzi has already successfully enlisted a clinical pulmonary-critical care fellow as a mentee (Nasrollah Ahmadianpour, MD) and together they have already, within six months of the initiation of Dr. Ahmadianpour’s appointment in PACC M, submitted a major manuscript to a prestigious journal. The manuscript is entitled, and this is not a joke or misprint, “Persistent Eupneic Breathing during Cardiac Arrest” in both man and sheep. The quality and quantity of Dr. Haouzi’s output in his two plus years here at Hershey has already produced some funding success, and it is otherwise fair to say that he is on the brink of exceptional long-term funding of these efforts.

There are several other notable research-related efforts in PACC M that space does not permit further description other than to mention Dr. Rebecca Bascom’s continued collaboration with University Park engineers to improve the yield of bronchoscopic lung biopsies, her collaboration with the Commonwealth Department of Health and colleagues at the University of Pittsburgh to develop a state-wide interstitial lung disease registry and her recent CTSA initiative award, with Dr. Timothy Craig, to begin a collaboration with University Park scientists investigating inflammatory mediators in the airways of asthmatics. Finally, Dr. Robert Vender’s herculean efforts to land a federal government stimulus-package challenge grant to pursue his work investigating the measurement and prediction of respiratory dead space in ventilated patients was not successful. This will not keep him from completing this work, however.

The final and most important update to the PACC M is the recruitment of a “Permanent” Division Chief. The Division has had an Interim Chief, Dr. Kevin Gleeson, for nearly seven years. Active recruitment has been underway for several years and appears to be moving towards a successful conclusion that we all hope will facilitate and accelerate the much needed recruitment to the manifold enterprise that is the Division of Pulmonary, Allergy and Critical Care Medicine.
room thru put project is vital. Our teaching internists and their teams have made steady improvement in decreasing the time from initial contact with a patient in the emergency room to the time an admission order is written. Of course, this goal is not isolated as, without a bed for that admitted patient, we have made no head way. Therefore, a group of our internists are involved in a multi-disciplinary team looking at the efficiency of discharge. What are the factors here: efficiency of rounding? efficiency of discharge planning? need for extenders to decrease the time our residents and internists need to spend on discharge paperwork? patient expectations of the discharge process? Which improvements will give us the most efficient process leading to a decreased length of stay for the institution and also give our trainees more time for education and less time spent on busy work?

At the institutional level, our department’s contribution is essential in looking at bed allocation and capacity management. While not thinking about the financial goals of the institution is easy to do when you are busy at the bedside, we must be cognizant of the bottom line in order to have a hospital with bedsides! There are many persons working very hard to reason through the most efficient management of bed and procedure space to maximize our financial goals while not compromising our clinical goals. I believe it is important that we all understand these roles as they affect our day to day patient care activities.

Safety is always an institutional goal and communication plays a huge role in patient and provider safety. One of our chief quality initiatives this year is to develop a uniform patient hand off procedure. To do this, we have gone through a failure mode analysis: a process where possible errors are identified before a procedure is written, and with the help of our colleagues in IT have developed a computer based uniform handoff instrument. This instrument should increase the consistency of information passed from provider to provider and hopefully save time in this very important process. It will be trialed in the SICU, General Medicine Service, and Family Medicine Service. Information for the handoff instrument can be downloaded directly from Power Chart reducing the need for individually entered data.

There are many other opportunities for enhanced communication. A recent issue of “Today’s Hospitalist” entitled “Pending Test Results go AWOL” states that only 16% of pending tests are mentioned in discharge summaries. This is not good patient care. All of us have been on the receiving end of an outside physician calling to inquire about a recently admitted patient. How can we avoid these calls? Given the changes in coding and the number of charge sheets, I see with no code or diagnosis information on them, how can we do better in communicating with our colleagues in our institution responsible for billing for the work we do? I don’t have the answers to all of these questions, but they warrant thought.

Our nursing staff has achieved Magnet Status through much hard work. We depend on them to help us manage our patients efficiently and to keep us on target as a patient takes his/her journey through our system. Multidisciplinary teams which include providers at all levels from chiefs to interns play a role in developing good and respectful working relationships with our nursing colleagues. If you are asked to participate on such a team, please give strong consideration to doing so.

Finally, I would be remiss if I did not mention Dr. Weitekamp’s recent E-mail concerning personal accountability. While blaming a mistake on process may be appropriate in some cases, I believe each of us has to take personal responsibility to be sure these processes work well and to do everything we can to assure “Great Medicine.”

Thank you for giving me the opportunity to serve you in this role. I am excited and honored to do so. Great Medicine should be synonymous with patient centeredness. To get there we can work at our many opportunities or we can worry about road blocks. In order to have Good People practice Great Medicine we must focus on the former.
Congratulations to Linda Knorr, RN, MSN, in the Division of Pulmonary, Allergy, and Critical Care Medicine. Linda recently received her Master’s Degree in Nursing. As a result, Linda’s title was recently re-classified to a Clinical Program Coordinator. We appreciate her hard work and dedication to the Division of Pulmonary, Allergy, and Critical Care Medicine and the Department of Medicine.

**Special Recognition**

The Department of Medicine has undergone a restructuring of their office space over the past few months. After Hematology / Oncology moved into the new Cancer Institute building this past summer, the Department of Medicine acquired additional office space and made the decision to review their entire departmental space to realign divisional resources. As a result, half of the department’s divisions as well as the department’s main administrative/Chairman’s office moved their administrative/faculty offices.

The first phase consisted of the Medicine administrative office moving from C6860 to C6840, space previously occupied by the Cancer Institute. This allowed for the Division of Infectious Diseases and Epidemiology to move from C6833 to C6860. This move allowed for an additional 13 staff to occupy C6860.

The second phase involved moving General Internal Medicine from UPC II, Suite 4100 to the BMR Building, Rooms C6830 and C6833. This allowed us to move the Division of Gastroenterology & Hepatology to UPC II and bring them closer to the Endoscopy suite and the Medicine clinic on the second floor. It also allowed a division whose administrative offices were located in three different areas to come together.

Additionally, Drs. Philippe Haouzi and Harold Bell joined the Division of Pulmonary, Allergy and Critical Care Medicine, moving from the second floor clinical research center into divisional space on the 5th floor of the BMR building. Lastly, the Palliative Care Medicine Program moved from UPC II, Suite 4200 to C5800 in the BMR building, sharing suite space with two faculty from Gastroenterology & Hepatology as well as faculty from Pulmonary, Allergy, and Critical Care Medicine.

These moves have allowed for some additional space opportunities as well as alignment of resources. There has been a lot of transition these past few months, but we hope that all are settled in and feel it was worth the effort!

We want to hear from you! This newsletter is made possible by the submissions from the department’s faculty and staff. If you wish to prepare a submission for publication, please e-mail your file as a Microsoft Word document to Susan Hassenbein (shassenbein@hmc.psu.edu). Please include the word count in your e-mail and enter “Lions of Medicine Submission” in the subject line. We also welcome comments about our publication via e-mail or telephone to any member of the editorial board.
Life After Residency

Neil Baman, M.D., Shana Bomberger, M.D., and Zachary Huston, M.D.
Chief Residents

How do you envision yourself in ten years?” Not only is this question asked by interviewers throughout any application process for college, medical school, residency and fellowship, this is something that one asks oneself on a regular basis. As many of our residents are devising long “pro” and “con” lists that examine every facet of a fellowship program, others are contemplating the details of contracts within the field of general internal medicine. The numerous accomplishments and indelible marks they have left on our department and on the field of internal medicine are certainly leading to promising futures as evidenced below.

From the Internal Medicine Class of 2009, Hershey Medical Center retained eight residents. These include fellows representing the programs of Allergy/Immunology, Cardiology, Hematology/Oncology, Nephrology, Pulmonary/Critical Care, and even Information Technology. Other residents from this class matched at University of Pennsylvania (Rheumatology), University of Pittsburgh (Nephrology), University of South Florida (Cardiology) and Yale University (Cardiology). General Internal Medicine was also well-represented as fellow colleagues became hospitalists in Lancaster, Philadelphia, Ohio, and North Carolina, in addition to a current chief resident staying on as faculty here at PSHMC.

As for the Class of 2010, the future is equally promising as their residencies are near completion. Three residents will follow in the footsteps of many leaders of the PSHMC community and transition to the role of chief resident. Eight of their colleagues are moving onto fellowships at Hershey Medical Center (Cardiology, Gastroenterology), University of Chicago (Nephrology), Henry Ford Health System (Allergy/Immunology), Vanderbilt University (Hematology/Oncology), University of Washington (Nephrology), West Penn Hospital (Hematology/Oncology), and Yale University (Clinical Oncology). The rest of the current PGY-3 class is actively pursuing employment within the field of General Internal Medicine.

“How do you envision yourself in ten years?” It has struck our residency class recently that their beliefs of optimism are now turning in realism after all of the diligence they have exhibited. This is certainly a question that our residents can answer with a smile on their faces.

CHAIR’S MESSAGE (Continued)

nursing, and to the Center for Sleep Research and Treatment faculty and staff for their hard work in getting re-accredited by the American Society of Sleep Medicine. We’ve finally completed a series of office moves to accommodate a growing number of faculty and staff in the department as described by Sue Hassenbein. Finally, our chief residents aptly point out the successes of our recent resident graduates in securing new positions after finishing our program. Our residency program in internal medicine recently received three years of continued full accreditation with no citations from the RRC – congratulations to all involved!