

Surgical Solutions

Jefferson Burn Center to Set Standard for Comprehensive Care



Dr. William Hughes has been treating construction worker Nick Kisarewich (second from left) for extensive burns after being accidentally buried up to his waist in asphalt in October. Nick is now able to walk again and recently returned to the Center with his wife, Kate (left), to show his gratitude and speak with Stephanie Stahl of CBS 3 about his recovery.

William B. Hughes, MD, and Michelle Hughes, RN, have spent most of their careers caring for burn patients. Since launching the Jefferson Burn Center in November 2017, they have been instilling their unique experience and expertise within Jefferson's Level 1 Trauma Center – and have a vision to be the region's premier provider of comprehensive clinical care and related services to burn patients.

Dr. Hughes discovered the burn care specialty during a residency rotation at St. Agnes Hospital, which was Philadelphia's burn center at that time. The director became his mentor and eventually recruited Dr. Hughes to the hospital. From there, Dr. Hughes went on to lead the burn center at Temple University, where he spent 20 years and treated every possible type of burn – from minor cooking accidents to large industrial burns.

As Dr. Hughes explains, burn care was one of the first specialties to embrace truly multi-disciplinary care. That

approach continues at the Jefferson Burn Center, which combines expertise in surgery, nursing, physical therapy, occupational therapy, nutrition and social work to address each patient's needs.

"A burn can be a devastating injury, but we work hard to get people back to their pre-injury status and function," Dr. Hughes explains. "While these patients can be challenging cases, seeing them get better is very rewarding."

"A burn can be a devastating injury, but we work hard to get people back to their pre-injury status and function."

One such patient is Nick Kisarewich, 31, of Collingswood, NJ, who was severely burned in an industrial accident last fall. He spent months as an inpatient and is still receiving outpatient care to support his long-term recovery. On Valentine's Day,

he and his wife, Kate, returned to Jefferson with baked goods to thank the clinicians who had cared for him during his hospital stay. He plans to continue expressing his gratitude by serving as a peer mentor to other burn victims.

"When you're going through treatment for a burn, it's like nothing you've ever experienced," says Kisarewich. "To have someone be able to truly relate to what you're feeling physically and emotionally and to see people who have overcome it gives you hope that you can get through it, too."

Formal peer support networks are part of the Survivors Offering Assistance in Recovery (SOAR) Program coordinated by the Phoenix Society for Burn Survivors. Occupational Therapist Karena Landin and Michelle Hughes coordinate the program at the Jefferson Burn Center (see sidebar).

In addition to supporting patients at Jefferson's Center City campus, Dr. Hughes and his team are educating nurses, JeffSTAT and other emergency medical personnel and reaching out to local fire stations about the burn center. They are also connected with the Trauma Survivors Network at Jefferson (a program of the American Trauma Society) to ensure that all patients receive the support services they need. And they are doing outreach to local homeless shelters, providing information on frostbite and ensuring that staff know how to get in touch with the center.

"We are excited about what the Jefferson Burn Center offers today – and even more excited about how the center will continue to grow and evolve in the months and years ahead," Dr. Hughes says.

Nursing Notes



Helping Patients SOAR

"SOAR stands for Survivors Offering Assistance in Recovery – a program of the Phoenix Society for Burn Survivors. The Phoenix Society was founded in 1977 by Alan Breslau, a resident of Levittown, PA, who had suffered extensive burns in a commercial airline crash in the early 1960s.

"Through the SOAR program, we're connecting people who share the experience of a burn injury. That includes burn survivors themselves, as well as their loved ones. Through one-to-one interactions and support groups with survivors, new burn victims are given hope and firsthand information from the only people who fully understand what they are experiencing."

Michelle Hughes, RN
Burn Nurse Coordinator

Learn more about the Jefferson Burn Center – visit JeffersonHealth.org/BurnCenter

In this issue

Clinical Integration

Getting 'Social': Surgeons Use Online Networks to Share Science, Educate Patients and Improve Public Health – Page 2

Innovation

Where Innovation Accelerates: Office of Strategic Business Development & Partnerships – Page 3

On the Job

Betty Coyle – Page 3

Those Who Give

Staying in Gear: 10 Years of Raising Funds, Awareness for Colorectal Cancer – Page 4

Overview



Charles J. Yeo, MD, FACS

Samuel D. Gross Professor and Chair
Department of Surgery

Joy of Practice for Surgeons

Two recent issues of the *New England Journal of Medicine* caught my attention: January 25 and March 1, 2018. Both issues included thoughtful and provocative discussions of physician burnout and its sequelae.

In the January issue, Wright and Katz discuss the negative impact of electronic health records (EHRs) on patient care and physician satisfaction. Over half of US physicians report symptoms of burnout, such as emotional exhaustion, depersonalization or a poor sense of accomplishment. While primary care seems to be at highest risk, surgeons are heavily affected. Burnout is associated with higher rates of depression, suicidal thoughts and substance abuse. It can be measured and it can be reduced by supporting team-based models of care, monitoring regulatory burdens on our faculty and taking other steps to restore the "joy of practice."

In that same issue, Dzau et al. note that burnout has serious consequences, notably a real human cost as well as various health system problems. The authors report that mental illness has reached a crisis level in our practitioners – and, hence the National Academy of Medicine, has launched an Action Collaboration on Clinician Well-Being and Resilience. The four central goals are: (1) increase the visibility of clinician stress and burnout, (2) understand the challenges inherent in clinician well-being, (3) identify evidence-based solutions and (4) monitor the effectiveness of such solutions.

We clearly have seen the effects of overwork, inefficiency and mental turmoil in our department. The March 1 issue of the NEJM features a thought-provoking and courageous perspective article by our own Dr. Michael Weinstein, one of our superb trauma surgeons. In this article entitled "Out of the Straitjacket," Dr. Weinstein describes his training, hard work, descent into deep depression and multi-pronged recovery. He is very involved with our educational and clinical missions, and his messages of recovery, appreciating life, mindfulness and self-care merit our unwavering support. He ends his article with the comment "I believe that by deploying tools for reflection and self-care and working together in a brave and disciplined way, we can remove our restraints and isolation – both figurative and literal." We all should assist the Action Collaborative on Clinical Well-Being and Resilience as it seeks to address these critical issues.

Please enjoy the various articles which compose this issue and keep up with our news on [Facebook.com/JeffersonSurgery](https://www.facebook.com/JeffersonSurgery) and [@JEFFsurgery](https://twitter.com/JEFFsurgery) in between issues.

1 Wright AW and Katz IT. NEJM 378:309–311, 2018.

2 Dzau V et al. NEJM 378:312–314, 2018.

3 Weinstein, MS. NEJM 378:793–795, 2018.

Clinical Integration



After completing two years of general surgery residency in June 2015, Heather Logghe, MD, started the #ILookLikeASurgeon movement on Twitter to promote inclusivity in the traditionally male-dominated field. The hashtag went viral (with 1 billion impressions to date) and led to the #NYerORCoverChallenge in April 2017, which solicited photos of female surgical teams from around the world.

Getting 'Social': Surgeons Use Online Networks to Share Science, Educate Patients and Improve Public Health

When Heather Logghe, MD, emerged as an expert in why and how surgeons can use social media channels, Rajesh Aggarwal, MD, PhD, (See Innovation) recruited her to Jefferson as a Surgical Research Fellow. In addition to founding the #ILookLikeASurgeon movement, Dr. Logghe is a co-author of "Best Practices for Surgeons' Social Media Use: Statement of the Resident and Associate Society of the American College of Surgeons." She also serves as the Society's social media chair.

Dr. Logghe explains that encouraging surgeons to embrace social media is a relatively new trend. In the earliest days of social networks, all physicians were advised to completely avoid Facebook and Twitter. Among the fears: physicians breaching patient confidentiality, patients asking for medical advice and photos showing physicians behaving unprofessionally. By 2015, however, the American College of Surgeons began debating whether social media is a threat to professionalism or an essential part of surgical practice.

"As a result of that, many surgeons realized that social media is here to stay and offers a lot of potential benefits," Dr. Logghe says. "It behooves us to figure out how to do it safely and professionally."

Working under the direction of Dr. Aggarwal, Dr. Logghe is studying how surgical departments can use social media. She notes that most now have a Facebook and Twitter presence, but departments may focus

those accounts in different ways. Some engage with patients, some with other medical professionals. Other departments use the channels to support recruiting. There is also variation in who is managing these departmental accounts.

"We'll be looking at the approaches and benefits," Dr. Logghe says. "In addition to conducting a survey, we're doing a literature review on whether patient commentary on social media reflects the findings of more traditional patient surveys."

She says that beyond departmental use, individual surgeons can benefit from using the channels to highlight their scientific work, share other important studies and educate and engage with patients. It can also help surgeons in rural areas feel less isolated – while providing all surgeons a unique window into the patient experience through the candid comments and stories patients share on social platforms.

In short, social media's benefits now outweigh potential risks so long as surgeons are mindful of how these channels blend personal and professional.

"For doctors, professionalism is nothing new," she says. "Any physician who can conduct himself or herself appropriately on a crowded hospital elevator can do the same on social media. If you wouldn't be comfortable saying something in a crowded elevator, it probably isn't appropriate on Facebook or Twitter, either."

Please Welcome



Neeta Chaudhary, MD, PhD (left), completed the Medical Scientist Training Program at the University of Buffalo, a General Surgery residency at Stony Brook University School of Medicine and an Acute Care Surgery fellowship at Vanderbilt University School of Medicine. She is dual certified in General Surgery and Surgical Critical Care.

Annika Storey, DO (right), graduated from Lake Erie College of Osteopathic Medicine in Erie, PA, before completing a General Surgery residency at Grandview Medical Center in Dayton, OH, and an Acute Care Surgery fellowship at Indiana University School of Medicine. She is dual certified by the American Osteopathic Board of Surgery in General Surgery and Critical Care.

The Department is pleased to welcome 2 new acute care surgeons to the Level I Regional Resource Trauma Center at Jefferson. Both accomplished fellowship-trained surgeons joined the faculty in October as clinical assistant professors. Please welcome:

Where Innovation Accelerates: Office of Strategic Business Development & Partnerships



Rajesh Aggarwal, MD, PhD, FRCS, FACS, joined Jefferson in July 2017 as Senior Vice President of Strategic Business Development and Professor of Surgery. Dr. Aggarwal is a global leader in utilizing simulation technologies in medical education and a passionate healthcare innovator.

Innovation is everywhere – from smartphones in virtually every consumer's pocket to groundbreaking business and operating models shaking up entire industries. How can disruptive innovations make a positive impact on healthcare in general and the Jefferson enterprise in particular?

That's the central question that the Office of Strategic Business Development & Partnerships at Jefferson, established at the end of last year, is addressing. Rajesh Aggarwal, MD, PhD, FCRC, FACS, serves as Senior Vice President for Strategic Business Development in addition to maintaining his bariatric surgery practice as a Professor of Surgery.

Dr. Aggarwal explains that the Office isn't facilitating the traditional "technology transfer" model that universities use to spin off homegrown innovations. Rather, this Office is looking for outside companies with pilot solutions or minimally viable products to "spin in" to the Jefferson enterprise.

"We are working with companies to co-develop and co-implement innovations, including identifying clinical and financial ROI," Dr. Aggarwal says. "In addition to adopting the solutions within Jefferson Health, we will join our partners in commercializing successful innovations to other healthcare systems."

In addition to working to improve patient care and financial performance, the Office is working to solidify Jefferson's reputation as one of the key organizations advancing healthcare innovation across the country. The team welcomes timely input from across Jefferson.

"If one of our surgeons reads about an innovative company and thinks, 'I wish we could have that at Jefferson,' please reach out to me right away," Dr. Aggarwal says. "We can look into it, and if it's a viable product, we will work to catalyze the entire process – from administration and logistics to financial and legal considerations. Time is of the essence."

"We are working with companies to co-develop and co-implement innovations, including identifying clinical and financial ROI..."

The Office of Strategic Business Development & Partnerships is working closely with the Clinical Research Office to ensure that all studies are approved by the Institutional Review Board and accepted by scientific, peer-reviewed publications. Yet Dr. Aggarwal is quick to note that not every stage of the innovation process requires a formal study.

"We can do a quick trial as long as it's HIPAA compliant," he explains. "A pilot study can inform a power analysis – which helps confirm the viability of the innovation and the need for a full-blown trial."

One of the Office's first partners is Lifeguard Health Networks, which has developed digital technology that enables cancer patients to self-report outcomes.

"If patients report their outcomes at least once a day, providers can be more mindful of side effects or complications, and they can intervene before a patient has adverse outcomes. That can improve quality of life and lengthen survival," Dr. Aggarwal says. He adds that while it seems simple, the company's technology is underpinned by a complex set of algorithms and processes.

One of the Office's first partners is Lifeguard Health Networks, which has developed digital technology that enables cancer patients to self-report outcomes.

The Office is collaborating with the Sidney Kimmel Cancer Center to explore how Jefferson can implement the solution – including what questions to ask, when to trigger alerts to clinicians and how to handle patient issues as they arise. Running a trial of the technology is a way to test impact on patient outcomes and satisfaction and to identify opportunities to reduce costs and/or increase revenue.

Above all, he says, the Office is operating as a start-up within a 194-year-old institution: "We aim to be very agile. When a company gets in touch with us, we don't want to think in terms of weeks or months, but days or even hours."

For more information, please contact Dr. Aggarwal at rajesh.aggarwal@jefferson.edu or 215-955-8987.



Betty Coyle

Step into Suite 605 in the College Building and you'll receive a friendly greeting from the Department of Surgery's Administrative Secretary Betty Coyle. Since taking her post 21 years ago, Betty has been making sure the front office is orderly, well supplied and welcoming to staff and guests alike. In addition to those responsibilities, she supports the intensivist group and coordinates the busy schedule of Jonathan Brody, PhD, Vice Chair for Surgical Research.

Betty first joined Jefferson in 1973 as a library technician. She ordered medical books, kept the library's budget and helped start the Patient Education Resource Collection (PERC) – an invaluable program in the pre-Internet era.

"We were serving people who walked in from the street and wanted information to support a relative or friend who was in the hospital. We offered books about diseases and conditions and resources on how to cook better," she says. "We were still using the card catalog, so there was a lot of work cross-referencing the information!"

After a decade in Jefferson's library, Betty left for 14 years to focus on her sons, Michael and Timmy. During that time, she was very active in the Frankford Mothers Nursing Association, making phone calls and home visits to support new moms with breastfeeding.

Outside work, she and her husband, Frank, have always been involved in their parish. These days, she gives back by volunteering through Jefferson's Pastoral Care department – devoting most of her Wednesday lunch hours to visiting with patients at Jefferson Hospital for Neuroscience. A Eucharistic Minister, she offers patients encouragement, prayer and often just the gift of a warm, friendly presence.

When she arrives to work each morning, Betty reads the wall plaque as she exits the elevator: "God loveth a cheerful giver."

"That, to me, is who we all should be – whether we're working with each other or interacting with patients," she says.



Credit: Bonnie Galt

Mayor Jim Kenney officially proclaimed March 24, 2018 as "Get Your Rear in Gear Day" in Philadelphia, urging all citizens to get screened for colon cancer. City Representative Sheila Hess (right) presented GYRIG Philadelphia executive director and founder Maria Grasso with the City Proclamation at the 10th Anniversary event in Fairmount Park.

Staying in Gear: 10 Years of Raising Funds, Awareness for Colorectal Cancer

When it comes to planning and managing events, Maria Grasso is truly a pro. As a Senior Director of National Accounts with the Philadelphia Convention & Visitors Bureau, she has executed numerous events, including the 2017 NFL Draft, with aplomb.

Outside work, she applies those skills as Executive Director of Get Your Rear in Gear Philadelphia (GYRIG). For Grasso – who lost both her father and grandfather to colorectal cancer – the project is deeply personal.

After learning of the first Colon Cancer Coalition's GYRIG event in 2005, Grasso was motivated to bring the effort to Philadelphia. She organized the first GYRIG event in 2009 and continues to raise funds to support research, education and screening for colorectal cancers in the Philadelphia region.

On March 24, Grasso, her husband, Sam, and a team of 200+ volunteers hosted the 10th GYRIG Philadelphia event. More than 3,000 participants joined in for the four-mile run, two-mile remembrance walk and Kids' Fun Run – along with a giant inflatable colon that uses humor to encourage people to learn about colon cancer facts, symptoms and questions to ask healthcare providers.

This year's GYRIG event brought the total funds raised in the decade to more than \$2.2 million – with all monies raised staying in the tristate area. Jefferson's Departments of Surgery and Medical Oncology at the Sidney Kimmel Cancer Center are among the beneficiaries – including ongoing research by Scott D. Goldstein, MD, FACS, Director, Division of Colorectal Surgery, and Edith P. Mitchell, MD, FACP, Program Leader,

Gastrointestinal Oncology. Most recently, the GYRIG grant funded a colonoscopy coordinator to support patients in the Division of Gastroenterology & Hepatology.

Last year, Jefferson nominated Grasso for an award from the Association of Fundraising Professionals. On November 17, 2017, she was honored with the President's Award at the National Philanthropy Day Awards Gala Breakfast. It was a well-deserved recognition of Grasso's boundless energy and dedication to the cause.

To learn more about supporting colorectal cancer research and programs at Jefferson, please contact Kelly Austin in the Office of Institutional Advancement at **215-955-6383** or Kelly.Austin@jefferson.edu.



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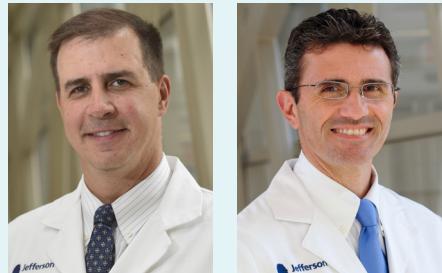
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News in Brief



Congratulations to **Scott Cowan, MD, FACS**, and **Francesco Palazzo, MD, FACS**, on their inductions into the Society of University Surgeons.



Jefferson Health President and CEO Stephen Klasko, MD, MBA; Alex Gorsky, Chairman and CEO of Johnson and Johnson; Philadelphia basketball legend Julius Irving; Charles J. Yeo, MD, Enterprise Chair of Surgery at Jefferson; and Stephen P. Crane, Chair, Jefferson Board of Trustees.

The 8th Samuel D. Gross Professor and chair of the Department of Surgery, **Charles J. Yeo, MD, FACS**, received the Achievement Award in Medicine at the 15th Annual Jefferson Gala on November 28, 2017. The event, held at the Pennsylvania Convention Center, set new records for attendance (1,050) and funds raised (\$2.1 million) to benefit the Department of Surgery Research and Education Fund and the launch of the Philadelphia Collaborative for Health Equity. Ukee Washington, news anchor for CBS 3, emceed the ceremony while Julius Erving – aka "Dr. J." – made a surprise guest appearance to honor Dr. Yeo and Alex Gorsky, chairman and CEO of Johnson & Johnson, who received the Award of Merit.

Dr. Yeo's major accomplishments have been in the fields of surgical education, clinical care of patients with complex alimentary tract diseases, and molecular research in pancreatic cancer. He has personally performed over 1,500 Whipple procedures, and cared for over 2,200 patients with pancreatic tumors. He established the Jefferson Pancreas, Biliary, and Related Cancer Center in 2007 which is now the highest volume pancreatic cancer surgery center in the Delaware Valley.