

# Premier Pulse

News for Premier Health Physicians

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March 30, 2022  
**National  
Doctors'  
Day**

**THANK YOU!**

## A Time to Reconnect and Recover

By Roberto Colon, MD, chief medical officer, Miami Valley Hospital



Spring is near, and our health care system is already emerging from the cold darkness of the most recent COVID-19 surge. And while it is unlikely that we will be back to what life was like before this pandemic, we are very rapidly approaching our new normal. This is a great time to look back and reflect on what we have all been through and begin to truly recover.

Clinical psychologist Wayne M. Sotile, PhD, spoke about resilience earlier this month at the first quarter Leadership Development Institute meeting, delivering a message titled "Fostering Wonderment and Hope." While we have talked about resilience before, what I really appreciated about Dr. Sotile's most recent discussion was the focus on individual connections and wonderment. We find strength in each other, not just at work but also at home, and in our social circles. That sense

of wonder is what brought many of us to health care in the first place; and like in a relationship, it evolves over time with a new "look." Now, more than ever, is a good time to reflect on how we can regain wonderment in both our personal and professional lives. Fostering connections and wonderment are so much more connected than we often realize.

As we are afforded time to truly recover, we all should take an introspective look at what we enjoy that we have been forced to de-emphasize in the past few years and look for ways to reconnect. For many of us, this could be family. Spending more time in clinical settings has forced us to adjust the amount and quality of time we spent with those we love. I encourage you to find ways to reconnect with those who matter most to you. And that also includes yourself! It is time, if you have not done so already, to return to personal activities that bring you enjoyment. This could be as simple as taking time to read a book for pleasure. It

could be more physical, such as working out or playing a sport. Or perhaps it's a more involved activity, like pursuing additional education. I strongly encourage you to reconnect with personal relationships and recreational activities that once helped fill your emotional resilience bucket.

Also take time to thank someone! One of Dr. Marc Belcastro's favorite quotes by Gilbert K. Chesterton has been: "I would maintain that thanks are the highest form of thought, and that gratitude is happiness doubled by wonder." It does not take much to show gratitude, but the impact of doing so can mean so much to the recipient. Active recognition that something they did was noted and appreciated can be more fulfilling than we realize. And with that thought in mind, I want to wish all my colleagues a Very Happy Doctor's Day and thank each of you for the sacrifices you have all endured in caring for our community.

# Coding Pathology Reports After Hospital Discharge

By Andrew Maigur, MD, system director, Physician Advisor Program



Having worked clinically as a hospitalist, I am more than familiar with the scenario of a patient being diagnosed with a mass on imaging and undergoing a biopsy; however, the final pathology reports are pending, and the patient is medically ready for discharge. A week later, the pathology report may confirm or reveal a specific

diagnosis (malignant or benign), which leads to a coding query, requesting an amendment to the discharge summary with the more accurate and precise diagnosis. Begrudgingly, I would capture the diagnosis in my documentation and wonder why the coder cannot just code the diagnosis from the pathology report, as well as what the compliance or malpractice implications are for adding the medical record of a patient who has already been discharged from the hospital.

My role as a physician advisor opened my eyes to the many implications of the above-mentioned scenario, which include the following:

- We owe our patients an accurate medical record.
- An accurate medical record serves as an effective provider communication tool, especially for primary care providers, and assists with safer transitions of care.
- It also allows the coder to use a more specific code, e.g., lung mass versus adenocarcinoma of the lung.
- This, in turn, can affect your DRG (diagnosis related group), which:
  - impacts your expected LOS (length of stay);

- changes your principal or secondary diagnosis;
- serves as CCs (complicating conditions) or MCCs (major complicating conditions);
- or impacts the SOI (severity of illness) and ROM (risk of mortality) scores – all of which can impact hospital and physician quality metrics and reimbursement.

The Centers for Medicare and Medicaid Services (CMS) addressed my compliance and risk concerns in the 2008 IPPS (Inpatient Prospective Payment Schedule) Rule:

*“We do not believe there is anything inappropriate, unethical, or otherwise wrong with hospitals taking full advantage of coding opportunities to maximize Medicare payment that is supported by documentation in the medical record. We encourage hospitals to engage in complete and accurate coding.”*

Also, per CMS rules, the inpatient coder cannot code a diagnosis from a pathology, or any test result for that matter, unless a clinician providing direct patient care confirms the clinical relevance of the pathology report in their medical documentation. If the provider documents a possible, probable, or suspected diagnosis that is later confirmed by pathology, then the coder is allowed to accurately code the diagnosis without any additional coding queries.

As a physician or APP (advanced practice provider), what you document in the medical record holds tremendous weight. So “THINK IN INK” and Happy Documentation. Please feel free to reach out to me or my team with any questions or concerns!

*Reference: American College of Physician Advisor's CDI Tip Sheet*

## Premier Health Launches Penicillin Allergy Testing Clinic

Premier Health has launched a penicillin allergy testing clinic at Miami Valley Hospital South. This clinic will update, or remove if appropriate, patients' penicillin allergy labels because these antibiotics are preferred for most infections and have few negative side effects.

### How the Clinic Works

Once you refer a patient, our team of pharmacists will reach out to the patient and explain the benefits of being tested, along with the possible negative effects of non-penicillin antibiotics. The patient will be invited to answer a few questions to determine whether the allergy label should stay in the medical record or if

the patient would be a candidate for an allergy test at the clinic. If the patient is a candidate, the test will be explained and encouraged. If the patient agrees to testing, the pharmacist will schedule the test to determine allergy status. The scheduled appointment takes one to two hours.

### Referring a Patient

Providers can refer a patient by sending a fax. Each referring provider must have a signed collaborative practice agreement on file to refer patients. Referring providers include PAs and nurse practitioners. The pharmacist will initially contact the patient and update

the allergy label based on chart review and patient interview. Patients are not charged for this portion of the service.

Please send completed fax agreements and referrals to **(937) 341-8340**.

### Test Results

The pharmacist will educate the patient on their test results and share the results with the referring provider.

### Have Questions?

Contact Jon Bachna, PharmD, MBA, BCPS at [jhbachna@premierhealth.com](mailto:jhbachna@premierhealth.com) (preferred), EPIC chat, or call **(937) 438-2408**. Available Monday through Friday, 8 a.m. to 4 p.m.



MEDICAL STAFF PRESIDENT'S CORNER

## Navigating Tough Conversations with Empathy

By Percy Mitchell, MD, medical staff president, Atrium Medical Center



As it finally appears that this COVID-19 pandemic will transition to being endemic, the challenges for us physicians continue. Now, more than ever,

we must maintain the energy necessary to have empathy for our patients, for our colleagues, and for each other.

With more face-to-face interactions with others and more physician-led team interactions regarding consultations within our areas of expertise, there will inevitably be challenges to our professional opinions. We are, hopefully, escaping from an era in which about 1 million people in our country died from the same illness. Additionally, a significant number of people who never attended medical school have strong opinions about that illness, as well as thoughts about its management.

As leaders within the hospital, one of our jobs is to create a safe space while attending to patient care under our directions. When we are surrounded by people who are challenging, whose nerves are frayed, who are fatigued, it is important to make a mental note of that before proceeding with our chosen response to a situation. Being decisive with a civil tone is more effective than taking an angry, defensive posture.

It is not unlikely that we will continue to come across patients who feel entitled to selectively challenge the data-driven scientific methodical approaches we learned as we became experts in our respective fields. As such, we do not have to respond as if we, as individuals, are the only ones ever to have been challenged.

Some physicians feel entitled to approach these patient interactions as they wish. However, if that approach benefits their own personal interests, it is unethical and potentially illegal.

Direct communication is the best approach if we have concerns with one of our colleagues. If concerns are not resolved, the Ohio State Medical Board has established Rule 4731-15-01, otherwise known as our duty to report directly to the board. A thorough investigation of each complaint has resulted in 4 percent of complaints ending in disciplinary action. Failure to report known misconduct can result in revocation of our medical license and up to a \$20,000 fine.

As alluded to above, empathy is energy-expending; but a well-delivered civil discussion at the onset can go a long way in avoiding uncomfortable outcomes. We thank you for your continued leadership in these most difficult of conversations.



# Taking a Close Look at Atrial Fibrillation

By Anurag Singh, MD, cardiac electrophysiologist, Premier Cardiovascular Institute



During my training in medical school, heart disease was almost synonymous with coronary artery disease. Coronary artery disease (CAD) was the predominant disease manifestation of any cardiac disease, which was mostly true. Over the last two decades, heart failure and cardiac rhythm abnormalities have now come to

dominate the heart disease spectrum. In fact, in Australia, the No. 1 cause of all cardiac related admissions to hospitals is now cardiac arrhythmias, and the United States is fast catching up. Here I will discuss atrial fibrillation (Afib), which is currently the most common cardiac rhythm abnormality.

## What is Atrial Fibrillation?

Afib is an irregular heart rhythm characterized by an absence of atrial activity on the EKG for more than 30 seconds and mostly associated with irregular ventricular rhythm; although ventricular rhythm can be regular if AV node disease/ pacemaker is present.

## Why is it Important?

It is the most common heart rhythm disorder, affecting more than 5.5 million people in the United States alone. Afib increases a patient's risk of stroke and heart failure and should be treated aggressively. Early diagnosis and treatment are important because Afib, like arthritis, is a progressive disease that becomes more severe over time.

## Presenting Symptoms

More than a third of patients report no symptoms at all with Afib – which is dangerous, as the initial presentation in these cases is either stroke (five times increased risk) or heart failure symptoms, leading to more than 130,000 deaths annually. About one-third of patients report palpitations, while the rest report nothing more than fatigue and usually attribute it to their age, as Afib disproportionately affects the older population.

## How to Diagnose

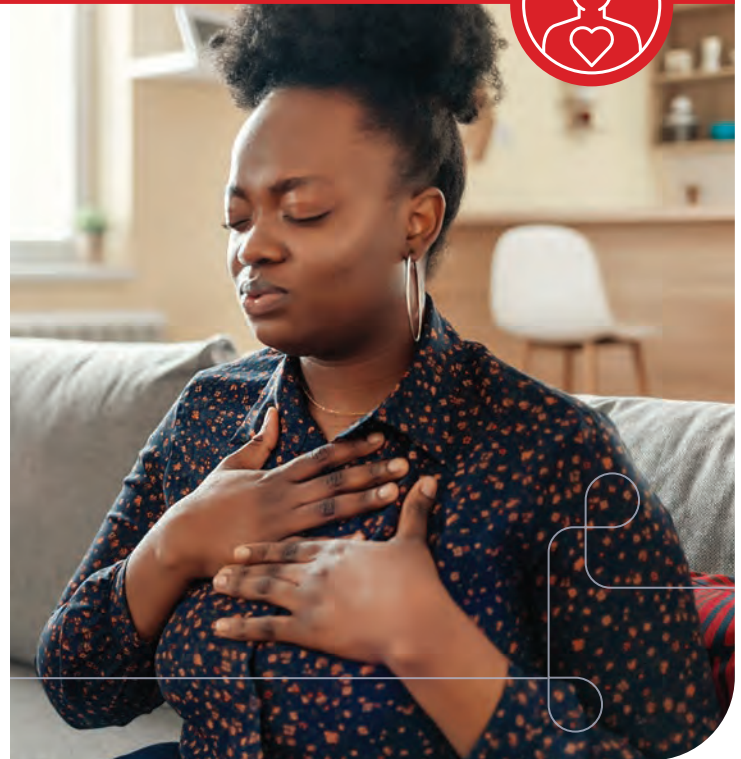
Diagnosis of Afib requires an EKG documentation of the episode. An event monitor, Holter monitoring, or recordings from a loop recorder/pacemaker are considered adequate documentation of an episode of Afib.

## Risk Factors

Being over the age of 60, alcohol consumption, sleep apnea, hypertension, lung disease, thyroid disease, and coronary artery disease (CAD) are just a few risk factors for Afib. Inactivity and leading a sedentary life can also contribute to Afib; but interestingly, Afib risk is also increased in marathon runners – God's way of telling us that everything should be done in moderation.

## Treatment

Treatment of atrial fibrillation involves prevention of complications from atrial fibrillation and treatment of atrial fibrillation itself.



A risk score called the CHADS-VASC risk score is used to calculate the risk of a patient developing stroke. For a score of 2 or more, anticoagulation with warfarin or the novel oral anticoagulants (NOACs) is recommended.

Treatment of atrial fibrillation itself involves either rate controlling medications such as beta-blockers and calcium channel blockers, or rhythm controlling medications (also called anti-arrhythmic drugs or AAD) such as amiodarone, dofetilide, sotalol, etc.

Definitive treatment of atrial fibrillation involves catheter ablation. This can be done by cryoablation, during which a cold balloon is used to electrically isolate the pulmonary vein ostia from the rest of the atria; or radiofrequency ablation, in which a catheter tip is heated up using RF energy to damage the myocardium and prevent abnormal electrical impulses from escaping pulmonary vein ostia to the rest of the atria.

## Recommendations from the American College of Cardiology

Afib ablation is now a Class 1A recommendation for treatment of Afib in patients who have failed anti-arrhythmic drug therapy, and a Class 2A recommendation for patients who do not want to take an AAD. After being informed of the potential side effects and drug interactions of AADs, most patients typically chose to proceed with ablation – a relatively safe procedure with a complication rate of only 2 to 3 percent.

Referral to a cardiac electrophysiologist directly from primary care physicians is becoming the norm for treatment of atrial fibrillation.

# Heart and Vascular Line Aims High for 2022

By Beth Blank, director of service line strategy, women's services and cardiovascular, and Robert Bulow, DO, system provider leader, cardiovascular



Premier Health's heart and vascular service line is working toward four key strategies in 2022:

- Enhance sub-specialty distinctiveness and create strategies by cardiology division that are provider-led
- Build outpatient capacity and patient access points in ambulatory settings to capture services shifting over to an outpatient experience and expanding outpatient capacity
- Grow our physician base and compete for volume and market share
- Cultivate strategic partnerships with independent physicians, community groups and other service lines to accelerate growth

Cardiac leaders have been identified within their sub-specialties and are

working diligently on provider-led strategies that support operational infrastructures, process improvements, and growth initiatives to allow cross-collaboration among sub-specialties and better solidify the continuum of care for our patients.

In general, cardiology care is becoming more consumer-centric with patients wanting easy access and the ability to stay close to home or engage in telehealth opportunities. We are working with our teams to ensure we are supporting accessibility with respect to patient desires.

Premier Health also deployed a comprehensive consumer-facing marketing campaign centered on allowing patients to schedule their own heart CT. As a result, we are ahead 27 percent in CT screens compared to this time last year.

Additionally, we are working with our providers to create a patient-focused Afib clinic that is centrally located and focuses on the full treatment of Afib patients with all necessary components in one location.

Data tells us that we can anticipate a 10 to 15 percent increase in Afib patients over the next five years, and we are planning to be well-positioned to handle this surge.

There continues to be a focus on provider recruitment in general cardiology, electrophysiology (EP), and vascular. These additional providers will assist in creating more opportunities in outpatient services to further build our presence and increase capacity.

We also have a keen focus on maximizing internal and external relationships. Most recently, we have partnered with a nephrology group and University of Cincinnati to be their provider of choice for renal transplant patients during their pre-admission testing and post discharge processes.

There are several exciting projects in the pipeline to continue to build upon our cardiovascular services, and we appreciate the work each of you is doing to provide better care for our patients, as well as each other.

## Provider Praise



Premier Health patients submit thousands of comments each year acknowledging physicians across our health system for providing excellent care. Here is a random sampling of appreciation received in recent months.

**Dr. Paul Brammer** is great, he has been my physician for 25+ years.

**Dr. Heather Branam** is awesome!

**Dr. Michelle Degroat** is PHENOMENAL! I have recommended her to others and I will continue to do so!

**Dr. Melissa Quick** seemed very interested and concerned about my care and health. She listened carefully to my concerns

and made reassurances or suggestions when appropriate. I felt very comfortable talking to her about my care now, and in the future. I would recommend her to my friends and family.

I am very pleased with the treatment I received from **Dr. Christie Schmitz**.

I was especially impressed with the number of times **Dr. Syed Zaman** checked

on my husband after his surgery, and his communication with us. Dr. Zaman is a godsend!

**Dr. Trisha Zeidan** took her time with me and listened to me. Everyone was very friendly.



# Collaboration with MD Anderson Cancer Network® Keeps Care Local



## Certified Physicians Discuss Benefits

As Southwest Ohio's only certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center, the top-ranked cancer center in the United States, Premier Health sees great value in offering high-quality cancer care close to home.

Over the past six years of fostering this partnership with MD Anderson, Premier Health's growing list of cancer specialists who have undergone the rigorous process of becoming certified with the network demonstrates an ongoing commitment to improve the likelihood of positive outcomes for patients and their loved ones.

MD Anderson is one of the nation's original comprehensive cancer centers designated by the National Cancer Institute to help pioneer the guidelines that set the standard of cancer care today. In partnering with MD Anderson

Cancer Network, Premier Health cancer specialists are able to provide cancer treatment, prevention, early detection, and follow-up care as developed by a world-renowned cancer center. Premier Health physicians work closely with MD Anderson cancer specialists in Houston to follow nationally recognized cancer care protocols and develop individual treatment plans for patients in an effort to keep them close to home.

Premier Health's webpage for cancer care now features videos of physicians who are certified with MD Anderson Cancer Network sharing insight into what it means to be a certified physician as well as describing the value of this partnership for the community. These videos highlight how Premier Health's collaboration with MD Anderson Cancer Network gives physicians access to the latest evidence-based protocols for cancer treatment, provides them with input from experienced specialists on rare and

complex cases, enables peer-to-peer chart reviews to ensure certified physicians' pathways of care and documentation meet optimal standards and guidelines, and offers consultations with MD Anderson Cancer Network tumor boards as well as access to clinical trials and research.

"To me, (the partnership) ensures my quality of care for my cancer patients is what it should be," says hematologist/oncologist Tarek Sabagh, MD, in one of the videos.

In another video, surgical oncologist James Ouellette, DO, who serves as clinical director of Premier Health's oncology service line, discusses the benefit of participating in MD Anderson Cancer Network's weekly tumor boards. "Just like our tumor boards that we have every week, there's also an MD Anderson Cancer Network tumor board," says Dr. Ouellette. "We can submit our cases from our own tumor boards or things



we haven't even had a chance to discuss, so that we get some input from experts throughout the network."

Radiation oncologist Ryan Steinmetz, MD, says Premier Health's collaboration with MD Anderson Cancer Network brings prestige to the health system, especially regarding diagnosis and treatment of rare cancers. "I can reassure (the patient) that I'm going to call these experts and discuss what I have planned for the patient and see if they would make any modifications," he says.

MD Anderson Cancer Network also takes an active role in ensuring that Premier Health's certified physicians are providing the highest standard of cancer care.

"MD Anderson continually reviews our radiation plans and critiques them to make sure that the actual plan for the patient is satisfactory," says Dr. Steinmetz.

Dr. Sabagh also discusses the importance of MD Anderson's peer review process and high standards for cancer care. "You have somebody looking at your quality, and you get notification periodically that your certification is ongoing based on checking your quality," he says. "They tell us the guidelines, but also they add on top of that their personal experience and what they have seen in their own practice. It's not just, 'Here's what the book says.'"

Premier Health has an extensive network of physicians certified with MD Anderson Cancer Network who can diagnose and treat a wide variety of cancers in the areas of:

- Breast Surgical Oncology
- General Surgery
- Gynecologic Oncology
- Head and Neck Oncology
- Hematology Oncology
- Neuro-Oncology
- Plastic Surgery
- Radiation Oncology
- Surgical Oncology
- Thoracic Surgery
- Urology

More information about Premier Health's collaboration with MD Anderson Cancer Network can be found online at [Premierhealth.com/MDAnderson](https://Premierhealth.com/MDAnderson). From this webpage, you can also navigate to a complete list of Premier Health physicians who are certified with MD Anderson. That page includes contact information for referrals as well as a link to the videos referenced above.



One of the best defenses against cancer is catching it early. In response to the COVID-19 pandemic delaying routine cancer screenings in its early months, as well as patients avoiding public exposure to the disease, Premier Health's cancer prevention team has sought out solutions to make screenings more accessible. One option is the Polymedco Fecal Immunochemical Test (FIT), which screens for blood in the stool, as well as markers that come off of tumors or advanced polyps.

This at-home test requires submitting a stool sample for lab analysis. If anything unusual is found, the patient will need a follow-up colonoscopy, which is still considered the most effective screening tool for colorectal cancer. The value of the FIT is to provide a screening alternative for patients who do not have an elevated risk of colon cancer, such as family history; are not exhibiting any symptoms; are reluctant to undergo a colonoscopy; or prefer to not visit a health care facility during the pandemic.



**FOR MORE INFORMATION** on Premier Health's Cancer Prevention Program, visit [PremierHealth.com/PreventCancer](https://PremierHealth.com/PreventCancer).

# Family Medicine Physician Stars On Stage in Dayton Opera



**Julio C. Soto, MD**

**What is your clinical specialty?**

Family Practice

**Where did you go to school?**

I went to medical school at Ross University School of Medicine (2001-2006)

I did one year of General Surgery at the University of Vermont in Burlington, Vermont (2006-2007)

I did a 1-year clinical fellowship in Urology at Emory University (2007-2008)

Finished my training (three years) in Family Medicine Residency at the University of Toledo (2008-2011)

**What brought you to Premier Health?**

My passion in providing quality care to my patients was in alignment with Premier's mission, vision, and values.

**Why did you choose medicine as a career?**

Besides being one of the oldest professions since the beginning of time, healing the sick and fixing wounds, I enjoy the commitment of a life devoted to learning and in return helping patients live a healthier fulfilled life.

**Who are the people who influenced and/or mentored you?**

My parents: my father, who influenced me in the setting of hospital medicine as an ICU/Recovery Room nurse, and my mother,

who taught me by example work ethic, persistence, and commitment.

**What is one thing most people don't know about you?**

My love for opera and my participation with the Dayton Opera as supernumerary.

I have been a supernumerary now for two years and have been lucky to enjoy the company of great musicians on stage.

A supernumerary is defined as "an actor without a speaking part, as one who appears in a crowd scene." In the world of operatic stage, a supernumerary (or "super") can take on many roles depending on the needs of each individual production.

**Where is your hometown?**

Miami, Florida

**What, if any, sports team(s) do you cheer for?**

Miami Dolphins

**What is the last book you read?**

"The Roman Festivals of the Period of the Republic" by William Warde Fowler

**What is your favorite song in your playlist?**

"El Lucevan le Stelle" (performed by my favorite tenor, Placido Domingo) from the opera Tosca by Giacomo Puccini

**What is your favorite food?**

Pizza

**What is your favorite hobby?**

CrossFit, sports cars, travel, cooking, and being a supernumerary for the opera

**What is your favorite animal, and why?**

Dogs, because they are smart and social.

**Where is your favorite vacation spot, and why?**

Miami, Florida; I enjoy the climate, the ocean, and the great cosmopolitan food.

**Describe something for which you are especially thankful:**

I am grateful every day to God, my wife, my kids, and my family, who support my goals.

## Pick a side

**iPhone or Android**

iPhone

**Early bird or night owl**

Early Bird

**Beach bum or mountain hiker**

Beach Bum

**Dress shoes or tennis shoes**

Dress Shoes

**Paperback or e-reader**

Paperback

**Coffee or tea**

Coffee

**Cooking or baking**

Cooking

**Sweet or salty**

Salty



# CNSI Offers Outpatient Infusion Therapy for Migraines

Premier Health's Clinical Neuroscience Institute (CNSI) features a headache center that offers broad treatment options for patients who suffer from a variety of headache symptoms, including migraines, tension-type, cluster, and post-traumatic headache disorders. Our skilled providers offer treatments such as peripheral nerve blocks, trigger point injections, and Botox therapy, as well as outpatient and inpatient infusion therapy.

Outpatient infusion therapy is a vital option for patients whose symptoms require more intensive care than home treatments or office visits can provide. It can also be a helpful tool to prevent emergency room visits. Additionally, preventive infusions are available for certain types of headache diagnosis.

Your patient might be a candidate for outpatient infusion therapy if he or she suffers from:

- Migraine headaches that last more than 72 hours and do not respond to conventional medications
- Acute migraine attacks that last less than 72 hours but are debilitating and do not respond to conventional home medications
- Headaches due to overuse of medications that can be safely discontinued in an outpatient setting

CNSI also offers inpatient evaluation and infusion therapy options. Candidates for inpatient treatment include patients who need more intensive therapy than can be provided in the outpatient infusion center, as well as those suffering from:

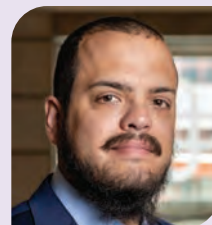
- Disabling chronic migraines
- Headaches due to overuse of medications that may not be safely discontinued in an outpatient setting

- Other types of acute or chronic headaches that need further diagnostic evaluation and treatment

Our experienced specialists are highly trained in headache treatment and will map a care plan to fit your patient's individual needs. In addition to the providers below, Saad H. Kanaan, MD, will join the Clinical Neuroscience Institute's Headache Center at the end of April.



Richard J. Kim, MD



Mark N. Youssef, MD



Marie Chambers, CNP

## It's Easy To Refer a patient for evaluation and treatment.



**Premier Epic users:** Search location/department "Clinical Neuroscience Institute"



**Non-Premier Epic users:** Call (937) 208-4200 or use the CNSI referral sheet



# Black History Month, Heart Month, NICU Festivities, and More

## Atrium Medical Center



**Mouhamad Abdallah, MD**, medical director of Atrium's Chest Pain Center and cardiac catheterization lab, was interviewed by local media about

heart health as part of American Heart Month. To raise awareness about heart disease, Atrium employees took part in National Wear Red Day, and the hospital's exterior was illuminated in special red lighting.

Babies born at Atrium on "Twosday" – Feb. 22, 2022 – received a commemorative onesie in honor of the unique date. The special onesies from Premier Health were blue with stars across them and read "Born on Twosday 2.22.22."

Atrium's sports medicine and physical therapy office at Countryside YMCA in Lebanon was the site of a health expo during the annual Healthy Family Day event on Feb. 12. Countryside and Atrium partner on the event, which offers free fitness classes and a health fair for visitors. Those who passed through Atrium's space at the venue received information about Atrium's services, including cardiology, women's health, and orthopedics.

Pizza restaurants in Warren County included a reminder to drive sober during their Super Bowl weekend deliveries.

Warren County Safe Communities Coalition partnered with these local restaurants to have stickers promoting a don't drink and drive message placed on pizza boxes. Atrium's Level III Emergency Trauma Center outreach manager, who also coordinates Warren County Safe Communities efforts, handed out Uber gift cards to those who visited a booth set up at a Middletown lounge on Super Bowl Sunday.

In other community engagement activities, a Black History Month event at the Middletown community center featured free health screenings and vaccines from Premier Community Health. Atrium also was a sponsor of Countryside YMCA's annual gala, which raises funds for outreach programs in Warren County.

Therapy animals from Pet Partners of Greater Cincinnati began visiting Atrium care teams, offering emotional support and a way to destress from the demands of work. The therapy animals will visit Atrium twice each month. Jonathan Lazzara, DO, medical director of Atrium's Behavioral Health Unit, will also join some of these visits to provide any support needed by staff.

In other staff-focused activities, CCH Healthcare donated Marty's Waffles and a hot chocolate bar for all Atrium caregivers and staff. A tailgate party with games and a special cafeteria menu gave Atrium staff the chance to show their Who Dey spirit before the Super Bowl.

Premier Health was recognized on the America's Essential Hospitals website for Black History Month. Featured was the partnership between Premier Health



and Gem City Medical Dental Pharmaceutical. The collaboration was highlighted through the lens of **Andre Harris, MD**, chief medical officer at Atrium Medical

Center, representing Premier Health.

## Miami Valley Hospital Campuses

The Vandalia Chamber of Commerce held the 2021 Honors Award Dinner for chamber members. Premier Health was recognized as the Business of the Year.

Bengals sleep sacks and onesies were donated to babies born at Miami Valley Hospital South over the weekend of the Super Bowl. Photos were shared with media partners, ultimately running on all four TV stations and their websites.

To celebrate the once-in-a-lifetime palindrome date of 2/22/22, babies born on Feb. 22, including a set of twins, were given a special commemorative Premier Health onesie to mark the occasion. This was made possible by funding from the Miami Valley Hospital Foundation.

After nearly two months, the Ohio National Guard officially completed its mission at Miami Valley Hospital. Guard members







were deployed to Miami Valley Hospital to provide support during the most recent COVID-19 surge. On Feb. 22, their last day, guard leadership presented a “Coin of Excellence” to the hospital. During their time onsite, guard members were assigned to support environmental services, food service, patient transport, and the Premier Health COVID-19 testing site across from Miami Valley Hospital.

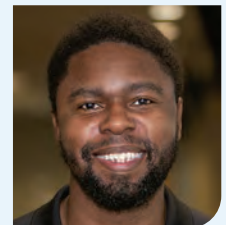
Miami Valley Hospital, along with the Dayton Fire Department, recognized Kindred Hospital for outstanding bystander care during a recent cardiac arrest of a patient traveling home to Michigan. After experiencing chest pain on Interstate 75, the patient pulled into Kindred Hospital thinking it was an emergency room. The patient went into cardiac arrest in the parking lot. The staff started CPR, established an IV, administered Epi care, and even intubated the patient before Dayton Fire arrived on scene. Afterward, the patient was transferred to Miami Valley Hospital and ultimately was discharged, neurologically intact.

CareFlight helicopters are now equipped to carry whole blood for emergent transfusion – the first and only air service in Ohio to do so. Life-saving blood transfusions can now be provided on scene to severely injured trauma patients, potentially improving outcomes. This launch became a high-impact media story, with all four broadcast TV stations covering, as well as the Dayton Daily News and Miami Valley Today newspapers.

Sinclair Community College’s Culinary Arts program continued to donate hundreds of boxed lunches to the Miami

Valley Hospital Foundation and Good Samaritan Foundation-Dayton. These donated lunches were provided to nursing staff at Miami Valley Hospital, Miami Valley Hospital North, and Miami Valley Hospital South. The college’s culinary students also provided handwritten notes of appreciation for our frontline workers. More boxed lunch donations from Sinclair are scheduled for March.

On Valentine’s Day, the Dayton Convention and Visitors Bureau and Dayton Convention Center donated hundreds of Nothing Bundt Cakes to the Miami Valley Hospital Foundation. Frontline staff in COVID-19 units at the main campus were treated to red velvet and vanilla bundt



cakes as a thank you for their hard work throughout the pandemic.

A Top Ten African American Male Awards luncheon hosted by Parity, Inc. honored **Peter Ekeh, MD**, medical director of Miami Valley Hospital’s trauma program, and **CJ Briggerman, Jr.**, athletic trainer and program manager for the Injury Prevention Center at Miami Valley Hospital.

*Continued on next page*



### Upper Valley Medical Center



It was announced in February that **Jigar Patel, MD**, accepted the position of Medical Director for the UVMC Hospitalist Group.

Dr. Patel is board certified in internal medicine and has been with the UVMC Hospitalist Group since 2016. He currently serves as the stroke medical director for UVMC and is a member of the UVMC Patient Experience Committee and past member of the UVMC Medical Executive Committee.

The city of Tipp City announced in February that the UVMC Parent Board donated \$250,000 from its UVMC Community Benefit Fund toward the Tippecanoe Family Aquatic Center upgrades project set to take place this year. This project will encompass renovations and upgrades, including a new aquatic feature in the middle of the zero-entry pool that will be accessible for those with physical limitations.

As part of National Heart Month, UVMC/Premier Health partnered with the American Heart Association to host a Go Red for Women North event held virtually on Feb. 24. The program featured a UVMC clinical panel who shared information about the importance of proper diet, exercise/fitness, stress reduction, and health screenings to help women “know your numbers” in the prevention of heart disease.

Also as part of Heart Month, the UVMC Maternity Department accepted 30 hand-made red hats for newborns from the Troy Hearts to Hats group on Feb. 10. A Hearts to Hats representative from First

United Methodist Church in Troy joined the OB staff for a photo used in internal communications and the local media.

The Miami Valley Today’s Annual Progress Edition published on Feb. 24 featured a lengthy article and photos highlighting 2021 major accomplishments and new projects underway in 2022 at UVMC.

UVMC was a sponsor of the Troy Chamber of Commerce Annual Dinner held Feb. 24 at the Arbogast Performing Arts Center. Members of hospital leadership and parent board represented UVMC at our sponsorship table. In other community activities, UVMC partnered with the Piqua Arts Council to sponsor the 2022 Poetry Out Loud West Central Ohio Regional Finals held Feb. 10 at Upper Valley Career Center in Piqua, and was the main sponsor of the Jazz and Soul Food Festival held Feb. 26 at Lincoln Community Center as part of Black History Month.

### Premier Physician Network

So far in the first quarter of 2022, 22 new providers have joined the Premier Physician Network Team. Please welcome our new PPN physicians: **Seema Azher, DO**, joining Liberty Family Medicine; **Michael Lee, MD**, joining Gem City Surgeons-Miami Valley Hospital South; **Charlotte Orr, MD**, joining Premier Orthopedics-Miami Valley Hospital; **Letitia Thompson-Hargrave, DO**, joining Premier Family Care of Kettering; and **Amanda Wright, DO**, joining Premier Orthopedics-Miami Valley Hospital.

PPN is also pleased to announce several new APPs: Alyssa Beach, PA-C, joining Premier Weight Loss Solutions; Kayla Bostwick, CNP, joining Premier Health Family Care of Vandalia; Lauren Braswell, CNM, joining Lifestages Centers for Women; Patricia Brunett-Wolpert, ACNP, joining Premier Health Advanced Critical

Care-Miami Valley Hospital South; Ashley Clevenger, PA-C, joining Clinical Neuroscience Institute-Miami Valley Hospital; Abigail Dougherty, PA, joining Beavercreek Family Medicine; Marian Duselis, CNP, joining Clinical Neuroscience Institute; Brooke Hertenstein, PA-C, joining Premier Cardiovascular Institute-Miami Valley Hospital North; Meta Howard, CNP, joining North Dayton Primary Care; Toni Johnson, CNP, joining Brookville Family Care; Brandy Mullett, CNP, joining Clinical Neuroscience Institute; Kelsie Rohr, PA-C, joining Springboro Family Medicine and Franklin Family Practice; Elise Stamper, ACNPC-AG, joining Comprehensive Burn and Wound Specialists; Taylor Stang, PA-C, joining Clinical Neuroscience Institute-Miami Valley Hospital; Ashley Thatcher, CNP, joining Premier ENT Associates; Vincent Ulizzi, PA-C, joining Premier Orthopedic Spine Center; and Jackilyn Wilson, ACNP, joining Premier Blood and Cancer Center.

### Upcoming orthopedics and sports medicine webinars:

If you, a patient, or someone you love struggles with musculoskeletal pain or are concerned about avoiding injury, there’s hope. Join us for a free virtual event focused on treatments to help move beyond pain and get back to enjoying life as quickly as possible. Our experienced specialists will discuss surgical and non-surgical ways to help with movement and lessen the harmful effects of arthritis and other conditions. Attendees will gain insight into new treatment options and learn practical tips for managing joint pain. Register and get more information at [PremierHealth.com/Orthoevents](https://PremierHealth.com/Orthoevents). Past orthopedics and sports medicine webinars can be viewed at this link as well.

**Joint Pain Webinar – Louis Okafor, MD**, will discuss non-surgical and surgical treatment options, including robotic-arm assisted joint replacement for knee and hip pain on Tuesday, March 29, from 6 to 7 p.m.

**Shoulder Pain Webinar – Matthew Dorweiler, MD**, will discuss non-surgical and surgical treatment options for shoulder pain on Thursday, April 7, from 6 to 7 p.m.



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