

# RIDDLEMATTERS

A Publication of The Riddle HealthCare Foundation Summer 2016



**Riddle Hospital**

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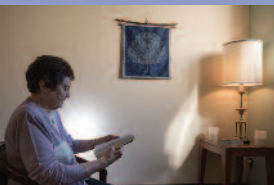
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## Riddle Matters Summer 2016 Issue 9.2

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*Dr. William Ayers and*

*Mary Jo Grove*

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Riddle Matters is published by The Riddle HealthCare Foundation, which provides a philanthropic venue for members of the community to support Riddle Hospital in fulfilling its mission and vision.

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When Riddle joined Main Line Health in 2007, our leadership knew this was the best strategy to secure the resources necessary to provide the very best health care to our community. These resources take many forms. Many you can see, like our new Interventional and MRI Suites. Some you cannot see, like the improvements in our electrical and HVAC infrastructure. However, there are some very important resources Main Line Health brings to Riddle that you can experience in the care you receive here."

This issue of *Riddle Matters* presents two areas in which Riddle benefits from Systemwide programs that have been developed: cancer treatment and palliative care.

Riddle's Cancer Center opened in 1999, joining a physician practice specializing in medical oncology with the Jefferson University Radiation Oncology program. Our community has been well served by these physicians and treatment programs. Now, with the resources at Main Line Health and the cancer programs at our sister hospitals, we have access to the expertise of many more physicians and their collective knowledge of the most up-to-date protocols and clinical trials for the benefit of our patients.

Our Palliative Care program is an outgrowth of Main Line Health's 2012-16 Strategic Plan, in which palliative care was identified as a top priority. The article on page nine highlights our caregivers and helps to clarify the difference between palliative care and hospice care.

Finally, this issue features some of the great people who make a difference here at Riddle, from Foundation Board member Mary Jo Grove to the honorees at our annual Gala (a festive *Evening at the Races* this year), as well as several very generous donors.

Thank you again for your support, and be assured of our commitment to continue earning it.



Gary L. Perecko, FACHE  
President, Riddle Hospital and  
The Riddle HealthCare Foundation



Thomas A. Bruder, Jr  
Chair, The Riddle HealthCare Foundation

## Riddle's Cancer Center: Joining Forces to Provide the Best in Cancer Care



*Riddle's Cancer Working Group (L-R): Toby Stolberg, MSW; Lorie Matson, RN, BSN, CCRP; Amy Bates, CTR, Oncology Data Specialist; Lee H. Bogart, MD; Jesse DiNome, MD; Barbara Cournoyer, RN, BSN; Greg Kasmer, System Director, MLH Cancer Care. Not pictured: Louise Widmer, CTR, System Supervisor, Oncology Data Services.*

No two cases of cancer are exactly alike. This is why numbers make a difference: the more patients you treat, the more experienced you become at addressing the complexities of the disease. Riddle's Cancer Center, like those at Bryn Mawr, Lankenau, and Paoli, sees hundreds of patients each year and has always provided high-quality care. A few years ago during a review of our strategic plan, Main Line Health realized that together the four hospitals treat 3,200 patients annually, making the system the second highest-volume provider of cancer services for residents

of Chester, Delaware, Montgomery, and Philadelphia Counties. This presented an opportunity to bring the individual programs together to share expertise and ensure standard care practices.

An effort to achieve closer integration began in January 2015 under the leadership of Greg Kasmer, director, Main Line Health Cancer Care, and thoracic surgeon Michael Walker, MD, medical director for MLH Cancer Care. First they assembled a Cancer Leadership Council as well as working groups on four main cancer types—breast, lung,

gastrointestinal (i.e., colorectal) and genitourinary (i.e., prostate, bladder, kidney). These groups meet several times a year, bringing together physicians, nurses, genetic counselors, nurse navigators, social workers, rehabilitation specialists, and other staff from all four cancer centers to share information and shape the vision for the MLH cancer program. In 2017, the System plans to apply for certification by the American College of Surgeons (ACS) Commission on Cancer as one "Integrated Cancer Network Program."

## So what does this mean for you or your loved ones if you receive cancer services at Riddle Hospital?

Here's a look at the benefits of this more System-based approach.

### ► More experts looking at the most complex cases:

Right away, each working group instituted a tumor board that gathers experts from each cancer center to discuss a handful of their most challenging cases every few months. Although Riddle and the other cancer centers already have their own internal tumor boards to review cases, this is a new opportunity to learn from colleagues throughout the System and see a broader range of patients. Jessie DiNome, MD, medical director, Jefferson Radiation Oncology at Riddle, describes it this way: "We take a complex case with multiple angles and talk through our own thinking on how to handle it, and then we ask our colleagues if they agree or how they would do it differently. We want to make sure we are thinking the same across the System; maybe others will learn something new from us or we can learn from them. This makes all of us better."

*"We have specialized services that patients went downtown for in the past, simply because they did not know they were available at Main Line Health."*

*Dr. Michael Walker*



*Jesse DiNome, MD, examines her patient, Millard Thompson, as his wife, Barbara, looks on.*

### ► Confidence you are receiving the most advanced, evidence-based care:

Best practices in cancer are ever-changing, as new technology and research findings constantly become available. Dr. Walker notes that the MLH cancer-specific working groups have identified metrics that allow them to compare what they're doing to the recommendations of the National Comprehensive Cancer Network, an alliance of 27 leading cancer centers that set national guidelines. "With four different hospitals, you could conceivably have folks doing things in four somewhat different ways," he says. "Now, we can look at practices from a System standpoint." An important side benefit is that specialists are developing relationships across hospitals: "Before, frankly, a lot of people didn't really know each other."

Dr. DiNome agrees. "When we're looking at standards across the entire System—take breast screening, which we recently discussed in the breast working group—we now have the input of multiple surgeons, radiation oncologists, medical oncologists, pathologists, and other clinicians. We avoid working in isolation and only thinking within our own practices. Now we know each other, and we have reached a new level of sharing ideas and education."

Another key development has been the creation of a Main Line Health cancer registry. Louise Widmer, CTR, former coordinator of Oncology Data Services at Riddle, now leads this centralized data collection effort. "Our goal is to capture the entire treatment process so we have a full picture of what happened to each patient, how extensive and what type their cancer was, and their



***“The coordination of cancer care is vitally important for patients. Because physicians and nurses and caregivers are collaborating with each other, patients know that their care is shaped by multiple experts. For example, physicians could never keep up on genetics as well as the genetics team does. It helps all of us learn, and that has a wide-ranging impact.”***

*William H. Ayers Jr, MD, FACS, Campus Chief, Division of General Surgery; Medical Director, Riddle Hospital Comprehensive Breast Center*

treatments and long-term outcomes,” she explains. So with breast cancer, for example, if the System wants to know the average time to biopsy for a woman with suspected breast cancer, or how many patients with advanced lung cancer are being referred to palliative care, it can query the registry. “It’s easy to assume you’re doing the right things for patients, but with data you can know for sure,” Widmer explains. “There is so much to cancer care that you have to continually look at what you’re doing and make sure you’re keeping up with the latest guidelines.”

### ► **Improved access to support services:**

According to Dr. DiNome, this has been the “biggest help” of the Systemwide work groups. Over the past year, Riddle has added a social worker dedicated to cancer patients, Toby Stolberg, MSW, and a second nurse navigator, Barbara Cournoyer, RN, BSN, who helps non-breast cancer patients with appointments and care coordination. (She joins Annette Pierdomenico, RNC-OB, who focuses exclusively on breast cancer patients.) They also work

closely with their counterparts at the other Main Line Health cancer centers to establish best practices and standardize services. Just one example is a Systemwide “distress thermometer assessment,” a short survey given to new patients to identify those in need of psychosocial support. Genetic counseling is more widely available for families concerned about inherited

cancer risk: a new counselor was just added to the team, and expanded hours will soon be in place at Riddle to meet growing demand.

Another important initiative, notes Dr. DiNome, is the creation and use of a survivorship care plan that guides patients’ follow-up care after treatment ends. This, in turn, has led to expansion of services such as cancer rehabilitation and wellness, now available here through Riddle Rehabilitation and a cardio-oncology program. All four MLH cancer centers now have a cardiologist on-site who can follow patients at risk for cardiac side effects as a result of cancer treatment.

“We’re really asking ourselves, ‘What is the ideal patient experience?’ and then trying to set that standard throughout all of Main Line Health Cancer Care,” Greg Kasmer explains.



*Barbara Cournoyer, RN, BSN, and Toby Stolberg, MSW, discuss the care of a patient.*

► **Opportunities to benefit from innovations piloted at individual cancer centers:**

A perfect example is the new lung cancer screening program initially piloted at Paoli's Cancer Center and then rolled out to Riddle, Bryn Mawr, and Lankenau. The program enables people at high risk for lung cancer to be screened with low-dose CT scans and followed appropriately if any nodules (unusual growths) are detected. You might have seen some advertisements promoting this as a Main Line Health cancer service.

Here at Riddle, the Cancer Center is now piloting a senior oncology program. Oncologists can refer selected patients over age 70 for a telemedicine consult with a team at Jefferson's Kimmel Cancer Center that specializes in the challenges facing older cancer patients, who often have other chronic conditions that can complicate their treatment. If the Riddle pilot works, it could shape similar programs at the other cancer centers.

These are just two examples, but they demonstrate how innovative ideas can be tested locally and then shared throughout MLH if they succeed—improving care for everyone.

► **Wider access to clinical trials:**

The newest approaches to cancer diagnosis and treatment first become available through clinical trials, or research studies involving patients. Riddle patients have always been able to participate in trials through the Jefferson Health System, says

Lorie Matson, RN, BSN, CCRP, Riddle's oncology program manager. Now they also can join trials through the National Cancer Institute Community Oncology Research Program, or NCORP, in which the other Main Line Health centers participate. Main Line Health is one of only 34 community sites nationwide chosen by the National Cancer Institute to take part in the program, which aims to make clinical trials participation easier and more convenient.

► **Easier access to specialized services available at select Main Line Health locations:**

While the vast majority of patients can receive treatment at their "home" cancer center, people with unusual or complex diagnoses may require a service offered only at one or two MLH locations. "These are specialized services that patients might have gone downtown for in the past, simply because they didn't know they were available at Main Line Health," explains Dr. Michael Walker. In his specialty, thoracic surgery, he cites the example of endobronchial ultrasound, a new, minimally-invasive technique that is the most advanced way to image

and biopsy lung nodes. It is now available at Lankenau and will soon become available at Riddle, where any MLH cancer specialist could access it for a patient who needs it.

Another example is the specialty of gynecologic oncology, which focuses on the diagnosis and treatment of cancers of the female reproductive organs, such as the ovaries and uterus. Riddle's Cancer Center does not have a gynecologic oncologist on site, but physicians can easily refer patients to colleagues at Lankenau and Paoli—especially now that they are more likely to know these specialists personally.

"We are leveraging the best of what we have throughout the System in order to bring our community the best cancer care," Kasmer adds. "Riddle has benefited and it also has helped the other centers learn. There is no patent on great ideas, and we have to be able to communicate these ideas across all campuses. This effort is based on the recognition that the sum is greater than the individual parts."



*"Collaboration, shared knowledge, improved treatments, and greater access to clinical trials are the main benefits I see. Everyone is thinking together, not set in their own little silo. And we all share the same goal of providing the most advanced and cutting-edge cancer care in a community setting. That is the bottom line."*

*Lee H. Bogart, MD, Campus Chief, Hematology/Oncology*

## Meet Barbara and Millard Thompson

Barbara and Millard Thompson of Aston were both members of the class of 1961 at Penncrest High School, but they didn't really get to know each other until their 25th reunion, when they happened to be assigned to the same table. They quickly became a couple, dated for 18 years, and married in 2004 on Chincoteague Island, Virginia, one of their favorite vacation spots. "I guess I didn't want to rush into anything!" Barbara says with a laugh.

The Thompsons have always been grateful to have Riddle close by for routine health care: "All of our doctors are there," says Barbara. They never expected to need the Riddle Cancer Center—but that's exactly what happened in 2010, when a persistent nodule on Millard's neck was diagnosed as head and neck cancer.

"We never dreamed we would need cancer care—I mean, no one ever does! I remember walking into the cancer center for the first time and being scared to death," Barbara says. "The receptionist looked up and asked, 'Are you the Thompsons?,' like she'd been expecting us. That immediately put me at ease."

What also put them at ease was meeting radiation oncologist Jessie DiNome, MD, whose expertise and calming presence have remained constants in their lives since that first appointment. A few years after his initial bout with head and neck cancer, Millard was diagnosed with two different tumors in his upper lung, again working with Dr. DiNome as well as medical oncologist Ben Jacobs, MD. At the end of 2015, Millard



Millard and Barbara Thompson

completed 50 radiation treatments and then had chemotherapy in early 2016. While it has been rigorous, the couple chooses the same word to describe the care: "phenomenal."

"Behind her back, we call Dr. DiNome 'Saint Jessie' because she is just the kindest physician. She would go to the ends of the earth for you," Barbara says.

"I know for a fact that she has discussed my case with experts at other institutions, and that says a lot," adds Millard. He says he also appreciates Dr. Jacobs' experience with treating lung cancers associated with Agent Orange exposure in Vietnam: Millard completed two tours of duty there, and they suspect there is a connection.

"It has been a rough road," he says. "It helps that my doctors and the whole team at the Riddle Cancer Center explain everything with logical reasoning. If I have to be treated for cancer, it is nice to be treated so incredibly well."

A few years ago, the Thompsons joined the Cancer Advisory Committee, which

raises funds to ensure that patients have what they need to be more comfortable, from educational resources and a TV in the waiting room, to cold drinks and an ice machine. "We've gotten so much from Riddle and this is a way for us to give back," says Barbara.

Millard will continue with regular checkups and scans, but for now the couple looks forward to getting back down to Chincoteague, taking shorter trips to Lancaster County and Ocean City, and spending time with their 10 grandchildren.

***"It has been a rough road. It helps that my doctors and the whole team at the Riddle Cancer Center explain everything with logical reasoning. If I have to be treated for cancer, it is nice to be treated so incredibly well."***

*Millard Thompson*

# Making Life Better for Others: Mary Jo Grove Finds Joy in Giving Back



*Gary and Mary Jo Grove at home in the kitchen*

**W**hen Mary Jo Grove of Media reflects on her 30-year relationship with Riddle Hospital, a few memories stand out. Her first introduction came in 1985, when a construction worker building her new home in Media severely injured his hand and had to be rushed to the Emergency Department. Later that year, Mary Jo gave birth to her third child in The Birthplace at Riddle. Seven years later, when that daughter experienced persistent pain and swelling in her knee, a middle-of-the-night visit to Riddle's ED finally provided the right diagnosis: Lyme disease. But Mary Jo's most memorable

experience came in 2003, when she was diagnosed and treated for breast cancer at the Riddle Cancer Center. William Ayers, MD, now medical director of the Riddle Hospital Comprehensive Breast Center, performed her surgery.

"What a guy, I tell you," Mary Jo marvels. "Dr. Ayers had such a good bedside manner. His office took great care of me: they told me where everything was and what to do next, and they made appointments for me. It was a stressful time, and Gary [her husband] was even more stressed than I was!" After surgery, Mary Jo underwent

chemotherapy at Riddle and then started on hormonal therapy to reduce her risk of recurrence. Thirteen years later, she is doing well.

## **From Patient to Advisor to Board Member**

An understandable reaction to such a traumatic experience might have been to avoid Riddle and even other women with breast cancer—but Mary Jo isn't wired that way. "During treatment, I didn't want to talk about my experience, but afterwards I was ready to talk," she says. She joined Riddle's breast cancer support group and remains an



active member to this day, hosting an annual summer picnic at her home. “I think it’s important for the newly diagnosed people to come in and see that there are women who lived through this and are doing well,” she says. “Sometimes they are more comfortable talking to us than to doctors or nurses. They feel more like they’re approaching a sister—someone who has been through it and understands.”

In 2005, Mary Jo accepted an invitation to join the Riddle Cancer Center Advisory Committee, which takes on projects focused on one goal: “to make the patient and the caregiver feel more comfortable.” Projects have ranged from purchasing a waiting room TV and coffee machine, to setting up a resource library, to handing out sodas and lunch cards to patients and their caregivers during treatment sessions. Fundraisers have included bake sales, nights out at The Media Theatre, and the *Tree of Life*, which encourages community members to purchase and dedicate a leaf in honor or memory of a patient, caregiver, or staff member (see *Focus on Philanthropy*, page 15). In 2011, Mary Jo upped her time commitment once again when

***“We just believe in giving back. Riddle kept me alive, they got rid of the cancer, and so we’re ready to do our part.”***

*Mary Jo Grove*

she agreed to serve as the patient representative on the Riddle Hospital Breast Center Steering Committee, helping guide Riddle’s program to first-time certification as a Comprehensive Breast Center. (See page one for a broader look at some of the more recent developments in Riddle’s cancer program.)

Not content to stop there, Mary Jo took on yet another role in 2013 when she became a member of The Riddle HealthCare Foundation Board. A current focus is expanding membership in the Riddle Society, which includes donors who give \$1,000 or more to Riddle annually. She and her husband, Gary, have led by example, giving generously to the Annual Fund and the recent Emergency Department campaign.

“I feel that it is all going in the right direction at Riddle, and I want to be there and help in any way I can to keep that going,” she says when asked about her motivation for staying involved. “We just believe in giving back. Riddle kept me alive, they got rid of the cancer, and so we’re ready to do our part, just like we are doing for Ship.”

### **A Commitment to Education and Health Care**

“Ship” is Mary Jo and Gary Grove’s alma mater, Shippensburg University, where they met on the first day of Mary Jo’s sophomore year, attended a school dance the next evening, and have remained a couple ever since. Mary Jo, who grew up outside Lancaster and knew she wanted to be a math teacher since first grade—“I used to come home and give lessons to my six

younger brothers and sisters”—earned a bachelor’s in mathematics and a master’s in math education, while Gary earned a bachelor’s and master’s in biology education. Mary Jo skipped her graduation ceremony as a senior in 1968 so the couple could marry instead: “My parents said I couldn’t get married until I graduated,” she laughs.

Gary went on to pursue his Ph.D. in physiology at Penn State, the couple started a family, and Mary Jo began her teaching career. When Gary accepted a post-doctoral research position at The Wistar Institute in Philadelphia, the Groves moved to Delaware County, where Mary Jo taught math and science in the Southeast Delco School District, at Monsignor Bonner High School, and at St. Leonard’s Academy in Philadelphia, followed by college teaching positions at Gwynedd Mercy and Villanova. Meanwhile, Gary advanced his own career, partnering with Penn dermatologists to build a successful skin testing center that evaluated the safety and effectiveness of skin care products. Gary specialized in developing instruments that could measure skin properties such as firmness, damage, and moisture retention.

After Mary Jo earned her master’s in computer science at Villanova in 1989, thinking she would use it to advance her teaching career, she instead joined Gary’s company, which needed a computer programmer. The rest, as they say, is history, and in 1997 Mary Jo and Gary branched out on their own to found CyberDERM in Broomall, Pa., which develops and uses computerized biomedical research instruments to assess changes in skin structure

and function in order to validate product claims. The company's clients include such household names as Johnson & Johnson, Avon, Kimberly-Clark, and 3M, and it also serves as distributor of testing equipment. Gary and Mary Jo have presented their research on skin testing techniques to audiences around the nation and the world.

Yet they haven't ever forgotten Shippensburg University as the place that launched their success, Mary Jo

says. "Shippensburg is small. It's a different kind of atmosphere where you get to know your professors and they care about you. Gary and I have been very successful. We were both very poor when we went to school, and we feel that our success is due to our education."

In philanthropy, business, and in life—the couple raised three children together, now in their early 30s and 40s—Mary Jo and Gary are "a team," she says. Together they served as

national co-chairs for Charting the Course, Lighting the Way: The Campaign for Shippensburg University, which by its completion in 2015 had raised \$69 million, surpassing its original \$45 million goal, to support students and faculty, build new programs, and improve facilities. And together they support Riddle—even volunteering each year at the annual Pro-Am Golf Outing, which benefits Riddle's cancer programs.



Mary Jo and Gary Grove

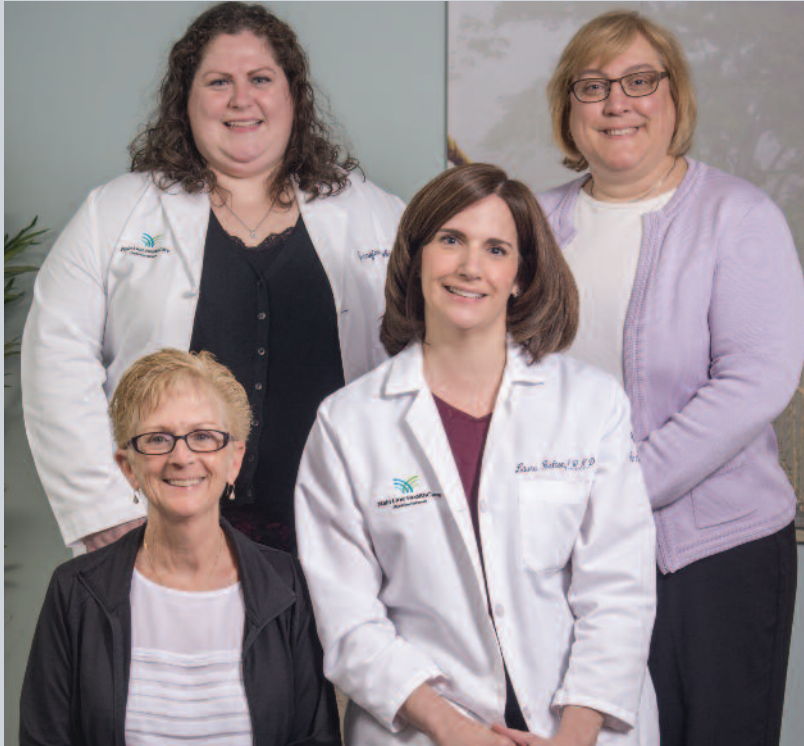
*"I feel that it is all going in the right direction at Riddle, and I want to be there and help in any way I can to keep that going."*

Mary Jo Grove

When asked why Riddle and "Ship" inspire the couple's generous support, Mary Jo has a quick response: "Both Riddle and Shippensburg have been there at important transition points in our lives. We enjoy being involved and being able to give back. In both places, the people are down-to-earth and real, and just interested in making life better for others."

There is little doubt that Mary Jo's efforts have made a difference in the lives of the Riddle patients and Shippensburg students who have followed in her footsteps.

# Palliative Care at Riddle: Helping Patients and Families Deal with the Challenges of Serious Illness



Riddle's Palliative Care Team: Jennifer Burke, DO (top left); Stacey Vacchiano, MSN, CRNP, FNP-BC (top right); Bernadette Dugan, RN, CHPN (bottom left); and Laura Butera-Belton, CRNP (bottom right). Not pictured: Dawn Bonella, CRNP.

A 30-year-old man who has been in a serious car accident needs help managing his pain medication to get symptom relief while minimizing side effects. A 55-year-old woman with advanced breast cancer needs assistance with managing treatment side effects and emotional stress so she can function better at home and care for her two daughters. An 85-year-old man with multiple chronic conditions is admitted to the hospital after a series of strokes, and his family does not yet realize that he can't be released back home.

These are just three examples of many Riddle patients recently seen by physician Jennifer Burke, DO,

and nurse practitioner Stacey Vacchiano, MSN, CRNP, FNP-BC, ACHPN, who together are working to build Riddle Hospital's Palliative Care program, which started in 2014. These patients are all at different stages of life, but they have one thing in common: a serious medical condition that presents major new challenges like managing medications, minimizing pain and other symptoms, dealing with mental and emotional distress, and having often-difficult conversations with family members and loved ones about their goals after discharge from Riddle. The hospital's palliative care team, which also includes two additional part-time nurse

practitioners, Laura Butera and Dawn Bonella, and a chaplain, Reverend Marcie Lynn Brozyna (see sidebar, page 11), is specially trained to assist patients and families in all of these areas. They focus on counseling the whole person, not just treating the medical condition.

Why this focus on starting a palliative care program? Research shows that it makes a difference. A February 2016 *New York Times* article cited several studies showing that patients receiving palliative care report better symptom management, fewer hospitalizations, and a better quality of life. Main Line Health recognized its value several years ago and set a strategic goal of putting palliative care programs in place at all hospitals, notes Cynthia Wagner, MSN, CRNP, ACHPN, CHPCA, System director, Palliative Care & Pain Management. "Just as an attending physician might require the expertise of a psychiatrist, cardiologist, or some other specialist when treating a patient, they now can consult palliative care experts," Wagner explains. "There has

*"I often say that we walk alongside our patients. Each specialist plays a role in the plan of care, but the role of palliative care is to look at what all of the specialists are saying and translate that to meet the goals of the patient."*

Stacey Vacchiano

***“Helping patients with serious illness, palliative care team members are experts in pain and symptom management. We assist patients and families with complex medical decisions. Our goal is to reduce physical and emotional suffering and enhance quality of life.”***

*Riddle’s Palliative Care Team*

been great support from the Main Line Health executive team, and especially Barbara Wadsworth (MLH Senior Vice President of Patient Services and Chief Nursing Officer), to make sure we have this in place for patients.”

Still, since palliative care became a recognized medical specialty in 2007, there are many misperceptions about it—the most persistent being that, if you’re offered palliative care, you’re not expected to recover. But that’s simply not true. “Because of the perception that palliative care means you’re dying, it isn’t yet utilized the way it could be to provide comfort and pain management and emotional support to many seriously ill patients who could benefit from it,” says Dr. Burke. “It is true that many Riddle patients who are referred to us are nearing the end of life and may need hospice care, but they are two very different things.”

Hospice care focuses on helping patients live comfortably during their final months of life—and Bunny Dugan, RN, nurse liaison for MLH Hospice, works closely with the palliative care team when a transition to hospice makes the most sense. Palliative care is quite different: it focuses on providing extra support for patients who are in active treatment, and this requires an amount of time and level of expertise that attending

physicians and nurses simply don’t have, notes Jim Gengaro, DO, campus chief of Hospital Medicine at Riddle.

“I might have a patient with chronic disease, such as cancer, heart failure, or COPD (chronic obstructive pulmonary disease), and they may have been in the hospital a couple of times. My focus is on giving treatment to improve their disease state. Then I can bring on the palliative care team to really focus on learning about and managing the patient’s ongoing symptoms.

“They can spend an hour with the patient and get at all of their issues—not just medical, but social and mental and emotional,” Dr. Gengaro adds. “They can really dig into the patient’s and family’s experience. They know how to approach these topics.”

Dr. Burke and the palliative care nurses become part of the care team, just as any other medical specialist would, says nurse Stacey Vacchiano. “I often say that we walk alongside our patients. Each specialist plays a role in the plan of care, but the role of palliative care is to look at what all of the specialists are saying and translate that to meet the goals of the patient. We can make referrals to medical and support services, including social work and now our new chaplain. That emotional and spiritual component is as beneficial as any medicine I can imagine.



*For the spiritual comfort of staff and visitors, Riddle recently redesigned its interfaith Prayer Room.*

“Communication is key: our team’s goal is to support the patient and family as well as the attending provider in coordinating the communication on the team.”

While a visit with an attending physician or specialist might last 15 or 20 minutes, palliative care team members tend to have a series of longer meetings with patients and caregivers to talk about how they can live better with their condition. This might include adjusting medications to control pain or reduce side effects, teaching ways to manage symptoms, suggesting professional counseling or stress management techniques, or connecting them with the support needed to make the transition back home. If the illness could progress or even become life-threatening, the palliative care team can assist with advance care planning: making decisions about medical interventions the patient would or would not want to receive down the line.

These family conversations are the most difficult part of the job, says Dr. Burke, but often the most rewarding. “It is challenging to talk to patients and loved ones who are suffering, but this is an important skill set for us. I find it amazing when we are able to touch people’s lives and offer them some peace of mind and relief.”

Dr. Burke and nurse practitioner Vacchiano are working to spread the word about the Palliative Care program to physicians and patients at Riddle, even as the hospital aims to expand the service to weekends and ultimately offer palliative care to outpatients.



*Reverend Marcie Brozyna, M.Div, BCC, Riddle’s Pastoral Care Coordinator*

## Meet Riddle’s New Chaplain, Reverend Marcie Lynn Brozyna

Reverend Marcie Lynn Brozyna joined Riddle last fall to develop its Pastoral Care program, which focuses on providing emotional and spiritual comfort to patients and families. Although she works with patients throughout the hospital, she also aims to meet with every palliative care patient.

“My goal is to focus on patients and family members who are experiencing increased anxiety, sadness, or anger due to their medical situation or other factors within the family,” explains Reverend Brozyna. “Much of what I do with them is ‘life review,’ because they’re reflecting on what their life has been like prior to this illness and trying to understand and accept what they’re experiencing now.

“It can be very disorienting to have a life-changing condition. Acknowledging the difficulty and helping patients and family members make sense of it is an important part of my role.”

Riddle’s team is part of the larger Main Line Health Palliative Care team, a unified group of practitioners who work together and rely on each other for support. Although team members have a primary campus, the physicians and nurse practitioners rotate when coverage is needed at another location.

“It truly is a System approach,” says MLH Chief Nursing Officer Barbara Wadsworth. “We want to make sure that every patient and family has access to this type of care, at every hospital,” she says. “I want patients to know they should not be afraid of palliative care. The teams are here to advocate for them, to support their attending physician, to address their overall needs, and help their families.”

## Man O'War Evening at the Races

### Honoring Corporate, Community, and Clinician Partners

The Associated Auxiliaries hosted their 57th annual Man O'War fundraising event on Saturday, April 9, at the Springfield Country Club. The traditional Gala was transformed with a splash of Southern hospitality into a Kentucky Derby-themed *Evening at the Races*.

A seafood extravaganza and Churchill Downs-inspired desserts accompanied the sounds of bluegrass, jazz, and the cheers of wagering ticket-holders for simulated horse races. The races, titled Riddle Downs, prompted attendees to both name and cheer for the virtual racehorses with a chance to win a family package of tickets to the Devon Horse Show.

Among the evening's festivities were contests for some of the best Kentucky Derby-style fashions, raffle drawings for items that ranged from wine baskets to luxurious vacation getaways, a buffet-

style dinner, and an awards ceremony featuring this year's Man O'War honorees: Marianne G. Collins, MSN, RN; George and Debbie Herker; and Stantec, Inc.

Marianne Collins, our clinician partner, dedicated 40 years of her nursing career to Riddle. Her commitment to excellence led her to the position of Director of Nursing Operations, eventually adding Director of Volunteer Services and Patient Advocacy to her résumé.

Community partners George and Debbie Herker have been involved with Riddle for over 30 years. Debbie served as member and President of the Associated Auxiliaries and she is also a member of the Cancer Center Advisory Committee. George and Debbie have been generous supporters of Riddle, with their gifts of the player piano in Health Center 3 and their leadership support of the recent Emergency Department Campaign.

A business associate of Riddle for over 15 years, Stantec Inc. was honored as Riddle's corporate partner. Providing program and project management expertise for construction projects including the Emergency Department expansion and the new MRI Center, Stantec has also provided leadership support to past Man O'War Galas and the Pro-Am Golf Classic.

The evening culminated with the presentation of a \$100,000 check from the Associated Auxiliaries for their commitments to Riddle Hospital. Previous fundraising efforts by the Associated Auxiliaries have provided funding for the expansion of Riddle Hospital's Emergency Department and the renovation of patient care units throughout the Hospital.



Corporate, community and clinician partners honored at this year's event: (L-R) Marianne Collins, MSN, RN; Gary L. Perecko, FACHE, President, Riddle Hospital; George and Debbie Herker; Dave LaMontagne, Vice President, Stantec, Inc.



Honorees George and Debbie Herker with family and friends: (L-R) Morris Marshall, Pat and Bob Pagano, George J. and Kimberly Herker, George and Debbie Herker, Jennifer Herker with Arthur Rezendes, and Samantha Gregas

MAN O' WAR  
AN  
EVENING  
AT THE  
RACES



Todd and Carolyn Kaufmann with Ericka and Dave LaMontagne from corporate honoree Stantec, Inc.



Riddle's Donna Meehan, Clinical Nurse Educator, and Chrissy Myers, Nurse Manager; guest Sean Joyce; MLH President and CEO Jack Lynch and wife, Deb Lynch; Cindy and Gary Perecko



Family members: (L-R) Kevin Burns, Jack Collins, Barbara Burns, Robert Collins, and John Collins join Marianne Collins, honoree.



Riddle physicians Dr. Maria Bucco and Dr. Pierre Y. Ghayad



Ashima Lall, MD, and her husband Pavan Malik



(L-R) JoAnne and Dr. David Thomas; Drs. Sean and Charmaine Wright; Theresa Murtagh; Dr. Thomas and Melissa Krakower



Gary Perecko poses for a "selfie" with Gala attendees.



Gail and John Unangst win a ribbon for best-dressed couple.



Alan and Jodie Gold with Doug and Diane Williams



(L-R) Austin Taylor, Monica Kuroki, Vice President of Medical Affairs, Dr. Helen Kuroki, Cesar Kuroki, Michael Love, Grace Kuroki, and Julia Hardie enjoy the festivities.



Natalie Mantegna (L) and her mother, Debbie Mantegna, Manager of Community Health at Riddle (R), pose with the Riddle Downs bugler.



The crowd cheers as "Saskatchewan Bully" wins the race.



# Focus on Philanthropy

## Riddle Receives Generous Bequest from Grateful Couple



*Pictured (L-R) Dr. Joseph D. Hope, the DeSimones' primary care physician; Michael R. Schwartz, Esq., Executor of the DeSimone Estate; and Steven R. Derby, Vice President for Development at Riddle.*

The Riddle HealthCare Foundation recently received a very generous bequest from long time Riddle Village residents, Art and Jennie DeSimone, who moved to the area from West Philadelphia in 1993.

The DeSimones greatly appreciated the health care services they received from Riddle Hospital and began their philanthropic support in 2004 with small gifts to the Annual Fund. Later, as part of their estate planning, they established a number of charitable gift annuities, and took the necessary steps to include Riddle in their will.

In 2013, Jennie passed away after a short illness. Art continued his support of Riddle until his death in June 2015. Shortly after his passing, the Foundation learned that Art and Jennie left 50% of their residual estate to Riddle Hospital, valued at more than \$1 million.

In gratitude for the DeSimones' generosity, The Riddle Eye Center located on the 3rd floor in Health Center 3, will be named in their honor.

## Tree of Life Sculpture at Riddle Hospital Cancer Center



In the hallway outside of Riddle Hospital's Cancer Center, a beautiful sculpted tree was recently placed on the wall as a permanent symbol to remember and honor loved ones in the Riddle community. The sculpture, entitled the *Tree of Life*, is a gift from the Riddle Cancer Center Advisory Committee and the vision of Merrill Solan, MD, retired medical director for the Radiation Oncology Department. It was originally designed for friends and family members to honor or memorialize a loved one who experienced cancer, and grateful patients have also made contributions to honor a physician or caregiver.

"As Riddle physicians, my husband Andrew and I chose to memorialize our parents on the *Tree of Life* because of our long standing commitment to Riddle Hospital and its patients," explains Dr. Solan.

Leaves on the tree can be inscribed with the name of a loved one and a personalized message. To learn more about how to donate to this unique memorial which benefits the Riddle Cancer Center, please contact Steven Derby, Vice President for Development at 484.227.3651.

## Wawa Foundation Visits Riddle Hospital



On February 2, Riddle Hospital senior leadership welcomed members of the Wawa Foundation, the philanthropic arm of Wawa, Inc. A tour of the hospital was followed by a meeting with Gary Perecko, President, Riddle Hospital.

*Touring Riddle's new Interventional Radiology/Cardiac Cath Lab Suite (from left): Jason Arbacheski, Special Projects Manager, Main Line Health; Riddle HealthCare Foundation Board member Richard D. Wood, III, Director of Government Affairs & Sustainability, Wawa, Inc.; Lori Bruce, Public Relations Manager, Wawa, Inc.; Jared Culotta, Chairperson, Wawa Foundation and Treasurer, Wawa, Inc.; Elizabeth Simeone, Senior Foundation Analyst, Wawa, Inc.; Janet Webb, Vice President, Administration, Riddle Hospital; Karen Thurber, Foundation Assistant, Wawa, Inc.; Mike Pinto, Community Care & Foundation Administrator, Wawa, Inc.; Terrence Herling, Director of Store Operations, Wawa, Inc.; Maria Kalogredis, Associate General Counsel, Wawa, Inc.; and Diane Curran, Director, Imaging, Neurodiagnostic, and Cardiology Services, Riddle Hospital.*

# Ways to Give

There are a variety of ways to support Riddle Hospital that provide you with the satisfaction of supporting its mission and securing certain tax advantages.

## Direct Gifts

The simplest form is to make your tax-deductible gift by check payable to “The Riddle HealthCare Foundation” and send it in the enclosed envelope.

Or make your secured credit card gift online at:  
[mainlinehealth.org/rhgiving](http://mainlinehealth.org/rhgiving).

Just click on

- (1) “Ways to Give,” and
- (2) “Give Online NOW!”

Depending on your personal circumstances, you may want to consider other available options such as:

## Gifts of Securities and Other Property

Gifts of appreciated stock, mutual fund shares or other securities can be a cost-effective way of supporting Riddle. Gifts of real estate, paid-up insurance policies or personal property are also welcome.

## Planned Gifts

From a simple bequest in your will to a charitable gift annuity that provides valuable life-income, planned gifts offer the flexibility of providing for Riddle’s future while addressing your personal and financial needs. They also provide current and future tax benefits.

## Matching Gifts

You can increase the value of your gift by taking advantage of your employer’s matching gift program, if one is offered. Check with your Human Resources department, and enclose the matching gift form with your contribution.

## Memorials and Tributes

Remembering a loved one or honoring a friend, family member, physician or caregiver is a wonderful way to express your personal appreciation and support Riddle Hospital at the same time.

**For more information, please call The Riddle HealthCare Foundation Development Office:**

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Steven R. Derby  
Vice President for Development

## Our Mission

We exist to provide quality health care and superior service in order to promote and improve the quality of life in our communities.

## Our Vision

To be the best place to receive care.  
To be the best place to give care.

## The Riddle HealthCare Foundation

provides a philanthropic venue for members of the community to support the mission and vision of Riddle Hospital.

## Save the Dates

**September 15**

Pro Am Golf Outing  
DuPont Country Club

**September 28**

Riddle Society Thank You Event  
Tyler Arboretum

**October 13**

Per Lei Shopping Event  
State Street, Media

**October 23**

Board of Directors Reception  
Overbrook Golf Club

## Board of Directors and Officers

### The Riddle HealthCare Foundation

#### Officers

Thomas A. Bruder, Jr, *Chair*  
Don Saleski, *Vice Chair*  
Gary L. Perecko, FACHE, *President*  
Richard D. Wood, III, *Treasurer*  
Theresa F. Murtagh, Esq, *Secretary*  
Steven R. Derby, *Vice President,*  
*Assistant Secretary*

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John D. Unangst  
Hassan C. Vakil, MD  
James J. Walsh\*  
Sean A. Wright, MD

\*Emeritus



## We're tooting our own horn.

At Riddle Hospital, it has always been our goal to provide superior patient care. When leading national organizations recognize Riddle for our commitment to quality, we stand proudly and hope that you—our patients—do, too.

#### American Nurses Credentialing Center

Magnet® Recognized for Nursing Excellence

#### The Joint Commission

Gold Seal of Approval for Stroke Care  
Gold Seal of Approval for Hip Replacement  
Gold Seal of Approval for Knee Replacement  
Top Performing Hospital for Heart Attack, Heart Failure, Pneumonia & Surgical Care (2010, 2011, 2012, 2013 & 2014)

#### US News and World Report

Ranked 8th in the metro area and 16th statewide, with high-performing specialty areas in Hip & Knee Replacement

#### The American Association of Critical-Care Nurses

Gold-Level Beacon Award for Intensive Care Unit

#### American College of Surgeons' Commission on Cancer

Outstanding Achievement Award 2013

#### Society of Cardiovascular Patient Care

Accredited Chest Pain Center with PCI

#### NICHE Hospital

Nurses Improving Care for Healthsystem Elders

#### National Accreditation Program for Breast Centers

#### American Heart Association

Gold Plus Performance Achievement Award and Honor Roll for Target Stroke



**The Riddle HealthCare  
Foundation**

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## Join the Man O'War Society

**T**he Man O'War Society, named for Mr. Riddle's famous racehorse, has been created to provide thanks and recognition to individuals who have made some provision to ensure that Riddle Hospital and The Riddle HealthCare Foundation will continue for generations. To be a member of The Society, an individual will have planned a bequest, created a gift annuity, established a charitable remainder trust or in some way planned a gift that will carry on their legacy. The individuals who have had the foresight and generosity to plan a gift to the Foundation enjoy the benefits of recognition during their lifetime.

**Contact Steven R. Derby,  
Vice President for Development,  
for more information on creative giving  
at 484.227.3651, or visit us online at  
[mainlinehealth.org/rhsgiving](http://mainlinehealth.org/rhsgiving).**



*"Riddle is OUR hospital and we have been happy to offer our support in many ways as active members of the community. We feel we have been blessed and part of giving back, for us, means including Riddle in our estate planning. We encourage others to do the same—a strong community needs a strong community hospital. Let your legacy include creative giving to Riddle."*

*Sue and Jim Walsh*