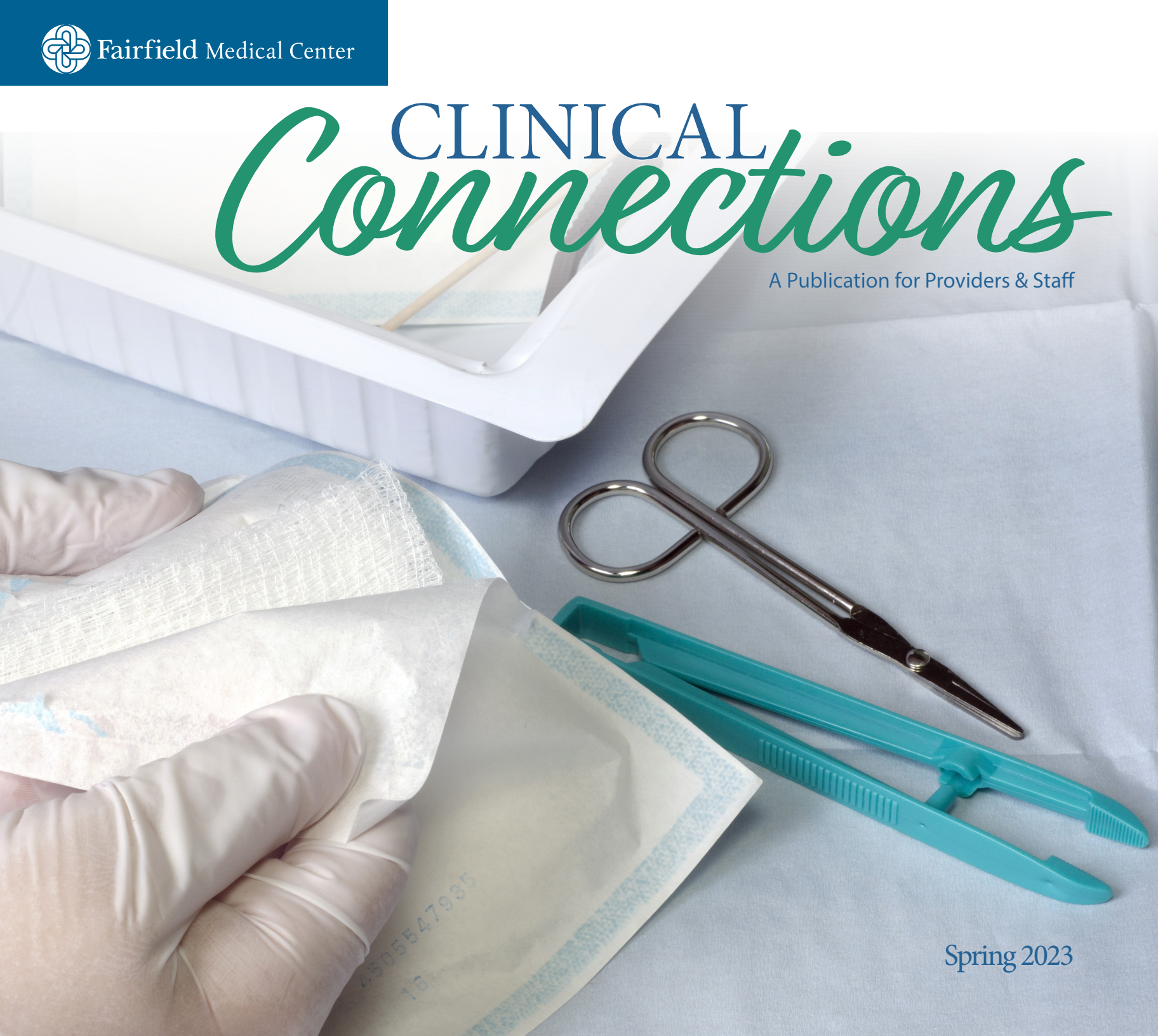




Fairfield Medical Center

CLINICAL *Connections*

A Publication for Providers & Staff



Spring 2023

Treating Complex Wounds

A Team Approach

Wound Clinic at Fairfield Medical Center utilizes multidisciplinary approach to improve patient outcomes, healthcare savings

Chronic wounds can significantly impair a patient's quality of life, leading to complications that could become life-threatening if not managed properly. When a patient has a wound that is failing to heal sufficiently or has increased in severity, referral to a dedicated wound care center is recommended. Comprised of specialists in both vascular surgery and infectious disease, the Wound Clinic at Fairfield Medical Center utilizes a multidisciplinary approach to provide wound assessments and treatment ranging from vascular intervention and treatment of infection, to specialized dressings and therapies. The benefit to this approach is improved patient outcomes, healthcare savings and overall patient satisfaction. The team also ensures continuity of care from start to finish by collaborating with outside specialists, including dermatologists, orthopedists, podiatrists, cardiologists, home care nurses and physical therapists, as well as the patient's primary care provider.

"The ability to provide the comprehensive, specialty treatment that we offer is not available in settings outside of a wound clinic," said Andrew Dagg-Murry, MD, infectious disease practitioner with the Wound Clinic at FMC. "We have physicians who are also infectious disease subspecialists or vascular surgeons, as well as two nurse practitioners, who are specifically dedicated to wound care. Many of the clinicians are trained in ostomy care, and we have a physical therapist to help with exercise training and lymphedema treatments."

The most common lesions presented at the Wound Clinic are caused by diabetes, venous insufficiency, lymphedema and peripheral arterial disease. "These cases can intensify quickly without the early intervention of a professional wound care specialist, leading to inpatient admissions and poorer outcomes," said James Pan, MD, a vascular surgeon at FMC.

"Because this population is at an increased risk for ulceration, infection and amputation of the lower extremities, prompt diagnosis, revascularization and optimal wound care are paramount to limb



Dr. Andrew Dagg-Murry and Carrie Chesser, RN, of the Wound Clinic at FMC, examine a wound on patient Audra Harden's ankle.

salvage and recovery,” said Dr. Jason André, a vascular surgeon at FMC. “In addition to endovascular interventions, vascular surgeons may reduce time-to-healing through debridement, grafting techniques and routine consultation alongside our infectious disease and fellow wound practitioners.”

The Wound Clinic at FMC also has experience treating complex wounds caused by rare infections or skin conditions that require a more tailored treatment approach. The clinic recently treated a case of pyoderma gangrenosum in which the patient, Audra Harden, 32, of Malta, was facing the possibility of amputation. Audra initially presented to the FMC Emergency Department with significant swelling in her ankle that was limiting her ability to walk. When the swelling rapidly progressed into a lesion that became more severe despite the efforts of two surgical drains, Dr. Dagg-Murry was consulted for evaluation (see case study on page 4).

“Pyoderma is one of those diagnoses that we must keep in mind at all times, although it is relatively rare,” Dr. Dagg-Murry said. “The types of care that we would typically give, such as trying to clean up a wound with debridement, is actually going to make the pyoderma much worse. We want to avoid any additional trauma, whether it is accidental or surgical, so we use very bland types of dressings that are non-irritating.”

Dr. Dagg-Murry said the Wound Clinic at FMC provides a large selection of dressings that are not available in the primary healthcare setting. The team can assist with ordering the dressings so that they are covered by the patient’s insurance or adjusting the treatment plan if coverage is not available.

“We are also able to work on getting special grafts approved which can require significant documentation,” he said. “Our clinicians are trained in total contact casting and application of multi-layer compression wraps to facilitate the healing process for chronic wounds.”



The Wound Clinic at FMC is open Monday-Friday from 8 a.m.-4 p.m. Providers can make a referral for any patient who has a wound, chronic venous insufficiency or lymphedema, especially of the lower legs, that they feel might benefit from an evaluation. For more information or to make a referral, call 740-689-6430.



Services Offered at the Wound Clinic

- Evaluation and treatment of wound(s) with specialty consultation
- Diagnostic and laboratory studies
 - Blood work
 - Biopsy
 - Culture
 - Vascular studies
- Customized wound dressing
- Total contact casting
- Negative pressure wound therapy
- Wound debridement
 - Mechanical, autolytic, enzymatic
- Grafting
 - Full- and split-thickness
 - Epidermal
 - Synthetic and biological
- Equipment
 - Pressure off-loading devices
 - Compression therapy devices and garments
- Supporting services and education
 - Dietitian consultation and protein supplementation
 - Physical and occupational therapy
 - Referral to home health services
 - Education for patients and supporting caregivers

Patient Case Study

By Andrew Dagg-Murry
FHP Infectious Disease & Wound Care



Andrew Dagg-Murry, MD

Patient Audra Harden, 32, initially presented on Aug. 23, 2022, to Fairfield Medical Center with a complaint of left ankle swelling. The ankle was described as hot to the touch and there was a bulging fluid collection medially. There was concern the patient had a septic joint. Audra was admitted to the hospital and taken to surgery the following day by orthopedics to debride the wound. They noted a large amount of “purulent material,” but cultures obtained were negative for any bacterial growth. The patient was started on broad-spectrum antibiotic therapy. The following day, the patient began to develop a similar lesion on the lateral aspect of her ankle. It evolved quickly and began enlarging, and the patient was taken to surgery for a second time. It was at this point when cultures were again done and were negative that infectious diseases was consulted for evaluation. Of note, Audra had a history of poorly controlled ulcerative colitis and had reported frequent GI symptoms associated with the condition, which was diagnosed in 2017.

On consultation, FHP Infectious Disease & Wound Care saw Audra and, in collaboration with the wound therapy nurses, we were quite concerned that she might actually have pyoderma. We recommended that Audra not have any further debridements, started bland dressings, and also recommended high-dose steroids. The patient was ultimately discharged to home with a wound dressing, but had significant recovery ahead. There was a definite feeling that her limb was threatened and that there was a significant risk that she might lose the leg. Audra began following as an outpatient at the Wound Clinic, where she got started on Remicade. On Dec. 20, 2022, we finally were able to declare the wound healed. In addition to seeing us at the Wound Clinic, Audra has been followed closely since her admission by gastroenterology and outpatient physical therapy in order to be able to regain function. The patient’s recovery was significantly supported by her husband and mother, who helped with wound care. She has largely recovered full function of the ankle and hopes to begin running again soon.



Meet the Team: Fairfield Medical Center Wound Clinic

Our clinic utilizes a team-based approach to coordinate and personalize your patient’s plan of care. In addition to our physicians and nurse practitioners, your patient will have access to specialists, home care nurses and physical therapists to help treat and manage contributing conditions.



Pictured (left to right): Debra Paynter, CNP; Andrew Dagg-Murry, MD, infectious disease, wound care management; Paige Smith, CNP; Jason André, MD, vascular surgery; James Pan, MD, vascular surgery.

Test uses DNA to detect esophageal abnormalities



Heather Luttrell, RN

Fairfield Medical Center's Heartburn Center is now offering EsoGuard, a DNA test that detects abnormal esophageal cells, including Barrett's esophagus, dysplasia and esophageal cancer. Patients who may benefit from this new technology include those who aren't agreeable to having an EGD or who are in a higher risk category for esophageal cancer, but an EGD isn't necessarily indicated (see box).

The EsoGuard test, which follows the American College of Gastroenterology Guidelines for Barrett's detection¹, is a quick, outpatient, in-office procedure and involves the use of an EsoCheck capsule, which is lowered into the esophagus to collect cells. The capsule is briefly inflated to expose textured ridges which collect cells from the distal esophagus, then deflated to protect the collected cells as the device is gently pulled back up. Following the procedure, the DNA in the collected cells is tested using the EsoGuard advanced molecular diagnostic test. Results typically take 2-3 weeks.

In clinical testing, most patients found the EsoCheck capsule to be easy to swallow and would recommend the procedure to others. The EsoGuard test has a sensitivity of 88% and a specificity of 91.7% for detecting esophageal abnormalities.²

Heartburn Center Coordinator Heather Luttrell, RN, BSN, said a traditional EGD is still the gold standard and preferred for patients who have already been diagnosed with GERD and/or Barrett's esophagus. However, for patients who are at higher-risk for esophageal cancer (see box) and may or may not experience heartburn occasionally, EsoGuard is a good screening tool to check for abnormal cells. A "positive" EsoGuard test result indicates abnormal cells, which should then be investigated with an EGD and biopsies.

1. American College of Gastroenterology Guidelines, https://journals.lww.com/ajg/Fulltext/2022/04000/Diagnosis_and_Management_of_Barrett_s_Esophagus_17.aspx

2. Science Translational Medicine 17 Jan 2018: Vol. 10, Issue 424, eaa05848, DOI: 10.1126/scitranslmed.aaa05848.

Risk criteria for esophageal cancer

Each criteria increases a patient's risk for esophageal cancer. These patients may benefit from the EsoGuard test:

- Male
- Caucasian
- Over age 50
- Tobacco use
- Alcohol abuse
- Obesity
- Heartburn
- 1st-degree relative diagnosed with Barrett's esophagus or esophageal adenocarcinoma

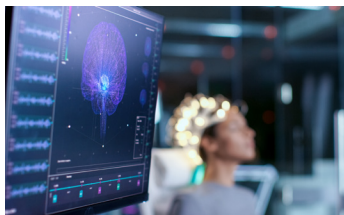
Who is not a good candidate for EsoGuard?

- Patients with any contraindication to non-endoscopic intubation procedures
- Patients who are anti-coagulated or have bleeding diathesis
- Patients who are on anti-coagulant drugs that cannot be temporarily discontinued
- Patients with the following conditions:
 - Dysphagia
 - Esophageal stricture, diverticula or fistula
 - Esophageal varices
 - Esophageal ulceration
 - Pill swallowing phobias



To refer a patient for the EsoGuard test, contact the Heartburn Center at 740-689-6486.

EEG video monitoring aims to improve diagnosis, treatment



Fairfield Medical Center has expanded electroencephalograph (EEG) testing with the addition of video monitoring. Video EEG allows for more comprehensive evaluation and semiology by capturing physical responses associated with the brain's electrical activity. While this technology is closely associated with the diagnosis and treatment of seizure disorders, it may also benefit in evaluating patients experiencing altered mental status, memory loss, syncope and post-sedation or post-code delays. Video EEGs are available on both an inpatient and outpatient basis. Results are then interpreted onsite by a physician at Fairfield Medical Center and shared with the referring provider.



To refer a patient to Fairfield Healthcare Professionals Neurology, please contact 740-687-8888. Orders for outpatient evaluation will be coordinated by Central Scheduling, 740-687-8666.

Diagnosing and treating rheumatoid arthritis



Sheryl Mascarenhas, MD

The field of rheumatology has evolved significantly over the past several decades. With the expansion of complementary fields – like orthopedics, sports medicine and physical medicine and rehabilitation – providers and researchers have been able to hone their focus on the treatment of autoimmune and inflammatory conditions.

“The roots of the specialty are in joint care, so there are some holdovers that aren’t necessarily autoimmune in nature,” said rheumatologist Sheryl Mascarenhas, MD. “We still care for patients with gout, bursitis and osteoarthritis, but for many of us, our focus is going to be on managing autoimmune disorders that affect the musculoskeletal system.”

Condition Spotlight: Rheumatoid Arthritis

According to Dr. Mascarenhas, rheumatoid is one of the most common forms of inflammatory arthritis treated in her practice. The condition tends to affect women more than men, with age of diagnosis occurring as early as the 20s or 30s and a spike in incidence among post-menopausal women.

In many cases, inflammatory arthritis presents differently than joint diseases associated with wear and tear. When differentiating between osteo- and autoimmune arthritis, Dr. Mascarenhas considers the following to be red flag symptoms:

- Stiffness, pain and notable swelling of the joints (caused by the accumulation of synovial fluid)
- Pain, stiffness and swelling that is severe or prolonged in the morning (lasting longer than 30 minutes) before improving throughout the day
- Pain, stiffness and swelling that worsens rather than improves with rest

Diagnosis

Diagnosing autoimmune joint disease is a complex process. The path begins first and foremost with a physical exam and thorough history, typically followed by blood work. “The majority of people with rheumatoid arthritis will have positive markers in their blood,” Dr. Mascarenhas said. “Unfortunately, somewhere between a third and quarter of patients may not. That’s where imaging can be useful.”

Because X-rays will only reveal damage to the bone, Dr. Mascarenhas most commonly uses ultrasound or MRI to aid in the early diagnosis of these elusive conditions. These techniques allow for a clearer view of inflammation in the joint capsule and synovium. If synovitis is observed and enough fluid is present, guided aspirates can help complete the puzzle.

Treatment

“Treatment is very different now than it would have been 40 years ago,” Dr. Mascarenhas said. “Now, there are a lot of options to better control the disease, to prevent that damage and deformity that so many associate with rheumatoid arthritis, and to really improve overall symptoms.”

Most patients will start on a traditional disease-modifying antirheumatic drug (DMARD), such as methotrexate or hydroxychloroquine. If symptoms or disease progression is still uncontrolled, biologic DMARDs can be used to block different targets of the immune system.

“These biologics really work as snipers in the immune system. Instead of globally lowering the immune response, these drugs can address a more specific cause of the inflammation,” Dr. Mascarenhas said.



Dr. Mascarenhas is currently accepting new patients. To refer a patient to Fairfield Healthcare Professionals Rheumatology, please call 740-689-6408.

Congestive Heart Failure Clinic helps patients control their condition

Reduction of costly, resource-intensive congestive heart failure hospitalizations and readmissions has been an ongoing focus across health systems. With the prevalence of heart failure expected to increase among an aging population, Fairfield Medical Center's CHF Clinic aims to improve clinical symptoms and reduce disease burden through education and management.

"The goal of this program is to improve quality of life," said CHF Clinic navigator Erin Ribo, CNP. "For some people, that may mean spending less time in the hospital. For others, it could mean returning to the activities they love. No matter the goal, positive outcomes are reliant on collaboration between the patient, clinic and referring providers."

With a referral, patients can expect several benefits from the program. In addition to connecting with a team of specialists focused on treating the condition, they will also learn techniques for monitoring and proactively controlling their health. Other benefits include:

- Visits within one week of hospital discharge
- Regularly scheduled follow-up appointments
- Access to CardioMEMS remote monitoring of pulmonary artery pressure
- Ongoing support and resources to increase knowledge and improve compliance
- Routine communication between primary care providers and cardiologists

"Not all heart failure is treated the same," Erin added. "Patients with heart failure with preserved ejection fraction (HFpEF) require a totally different focus and plan of care from those with heart failure reduced ejection fraction (HFrEF). In the clinic setting, patients can receive care tailored to their conditions, including same-day labs to evaluate renal function during therapy. This level of individual attention allows for prompt adjustment of medications and therapies based on their unique needs."



To refer a patient to Fairfield Medical Center's Congestive Heart Failure Clinic, please call 740-689-6498 or fax referral forms to 740-277-7692.

FMC to offer free lung cancer screenings to eligible patients

Low-dose computed tomography (LDCT) is the best way to detect lung cancer in its earliest stages, when it's most treatable. This year, the Fairfield Medical Center Foundation will cover the cost for 25 medically and financially eligible patients to receive an LDCT screening. If your patient meets the following criteria, you are encouraged to refer them to the program:

- Self-pay or insurance does not cover the cost of the screening
- Meets HCAP guidelines
- Age 50-80
- Must be a current or former smoker who has quit smoking within the last 15 years, has smoked at least one pack per day for 20 years or two packs per day for 10 years

Once the patient is referred, medical and financial eligibility will be determined by the Cancer Care and Infusion team and the nurse navigators at Fairfield Medical Center. Oncology nurse navigator Holly Griffith, BSN, RN, OCN, who applied for the \$3,942 grant from the FMC Foundation, said this initiative will replace the one-day lung cancer screening event that FMC has hosted in previous years.

"Since not all patients are going to fall within the same time window of when they need a screening, we felt it was better to offer them all year long instead of one day," Holly said. "Screenings have always been a passion of mine because the patient as an individual has the chance to take charge of their own life. If something is found, they have an opportunity to take care of it quickly while they feel good and it's still treatable."



To refer a patient to the LDCT screening program at FMC, contact Holly Griffith at 740-689-6889.



Local historian embraces active lifestyle following TAVR procedure



Michael Reinig, DO



John Lazarus, MD, PhD

As an avid explorer and historian, Jack Campbell finds joy in hiking through local parks, where he also serves as a groundskeeper and docent. With a complex cardiac history and worsening health – marked by breathlessness, fatigue and forgetfulness – the 70-year-old Lancaster native was convinced he would soon be trading his days of wonder for a more sedentary lifestyle. When Jack learned of Fairfield Medical Center’s Structural Heart Program, he grew hopeful for a more active future.

For several years, Jack has been a patient of Fairfield Healthcare Professionals Cardiology under the care of cardiologist Michael Reinig, DO, who has helped manage a repertoire of conditions. With a history of rheumatic fever and subsequent heart murmur in his early childhood, as well as a bicuspid aortic valve, Jack’s diagnoses grew to include congestive heart failure, atrial fibrillation and aortic stenosis. When he presented with telltale symptoms in early 2022, Jack’s annual echocardiogram confirmed a severe worsening of aortic valve disease. The discovery prompted Dr. Reinig to partner with interventionalist John Lazarus, MD, PhD, to explore the possibility of transcatheter aortic valve replacement (TAVR).

“Before each TAVR, we perform extensive testing and have multidisciplinary meetings to discuss candidacy,” Dr. Lazarus said. “Fortunately, most patients qualify for TAVR regardless of age or comorbidities. In Jack’s case, we actually discovered he had poorly controlled diabetes and coordinated care to better manage the condition and avoid further deleterious effects on his cardiovascular system and overall health.”

The procedure was performed in Fairfield Medical Center’s hybrid OR on July 27, 2022, with immediate success. Jack, who was ecstatic to have access to the minimally invasive approach at his local hospital, reported feeling significantly better even as he sat in post-anesthesia recovery. Following cardiac rehabilitation, he has continued strength training and routinely walks 4-5 miles a day.

“I’m amazed by this procedure and how quick the recovery was,” Jack said. “It has changed my life. I feel 10-15 years younger. I’m doing things I never thought I’d be able to do again, and I’m healthier than I’ve been in years. It has absolutely been a blessing.”



Jack Campbell (pictured with his dog Snickers) stays active by walking and providing tours at Lancaster’s historic Rock Mill Park.



To refer a patient to FMC’s Structural Heart Program, please contact Fairfield Healthcare Professionals Cardiology at 740-689-4480.



Surgical complications reduced through robotic cholecystectomy



David Hasl, MD

For more than a year, Makala Shipley, a 23-year-old physical therapy assistant from New Lexington, struggled with persistent gastrointestinal symptoms ranging from nausea, vomiting and diarrhea to severe abdominal pain and bloating. In an effort to find relief, she changed her diet, supplemented her gut health with probiotics and took prescription-strength medication for gastroesophageal reflux disease (GERD). Failing to find a solution after several visits to her primary care provider and gastroenterologist, Makala scheduled an appointment with David Hasl, MD, of Fairfield Healthcare Professionals General Surgery River View. With a history of abnormalities related to her gallbladder, the path ahead was clear.

“Makala presented with classic symptoms of post-prandial pain,” Dr. Hasl said. “There was sludge evident on her ultrasound, but she also had a hepatobiliary iminodiacetic acid (HIDA) scan that revealed a hyperfunctioning gallbladder. From there, it was an easy decision to move forward with surgery.”

On Nov. 9, 2022, Makala had a robotic cholecystectomy using the da Vinci XI surgical system. In addition to the inherent benefits of the technology, which include unparalleled optics through magnification and three-dimensional binocular visualization of the surgical field, Dr. Hasl also employed fluorescence imaging for enhanced safety. This capability, known as da Vinci Firefly™, uses near-infrared technology and injected indocyanine green (ICG) dye to provide real-time anatomy identification. When the function is activated by the surgeon, the laparoscope triggers the dye to fluoresce, allowing for visual assessment of the liver and biliary system.

“All of these mechanisms make the surgery safer,” explained Dr. Hasl. “From the autonomy of the surgeon to the tools that are available, it reduces the risk of post-op bleeding and surgical complications.”

Makala, who was discharged shortly following her procedure, described her recovery as “a breeze.” Although she experienced mild post-operative pain, the discomfort was a far cry from her pre-operative circumstances.

“I could tell everything had changed the second I got home,” Makala said. “I just feel better all around. It was so convenient to have my surgery closer to home, and I’m grateful Dr. Hasl took my concerns seriously.”

DIAGNOSING AND TREATING GALLBLADDER DISEASE

Gallbladder disease can be difficult to diagnose because symptoms often overlap with those of other conditions. These symptoms also tend to be transient in nature, which can further delay the patient’s desire to seek medical care. In many cases, the diagnosis of gallbladder disease is only reached after ruling out other potential causes.

Patients may be at increased risk for gallbladder disease if they:

- Are female (especially those with a history of pregnancy)
- Are 40 years or older
- Have a family history of the condition
- Are overweight or have recently lost weight
- Have diabetes

“Cholecystectomies are the most common surgical procedure performed by general surgeons across the country,” said Dr. David Hasl. “If a patient remains symptomatic after treatment, even with negative imaging, I’d recommend exploring gallbladder disease. It can significantly improve a patient’s health and quality of life.”



To refer a patient to FHP General Surgery River View, please contact 740-654-6213. To learn more about robotic surgery at FMC, including participating providers and specialties, contact Teri Watson, Community Outreach Coordinator, at 740-687-6929 or visit [fmchealth.org](https://www.fmchealth.org).

New Providers



Steve Cox, MD

FHP Gastroenterology
1231 E. Main St., Lancaster
Residency/General Surgery:
Medical University of South Carolina
Medical School: Ohio State
University College of Medicine



James Obney, MD

FHP Cardiothoracic Surgery
618 Pleasantville Road,
Suite 202, Lancaster
Fellowship/Cardiothoracic Surgery:
Brooke Army Medical Center
Residency/General Surgery:
Brooke Army Medical Center
Medical School: Medical College of
Ohio at Toledo



Megan Brown, CNP

FHP Hematology/Oncology
135 N. Ewing Street,
Suite 201, Lancaster
Masters of Science in Nursing:
Mount Carmel College of Nursing



Paige Smith, CNP

FHP Infectious Disease
135 N. Ewing Street,
Suite 302, Lancaster
Masters of Science in Nursing:
Mount Carmel College of Nursing

Provider/Office Moves

FHP Gastroenterology has moved from 1500 E. Main Street, Lancaster to 1231 E. Main Street, Lancaster.

Dr. Jim Whetstone Passes Away at 61



On Feb. 28, Dr. Jim Whetstone, of Fairfield Healthcare Professionals Family Medicine of Millersport, passed away following a long battle with cancer. Dr. Whetstone was a

family physician for more than 30 years at the practice, which his parents Drs. Paul and Anna Whetstone opened in 1954. He was a pillar of the Millersport community and Fairfield Medical Center and will be greatly missed.

Tarun Mehra, MD, and Sarah Ball, CNP, will transition to FHP Family Medicine of Millersport, 12135 Lancaster St. NE, Millersport, where they will join Michael Martin, MD.

FMC Foundation names 2022 Legendary Caregivers, departments

The FMC Foundation's Grateful Patient & Family Program is a meaningful way for patients to celebrate the extraordinary care they or their loved one received at FMC. Patients can honor these staff members with a Legendary Caregiver award and make a financial gift. All Legendary Caregivers receive a pin to denote their legendary status. The following providers and departments were recognized as Legendary Caregivers in 2022:

Legendary Caregivers – Providers

Jeffrey Haggenjos, DO

FHP Primary Care of New Lexington

Anokh Kondru, DO

FHP Hospital Medicine

Jean Robertson, MD

Nationwide Children's Hospital

Laurel Santino, MD

OB-GYN Associates of Lancaster

Ethan Wasson, MD

Fairfield Anesthesia Associates

Legendary Caregivers – Departments

- Cardiac Rehabilitation
- Case Management
- Cath Lab
- Center Police
- Chaplains
- Emergency Dept.
- Environmental Services
- FHP Cardiology
- FHP Cardiothoracic Surgery
- FHP Pulmonology & Critical Care
- FHP Vascular Surgery
- ICU
- Imaging
- Lab/phlebotomy
- PCU
- Physical Therapy
- Respiratory Therapy
- Surgical Services
- Vascular Interventional Radiology



Patient Experience

The following comments were submitted by FMC patients and compiled through Press Ganey.



Michael Reinig, DO, FHP Cardiology

"I have the utmost respect and confidence in Dr. Reinig. He took over my care after a not so successful triple bypass at another hospital. I am so grateful to him for giving me a better quality of life. I am blessed to have Dr. Reinig for my doctor."



John Walter, DO, FHP Orthopedics, Physical Medicine and Rehabilitation

"Dr. Walter always calls me by my name when he enters the exam room and is always very personable and upbeat. He sincerely listens to what I have to say and works with me to accomplish my health goals. He is a wonderful physician."



James Pan, MD, FHP Vascular Surgery

"I really like Dr. Pan and his entire staff, they are definitely 5-star providers. Thank you Dr. Pan and your team for taking such great care of me!"



Trevor Call, DO, FHP Orthopedics, Physical Medicine and Rehabilitation

"Dr. Trevor Call is an excellent physician/surgeon. I would recommend him to anyone needing orthopedic care."



Jason Weingart, MD & Abigail Grubb, CNP, FHP Cardiology

"I normally see Dr. Weingart but I liked Ms. Grubb exceedingly well and am happy to see either one. Both have been professional, kind, listen well and make me very comfortable."



Kimberly Kohli, PhD & Daniel DiSalvo, CNP, FHP Psychiatry and Health Psychology

"Kimberly is amazing because she listens to me and has helped me understand my mental illness. I will not go anywhere else. Danny DiSalvo is amazing as well. He helps me to understand why I need meds. He explains everything. Thank you so much for these providers."

Quick Reference



Fairfield Medical Center

401 N. Ewing St., Lancaster, Ohio

740-687-8000

fmchealth.org



We are a nonprofit organization that provides full-service, general acute health services to more than 250,000 residents in Fairfield, Pickaway, Perry, Hocking and Athens counties.



In addition to our Main and River Valley campuses, we have more than a dozen satellite locations specializing in primary care, specialty care, urgent care, lab and imaging.



Fairfield Healthcare Professionals (FHP) is a multispecialty medical group of more than 90 providers owned and operated by FMC.

Clinical Connections is designed to share information about Fairfield Medical Center's medical staff, services and capabilities with healthcare providers in southeastern Ohio.

If there is anything you would like to learn more about, or if you would like to be removed from our mailing list, please call 740-687-6929.



401 N. Ewing St.
Lancaster, OH 43130-3371
fmchealth.org

Whatever you're searching for,
you can find it *here.*

robotic surgery



From advanced lung biopsy technology to minimally invasive surgical techniques, Fairfield Medical Center's robotic surgery program is expanding services for patients and reducing the risk of complications.

To learn more about robotic surgery at FMC, including participating providers and specialties, contact 740-687-6929.