Fairfield Medical Center

CLINICAL Connections

A Publication for Providers & Staff

Fall 2023

Photo credit: ©2023 Intuitive Surgical Operations, Inc.

Pictured: Dr. Christian Tencza, FHP Pulmonology & Critical Care, performs a navigational bronchoscopy with the assistance of FMC staff.

Innovation in Lung Care

Lung cancer is the deadliest type of cancer in the United States, so a multidisciplinary approach to diagnosis and treatment is essential to delivering positive outcomes and exceptional patient care. Fairfield Medical Center continues to show its commitment to excellence through a collaborative network of Fairfield Healthcare Professionals providers and investments in new robotic technology, like Intuitive's Ion Endoluminal System.

If a patient undergoes imaging at FMC and receives abnormal results showing pulmonary nodules, a pulmonologist will determine if an ION robotic assisted bronchoscopy is the next step. If this procedure is warranted and malignancy is confirmed, FHP Hematology/Oncology, FHP Radiation Oncology, FHP Cardiothoracic Surgery and FHP Pulmonology & Critical Care work together to quickly develop an individualized treatment plan, determining the correct path for chemotherapy, radiation treatments or surgery. If applicable, patients may undergo minimally invasive robotic surgery with the da Vinci XI Surgical System, performed by FHP Cardiothoracic Surgery as an additional treatment option. These cases are regularly reviewed at a multidisciplinary and collaborative tumor board to ensure coordination of care throughout the process.

"One of the unique things about Fairfield Medical Center is the relationship between doctors. We established the thoracic tumor board where the pulmonologists, radiologists, pathologists, cardiothoracic surgeons, hematologist/oncologist, radiation oncologist and oncology nurse navigators sit down and go through the granular details to map out good options for patients," said FHP Cardiothoracic Surgeon, P. Aryeh Cohen, MD. "The better our communication between us as a medical staff, the better care we provide."


Pictured: Dr. Christian Tencza, FHP Pulmonology & Critical Care

As of August 2023, more than 100 patients have experienced a quicker process of diagnosis and treatment using minimally invasive lung biopsy. By providing access to the patient's airways, the Ion allows for a biopsy sample to be taken from suspicious nodules anywhere in the lung due to its "ultrathin robotic catheter and advanced maneuverability". Once the nodule has been located in the lung with advanced imaging and controls, the catheter is locked in place to ensure stability and precision while a sample of the tissue is collected with more accuracy than could be offered by traditional diagnostic methods.

"The Ion Endoluminal System has been an excellent addition to the services we can provide. The overall patient experience is improved by these minimally invasive techniques as they cause less pain and a reduced risk of complications than you would see with traditional methods," said Christian Tencza, MD, of FHP Pulmonology & Critical Care. "Patients are seeing faster treatment and better outcomes from lung cancer diagnoses due to our investment in this innovative technology."

Offering technologies like the Ion Endoluminal System allows for more informed decisions by providers and patients. To refer a patient for a robotic-assisted bronchoscopy, call FHP Pulmonology & Critical Care at 740-689-6833.

If nodules are revealed incidentally or through a low-dose computed tomography (LDCT) screening, patient referral to FHP Pulmonology & Critical Care should be considered. If indicated, Ion robotic-assisted bronchoscopy may be performed to confirm a lung cancer diagnosis. The following specialty offices make up this collaborative network of providers:

FHP Hematology/Oncology
740-687-4505

FHP Pulmonology & Critical Care
740-689-6833

FHP Radiation Oncology
740-687-8550

FHP Cardiothoracic Surgery
740-681-9020

FHP Hematology/Oncology


Roopa Saha, MD

FHP Radiation Oncology


Mark Becker, MD

FHP Cardiothoracic Surgery


P. Aryeh Cohen, MD


James Obney, MD

FHP Pulmonology & Critical Care


Jarrod Bruce, MD


Christian Tencza, MD


Andrew Twehues, MD


Avneet Singh, MS, MD

VTE patient pathway program streamlines treatment, reduces time-to-discharge

Jason André, MD

James Pan, MD

Venous thromboembolism (VTE) impacts a notable portion of the patient population and can present with varying levels of severity. In cases of below-the-knee deep vein thrombosis (DVT), conservative treatment using oral anticoagulants may be appropriate. Patients with VTE affecting the femoral-iliac and/or pulmonary vessels, however, may benefit significantly from percutaneous mechanical thrombectomy.

A new VTE patient pathway program at Fairfield Medical Center is helping providers and staff, particularly those in the emergency setting, identify the best course of action using detailed – and accessible – algorithms.

"By placing QR codes that scan directly to our algorithms in the ED, we're not only ensuring appropriate diagnostics and treatment for patients with critical PE and DVTs, but we're also reducing time-to-discharge for patients who can be appropriately managed with medications and outpatient referral to a vascular specialist," said vascular surgeon Jason André, MD, who has played an integral role in the program's implementation.

Thrombolytic therapy is a mainstay of VTE treatment and is appropriate for patients free from contraindications. When applicable, mechanical retrieval of VTE as a primary or supplemental intervention can drastically improve clinical symptoms, shorten length of stay and reduce the risk of complication by removing the clot burden in its entirety. With intervention commonly occurring 7-21 days following clot formation, more than 70% of thrombus removed at the time of treatment may be considered resistant to lytic therapy[1]. Moreover, residual clot left in the pulmonary arteries is associated with an increased risk for heart failure, pulmonary hypertension, dyspnea and death.

"We have successfully performed mechanical thrombectomy at Fairfield Medical Center for several years," Dr. André said. "Our goal now is to make sure the service is extended to qualifying patients across Southeast Ohio – especially those ineligible for thrombolytic therapy – to improve outcomes."

Scan to see PE algorithm

Scan to see DVT algorithm

Reference:

1. *Silver, et. al. Histopathologic analysis of extracted thrombi deep venous thrombosis and pulmonary embolism: Mechanisms and timing. Catheter Cardiovasc Interv. 2021 Jun 1; 97(7):1422-1429.*

Case Study – Pulmonary Embolism Thrombectomy

A 73-year-old female presented to the ED via EMS with a massive pulmonary embolism. The patient had coded twice prior to arrival, and once in the ED. The patient was intubated and pressors were administered. The CT showed a large clot burden and significant heart strain on the right side. The patient underwent a single session thrombectomy intervention with no thrombolytics.

Case results:

- The procedure encompassed a 20 minute device time and 50 minute stick-to-stitch.
- A post-CT angiography confirmed 100% clot removal.
- 50cc total EBL, 95% blood returned with FlowSaver technology.
- Patient was extubated the following morning and weaned off pressors. She was discharged home later that week and was doing well at her first follow-up.

To refer a patient to Fairfield Healthcare Professionals Vascular Surgery, contact 740-687-6910.

Despite rise in popularity, at-home colon screening tests should be carefully considered

Isabel Manzanillo-DeVore, DO

The use of "At-Home Colon Cancer Screening Tests" has steadily increased in recent years as colorectal cancer has become more prevalent. Understanding the differences between Fecal Immunochemical Test (FIT), Cologuard and colonoscopy can help patients and providers make informed decisions. It is important to recognize that many of the at-home testing options may ultimately result in a colonoscopy depending on the result of the test.

FIT is a non-invasive method that involves collecting a stool sample at home and sending it to a lab for analysis. It is relatively simple and convenient, and the test has shown good accuracy in detecting blood in the stool, which can be indicative of colorectal issues. However, patients should be informed that FIT primarily identifies the presence of blood and might miss abnormalities that could be readily detected by a colonoscopy.

Cologuard, another non-invasive option, is also centered around stool sample collection. This method tests for blood in the stool and examines DNA markers associated with colorectal cancer and precancerous growths. This broader approach contributes to higher sensitivity in identifying abnormalities, making it an attractive option for patients seeking a non-invasive yet comprehensive screening option. Nevertheless, it's crucial to acknowledge that positive results from Cologuard might require follow-up with a colonoscopy to confirm and address any detected issues.

Any patient with a history of colon polyps or a family history of colon cancer should be designated as "high risk" and pursue colonoscopy at recommended intervals. Colonoscopy, a gold standard in colorectal cancer screening, involves a more invasive procedure but offers comprehensive diagnostic and therapeutic capabilities. This procedure not only provides accurate results but also enables simultaneous intervention, reducing the need for additional procedures if abnormalities are found. While a colonoscopy might be perceived as more invasive and requires some preparation, it remains the most effective method for detecting and preventing colorectal cancer. Patients should consult with their healthcare providers to determine the most suitable screening approach based on their individual preferences, risk factors, family history and medical history.

To refer a patient to FHP Gastroenterology, contact 740-687-9182.

Kashif Uddin, OMS-III, OUHCOM contributed to this article.

FMC performs 200th LINX® procedure to correct GERD

Jeffrey Yenchar, MD

The LINX® procedure, which utilizes a small magnetic band to reinforce the lower esophageal sphincter and prevent reflux, is growing in popularity as a recommended surgical alternative to laparoscopic fundoplication by the American College of Gastroenterology and American Gastroenterological Association. Unlike alternative interventions, the minimally invasive procedure preserves physiological function and requires no permanent anatomical alterations, making it completely reversible and maintaining patient eligibility for future treatment options. The LINX has also been approved for use in patients with hiatal hernia as well as those who have undergone sleeve gastrectomy.

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"The Fairfield Medical Heartburn Center recently performed its 200th LINX procedure," said general surgeon and Heartburn Center director Jeffrey Yenchar, MD. "We have found this tool to be safe, effective and sustainable, and our patients are reporting a significant decrease in the use of PPIs as well as resolution of disruptive symptoms."

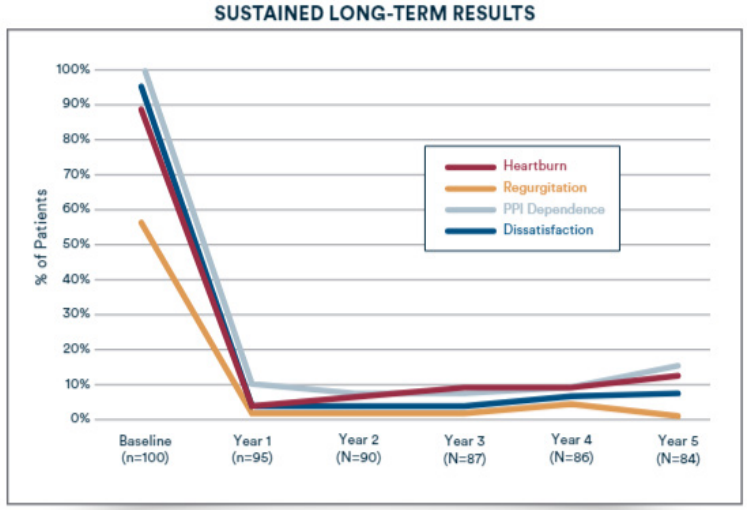
To refer a patient to the Fairfield Medical Heartburn Center, contact 740-689-6486.

References:

1. *RELIEF Study: A Prospective, Multicenter Study of Reflex Management with the LINX System for Gastroesophageal Reflux Disease After Laparoscopic Sleeve Gastrectomy. Ethicon Inc., Internal Report. October 14, 2021.*
2. *The LINX Reflux Management System IDE Study Table 17b, Foregut Symptoms Questionnaire by Visit (Off PPI) Ethicon Inc., Internal Report. October 14, 2021.*
3. *The LINX Reflux Management System IDE Study Table 9a, Changes in Esophagitis, Full Analysis Set. Ethicon Inc., Internal Report. October 14, 2021.*

Demonstrated efficacy[1*]

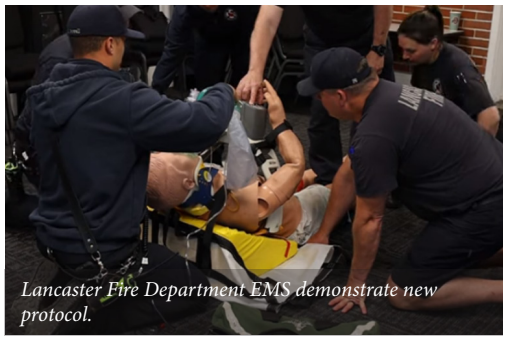
Reduced dependence on daily medication.[1+]



**Based on a 5 year prospective, multi-center, single-arm study observing 100 patients who were implanted with LINX, the success criteria for quality of life (50% reduction in total GERD-HRQL score and 50% reduction in PPI use) were met.*

+Based on a study observing 100 patients who were implanted with LINX, daily use of PPIs decreased to 15.3% at 5 years ($p<0.001$)

New "heads-up CPR" protocol shown to increase survival to hospital discharge



Lancaster Fire Department EMS demonstrate new protocol.

In July 2023, the Metropolitan Emergency Consortium, which includes Lancaster, Violet Township, Walnut Township and Pleasant Township EMS, implemented a new "heads-up CPR" protocol for out-of-hospital cardiac arrest. These changes are based on research that indicates elevation of the head and chest can increase likelihood of return of spontaneous circulation (ROSC), improve neurological outcomes and increase survival to hospital discharge when compared to supine CPR. In part, this positional approach reduces intracranial pressure to promote cerebral profusion and helps the body better redistribute blood flow to the lungs.

Medics' first priorities are to ensure safety at the scene, start chest compressions and defibrillate as fast as possible. The heads-up protocol is for adults with atraumatic cardiac arrest and is started 2-4 minutes after arrival to allow for scene stabilization and arrival of additional staff (3-4 people).

In addition to elevating the patient's head using a physical therapy wedge (or raising the head of a gurney), the protocol includes:

- Using a LUCAS mechanical compression device to ensure good compressions when patient is elevated
- Using 360 joules for defibrillation (no escalation of shock)
- Changing the electrode pads from standard position to anterior-posterior position after the third defibrillation
- Adding a ResQPod device to improve airway management
- Transporting immediately upon ROSC or after fifth shock if still in VF
- Increasing termination of resuscitation from 20 minutes to 30 minutes for PEA or asystole unless there are extenuating circumstances (unsafe scene, acute blood loss, late pregnancy, etc.)

Emergency Department wait times, length of stay decrease under new care model

A new process that was implemented earlier this year in Fairfield Medical Center's Emergency Department to decrease wait times and left without being seens (LWBS) is already yielding positive results. In August, FMC restructured its intake process to follow the SAFE (Speedy Assessment Focused Environment) ED model. To date, ED wait times have decreased from 37.3 minutes in January to 12 minutes in October. In addition, the patient's average length of stay decreased by 34 minutes between January and October.

Under the SAFE ED model, patients are checked in when they arrive at the hospital and escorted to a SAFE room for assessment by a doctor, nurse practitioner or a physician assistant. If their condition is complex or life-threatening, the patient is admitted to the ED. If the patient does not require admission, but needs lab work or additional testing, an order will be placed and an IV may be started. These patients will be asked to return to the waiting room until the provider has the results of their lab work or diagnostic testing, a process that keeps the sickest of patients in beds for treatment, while allowing the less acute patients to be seen more quickly.

"We felt we needed to serve our community better by providing emergency care in a more efficient and safe manner," said Emergency Department physician Caren Miller, DO. "Many ERs across the country have adopted a vertical care process. This is something that we work to improve each day, fine tuning it to make it successful."

Robert Dominguez, MD, examines a patient in the SAFE ED.

To view a video about the SAFE ED process, visit fmchealth.org/services/emergencyandurgentcare/safeed/.

Diagnosing aortic stenosis through auscultation

Fairfield Medical Center performed its first transcatheter aortic valve replacement (TAVR) procedure in November 2019. Since then, this minimally invasive intervention, provided by FMC's Structural Heart Team, has significantly improved quality of life for patients with severe aortic stenosis, including those of advanced age.

Valve disease – particularly aortic stenosis – is prevalent among older adults. While risk and severity both tend to increase with age, several signs or symptoms may warrant referral to a specialist, regardless of patient demographics. In addition to common warning signs of structural heart disease, specific characteristics on auscultation may indicate aortic stenosis as a cause for concern.

Muffled heart sounds and a late peaking murmur may be evidence of severe aortic valve disease during in-office exams. More specifically, the murmur is classically described as a crescendo-decrescendo murmur heard at the right upper sternal border with a stethoscope, said cardiologist John Lazarus, MD, PhD. The murmur may also radiate to the carotids.

To refer a patient to FMC's Structural Heart Program for consultation and diagnostic testing, please contact Fairfield Healthcare Professionals Cardiology at 740-689-4480.

Guidelines recommend that patients should be evaluated by a multidisciplinary structural heart team if any of the following are present:

- Previously diagnosed moderate to severe valve disease
- Symptoms of undiagnosed valve disease, including heart murmur, exercise intolerance, chest pain or pressure, syncope, heart palpitation, rapid or irregular heartbeat, swelling
- History of TIA or stroke of unknown cause
- Patent foramen ovale (PFO)
- Atrial septal defect (ASD)
- Atrial fibrillation with previous stroke, bleeding, or anticoagulation intolerance

Symposium provides continuing education for APPs

Fairfield Medical Center recently hosted a symposium for advanced practice providers. Offering 7.25 credit hours, the day featured six physician speakers, who presented on topics ranging from lymphedema and CKD management to rheumatology and the perspective of pulmonologists following COVID-19.

"Continuing education and provider collaboration are among the top priorities for clinicians at Fairfield Medical Center. This event was an excellent way to marry those focuses," said certified nurse practitioner and event organizer Erin Ribo, CNP. "APPs are vital to the delivery of healthcare; we want to support and encourage this group of caregivers while creating opportunities to network and connect."

Key Takeaways

- Patients with chronic inflammatory conditions, such as rheumatoid arthritis, psoriatic arthritis, and lupus, are at an increased risk for cardiovascular disease and death. When discussing ASCVD risk factors and preventive therapy with affected patients 40 years and older, consider inflammatory rheumatic disease as a risk enhancer for accelerated atherosclerosis, according to the 2019 ACC/AHA Guidelines on Primary Prevention of Cardiovascular Disease.
  -Sheryl Mascarenhas, MD, FHP Rheumatology

- Because of the shortage of nephrologists, primary care providers play a critical role in identifying and initiating workup for chronic kidney disease (CKD) and proteinuria. Assessment of eGFR, urinalysis and albuminuria, and kidney imaging are crucial components of CKD management. Referral to nephrology for co-management should be considered in cases of:
  - CKD 3B or greater
  - CKD 3A in young patients
  - Macroalbuminuria
  - Significant changes in GFR (25%), even if CKD 3
  - Hematuria
  - Polycystic kidney disease (PKD)

  -William Wilmer, MD, Kidney Specialists, Inc.

- Lymphedema can have numerous causes and can be difficult to differentiate from chronic venous sufficiency. However, once venous ultrasound rules out DVT and venous reflux disease, conservative treatment can be initiated promptly by any attending provider. Compression provides the greatest volume reduction, especially in early stages, and physical therapy can be beneficial in promoting lymphatic drainage. Skin care should be emphasized to prevent cellulitis and ulceration; once skin changes begin to occur, referral to vascular specialists is recommended.
  -Jason André, MD, FHP Vascular Surgery

Pictured (l-r): Symposium coordinators Megan Robison, Christie Ratliff, Erin Ribo and Ginger Davis

Top photo: Caregivers and patients reunited on Sept. 6 for The Beat Goes On reunion at Fairfield Medical Center.

The beat goes on: FMC caregivers, EMS celebrate life with cardiac arrest survivors

On Wednesday, Sept. 6, Fairfield Medical Center hosted a patient reunion aptly named The Beat Goes On that reunited eight cardiac arrest survivors with the first responders and FMC team members who cared for them in their time of critical need.

"Every heartbeat matters," said FMC interventional cardiologist John Lazarus, MD, PhD. "We often take this for granted, never thinking twice about the work our heart does every minute of every day. But when it stops, the chance of survival is nearly zero without a hero stepping in to help at the right time. You all are miracles in motion."

The remainder of the evening was a celebration of lives well-lived since discharge, with patients sharing gratitude for the milestones they've reached and experiences they've shared since returning home. Deserae Belcher, FMC STEMI coordinator and event organizer, said she hopes the gathering lifted the spirits and filled the cups of patients and colleagues alike.

"It's hard to describe what an event like this can do for morale," Deserae said. "One family shared that it made them feel less isolated in their experience. And as a caregiver, it's really such an honor to reconnect with these patients and their loved ones in a time of celebration rather than illness, injury or vulnerability. We're blessed to share such a strong connection with our community and fellow healthcare providers."

Top photo: Cardiac arrest survivor Sandra Geurard, pictured with family, FMC staff and EMS, accepts a Great Save Award on behalf of Elizabeth Pyett, a bystander who performed CPR on her until EMS arrived on scene.

Bottom photo: Cardiac arrest survivor Richard Whittington talks about his experience during The Beat Goes On reunion.

Provider/Office Updates

New Providers

Jay Bauerle, MD
FHP Neurology
135 N. Ewing, Suite 201, Lancaster
740-687-8888
Fellowship/Neuromuscular Disease and Neurophysiology: University of Texas Southwestern Medical Center
Residency: University of Utah School of Medicine
Medical School: University of Texas Medical Branch

Emily McCulloch, PA
FHP Cardiothoracic Surgery
618 Pleasantville Road, Suite 202, Lancaster
740-681-9020
Master of Physician Assistant Practice: Ohio University

Brittany Peters, CNP
FHP Cardiothoracic Surgery
618 Pleasantville Road, Suite 202, Lancaster
740-681-9020
Master of Science Nursing: Ohio University

Angela Welch, CNP
FHP Gastroenterology
1231 E. Main Street, Lancaster
740-687-9182
Master of Science Nursing: Ohio University

New Pathology Group

FMC has partnered with Greater Cincinnati Pathology effective Sept. 1, 2023, and is pleased to welcome the following providers. The method of contact for this group will continue to be PerfectServe.

- Jonathan Tongson, MD, Medical Director
- James Devitt, II, MD
- Leo Niemeier, MD
- Yuying Jiang, MD
- Rina Siddiqui, MD
- George Wadih, MD
- Shannon Keil, MD
- Michael Berger, MD
- Sreeharsha Masineni, MD
- Jianlan Sun, MD

Office Relocations

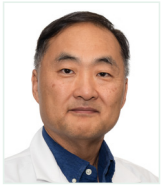
Fairfield Medical Center Main Street Lancaster Opens

To foster a seamless experience in services and patient care, FMC has moved its urgent care, occupational and employee health and PAT services into one convenient location at 1155 E. Main St., Lancaster. This multi-purpose facility will now be called Fairfield Medical Center Main Street-Lancaster and will share space with Diagnostic Health Services (DHS).

Contact our offices at:

- *Urgent Care: 740-687-2273*
- *PAT Clinic: 740-689-6680*
- *Occupational Health: 740-689-4404*
- *Employee Health: 740-687-8189*

FMC to Consolidate Old Schoolhouse Practice



Sang-Kyune Lee, MD

Effective January 2024, FMC will relocate the providers and support staff of Fairfield Healthcare Professionals Old Schoolhouse Family Practice into two of our existing practices. This decision was made as part of an ongoing effort to consolidate some of FMC's primary care practices in Lancaster.

Sara Busch, CNP

- Sang-Kyune Lee, MD, will move his family medicine practice to FHP Family Medicine of Millersport, 12135 Lancaster St. in Millersport.
- Sara Busch, CNP, will move her practice to FHP Internal Medicine, 2405 N. Columbus St., Suite 260 in Lancaster.

Patient Experience

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

Seth Levin, DO, FHP Gastroenterology

"I saw two other gastroenterologists before seeing Dr. Levin, and no one could diagnose my GI condition. I was becoming increasingly sick and it was disrupting my life dramatically. Dr. Levin was able to properly diagnose my condition and then treat it. He has given me my life back. Even though I live more than an hour away, I still want Dr. Levin as my gastroenterologist."

Avneet Singh, MS, MD, FHP Pulmonology & Critical Care

"Dr. Singh is exceptionally caring and thorough. Her compassion towards me was beyond expectation."

James Obney, MD, FHP Cardiothoracic Surgery

"Dr. Obney spent a lot of time explaining my surgery and what to expect in the next few weeks. Dr. Obney and staff have been very compassionate and helpful during this very scary event in my life."

Jeffrey Pearch, DO, FHP Psychiatry and Health Psychology

"Dr. Pearch is an exceptional doctor, the best I have ever had, and I've had over 20 psychiatrists in my life at this point. He is extremely knowledgeable about medication and treatment. He has a professionalism and bedside manner that is amazing! A true credit to his profession."

Nicole Sabatina, DO, FHP Orthopedics and Physical Medicine & Rehabilitation

"Dr. Sabatina is a very caring person and wonderful doctor with excellent bedside manner ... I had a simple problem with my hand in the grand scheme of things. She treated it, told me how long it would take for the pain to subside and was correct to the day it would be gone."

Roopa Saha, MD, FHP Hematology/Oncology

"Dr. Saha is an excellent physician and one that I do not hesitate to refer others to when needed. She is caring and compassionate while being professional at the same time. She is highly intelligent and I trust her completely."

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.

Fairfield Medical Center

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

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

outpatient therapy services

Our team of specialists and professionals at FMC's Outpatient Therapy Services are dedicated to helping patients improve their safety, lifestyle and ability to do the things they enjoy.

With *two convenient locations in Lancaster,* we offer a comprehensive array of services close to home.

To learn more, call FMC's Outpatient Therapy Services at 740-687-8602.