



VOLUME 10 / FALL 2009



## In Chaos There is Opportunity

Angelo Falcone, MD



This has been an interesting and challenging year for many people. Witness around us the challenges many face due to the economy as we seem to have found the bottom and are starting to make the long slow turn to a more positive future. Listen to a discussion about the changes coming in health care and wonder what it will hold for our society and for me as a provider. Prepare for merging 2 hospitals into a new regional medical center and ask how we will cope with blending staffs and double the patient volume.

At MEP we witnessed the entering of the largest number of new providers at our orientation on July 15th. You may have met some of the bright new faces that are highlighted in this issue. They are part of the future of our organization. Our hope is that we have given them a positive start and they will continue to learn (and live) the MEP values.

Over the last 6 months the leadership of MEP has listened through different forums on ways to improve our company. More frequent and specific communication is one of our goals. Clearly defined and measurable key performance indicators are another essential element of a high performance organization. The article on rapid medical evaluation at Washington County Hospital speaks to improving these markers.

We have prepared for this new environment in health care where practitioners must be more efficient and effective in providing care. The scribe program being rolled out will soon be implemented at all of the MEP campuses. We will continue to remove administrative roadblocks; whether paperwork, patient flow issues or lack of usable information in order for you to be a more effective practitioner of emergency medicine.

As we prepare for the upcoming Fall/Winter season and the masses of patients we will evaluate for H1N1 it is easy to get cynical. The reality is emergency medicine has always been and will always be the front line of medicine and society's safety net for health care.

It is one of the reasons I love being an emergency physician. We see the unfiltered version of life and it is there where we can have great impact on our patients and society. Thank you for being part of that tradition of care.

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## Can You Pray With Me?

David Klein, MD

The patient in room 8 may be having a stroke. Her husband brought her in because she had been complaining of a headache for weeks and today he noticed a facial droop and slurred speech. She says that nothing is wrong."

I walked into the room, introduced myself and immediately noticed an obvious left facial droop with forehead sparing. I thought to myself - How could she not notice? Denial is very powerful. During the exam, I noticed left arm weakness as well. I ordered a head CT and told the patient and her husband that she may have had a stroke. I knew, however, that it was something far worse. What was going through my mind then? Let's be honest: A. I didn't have to worry about a disposition decision on this one. B. This was an easy case for me. Order a CT scan and get her admitted. C. I needed to finish my exam and move on to the next patient.

It is human nature to think only about our own needs. I needed to see other patients in the ED. I needed to order the appropriate tests for this patient and then admit her. What about her needs? She obviously needs me to order the appropriate tests. Does she need anything else from me? Any physician would know to order a CT. At this moment, what differentiates me from any other doc? How does the MEP way play into this? The answer is Compassion and Empathy. Compassion and Empathy should be given the same degree of thought as making a diagnosis. I was certainly thinking about a possible stroke or tumor and the need to order a CT. I knew her life would never be the same. Was I thinking about her emotional needs? The radiologists reading showed "A large tumor with edema and a slight shift most consistent with a glioblastoma" Again, the medical part was clear cut for me. Decadron, Dilantin and admission for an MRI and biopsy. And then move on to the next case.

How much do I tell her? Her husband had left and was due to return in 2 hours. Do I wait? I am not 100% sure of the diagnosis. I am not her private physician. I wanted to minimize my interaction with her and avoid committing to her diagnosis and any speculation on my part. I decided to be open and honest with her. She had a right to know. Could I be certain the other physicians would show her empathy and compassion? "You have a growth in your brain that is causing some swelling that is causing you symptoms; it is probably a brain tumor. We will know more definitely after the MRI. I am very sorry."

Her next question surprised me. "Are you Christian?" "No I am Jewish." "Will you pray to Jesus with me anyway?" She was not in denial at all. She knew what was in store for her. She did not want to have a discussion on the prognosis or the tests she would need. She needed to pray and did not want to do it alone.

In the book "If Disney Ran Your Hospital" the author speaks about customer (patient) loyalty. He believes that loyalty directly correlates with compassion. *"It is the law of memorable events that determines dissatisfaction and loyalty. Unlike other service businesses, the hospital has only one way to create loyalty-the patients' personal experience and they have only one way to measure loyalty-by what the patient says about their visit. Courtesy and competence are important factors in measuring patient loyalty but they are expected. Loyalty is gained by showing more than simple courtesy. In most cases, it comes from being engaged with the patient in a way that shows compassion. Because of the emotional stress that accompanies most healthcare problems; this usually means doing or saying something that shows a genuine concern for the patients' state of mind. It means exhibiting some heartfelt empathy for the patients' anxiety or pain"*.

At this moment it was not my medical training that the patient needed. It was human decency. It did not matter that I was of a different faith or whether I had a belief in God at all! I sat down, held her hand, bowed my head and prayed with her.

The next day, I met the MRI tech in the ED who was visiting her nephew who had a broken femur. I asked her what the MRI showed? She immediately shared with me that that patient was really impressed with her ER experience. The patient told the tech that the doctor had actually prayed with her. No mention of making the diagnosis in a timely fashion. In this case, it was compassion along with competence that made the difference.

What are other small acts of kindness can we provide that can be memorable for the patient? Perhaps getting a warm blanket for a patient who complains of being cold. A drink for a thirsty patient. Asking them and being willing to explain (yes; yet again) to their family what is going on.

A physician is trained to make a diagnosis and initiate treatment. We learn to synthesize a multitude of data which comes from the history, physical exam and any ancillary data to in order to arrive at a differential diagnosis. Based on the highest likelihood and/or the potentially most serious, we arrive at a treatment plan.

When patients come to the Emergency Department, they assume that we are well-trained have the right credentials. So what makes the difference between a good patient experience and a memorable one? What differentiates a good ED department and a great one? A good Emergency physician and a great one?

Compassion.

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## The Use of Intralipid

Julian Orenstein, MD

In April, I attended the ACEP Advanced Pediatrics CME conference and actually took home a few new useful concepts and practices. The most unique talk was of a new antidote for toxicity from severe overdose of lipid-bound drugs, by infusing standard intra-lipid preparations. These drugs include local anesthetics, antidepressants, antipsychotics and others, and can cause severe due to their high binding to membranes. A growing body of literature supports this, and that same month, after I returned, saw that it was highlighted by the Maryland Poison Center in April in their monthly newsletter.

In brief, the toxicity from overdose of one of these drugs results when the excessive amount of drug in the membrane (heart or brain) disrupts normal membrane activity (sending electrical impulses). Reversing the effects have traditionally been urine alkalinization or dialysis, with limited success. High-dose infusion of intralipid acts as a lipid sink, and is thought to pull the drug out from the membrane. The speaker, Robert Hoffman from NYU, described a case (published in *Annals of Emergency Medicine* Sirianni, et al., April 2008) where a 17 year old had intentionally overdosed on Welbutrin and Lamictal and presented in seizures, followed rapidly by cardiac arrest. After 70 minutes of unresponsiveness to CPR and other conventional therapies (yes, 70 minutes. More than an hour of resuscitation efforts) the patient was given an infusion of 20% intralipid and immediately had return of a heart beat, pulse and then respiration. As the article states: "the patient subsequently manifested significant acute lung injury but had rapid improvement in cardiovascular status and recovered, with near-normal neurologic function."

In speaking to the safety of intralipid as a rescue drug, in order to answer concerns that it is not FDA licensed for this use, Dr. Hoffman put it this way: "it's food. It's what we give our ICU patients. There is no toxicity, even in this high a dose."

While Intra-lipid is not FDA licensed for use as an antidote, I hope that that will not preclude us from considering using it on an emergency basis if all other efforts have failed. A sample protocol for its use is posted in the Peds ED, and is available online at [www.lipidrescue.org](http://www.lipidrescue.org).

## MEP/PSR Information Corner

Health benefits update: Effective September 1, 2009 MEP has added coverage for domestic partners to their health benefit covered entities, in addition to spouse and children. Please contact Susan Damron if you wish to make changes to your coverage. MEP employees who are currently enrolled in the MEP group health plan have until September 30, 2009 to add their domestic partner as a covered insured, after which adding a domestic partner will have to wait until open enrollment or the MEP employee must experience a "qualifying event". MEP employees who are eligible for coverage under the MEP group plan eligible but who declined coverage during open enrollment this past May/June and who wish to enroll their domestic partner will have to wait until the 2010 open enrollment. Examples of qualifying events include marriage, divorce, the addition of a domestic partner, birth, adoption, death and loss of coverage (an eligible insured was covered by a spouse or domestic partner who becomes unemployed, losing access to a company sponsored health plan).

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## We Are So Similar

Michael Cetta, MD

In the last five minutes of a tied match the mood becomes desperate. Neither side will let up on defense in fear of letting in the winning goal, but both sides attack hard trying to nail the victory. The players are completely immersed, focused, and oblivious to the crowd. Spectators feel it too, especially when the stakes are so high – Ecuador vs. The United States. If the arena were the Meadowlands, you could imagine the energy of 75,000 fans, but the energy is all together the same when the arena is a 100 ft dirt field on an isolated island in the Galapagos.

Our tranquil family adventure had begun a week earlier in the airport in Ecuador. As we passed through the immigration line it was startling how all of the locals wore facemasks to fend off Swine Flu. Border guards stood clad head to toe in latex gloves, surgical gowns and shoe covers. Baggage people, rental car agents, concession stand attendants exposed only their eyes to avoid the spread of the virus.

Fortunately nobody in our group was caught with a fever by the thermal scanner checking body temperatures at the door.



And so, cleared through immigration, our adventure in the ecological fantasyland of the Galapagos Islands began. Each island has developed a unique ecology that forces the plants

and animals to evolve in diverse ways. On his five-year trip aboard the Beagle starting in 1831, Charles Darwin recognized the magnificent variation among the tortoises, birds, iguanas and plants. His recognition of the variety of finches was perhaps his most memorable and important observation.

Due to their short life span (less than three years) the finch can evolve relatively rapidly. Darwin noticed that a finch on one island fed mainly on cactus and therefore evolved a beak that was ideal for extracting food from the plant. On a neighboring island, where cacti did not grow, the finch evolved different beaks to catch worms living in tree branches. Darwin used these observations, along with many other examples, as the premise of his book "On the Origin of Species" – which today is considered the foundation of the theory of natural selection.

Over five days we sailed from island to island experiencing the magic of the Galapagos. Iguanas, sea loins, albatross, blue footed boobies were a daily treat. We were stunned to learn that an albatross can stay airborne for six months, travel over 2000 miles without landing.


Aboard our boat staffed by Ecuadorians it was not hard to feel a bit sheepish about the expense and extravagance of our vacation. We tried to maintain a humble modesty and engage with friendly conversation, but it was hard to ignore the vast differences in our lives. But unexpectedly one afternoon that barrier was broken. One of the crewmembers noticed my son's soccer shirt and asked if he played "futbol." When the crew learned that not only did he play, but did so competitively, the enthusiasm was palpable. We, the Americans, were challenged to a game.

The next day the crew took us to the island of Santa Maria where there was a small dirt soccer field with two goals. On one side of the field stood the Ecuadorian crew. On the other side we stood, a bit star struck by the moment and nervous about the potential for a humiliating defeat. In fact, it was only after great debate that we turned down their offer of three courtesy goals to start the game. So we started, score 0 – 0, determined to defend our American honor and show the South Americans that soccer in the U.S. is alive and well.

We played a valiant match chasing balls down in the cacti, avoiding the iguanas. 45 minutes, back and forth, neither side relinquishing a goal. Other tourists landing on the island expecting to witness wildlife, instead ended up cheering on the sidelines. In the final minute, it was the right foot of our naturalist guide that placed the ball in the lower corner of our goal.

As the dust settled hugs and smiles made their way among the players. We had all found a mutual respect and admiration that was not obvious before. Perhaps the irony in it all was how, in this chain of islands that epitomizes divergence of species, we as humans had found that at our core we are so similar.





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## Rapid Medical Evaluation at Washington County Hospital

### Stephen Kotch, MD

On May 6, 2009, Washington County Emergency Department opened its Rapid Medical Evaluation (RME) Unit. As I sit here writing this now, the success is far beyond my wildest dreams, and it certainly appears to be redefining Emergency Medicine in our institution.

I will be the first to admit that when this concept was presented in the beginning of the year, my first thoughts were “what a great idea – but I really don’t think it will work here.” There appeared to be so many obstacles to success such as space, people, nursing support, etc. Quickly I began to realize that I couldn’t be more wrong.

From the onset, nursing management embraced the idea and ran with it, which is a must if any RME is to succeed. Within a month or two, a plan was formed and a target date was set. The idea was very simple in nature – keep mobile patients mobile, turn beds over quickly, and provide good care. Within the first month it was clear that this idea would work and we could measure and feel the difference.

The Washington County ED currently treats 190 patients per day and serves as the trauma center for our community which extends into parts of Pennsylvania. The ED has 35 total treatment beds. It was decided to dedicate 9 of these to the RME, 2 of which would hold multiple recliners. Our peak arrival times indicated that the most beneficial period to begin with would be 1100-2100. Contrary to our traditional nursing assignments, we chose a team approach with one physician, two nurses, and one technician as the staffing matrix.

Our target population is the ESI 3 patient. Previously, these patients would wait the longest, more frequently leave without being seen while having relatively straightforward problems. By moving these patients through the system quicker and earlier, we hoped to decrease late afternoon and evening wait times and consequently our “left without being seen” (LWOBS) rate.

The task is conceptually simple, yet logistically challenging. Patients are seen as quickly as possible, moved to a separate treatment/waiting area, and then discharged or admitted from the secondary area. Consequently, though only working out of 9 rooms, it is not unusual to be managing a high number of patients at one time. Enter the “Outback” concept. Yes, we have instituted a pager system just as in many restaurants. Surprisingly, patients love it. They can run to the coffee shop while waiting for studies, visit family members also in the hospital, or even take a nap in the waiting room. Best of all – it frees up their room for yet another patient.

While we certainly have a long way to go, our early results have been extremely promising. Our LWOBS rate has decreased by 2% and throughput time has decreased by up to 25 minutes, both in the midst of an approximate 4% increase in ED volume. Additionally, the “feel” of the Department is better primarily when working overnight and not having to walk into a mobbed waiting room full of angry, sick people.

For those campuses getting ready to embark on this challenge, we have identified a few key points on which to focus. First of all, you must have the right people in place to get things off the ground. Strong nurses, strong physicians, and great technician support are all essential. Next would be to realize the development of an RME is truly a marathon and not a sprint. Expect some rough days and bumps in the road. Stay focused on the big picture and strategic goal. For our institution, this is a <2% LWOBS rate and 170 minute throughput time. Finally, constant reevaluation and fine-tuning is a must.

We have learned many lessons in a brief period of time. Our staff is constantly being challenged. However, it truly is amazing to see the transition of the entire Department to a new culture. This has been a tough journey so far, but we have learned that through hard work and dedication, we can do better for our providers, clients, and most importantly – our patients.



## Building a New Home

Aaron Snyder, MD



ED Nurses Station donated by MEP

electrical outlet, or any other item that needs fixing before you move into your new home.

Today, I walked thru MEP's new home in the Emergency Department at Western Maryland Health System, with Lois Liams (the ED Director) and Dr. David Klein. I had not seen the ED in a few weeks, and it was amazing to see it's transformation from steel girders, wires, and drywall into the expansive ED that we will open on November 21, 2009.

This will be our new home as we merge our current Brad-dock and Memorial campus EDs into one state of the art ED. Our new ED is massive. It has 48 beds, including 4 large trauma/resuscitation suites. The attention has been made to the details. It will really impress you! The entire ED and hospital has "Wi-Fi". Every ED room is private, large and has a flat screen TV. There are 4 waiting room areas for our patients: a general waiting room area, a pediatric waiting room, a negative airflow waiting room, and a mental health

For those of you who have ever constructed a new home, you know what the "punch list" is with your builder. This is when you walk through and inspect any last minute details that may need to be changed before your builder turns over the keys. It may be fixing drywall, changing paint colors, adding an

waiting room area. There will also be a 24 hour coffee bar for you caffeine junkies.

The ED will have the latest technology to help us care for our patients. It will have radiolucent trauma stretchers which you can x-ray through. All ekgs, echos, and advanced cardiac procedures are digital on our PACS EKG system. Of course there is digital radiology. The trauma bays are located immediately next to the radiology suites and CT scanner. It is less than 30 feet from the trauma bays to the CT scanners.

The most important part of any home is not the physical structure, machinery or devices, rather it is the people who will make this a unique place to provide care. Together with our nurse colleagues and ED staff, we will make this our new home in Western Maryland!



Aerial view of new WMRMC

I encourage all to come visit the ED before it opens on November 21st. There are many chances to take a tour and either myself or my assistant, Wendy Durst can help sign you up for one. You may contact Wendy at (301) 723-4943 or wdurst@wmhs.com.

**WMHS will continue to be a Level III Designated Trauma Center for Region I in the Maryland Institute of Emergency Medical Services System. The new hospital location name will be Western Maryland Regional Medical Center.**

### Emergency Department Features

- \* 4 trauma/resuscitation suites
- \* 4 mental health treatment rooms
- \* 2 isolation rooms
- \* 6 chest pain treatment rooms
- \* 9 emergent treatment rooms
- \* 3 OB/GYN treatment rooms
- \* 12 non-urgent treatment rooms
- \* 3 triage rooms
- \* General waiting plus separate waiting areas for Mental Health, Pediatrics, Negative Pressure (Cough Room).

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## Meet the Newest Members of MEP

On July 15<sup>th</sup> MEP officially welcomed 29 of our newest providers during an all day orientation session. The entering class of mid 2009 is our most diverse group ever, we even have royalty amongst this most august group of emergency physicians, physicians' assistants and nurse practitioners! The size of this group exceeded the capacity of the support offices in Germantown so we changed venues to the Johns Hopkins Technology Center in Rockville.

MEP leadership spoke about the history of our organization through storytelling. The importance of our cultural and core values was stressed throughout the day. What drives us as an organization was reviewed as well as the key performance markers we track and how we hold ourselves accountable.

This led to a discussion of expectations as a provider at MEP. Also reviewed were the support mechanisms in place for each of our employees, from individual performance evaluation, coaching and updated information through the MEP website.

Since MEP prides itself on the quality of care we provide a presentation was made on our peer review and quality processes. The importance of serving patients via focusing on the important aspect of patient satisfaction was also reviewed.

MEP's strategic partner, PSR, was there as well. Margaret and Josephine, whom we have come to know and love as the MEP schedulers, introduced themselves so all present could match the "voice on the phone" to the person. The website was reviewed for all so that the extensive power of the databases could be understood as a useful information tool to help each person succeed and become better providers of emergency care.

The day was capped off by an evening of celebration and a welcome party where some of the current members of the MEP staff had a chance to meet and say hello to our newest members. This was also an opportunity for many individuals at various MEP campuses to meet for the first time. While many of us will work at different locations it was exciting to realize the strength of our diversity and the caliber of providers we are hiring as our partners in emergency care.

## Welcome MEP's Newest Providers! Shady Grove Adventist Hospital



### **Krisi Gindlesperger, PA-C**

Krisi Gindlesperger is originally from Somerset, Pennsylvania and graduated with her Masters degree in Physician Assistant Studies at Gannon University in Erie, PA in 2003. She spent a year working in Neurosurgery at Sinai Hospital before she moved on to Emergency Medicine. She has practiced in the ED at Harbor Hospital in Baltimore for the past five years. Krisi joins MEP and will be working at Shady Grove Adventist Hospital as well at their stand alone facility in Germantown. She is also the CME Director for the Maryland Academy of Physician Assistants and plans all CME conferences and events for the Maryland PA's. In her spare time, Krisi enjoys spending time with her husband, Mike, of four years and their 1 year old son Gavin. She also enjoys boating, traveling, and the beach.



### **Jesse Irwin, MD**

Dr. Jesse Irwin is a native of Westbury, New York. He completed his undergraduate degree at Duke University and attended medical school at Eastern Virginia Medical School. After internship, Dr. Irwin spent four years on active duty in the Navy, including two as general medical officer aboard the USS Kearsarge (LHD-3). He completed his residency in emergency medicine at George Washington University, where he was also chief resident. Dr. Irwin enjoys basketball, skiing, cooking, and spending time with his wife Frederique and two children, Lucas (3) and Chloe (2).



## Welcome MEP's Newest Providers! Continued St. Mary's Hospital



### **Andree Appel, PA-C**

Ms. Appel attended the Physician Associate program at Yale University. Her career has taken her to New Mexico where she spent 13 years working with the Indian Health Service, Alaska, and Cape Verde, West Africa where she provided health care for Peace Corps volunteers. She comes to MEP from Brunswick, Maine. In her spare time she likes to read, do yoga, and sail with her husband and two grown children.



### **Amy Barnett, PA-C**

Amy Elaine Barnett graduated PA school with a Masters degree in Physician Assistant Studies at Alderson-Broaddus College located in Philippi, WV in May 2008. She completed her Bachelors degree in Human Biology in her home state at Texas Woman's University in May 2005. She spent 1 year working at Bowie Health Center and Laurel Regional Medical Center in the Emergency Department. She joins MEP at the St. Mary's Hospital location in the Fast Track/Emergency Department. Amy enjoys biking, fishing and traveling in her free time.



### **Nancy Churosh, MD**

Dr. Nancy Churosh attended Loyola University Medical School in Chicago, IL. She spent seven years in the US Navy as a Naval Flight Surgeon, deploying both to Southeast Asia and the Middle East. She completed her residency at Georgetown-Washington Hospital Center. Dr. Churosh enjoys swimming, traveling and spending time with her family.



### **Jim Detrick, PA-C**

Jim Detrick attended physician assistant school at James Madison University in Harrisonburg Virginia. He completed his undergraduate degree at Western Michigan University in Kalamazoo, Michigan. Mr. Detrick spent 13 years after getting his undergraduate degree in a sales career. He began running volunteer rescue during his business career and eventually left sales entirely and turned to emergency medicine. He has spend he last three years practicing emergency medicine in Rocky Mount, North Carolina. Mr. Detrick has a loving bride of 15 years and 4 wonderful children. He enjoys fishing, cooking and playing with his kids.

### **Ron Elfenbein, MD**

Dr Ron Elfenbein, originally from NY, graduated from Cornell University and then the SUNY Health Science Center At Syracuse (Upstate Medical University). He completed his residency at the Johns Hopkins Hospital in Baltimore serving his final year as Chief resident. Dr. Elfenbein is currently EMS Director at Harbor Hospital and joins MEP part time. He has an interest in space medicine and was awarded 2 grants by NASA while a resident totaling almost a million dollars. He similarly has been an applicant to the US Astronaut Corps and has made it thru the first few rounds of cuts. Dr. Elfenbein was the Republican nominee for the MD House of Delegates in district #30 in 2006 and was narrowly defeated in his bid against the incumbent Speaker of the House. He enjoys spending time with his wife, a pediatric oncologist at Johns Hopkins, and their 2 children, skiing, sailing, camping, hiking and outdoor activities in general.



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## Welcome MEP's Newest Providers! Continued St. Mary's Hospital



### Mark Hayward, PA-C

Mark Hayward is a Physician Assistant at MEP's Leonardtown campus. Mark graduated from the College of William and Mary with a BA in history, and was commissioned as an Army officer upon graduation. He served four years, and then resigned his commission in order to enlist in the Army as a special operations medic. Upon completion of training, he was assigned to the 10th Special Forces Group, where he served as team medic for ODA 082 until being selected for the military Physician Assistant training program. After completion of the two-year program, he served as a battalion PA, in the US, the Middle East, and Korea. He left military service and founded a small corporation in 2007, and worked as a clinical and tactical medical provider and consultant until joining MEP in 2009. In his spare time, Mark enjoys political activism, hiking, and moving reptiles off of roadways. He lives in King George, Virginia, with his wife Cammie, son Corwin (12), daughter Peregrine (9), and occasional box turtles (as available).



### Ana Maria Ibrado, MD, PhD

Dr Ana Ibrado attended the Medical Scientist Training Program (MSTP) at the Medical University of South Carolina where she completed her combined MD PhD (Molecular and Cellular Biology). She completed her EM residency at the Johns Hopkins Hospital in Baltimore MD. She enjoys spending "weekends at the beach" at St. Mary's, car trips, and watching television.



### Babatunde Orogbemi, MD

Babatunde Orogbemi attended medical school at the New Jersey School of Medicine in Newark New Jersey. He joins MEP after recently finishing an emergency/internal medicine residency at Brody School of Medicine/East Carolina University in Greenville NC.



### Michael Perraut, MD

Dr. Michael Perraut attended medical school at the university of Maryland. He just completed a Combined residency in Emergency & Internal Medicine at Christiana Hospital in Delaware, where he also served as chief resident. Dr. Perraut won the National CPC Competition at the ACEP Scientific Assembly this past October. Dr. Perraut enjoys gardening, sailing and spending time with his wife, Wendy, and two daughters, Kylie (4) and Courtney (18 months).



### Lars Reinhart, MD

Lars Reinhardt, MD was born in Philadelphia, PA, one year after parents immigrated to the USA from Germany. All his immediate family lives in Germany, and Dr. Reinhardt speak fluent German. He moved to Dallas, Texas in 1981, and graduated from University of Texas at Austin in May 1992 with BS in Mechanical Engineering (Hook'em Horns!!) He then attended Southwestern Medical School in Dallas, 1992-1996. Dr. Reinhardt completed Emergency Medicine Residency at University of Virginia in (Continued on page 9)



## Welcome MEP's Newest Providers! Continued St. Mary's Hospital

Charlottesville, VA 1996-1999 (same place as Dr. Mike Somers). After his residency, he was a ED medical staff physician at McLeod Regional Medical Center Florence, SC - July 1999 - September 2008. He Started with MEP at St Mary's March 9, 2009. Married 10 years to Kelley, the Reinhardt's have three children Blake (4), Ella (2 1/2), and Chase (14 months). His personal interest are traveling and seeing the world, golf, skiing, scuba diving, playing poker.

### **Eric Severson, PA-C**



PA Eric Severson was graduated from PA school at the Inter-service Physician Assistant Program in 1999. He was a staff Physician Assistant in Family Medicine/Primary Care at Nellis AFB, NV, and Fairchild AFB, WA, from 1999-2006. In 2006 he attended the USAF Physician Assistant Emergency Medicine Fellowship in Dayton, OH, after which he was stationed at Andrews AFB, MD, where he worked as an Emergency Medicine PA. He retired from the Air Force in September 2009 with 22 years of service. He joins MEP upon retirement and will be working at the St. Mary's campus. He is an avid golfer and also enjoys getting out on the water for fishing and other water activities.

### **Cherie Terry, MD**



Cherie Terry attended medical school at University of California, San Diego. She completed her emergency medicine residency at Cook County Hospital in Chicago and was chief resident of emergency medicine during her last year of residency. Prior to joining MEP she worked in DC as an emergency medicine attending at Howard University Hospital, Washington Hospital Center and Sibley Memorial Hospital. She enjoys traveling and spending time with her two German Shepherds.

## Washington County Hospital

### **Safdar Akbar, MD**



Dr. Safdar Akbar attended medical school at the University of Arkansas for Medical Sciences College of Medicine. He completed his internship in preliminary medicine at Hahnemann University Hospital in Philadelphia, PA. Dr. Akbar completed his residency in emergency medicine at Lincoln Medical and Mental Health Center in The Bronx, New York. He joins MEP after recently completing a fellowship in sports medicine at the Max Sports Medicine Institute a part of Riverside Methodist Hospital/OhioHealth in Columbus, Ohio. Dr. Akbar enjoys traveling, sports, and cooking.

### **John Lee, MD**



Dr John Lee attended Temple University School of Medicine in Philadelphia, then stayed in Philadelphia for his residency at the University of Pennsylvania. He recently joined MEP this year and is a faculty attending at Washington County Hospital. Dr Lee spent most of his childhood in rural Virginia and enjoys trail running, hiking, and biking.

*MEP is the recognized leader in providing exceptional emergency medical care. We improve the health and promote the well being of the individuals and communities we serve.*

## Welcome MEP's Newest Providers! Continued Western Maryland Health System



### Joel Clark, PA-C

Joel Clark, PAC is a 1985 graduate of Auburn University with a BS in Building Science. After a fruitful career as a construction project manager and estimator he attended, and graduated from Alderson-Broadus College in 1996 with a BS in Medical Sciences. He has practiced predominantly emergency and urgent medicine. His last 9 years were spent in a rural West Virginia urgent care facility. Joel enjoys motorcycle riding with his wife and son. Snow skiing is the winter activity of choice. He lives with his wife and son. His daughter is living in the Washington, DC area and will attend law school next fall.



### Angela Ellsworth, PA-C

Angela Ellsworth graduated PA school with a Masters degree in Physician Assistant Studies at Bethel College in McKenzie, TN in May 2008. She also completed a Master of Science in Exercise Physiology, with Cum laude distinction at West Virginia University in December 2005, and achieved her Bachelor of Science in Exercise Physiology/Pre-Med at WVU in May 2003.

Ms. Ellsworth is a native of the Cumberland area, and is pleased to have returned home to join the MEP team at WMHS.



### Sartaj Hans, MD

Sartaj Hans, MD comes to MEP from Langhorne, PA. Dr. Hans completed his Undergraduate Degree/Senior Secondary Certificate at Punjabi University, India. He went on to obtain his medical degree at All India Institute of Medical Sciences, N. Delhi, India. After finishing his Internal Medicine Residency at SUNY HSC at Brooklyn, NY, Dr. Hans did a Pulmonary Medicine Fellowship Long Island Jewish Medical Center, NY.

In his free time, Dr. Hans enjoys golf, football, travel, music and current affairs.



### Lee Harvey, DO

Dr. Lee Harvey attended medical school in Kansas City, MO starting medicine as a second career. He attended residency in Pitt County Memorial hospital in Greenville, NC. Dr. Harvey's previous career was as a Maryland State Trooper, working five years as a flight paramedic and trooper in southern and western Maryland. He was also a career paramedic/firefighter in Arlington County, Virginia. Dr. Harvey lives near Winchester, VA. As a single parent, he enjoys strictly disciplining his two daughters ages 14 and 10 :-), who enjoy complete control of their dad's heart. In his free time, he enjoys building anything but is currently completing his second home-built hovercraft (18ft).



### Karen Hershfeld, PA-C

Karen Hershfeld MS,PA-C did her Physician Assistant training at the University of Kentucky in Lexington, KY. She initiated her interest in medicine in college as an EMT on the Virginia Tech Rescue Squad. Her initial Bachelor's degree was in Forestry and Wildlife Science at Virginia Tech. Having met her husband Don in Blacksburg, Virginia, they moved to Huntington, West Virginia, where Karen completed her Masters degree in Adult Fitness and Cardiac Rehabilitation. She worked at Marshall University School of Medicine for 5 years on a Preventive Cardiology grant. Since then she has been a Physician Assistant in Family Practice and Emergency medicine for the last 13 years. She has practiced in Kentucky, Pennsylvania and Oakland, Maryland prior to joining MEP. Her hobbies include fly fishing, hiking, photography and medical missions work.



## Kudos!

### Our congratulations to these stellar MEP providers

**Dr. Scott Freedman** (Director, Pediatric Emergency Medicine, Shady Grove) was recently awarded the 2009 Off Service Faculty of the Year Award by the Georgetown University Hospital/Washington Hospital Center Emergency Medicine Residency

**Dr. William Dooley** (Attending Physician, Shady Grove) was recognized as the 2<sup>nd</sup> Quarter 2009 winner of the Physician R.I.S.E.S. committee of Shady Grove Adventist Hospital

### Our Newest MEP Family Members



Sari Juliet Miller was born to Dr. Emily Gordon and her husband David Miller July 8, 2009 8 pounds, 4 ounces 21”  
Congratulations Dr. Gordon!



Jack Thoreau McQuiston was born to Dr. James and Dr. Jenny McQuiston August 21, 2009 7 pounds, 14 ounces 20 1/4”  
Congratulations McQuistons!



Saya Kalaria was born to Dr. and Mrs. Amit Kalaria August 16, 2009 7 pounds  
Congratulations Dr. Kalaria!

We want your news! Please submit your articles, photos and new baby information for the next issue to [ACMcEwan@EmergencyDocs.com](mailto:ACMcEwan@EmergencyDocs.com)



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Germantown, MD 20874



**St. Mary's Hospital**  
25500 Point Lookout Road  
Leonardtown, Maryland 20650

**Western Maryland Health System**  
600 Memorial Avenue  
Cumberland, MD 21502

**Washington County Hospital**  
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