

A Most Unique Soul – Thai McGreivy, MD

Angelo Falcone, MD

On June 6th of this year we lost a great friend, doctor, leader and person at MEP when Thai McGreivy passed away after collapsing on Memorial Day as he prepared to go on a bike ride with friends. In the several months that have passed since Thai's death there is still some essence of unbelievability regarding the event. A 43 year old, healthy young man, at the peak of his professional career lost to a freak cardiac lesion. Since we work in this area this should not be shocking to us, save it happened to 'one of our own'.

In mourning Thai we reflected on his life, the uniqueness of his person and his continual curiosity with many aspects of this life. No topic was too obscure or technical to escape his probing intellect. His intent was always to seek the truth through deep conversations on matters such as medicine, economics, religion, finance and fractals. He was, and always will be for many of us, that person at whom we could be incredibly frustrated and at the same time deeply appreciative for his constant pushing of the intellectual boundaries to find the best solution to a challenge.

Thai was a founding partner of MEP and as such was responsible, in many ways, for the development and growth of our company. He was a great proponent of our growth, for all the right reasons, and was willing to sacrifice to help make MEP the successful emergency medicine practice it is today. He acted as our first Medical Director at St Mary's Hospital when we started there in 2005. He was instrumental in developing and refining the WebQI process, developing numerous staffing models as well as countless IT projects he managed 'behind the scenes' to make sure MEP was delivering the quality that



Thai McGreivy, MD

we profess we do. He also acted as our physician CFO. A role he carried with great responsibility as one of the fiduciaries of the leadership team to all of MEP.

While he was all of the above perhaps the greatest compliments we heard about him were the seemingly unimportant conversations he had with many individuals that impacted them significantly. Whether it involved giving medical advice to a nurse in the ER about a relative, offering a sympathetic ear to a friend or merely how he chose to greet people with an outstretch open hand and his standard greeting "all is well". It was not so much a question but the hope that indeed you ARE well. I will miss that greatly.

Of course our loss does not compare to that of his wife Katherine and sons; Nicholas, Kyle,

Luke and James. It is for them as well that we continue our thoughts and prayers to remember Thai's legacy. The strength his family has shown through this difficult time is something that has inspired many people. The fact that as a final gesture his organs were donated to those in need merely reinforces that strength and generosity of spirit.

While we know not the time we have on this earth our hope is that our life will have a positive impact on those around us. Having had the privilege of being a colleague and partner of Thai's for nearly 15 years I can say that he did not waste a moment of his time and his life was indeed one well lived.

To honor the memory of Thai's life a Memorial Fund has been established in order to fund an annual scholarship for members of the extended MEP family. If you wish to donate to this fund please do so at:

Thai McGreivy Memorial Fund

Contributions (in lieu of flowers) in memory of Thai may be made to the "Thai McGreivy, M.D. Memorial Fund/CFNCR" to fund educational scholarships for excellence and intellectual curiosity in science, mathematics and economics.

Checks should be mailed to:

Thai McGreivy, M.D.
Memorial Fund/CFNCR,
1201 15th Street NW, Suite 420
Washington, DC 20005

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A COMMON GOAL

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A Common Goal

David Klein, MD

On a recent trip to Israel I learned a valuable lesson while visiting the famous bullet factory museum at the Ayalon Institute. The war of independ-

ence in 1948 was won due to many brave soldiers who deserve recognition. But they could not have done it alone – many people worked behind the scenes.

The Hagannah, which was the underground resistance to British rule, began preparing for the inevitable war a decade earlier. Realizing that weapons, and especially bullets, would be difficult to obtain, they devised a plan to manufacture bullets in a hidden, secret, underground bunker. This was strictly forbidden and if caught, the Hagannah members faced jail or execution. With the permission of the British military they opened a kibbutz farming-training facility for new European immigrants and whilst building the farm, they built the secret underground bunker. They smuggled seemingly innocent equipment into the bunker, including brass and copper from a nearby jeweler and bed springs from a mattress manufacturer, and started making bullets.

The museum in the factory was fascinating because the message was that without these individuals, they would not have won the war.

The soldiers were courageous and brave and should be recognized but they could not have done the job without bullets. What would have happened if there weren't any volunteers to spend 12-18 hours a day underground for 3 years making bullets? What if no one wanted to risk their life smuggling brass and mattress springs? Obtaining springs may have helped win the war. There is a plaque in the museum that reads:

"Special thanks to the brave men and women who supplied electricity and material to the factory without British knowledge. I doubt if there was a more heroic enterprise in the war or any other operation involving such constant mortal danger as in this secret work. I don't know which was greater: their modesty or their heroism." Every person felt like a vital part of the team - all working toward the same noble goal.

In the Emergency Department, our goal, as a team, is to provide the best care for our patients. There are many people working behind the scenes in an emergency department who make this possible.

"We need a terminal clean in bed 15". We have all heard this request made by the charge nurse or unit coordinator to the environmental services personnel. Environmental services. Is their job in the ED different to that of a housekeeper at a hotel? It certainly is!

Ask an ED tech what they do for a living. Do they perform ECGs and take vital signs or do they assist and facilitate the care given to the patient?

What about the ED registrars? Do they register the "guests" or do they gather vital information from the patients so that tests can be ordered, and insurance companies be billed in order to ensure that the hospital can order the necessary supplies and pay the doctors and nurses so that lives can be saved?

Case in point - I am called in to code room B by Norma. "You need to see this patient right away", she says. On the stretcher was an obese female with internal bleeding. Her blood pressure was 70/40. "I don't want to die", she said.

Norma and a tech (sadly; I can't remember which one) were working fervently to start an IV. I knew that a central line was needed. I asked Charge Nurse Stacy, to get me a central line kit while I spoke to

the patient. The patient had just been in another hospital a few weeks prior with the same problem. Knowing that those records would be helpful, I asked Carla (unit secretary) to obtain them "for me". I knew that I would be unavailable to speak to a physician or a nurse at the other hospital but I also knew that I could rely on Carla to get the job done. I knew I would not be able to attend to my other patients so I asked my scribe, Morgan, to inform them of the reason for the delay. Charge Nurse Stacy was also aware of the situation. It was not an easy line to obtain but a subclavian was placed. Norma was at the bedside the entire time, running IV fluid through a small peripheral line that she was able to place, and talking to the patient to calm her fears. As soon as I was done, the x-ray technician (sadly; I don't remember her name) came to take the x-ray so that I could verify there was no pneumothorax. The records from the other hospital were on my desk by the time I had completed the procedure. Blood was ordered, physicians were consulted and the patient went to the ICU in much better shape. I was thanked by the patient "Thank you for not letting me die, doctor."

The "thanks" made me feel better. I guess I had saved her life. We do this on a daily basis. Could I have done it without Norma, the tech, the scribe, Carla and Stacy? Could I have done it if the central line kit was never properly stocked and placed in the appropriate place where it could be found in an emergency? Val and Alfonso who stock equipment in Shady Grove should know how their actions potentially save lives. After the patient went upstairs, the room required cleaning and preparation for the next critical patient. Blood and gauze pads were on the floor. I always teach my children to clean up after themselves, but in this case it made more sense to have the experts do it. I went to see my other patients while the environmental services person (would it hurt to know their names?) "Terminally cleaned" the room.

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A Common Goal, Continued

What would have happened to that patient if Norma hadn't called me right away? Would the outcome have been different if Carla had not worked vigilantly to obtain the records from the other hospital? What would have happened if someone had forgotten to order central lines or didn't stock them properly? What would have happened if there were no clean rooms when the patient arrived? How about if the tech was not there to start a line or obtain an ECG? I have always taken these tasks for granted. I cannot work in a vacuum. What motivates all the aforementioned people to do a great job? Do they view their jobs as a means to an end? Is it a way to pay their bills or are they motivated by the knowledge that they are part of a team that saves lives?

Val and Alfonso do a lot more than just stock equipment. Carla does a lot more than just make phone calls and place orders. The staff who clean the rooms do a lot more than clean rooms. **THEY ALL SAVE LIVES!** Let's please remember this and more importantly, remind them. Recognize and thank them. They will perform their duties admirably with better results and satisfaction if they know that they contribute to our common goal of improving the lives and well-being of the patients that we serve.

The following is taken from "Who Packed Your Parachute" by Author Unknown. "Charles Plumb was a US Navy jet pilot in Vietnam. After 75 combat missions, his plane was destroyed by a surface-to-air missile. Plumb ejected and parachuted into enemy hands. He was captured and spent 6 years in a communist Vietnamese prison. He survived the ordeal and now lectures on lessons learned from that experience! One day, when Plumb and his wife were sitting in a restaurant, a man at another table came up and said, "You're Plumb! You flew jet fighters in Vietnam from the aircraft carrier Kitty Hawk. You were shot down!" "How in the world did you know that?" asked Plumb. "I packed your parachute," the man replied. Plumb gasped in surprise and gratitude. The man pumped his hand and said, "I guess it worked!" Plumb assured him, "It sure did. If your chute hadn't worked, I wouldn't be here today."

Plumb couldn't sleep that night, thinking about that man. Plumb says, "I kept wondering what he had looked like in a Navy uniform: a white hat; a bib in the back; and bell-bottom trousers. I wonder how many times I might have seen him and not even said 'Good morning, how are you?' or anything because, you see, I was a fighter pilot and he was just a sailor." Plumb thought of the many hours the sailor had spent at a long wooden table in the bowels of the ship, carefully weaving the shrouds and folding the silks of each chute, holding in his hands each time the fate of someone he didn't know.

Now, Plumb asks his audience, "Who's packing your parachute?" Everyone has someone who provides what they need to make it through the day. He also points out that he needed many kinds of parachutes when his plane was shot down over enemy territory -- he needed his physical parachute, his mental parachute, his emotional parachute, and his spiritual parachute. He called on all these supports before reaching safety.

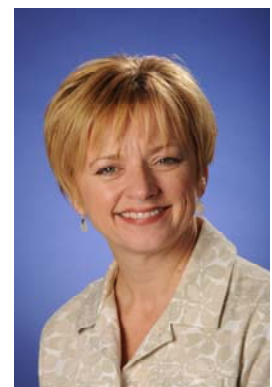
Sometimes in the daily challenges that life gives us, we miss what is really important. We may fail to say hello, please, or thank you, congratulate someone on something wonderful that has happened to them, give a compliment, or just do something nice for no reason. As you go through this week, this month, this year, recognize people who pack your parachutes."

Welcome Bonnie Hilton to MEP

Sue Boch, MEP Practice Administrator

PSR has added a new staff member to the Germantown MEP office. Bonnie Hilton is a native Marylander and has returned home from Georgia where she held numerous and advancing administrative and supervisory positions, the most recent being Program Coordinator to the President of the St. Joseph's Hospital Mercy Foundation in Atlanta.

Bonnie will serve as adjunct administrative support to Sue Boch and the MEP Corporate Office in Germantown. She has already assumed the role of assisting Dr. Panitch and Lisa Hockman in organizing the MEP MLP education programs. Bonnie's goal is to augment her medical management knowledge base with Emergency Medicine so as to support MEP's mission to be the recognized leader in providing Emergency Medicine Services. When you are in the MEP offices, please stop by Bonnie's office and welcome her to the MEP team. Bonnie can be reached at bhilton@psrinc.net.



Bonnie Hilton



MEP Welcomes New Physicians

Every year MEP welcomes a new 'entering class' of emergency medicine professionals during an all day orientation program. Once again this year we have an outstanding crew of physicians who have decided to join our group. Diversity continues to be the calling card of these physicians. Some have recently completed their residencies on the east coast including Christiana, East Carolina, Johns Hopkins and West Virginia. We also have an international arrival from Puerto Rico. Others bring to us several years of having worked in EDs from Miami to an Indian Reservation. Their diversity is what makes MEP a great organization.

As part of their introduction we spoke about the history of MEP and our core values of *excellence, compassion, trust* and *integrity*. We also spoke about being clear on the expectations of working for MEP and how we help you meet or exceed those expectations. Our work is challenging and our patients demand our best every day.

We described our working with some great hospital partners where we continue to seek to implement state of the art quality and patient flow techniques. Our Peer Review system at each hospital continues to be held out as a model for other departments to follow. While we are justifiably proud of these accomplishments we are not satisfied and continue to work to make the experience for our patients and for each member of MEP better.



Kevin Carmen, MD

Dr. Carmen recently completed his residency in Emergency Medicine at East Carolina University Brody School of Medicine/Pitt County Memorial Hospital in Greenville, SC., where he served as Chief Resident. A graduate of Northeastern Ohio Universities College of Medicine, Dr. Carmen received his Bachelor of Science degree from Kent State University in a 6 year combined B.S./M.D program. In his free time, Dr. Carmen enjoys running, hiking, camping and travel. He is looking forward to exploring the natural wonders of the Cumberland area.



M. Noelle Goodin, MD

Dr. Goodin recently completed her Residency in Emergency Medicine at Johns Hopkins University in Baltimore, MD. She earned her Doctor of Medicine from the University of Michigan Medical School, Ann Arbor, MI. During her medical studies, Dr. Goodin also earned a Masters of Business Administration from the University of Michigan Ross School of Business. Dr. Goodin received a Bachelor of Arts from Swarthmore College, Swarthmore, PA and was elected Phi Beta Kappa. In her free time, Dr. Goodin volunteers her medical expertise for numerous health organizations and is an accomplished author.



John Hanowell, MD

Dr. Jonathan Hanowell joins MEP at Western Maryland Regional Medical Center after completing his Emergency Medicine residency at West Virginia University. After graduating from Bucknell University, Dr. Hanowell earned his M.D. at the George Washington School of Medicine and Health Sciences. Dr. Hanowell enjoys rock climbing, and has volunteered on medical missions in the Himalayas and Honduras.



Seth Marquit, MD

Dr. Marquit joins MEP as he relocates to Maryland from the Miami Beach area. A graduate of the Beth Israel Emergency Medicine Residency Program, he earned his M.D. at St. George's University School of Medicine and a Master's of Public Health from the University of South Florida. Dr. Marquit earned his B.S. from the University of Maryland. Dr. Marquit will be on staff at Washington County Hospital, and Western Maryland Regional Medical Center. Before joining MEP, he was an attending physician at several South Florida hospitals and the Pritikin Longevity Center. In his free time, Dr. Marquit enjoys spending time with his wife Jennifer and inline-skating, mountain biking, snowboarding, marathon running, weight training, SCUBA diving, computer programming, basketball, tennis, golf, guitar, surf/fly fishing, boating, and traveling.



Joshua Muyderman, MD

Dr. Muyderman joins MEP from the Emergency Medicine residency at Christiana Care Health System in Delaware. He and his wife have a young daughter, and are looking forward to returning to Maryland to be close to family. Prior to his residency, Dr. Muyderman earned his Medical degree at the Weill Medical College of Cornell University, in NY. He completed his undergraduate studies at Columbia University, NY, and pre-medical studies at City College, NY.

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MEP Welcomes New Physicians, Continued



Roxana Soltero Lugo, MD

Dr. Soltero has joined MEP at St. Mary's Hospital after relocating from California when her husband, a Navy test pilot, was transferred to the Patuxent River Naval Air Station. A native of Puerto Rico, Dr. Soltero completed her education through the University of Puerto Rico. She graduated Magna Cum Laude with a B.S. in Biology, and then entered the UPR School of Medicine where she earned her M.D. Cum Laude. During her Emergency Medicine Residency, she served as Academic Chief Resident.



Not What I Expected

Scott Freedman, MD

In Stephen Covey's best selling, personal development book, "7 Habits of Highly Effective People" he recounts a tale of an experience he had that profoundly changed his view of what he had perceived to be an obvious situation.

While riding the subway one Sunday morning, he anticipated a serene, relaxing trip whereby he could drown himself in the Sunday morning newspaper. He was, however, greeted by a group of raucous, unruly young children running up and down the aisles. Despite his best efforts to ignore this distraction, the children only became more rowdy and obnoxious. To make matters worse, their father was seated in the back of the car, head down, with complete disregard allowing their antics to continue. Covey noted the other train riders appeared equally perturbed and, he decided he would address this matter directly with the uncaring father. He tapped the father on his shoulder and expressed his frustration. The man, who had appeared oblivious to the matter looked up and told Covey, "We just left the hospital and the kids learned their mother just died. I guess they don't know how to handle the situation and frankly, neither do I. I am sorry."

Instantly Covey's appraisal went from one filled with anger to one filled with compassion and a desire to help this father and his children during this desperate time. He felt guilt and regret he prejudged this man as an uncaring, incompetent father as well as the children as rude and disrespectful without knowing any element of the background or details of the situation.

Last week, during a particularly busy evening shift, patients came and filled the Pediatric ED and a number more were placed in the waiting area in what seemed to be no time at all. I surveyed the complaints and looked for opportunities to pre-order some tests, x-rays and treatments to help expedite throughput. One seemingly simple complaint was "strep

throat", so I read the nursing note of an 8 year old with fever and sore throat. I ordered a quick strep test and throat culture. I was greeted by a very experienced, highly competent nurse with "Good Luck...mom will have no part of that. She knows what it is and insists she won't allow this to be done. Furthermore, in her mind, her daughter needs to be admitted."

I could have reacted angrily and told the nurse to do it anyhow and if the mom refuses, she could leave. I could have just made her wait her turn that much longer to "teach her a lesson". I could have rushed into the room, arms crossed, brow furrowed and insisted this mother play by our rules. Rather, I decided to not prejudge this mother and calmly entered the room, sat down and listened intently as the mother recounted to me her own recent surgery and month long stay in rehab during which time her 19 year old daughter needed to drop out of school to care for the four younger children by herself. I tried to imagine how she must have dealt with all this and did my best to empathize with her. I did understand her frustration with this illness of this child as well as why she would not want this test done and wanted her child cured "once and for all". I was struck by her courage and will and shared this with her. By the end, we each appreciated each others interests and ultimately we recognized they were the same; the well being of her daughter.

What could have been a very nasty, negative encounter turned out to be a quite positive one. So rather than prejudging a patient as "difficult" and "unreasonable", and even "obnoxious", it is worth exploring whether there is a story to explain her ways. It may shed some humbling light and regard for a testy situation.

So in the end, the strep test was negative, and the child was discharged home with a thorough explanation of the rationale behind her treatment course. We each learned an important lesson that night....But, don't we always?



MEP Executive team at the PSR Leadership meeting in Austin



MEP MLPs take a break during a recent off site



Orlee Panitch, MD and Lisa Hockman, CRNP prep for a Central Line exercise for MLPs



Angelo Falcone, MD uses Lenny Chornock, PA-C as a demo patient

Cultural Value for Q2, 2010

Community

Community is defined as;

"More than a place to work, an atmosphere of family".

How does MEP act like a family?

1. Spending "extra" time together:

- MEP fishing trip
- Annual Wizards/Capitals game outing
- MEP holiday parties at each campus
- Lunch dates / meetings / teas for new moms
- MEP Annual New Provider Welcome Party
- MLP off sites
- Working on a future physician offsite
- WCH Lend a Hand Dinner for needy families at Christmas

2. Being there for each other in times of need:

- Picking up shifts for colleagues: New babies, Family illnesses, Medical missions

3. Personal touch:

- Flowers for special occasions
- Recognition cards / gifts (birthdays, weddings)
- Gifts for special occasions (babies, weddings)

4. Ensuring each other's success:

- Mentoring
- Performance reviews
- Communication through the MEP newsletter

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UPDATE FROM CUMBERLAND

Robert Flint, MD

Our department at the Western Maryland Regional Medical Center continues to move toward our goal of high quality patient care in a customer friendly environment. Borrowing from the success at Washington County Hospital, we introduced the concept of the Rapid Medical Evaluation (RME) unit in May. Designed to move the mid-level acuity patients like abdominal pain, dizziness, headaches etc. through the department quicker, it utilizes 16 beds with a physician and a mid-level provider 13 hours a day. Coupled with the new policy of bringing patient directly to open rooms and bypassing the traditional triage process, RME has been a tremendous success. The length of stay has dropped by close to 90 minutes, patient satisfaction is up and patient complaints are down. We are very fortunate in Cumberland to partner with a health system that is progressive and willing to change the status quo to improve patient care.

Without a doubt the biggest change was the transition from Aaron Snyder to myself as chair. I am grateful to Aaron and David Klein for their support and guidance as I have taken the helm at WMRMC. Not a day or meeting goes by where I am not told that I have big shoes to fill in replacing Aaron. His leadership over the past 2 years has moved the department forward by immeasurable amounts. From bringing MEP into the hospital system, merging two hospitals into one new beautiful regional center, along with recruiting, Aaron has done a fabulous job. Fortunately, Aaron will continue to be the senior managing partner at WMRMC. I am sure that under his watchful eye, we will continue to deliver high quality emergency care to our patients in Western Maryland and try to fill those big shoes.



Friend us on Facebook for all the latest MEP information!
We are listed as: MEP (Medical Emergency Professionals)

Kudos!

Drs. Julian Orenstein and Scott Freedman were featured in the May/June 2010 issue of Bethesda Magazine in a profile of area Pediatric Emergency Medicine facilities. Dr. Freedman was pictured on the cover of the story.

In April 2010, Scott Freedman, MD was selected to receive the "Spirit of Prevention" community service award from the Keeping It SAFE - Under Twenty-one Alcohol Prevention coalition, based on Scott's extensive involvement with the Montgomery County Schools and the "Every 15 Minute" program, educating high school students on the dangers of drinking and driving.

In June 2010, Carol Boehm-Sullivan, CFNP at St. Mary's Hospital in Leonardtown, MD, was recognized by Cambridge Who's Who for demonstrating dedication, leadership and excellence in Emergency Care. A volunteer Paramedic for the past 12 years, Ms. Boehm-Sullivan is an active member of the St. Mary's Advanced Life Support Unit, currently serving as the Chief.

MEP IS LOOKING FOR PROVIDERS LIKE YOU

MEP is always looking for talented Physicians and MLPs. We know the best place to find these people is to ask you.

Therefore, we offer a bonus if you refer a colleague who is hired. Please think about people you have worked with, trained with or know, who you think would be a good clinical and cultural fit with us.

Referral Bonuses:

Full time Physician candidate is hired: \$10,000
Full time Extender candidate is hired: \$5,000

Please contact Aaron Snyder, MD
 Director of Recruiting at
ASnyder@EmergencyDocs.com
 or MEP Recruiter

Amy-Catherine McEwan at
ACMcEwan@EmergencyDocs.com

if you have any questions, and thank you for helping us grow the MEP family.



MEP celebrated the abundance of new babies at a "New Mother's Tea" held at Strathmore Hall in June, 2010. It was a wonderful afternoon of cooing over babies and enjoying a dose of much needed pampering.

Congratulations to all of the newest members of the ever-growing MEP family!



New Mother's Tea

Our Newest MEP Family Members

Summer 2010 brought another batch of adorable MEP babies. Welcome to our newest family members!



SGAH provider Tara Coles MD, and her husband John Mills welcomed baby girl Lila Quinn Mills on June 16, 2010 at 11:25 a.m. Lisa weighed 7 lbs., 8 oz. She is 21 ¼ inches long.



SGAH Peds Partner, David Friedman, MD and wife Jennifer, welcomed Liam Anderson Friedman, April 30, 2010. Liam arrived at 10:35 am and weighed in at 7 lbs., 3oz and 20 inches. Big sister Emma is thrilled!



SGAH provider Tammy Kile, MD and her partner Kim Brown welcomed a beautiful boy on May 5, 2010 at 6:01 p.m. Mason Oliver weighs 8lbs., 12 oz, and is 21 ½ inches long. Mothers and son are doing wonderfully!



SGAH provider Krisi Gindlesperger, PA-C and her husband welcomed Brody Michael Gindlesperger on August 30, 2010. Brody weighed in at 9 lbs., 13 oz and 22 inches long. He joins proud big brother Gavin!



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