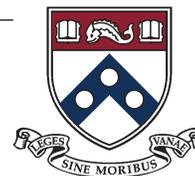




U·P·O·J

Hospital of the University of Pennsylvania

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As the Department of Orthopaedic Surgery has continued to expand and further subspecialize, the focus at the Hospital of the University of Pennsylvania has expanded beyond orthopaedic trauma and fracture care to include neuro-orthopaedics and orthopaedic oncology.

Over the last decade, orthopaedic trauma has “come of age.” At its most basic level, the care of the traumatically injured patient is at the core of being an orthopaedist. The ability to deliver care to this unique and often underserved patient population is truly at the heart of being a physician. However, being a successful Level I trauma center is centered on the concept of the “team.” At a macroscopic level, the team consists of hospital administrators, physicians, nursing staff, and tangible structures (like ICUs and resuscitation bays) coming together to create an environment to care for those that sustain traumatic injuries and put into place mechanisms which will facilitate this process.

Upon this foundation, Level I trauma center triage and care requires intense interaction with more services than most elective practices: emergency medicine; diagnostic and interventional radiology; trauma, vascular and plastic surgery; anesthesia; critical care; nursing; general internal medicine; infectious disease; rehabilitation medicine, physical therapy and occupational therapy; and social work.

It is in our very busy rotating night and weekend call schedule that we best demonstrate our collegiality and depth of caring for one another within our department. With an increased eye towards outcomes and quality improvement, we have started to “close” the call system and deliver care based on algorithms for various injury patterns. Several of the



Patient ward in Managua, Nicaragua, as visited in collaboration with Health Volunteers Overseas.

non-trauma faculty share call, 24/7/365—at no small personal sacrifice—to meet the burden of emergency orthopaedic care for our region.

In addition to the faculty support, we have Adele Hamilton, CRNP as our inpatient orthopaedic trauma nurse practitioner to improve the comprehensive nature of our inpatient service. Ms. Hamilton’s tireless effort is second-to-none and her acute management of our complex patient population has furthered our ability to provide world-class care. To support our growing outpatient practice, the orthopaedic trauma service has added Angela Millier, CRNP and Katie Marine, PA. They have been a tremendous asset in their short time on 2 Silverstein, measured by the dramatic increase in patient satisfaction. They have also initiated “Own the Bone” through the American Orthopaedic Association, along with collecting outcomes on our trauma patients. In addition, the Division of Orthopaedic Trauma has continued to grow its clinical research efforts through the work of Kelly McGinnis as our clinical research coordinator for orthopaedic trauma in conjunction with Dr. Horan, director of our clinical research efforts. Through their combined efforts, the orthopaedic trauma service continues to be a departmental leader in prospective funded studies.

The Division of Orthopaedic Trauma welcomed Derek Donegan, MD back to the University of Pennsylvania. Dr. Donegan, former chief resident at the University of Pennsylvania,



completed his trauma fellowship at UMDNJ-Newark with Drs. Reilly, Sirkin, and Liporace. His interests in arthroplasty and trauma have truly enhanced the service's ability to manage the increasing burden of periprosthetic fractures.

The didactic portion of the Division of Orthopaedic Trauma has expanded to include weekly fracture conference where a review of all operative cases from the week prior is done in the Socratic Method. In addition, weekly fracture conference reviews topics of interest and is a combination of journal clubs, classic literature, resident and faculty presentations, and CEQI. Furthermore, the Division of Orthopaedic Trauma has been working diligently on an international component which came to fruition this year through the support of the Biedermann family. Through their generous gift, we were able to send three residents and three faculty members to Managua, Nicaragua via Health Volunteers Overseas. Their experience was nothing short of remarkable.

Orthopaedics at HUP also added Keith Baldwin, MD to the mix. Dr Baldwin, former Penn resident, completed a fellowship at Children's Hospital of Philadelphia. As part of his fellowship, he has taken on the surgical management of adult patients with neuro-orthopaedic conditions - a legacy

of Dr. Mary Ann Keenan. This unique skill set is coupled with his drive and enthusiasm in collaborative research efforts to expand our understanding of orthopaedics.

Most recently, we had the distinct privilege of bringing orthopaedic oncology to HUP via the addition of Kristy Weber, MD. Dr. Weber, a well-established orthopaedic oncologist from Johns Hopkins and leader in the orthopaedic community, brings her knowledge, enthusiasm, and experience to the Department of Orthopaedic Surgery and to the University of Pennsylvania Health System.

Despite all of the additions, one of the most exciting (and anxiety provoking) developments is the transition of the trauma center from the Hospital of the University of Pennsylvania campus to the expanded Penn Presbyterian Medical Center site. With the groundbreaking ceremony complete, the transition is slated for the middle of 2015.

Each of us who works with patients who have these difficult injuries realizes that it is not our personal skill that cures. Year after year, participating in the care and watching the healing is a humbling experience. We are reminded of how truly lucky we are and how important the entire team is in making this a reality.

