

Pennsylvania Hospital

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Pennsylvania Hospital (PAH) has a long-standing history in Philadelphia as it is the nation's first hospital. Located in the heart of South Philadelphia, its brand name equity has drawn thousands of patients annually to receive their care at the corner of 8th and Spruce Streets. Specifically, orthopaedic and musculoskeletal care have been considered top notch over the past several decades. However, PAH

over the past 12-18 months has experienced a series of major changes. With the departure of the 3B private orthopaedic practice, a void in orthopaedic care was anticipated. The PAH administration had a great deal of concern regarding the financial viability of the hospital based on the historic high volume orthopaedic services provided to patients.

In response to this potential absence of orthopaedic care and quality service, the Department of Orthopaedic Surgery at the University of Pennsylvania has staffed nine attending surgeons from different sub-specialties to populate the orthopaedic clinic on the first floor of the Cathcart Building. Among the sub-specialties are adult hip and knee reconstruction, foot and ankle, hand/plastic surgery, neuro-orthopaedics, shoulder and elbow, spine/deformity, sports medicine, and trauma.

In a short period of time, the orthopaedic volume has reached 87% of the historic volume performed at PAH, and orthopaedic surgery is present in the operating room every day of the week. The administration has replied to this dramatic increase in volume over a short interval of time and has hired Sue Horne as a dedicated orthopaedic coordinator. She has taken on the task of coordinating the daily efforts of our service and identifying effective practice efficiencies to help increase patient throughput in the operating room and optimizing our ability to provide quality patient care.



In the arena of resident education, PAH is staffed now by a PGY-2 and a PGY-5 rotation over six-week blocks. Residents are typically in the operating room four days per week, with Thursday dedicated to patient clinic for the trauma service. We have maintained the orthopaedic internship rotation; the intern receives additional support during the day from a series of orthopaedic-dedicated nurse practitioners. These nurse practitioners also moonlight at nighttime to take care of the orthopaedic service. The addition of the combined arthroplasty/trauma conference on Friday morning has added to the already existing foot and ankle and spine conferences, enhancing the overall commitment to resident education.

Future plans call for the addition of faculty to both the adult reconstruction and foot and ankle sections. The continued support of the administration is critical as the orthopaedic volume is expected to continue to grow, allowing PAH to maintain its reputation in the region as a first-class hospital.