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Resident Update: Where Are They Now?

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Resident Update: Where Are They Now?

For Dr. Serene Perkins, a 2006 graduate of the General Surgery program, life after Jefferson brought a move to Pakistan. After joining the faculty of Oregon Health & Sciences University (OHSU), where she is starting an International Surgery Program, she has gone to rebuild surgical services at Kunhar Christian Hospital, in Garihabibullah, Northwest Frontier Province – only two miles from the epicenter of the October 2005 earthquake.

Dr. Perkins and family

Dr. Perkins reports, "One of the greatest challenges is the discrepancy between socioeconomic classes. Some of (my) patients do not have homes to which they can return. Thankfully, the hospital has been able to offer additional resources. And though we lack the most up-to-date equipment, we strive to provide the best surgical care possible."

To learn more about Dr. Perkins' current status, visit www.jefferson.edu/surgery/perkins.cfm.



NSQIP Update

In February 2006, the department began participating in the American College of Surgeons National Surgical Quality Improvement Program (NSQIP). The program is a national, validated, outcomes-based, risk-adjusted, peer controlled program designed to measure and enhance the quality of surgical care. It involves collecting data on 40 preoperative risk factors, 20 postoperative morbidities, and mortalities on patients undergoing major general and vascular surgical procedures.

Forty cases are selected from the surgical log every eight days to provide an appropriate sampling. A data validity and reliability audit was performed by NSQIP on 25 of these medical records, selected by them, from cases submitted between February and November 2006. The audit demonstrated an overall disagreement score of 0.45%, which is considered excellent. This score is a testament to the dedication of Randi Altmark, RN, BSN, CNOR, our Surgical Clinical Nurse Reviewer (SCNR) and a former Jefferson OR nurse, and her predecessor, Kathleen Hartman, RN, BSN.

As of January 1, 2007, 1000 Jefferson cases with 30-day follow up have been submitted and are available for analysis. We recently received our Observed/Expected (O/E) outcomes ratios relative to comparable participating institutions. The findings from these reports are encouraging and will be used to form the basis for quality improvement action plans.

Herbert E. Cohn, MD

Anthony E. Narducci Professor of Surgery and Chair of Quality



Drs. Kaulback, Cohen, and Weinstein greet the JeffSTAT helicopter atop the Foederer Pavilion.

Acute Care Surgery Division Continues to Expand

The Acute Care Surgery Division treated more than 1200 trauma patients in 2006, continuing a rising trend in patient volume. And for good reason, says Murray Cohen, MD, Division Director. Jefferson is one of only 18 hospitals in the U.S. that are both an official Level 1 Regional Resource Trauma Center and a Regional Spinal Cord Injury Center. “More than 50 percent of our patients are referrals from other hospitals or community physicians,” Dr. Cohen explains. “With such a large and growing number of cases, our surgeons are not only highly trained and skilled, but practiced as well. When a patient comes to us, we have seasoned, experienced surgeons at the ready, 24/7. It is what sets Jefferson apart from other facilities.”

The division has six Board-certified surgeons on staff experienced in trauma, surgical critical care, and acute care surgery. “We have been practicing this triad of surgical care for some time now,” says Dr. Cohen, “and the patients clearly benefit: with such a large volume of critically ill patients, we have developed all of the resources to care for them.” This includes having veteran surgeons working nights and holidays as well as their

regular shifts. The end result is that patients are treated by senior surgeons and receiving the highest level of care from the outset.

Kris Kaulback, MD, Associate Director of Trauma and Assistant Professor of Surgery,

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emphasizes the impact this division is having on health care providers in the region. “Community internists are beginning to recognize how vital it is to send patients to Jefferson first, and they are comfortable and confident that their patients will be well cared for,” he says. Patients are being

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brought to Jefferson by the emergency medical squads and by physician-initiated transfer from other hospitals. JeffSTAT, a medical transportation service owned and operated by Thomas Jefferson University Hospital, currently operates a fleet of 17 vehicles, including two medical helicopters.

“The benefits to patients are obvious: better care and access. And it’s not just more efficient for the hospitals to have a dedicated center — patients are treated faster as they come in the door by our experts on staff,” says Dr. Kaulback, “It is all part of our commitment to putting the patient first.”



Dr. Serene Perkins and her family in the remote mountains of Pakistan

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