

# Defining Exceptional Experiences



## NorthShore University HealthSystem: Defining Exceptional Experiences

NorthShore University HealthSystem (NorthShore) has come a long way from our beginnings in 1891 as a local emergency hospital. Today—120 years later—we are a truly integrated healthcare system ranked among the nation's very best.

This evolution has been inspired by a more than decade-long vision of what we call “systemness,” which unifies and aligns our hospitals, physicians and medical data to provide outstanding patient care. Rather than expect patients to somehow navigate a labyrinth of providers when they face serious illness, we have brought all these professionals together to literally surround our patients with exceptional experiences through a system of caring.

The backbone of this “systemness” is our pioneering Electronic Medical Record (EMR) system, which provides critical clinical data to all the caregivers and support to patients in a secure, private manner. Today, more than

145,000 patients enjoy the convenience of NorthShoreConnect, which allows them to personally schedule appointments online, order prescription refills and communicate with their physicians through a secure Web portal.

Along with Medical Informatics, the NorthShore HealthSystem is further enhanced by our commitment to Research Informatics. Our new Center for Clinical and Research Informatics is now mining the substantial data in our system to trigger discoveries about clinical outcomes and research into the effectiveness of different treatments. Similarly, our new Molecular Medicine Program is translating advanced scientific discoveries in genomics into direct, tangible benefits for patients.

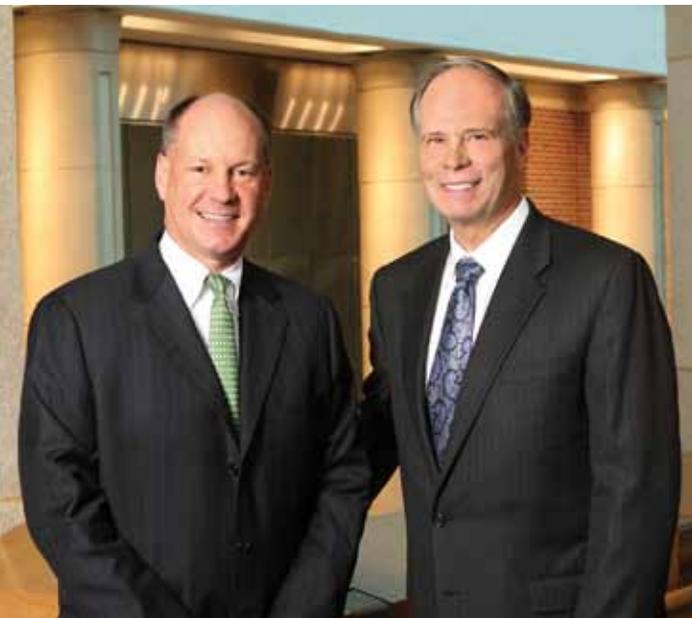
Our system also has grown broader geographically through additions of premier primary care and specialty physician practices in Lake and Cook counties. We continue to go to the patient, creating even easier geographic access to our comprehensive network of quality care—from Chicago, north to the Wisconsin state line.

Thanks in large part to the leadership of our Board of Directors, NorthShore remains strongly positioned with the resources and flexibility to respond to the challenges of a tough economy and the uncertainty of federal healthcare legislation.

Our Board has committed \$1 billion of capital investments over

the next five years in new clinical programs, information technology, clinical equipment and facilities to better prepare for what lies ahead. These investments will enable NorthShore to reach beyond the current “best practices” to define the “next practices” that will become the standard of care in the future.

As we reflect on the past year and look toward 2012 and beyond, our continued focus is on improving the practice of medicine for the families we serve. We are driven to lead the way toward better outcomes, better value and exceptional experiences for the patients we remain privileged to serve across NorthShore University HealthSystem.



*Gregory K. Jones (left) and Mark R. Neaman*

Gregory K. Jones  
Chairman of the Board  
NorthShore University HealthSystem

Mark R. Neaman  
President and Chief Executive Officer  
NorthShore University HealthSystem

## Exceptional Partnership: The “University” behind NorthShore University HealthSystem

NorthShore serves as the primary teaching affiliate of the University of Chicago Pritzker School of Medicine. This partnership has sparked innovation and creates a culture of ongoing inquiry and discovery. Together, experienced faculty physicians and medical students, along with resident physicians and postgraduate fellows, benefit from a wealth of knowledge, a desire to learn and a commitment to provide patients with leading-edge, compassionate care.

“The physician-faculty we attract to NorthShore are, by their nature, leaders,” said Richard Silver, MD, NorthShore’s Chief Academic Officer and Associate Dean at the Pritzker School of Medicine. “As a result, innovation is a key ingredient in the success formula at NorthShore.”

Some 800 attending physicians hold academic appointments at the University of Chicago Pritzker School of Medicine. There are also multiple, shared clinical initiatives between the two institutions, as well as a growing number of collaborative research studies.

Approximately 40 third- and fourth-year medical school students rotate through programs at NorthShore Evanston Hospital each month. These students see innovation in action, training on state-of-the-art patient simulation technology, navigating one of the nation’s premier Electronic Medical Record (EMR) systems and querying physician-scientists who are leaders in their specialties. In 2011, multiple joint fellowship programs were established between NorthShore and the University of Chicago, which allow for focused training in specific subspecialty areas.

Manny Diaz is a fourth-year Pritzker medical student who has witnessed firsthand the high caliber of physician-faculty members practicing at NorthShore. “I’ve learned from them,” he said emphatically. He gives the faculty high marks for their achievements, teaching skills and dedication to patients. “Being committed to lifelong learning is critical to being a good physician,” said Diaz, who also serves as a Pritzker Chief representative to the medical school administration.

Physician-faculty members also learn alongside their students, said Dr. Silver. He relishes the questions students ask of faculty members. “I’m impressed with how engaged the University of Chicago medical students are with their learning,” he said. “Our faculty teaching performance is elevated by their eagerness and passion to learn.”

Patient care also is enhanced. During their rotations, the medical students “round” with the care team and have opportunities to ask questions and provide input under the guidance of experienced physicians. The student perspective adds an additional facet to care, Dr. Silver said.

“The medical students’ hunger for learning enhances the multifaceted view of the clinical problem,” added Diaz. Moreover, he said, “the team approach is prevailing in healthcare systems,” so the students gain valuable experience working together, while observing and learning from others’ perspectives when dealing with specific patient cases. ■



*Dr. Richard Silver (left) with University of Chicago Pritzker School of Medicine student Manny Diaz*

“...lifelong learning is critical to being a good physician.”



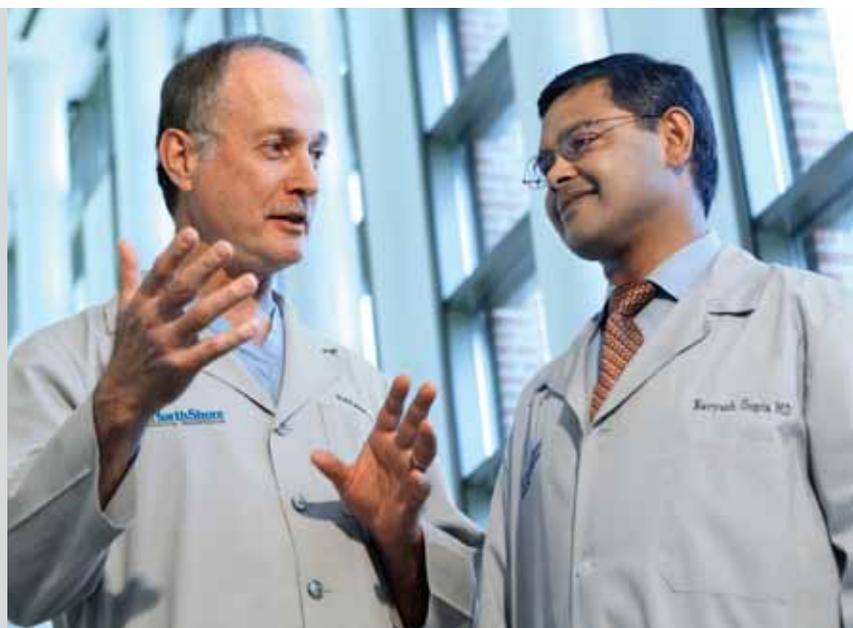
# Feeling like 30 at 60

*Jerry Thiel*

## Collaboration Across Specialties

Ted Feldman, MD, (left) and NavYash Gupta, MD, work collaboratively across their cardiovascular specialties, which results in better care for patients. Both NorthShore physicians are investigators in the CHOICE clinical trial, which is offered to select patients scheduled to undergo a carotid stent procedure to help prevent stroke.

“NorthShore is a large and clinically active medical center, and we’re involved in a variety of clinical trials that are available to our patients,” said Dr. Gupta. “It allows us to gather information that will help us guide treatment in the future and treat our patients with the most leading-edge therapies.”



## Exceptional Innovation: Tiny stent delivers big benefit to cardiovascular patients

Jerry Thiel, 60, honed his skills as an educator during his 27 years teaching high school English. But heart problems 10 years ago prompted the Lake Forest resident to become a student all over again. Learning habits for a healthier lifestyle and enrolling in a clinical trial at NorthShore have helped extend and enhance his quality of life.

After triple heart bypass surgery in 2002, Thiel quit smoking. His father also had suffered from heart disease, and Thiel was determined not to be, as he said, "Like father, like son." He eventually lost 30 pounds and adopted healthier eating habits.

In 2005, however, Thiel underwent a carotid endarterectomy, which is a surgical procedure to remove plaque buildup in the carotid artery. Plaque narrows the passage of blood through the carotid artery to the brain, which can cause a stroke.

Then, in 2010, he began hearing a "whooshing" noise in his ears. In rare cases, such a noise can be the result of narrowing of the carotid artery, indicating plaque buildup. More commonly, patients may experience a stroke or mini-stroke (TIA). Fortunately, Thiel did not ignore the sound. He saw his independent primary care physician, William Stinson, MD, who referred him to NorthShore's vascular surgery team and physician NavYash Gupta, MD.

### Breakthroughs in Patient Care

Thiel was considered high-risk for another carotid endarterectomy. He did, however, qualify for a clinical trial using a less invasive procedure that threads a stent and expands a small protective device into the artery. This procedure widens the blocked area and captures any dislodged plaque.

In November 2010, Dr. Gupta enrolled Thiel in this trial, which is referred to as "CHOICE" (Carotid Stenting for High Surgical Risk Patients; Evaluating Outcomes Through the Collection of Clinical Evidence). Ted Feldman, MD, Director, NorthShore Cardiac Catheterization Laboratory, and an internationally recognized expert in catheter-based therapies, is the trial's principal investigator. Co-principal investigators include Dr. Gupta and fellow vascular surgeon Tina Desai, MD, as well as cardiologists Justin Levisay, MD, and Michael Salinger, MD. Qualified cardiologists and vascular surgeons can perform the carotid stent procedure. All of the physicians involved in the trial hold academic appointments at the University of Chicago Pritzker School of Medicine.

The CHOICE trial is being offered to patients who are scheduled to undergo a carotid stent procedure because, like Thiel, they are too high risk for an endarterectomy. Safety

and health outcome information will be collected from patients who enroll in the study.

"NorthShore is a large and clinically active medical center, and we're involved in a variety of clinical trials that are available to our patients," said Dr. Gupta. "It allows us to gather information that will help us guide treatment in the future and treat our patients with the most leading-edge therapies."

### Integration Is the Future

**Paul Pearson, MD, new head of cardiac surgery, uses a sports analogy to describe NorthShore's integrated healthcare delivery system: "We're one big team working collaboratively to offer the best therapies to our patients." In this multidisciplinary approach, heart surgeons, cardiologists, vascular surgeons, imaging specialists and staff from the Intensive Care Unit all work in harmony.**

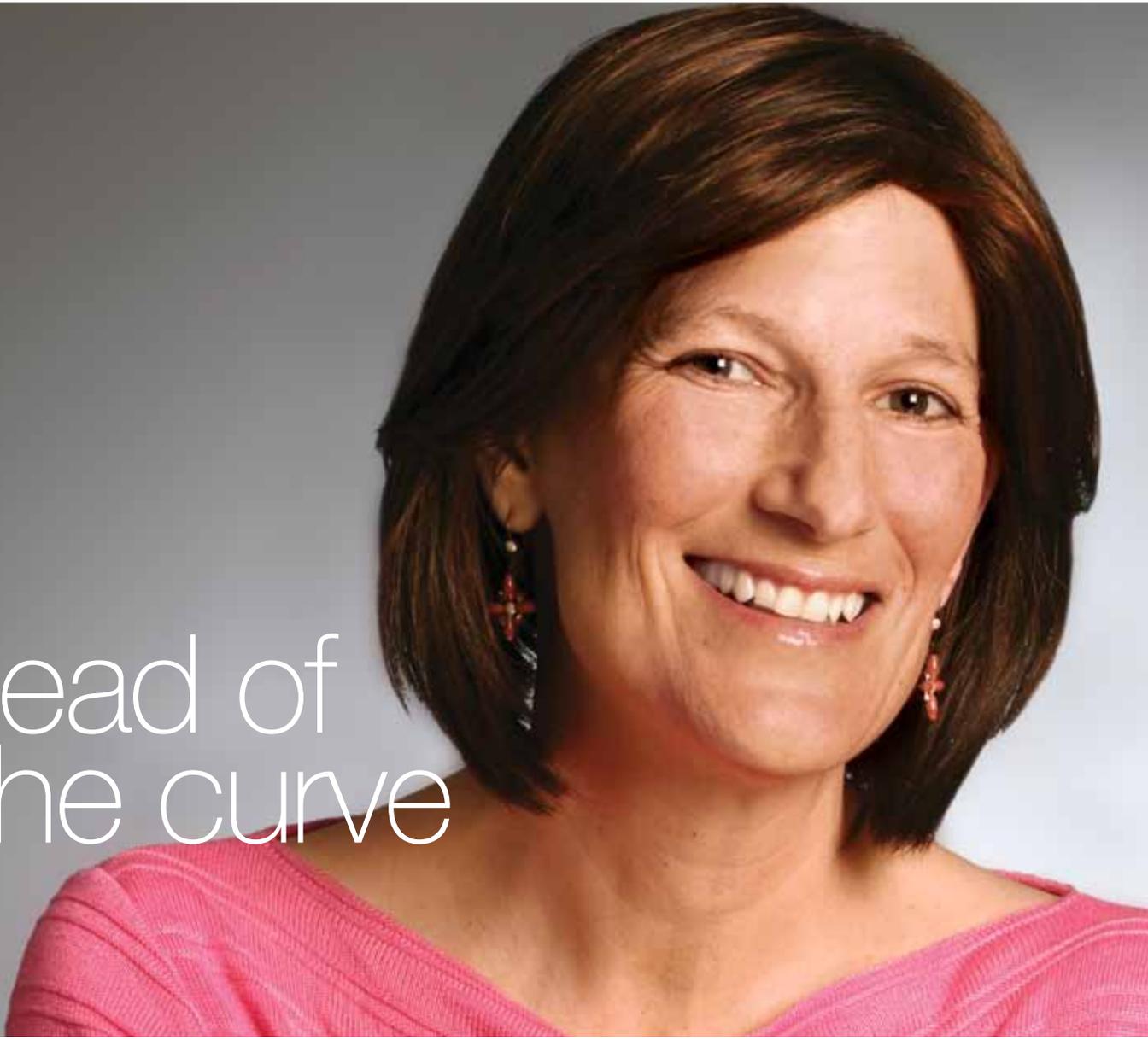


Thiel, who was awake during the stenting procedure, noticed an improvement almost immediately. "As soon as they inserted that stent, the whooshing in my ears went away," he said. "That was one nice feeling."

At NorthShore, physicians, such as cardiologists and vascular surgeons, work seamlessly across their specialties, which results in better care for patients, said Dr. Gupta. "Because we work well together, we can discuss patients in a multidisciplinary fashion to treat them in the best possible manner for their particular needs," he said. Additionally, when patients are willing to make healthy changes to their lifestyle, like Thiel did, they improve their odds for success.

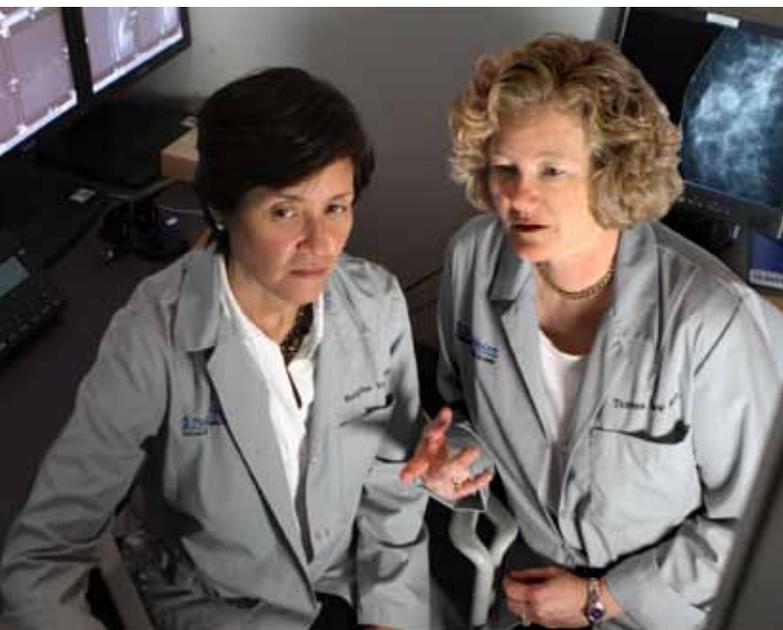
Thiel now has more energy, not just for teaching, but for enjoying other activities, such as walking, playing in a folk band and enjoying the festivities at his stepdaughter's wedding last summer.

"I didn't realize how much my health had been compromised," Thiel said. "Now, I feel like I'm in my 30s. I really love my life, and I want to keep going as much as possible." ■

A close-up portrait of Heidi Kiesler, a woman with shoulder-length brown hair, smiling warmly. She is wearing a pink top and red earrings. The background is a plain, light-colored wall.

# Ahead of the curve

Heidi Kiesler



## Research Drives New Treatments

NorthShore's comprehensive breast health program is the second largest in terms of patient volume in Illinois, and the largest academic multispecialty practice in Illinois.

An entire team, including Katherine Yao, MD, (left) and Teresa Law, MD, is dedicated to discoveries related to prevention, detection and improved treatment for breast cancer. NorthShore physicians are involved in a variety of basic science and clinical trials research programs. "In breast cancer, there is so much research going on, and we incorporate it into our treatment plans," said Dr. Yao.

## Exceptional Medicine: Advanced treatment options for breast cancer patients

When Glencoe resident Heidi Kiesler, 50, received a call about concerns over her annual mammogram results, she reacted calmly. “I wasn’t totally nervous about coming back,” said the mother of two, who explained that in the past she had to repeat previous mammograms but results turned out negative. This time, however, a follow-up mammogram and an ultrasound confirmed a tumor. Kiesler channeled her composed demeanor into her treatment, deciding to use the expertise of surgeons and oncologists at NorthShore Kellogg Cancer Center.

Diagnosed with early-stage breast cancer, Kiesler followed her doctor’s recommendation to have surgery. Her surgeon, Katherine Yao, MD, told her that NorthShore was following protocols resulting from the groundbreaking American College of Surgeons Oncology Group (ACOSOG) Z011 clinical trial for breast cancer. For patients like Kiesler—early-stage breast cancer requiring a lumpectomy—the new protocols spare breast tissue and minimize painful, potentially harmful side effects.

“When I was diagnosed, I read about the results of the ACOSOG trial in the newspaper, and friends were emailing me articles about it,” Kiesler said. “Then Dr. Yao told me, ‘We’re already doing this,’ and I knew NorthShore was ahead of the curve.”

### NorthShore’s Multidisciplinary Approach

The multidisciplinary approach at Kellogg Cancer Center also helped Kiesler deal more confidently with her diagnosis, surgery, and ultimately, the radiation and chemotherapy treatments that followed. She liked the team dynamic between her medical oncologist, Teresa Law, MD, and Dr. Yao, along with the radiation oncologists, radiologists and nursing staff. Every week, this team meets to discuss each patient’s case in detail and to design a personalized treatment plan.

Prior to surgery, Dr. Yao met with Kiesler, as did Dr. Law and other members of the team. They explained not only about the surgery, but also about post-surgery oncology care and treatment. Nurse Navigator Beth Weigel, RN, coordinated all of Kiesler’s follow-up appointments. “They have a great support staff, and all my doctors are connected,” Kiesler added.

Dr. Yao, Director of NorthShore’s Breast Surgical Program, who holds an academic appointment at the University of Chicago Pritzker School of Medicine, recommended that Kiesler have a lumpectomy and sentinel node biopsy. As its name suggests, the sentinel node is the first place breast cancer is likely to spread from the main tumor. Previously, if the sentinel nodes contained cancer, which Kiesler’s did, all of the surrounding

“We’re sparing more women the risk of lymphedema, nerve pain and damage.”

axillary nodes were removed, in a procedure called a complete dissection. If the sentinel nodes were cancer-free, the axillary nodes remained.

Complete dissection puts women at far greater risk of infection, nerve pain and damage, and lymphedema, a painful swelling in the arm from blockage of the lymph vessels that drain fluid from tissues throughout the body.

The ACOSOG trial sought to determine whether women with early-stage breast cancer whose sentinel nodes tested positive for cancer had the same recurrence rates if the axillary nodes remained. The clinical trial showed that for patients like Kiesler, with limited cancer in their sentinel lymph nodes who had a lumpectomy and radiation and/or chemotherapy, the removal of the sentinel lymph nodes alone compared with complete dissection did not alter a woman’s recurrence rate. The trial’s results made international news and were published in the February 2011 issue of the *Journal of the American Medical Association*.

“This is a paradigm shift,” said Dr. Yao, who once trained under the trial’s principal investigator, Armando E. Giuliano, MD. “We’re sparing more women the risk of lymphedema, nerve pain and damage. Removing all of the lymph nodes has never definitely been proven to change survival.”

Kiesler is confident about the comprehensive and leading-edge approach to her care. “Looking at this positively, I know I gave it everything I had,” she said. “Every day I’m feeling better.” ■

# Every second counts



Amy Moy with son Freeman Moy

## **Exceptional Responsiveness:** Sophisticated procedure restores vitality and mobility

At age 82, Amy Moy takes particular pleasure in mall walking, a chance to exercise and spend quality time with her friends. But Moy's favorite pastime came to an abrupt halt in August 2010 after suffering a stroke. Yet today, through the advanced interventions of the NorthShore Neurological Institute (NNI) and NorthShore Evanston Hospital's Acute Stroke Team, Moy is getting back on her feet and into her regular routine.

Prior to the stroke, Moy maintained an active regimen of house and yard work, in addition to several trips a week to the Lincolnwood Town Center Mall, where she would walk indoors and socialize with friends. "I've been walking there for 10 years," she said proudly.

One August afternoon last year, Moy finished working in the backyard of her Skokie home. Feeling more tired than usual, she headed inside to lie down on the couch. Her husband found her there, unresponsive. After a call to 911, an ambulance brought Moy to Evanston Hospital's Emergency Department. Certified by the Joint Commission as a Primary Stroke Center,

NorthShore Evanston, Glenbrook and Highland Park Hospitals each have an Acute Stroke Team that is available within 30 minutes to assess patients and recommend timely treatment to protect the brain—and save lives. Strokes are the third leading cause of death and the number-one cause of adult disability in the United States.

NorthShore neurologist Daniel Homer, MD, Medical Director of the NorthShore Stroke Program, assessed Moy's medical status. "Stroke patients have a narrow time window for treatment," said Dr. Homer. "Primary Stroke Centers have a heightened state of readiness for stroke patients that includes the capability to quickly identify and intervene in acute stroke cases through a multidisciplinary team that can deliver rapid and sophisticated care."

Although Moy arrived at the hospital immediately, she had recently taken blood thinners and was not a candidate for t-PA—clot-busting medication—that can be given intravenously to patients within hours of stroke onset. However, at NorthShore, she had options beyond medication.

## Skilled Specialists

**Hamad Farhat, MD, (left) and Daniel Homer, MD, are members of NorthShore's Acute Stroke Team, available within 30 minutes to assess patients and recommend timely treatment to protect the brain—and save lives. “The earlier we treat the patient, the better the chance that we can restore brain cells that are not functioning,” said Dr. Farhat.**

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Dr. Homer, who holds an academic appointment at the University of Chicago Pritzker School of Medicine, consulted with fellow Acute Stroke Team member, neurosurgeon Hamad Farhat, MD. “We found a very large blocked vessel in her brain,” said Dr. Farhat, who determined Moy was a candidate for a minimally invasive procedure to open those clogged blockages.

NorthShore is one of only a few centers in the Chicago area that offer this highly sophisticated endovascular procedure. Using imaging equipment, the procedure involves threading a catheter through the groin artery to the blocked brain artery. Physicians use the recently approved Merci Retrieval System®, a corkscrew-shaped device that extracts blood clots from within the arteries, and the Penumbra System, a catheter device used to reopen blocked vessels.

“When someone has a stroke early on, the brain cells are nonfunctioning but are not dead,” said Dr. Farhat, noting the procedure on Moy unclogged three major arteries in her brain. “The earlier we treat the patient, the better the chance that we can restore brain cells that are not functioning.”

Like t-PA, endovascular intervention should be done within the first hours of a stroke to be most successful, said Dr. Farhat.

“The earlier, the better” is the advice he and his NNI colleagues advocate.

For Moy, the timeliness made a huge difference. The endovascular procedure was followed by three weeks in the Intensive Care Unit and physical rehabilitation. Her speech, slurred by the stroke, returned to normal, and she regained much of her mobility. Now, her son Freeman drives her to the mall, and although she is not yet able to resume walking with her friends, she can walk from the car to their meeting area inside to visit. Moy’s face lit up as she talked about her cherished routine. “I enjoy seeing my friends again,” she said.

Moy’s son, who lives in Naperville, also benefits from NorthShoreConnect—an online gateway to manage his mother’s healthcare. With proxy access, he can schedule her appointments, send messages to physicians and view her current medications.

“I find NorthShoreConnect very helpful,” said Moy, adding that it was an extension of the Electronic Medical Record (EMR) system used at the hospital during his mother’s treatment. “The EMR made it easy for me to get updates on my mom whenever I visited her,” he said. “It was a relief to me.” ■



# Fast track to recovery

*Thomas Staunton*

## Best Practices in Orthopaedics

Alex Gordon, MD, (left) and Steven Blum, MD, helped initiate NorthShore's recently piloted Total Joint Rapid Recovery Program, featuring shorter hospital stays, accelerated post-operative rehabilitation and carefully designed discharge programs to return patients to their active life as soon as possible.

Rapid Recovery patients are discharged from the hospital the second day after their surgery and sent home, where they take part in a comprehensive rehabilitation and physical therapy program. The new program is attracting patients from throughout the region.



## Exceptional Healing: New orthopaedics program accelerates patient recovery time

Thomas Staunton wrecked his knee playing football, but “like everything else when you’re younger, you think you can just get through it,” he said. For 12 years, he put up with pain and the occasional dislocation before he finally submitted to surgery to repair his anterior cruciate ligament (ACL).

While he found some relief initially, Staunton continued to suffer from increasing knee pain for another seven or eight years. Eventually, he had to give in to the fact that what he really needed was a new knee.

“I was barely able to walk a block without it locking up on me,” Staunton admitted. Still, he was not looking forward to the prospect of major surgery and lengthy rehabilitation, time that he did not want to take away from his job in the construction business.

Referred to NorthShore-affiliated orthopaedic surgeon Alex Gordon, MD, Staunton was a perfect candidate for NorthShore’s new Total Joint Rapid Recovery Program.

“He had severe degenerative arthritis in his knee and progressive and acute pain. He was becoming disabled,” said Dr. Gordon, who is Director of Orthopaedic Surgery at NorthShore Skokie Hospital. The fact that Staunton was under 50 years of age, in good health and motivated to be on a fast track to recovery meant he was an ideal candidate for the new program. Rapid Recovery patients are discharged from the hospital the second day after their surgery and sent home, where they take part in a comprehensive rehabilitation and physical therapy program.

From the beginning, Staunton liked and trusted Dr. Gordon. “He struck me as a super nice guy and told me exactly how things would go,” Staunton said. While the rehabilitation process was every bit as challenging as he had been told to expect, the entire experience was well worth it. Staunton is thrilled to be back to an active lifestyle and is feeling far better and more mobile than he has in years.

### Rapid Recovery at Home

“I’m just feeling on top of the world,” Staunton said. “What Dr. Gordon did for me was phenomenal. I couldn’t ask for anything more.” In most cases, patients with knee replacements leave the hospital after several days for an extended care facility, but Staunton was back home just two days after surgery.

Dr. Gordon performed a computer-assisted knee replacement on Staunton, which helps align the knee replacement precisely, so the forces against the knee are balanced equally. “We know that well-aligned, well-balanced knees have the greatest chance of functioning well for many years,” Dr. Gordon explained.

The Total Joint Rapid Recovery Program is a result of a well-coordinated team effort involving surgery and anesthesia and maximizes the latest less-invasive surgical techniques and individually tailored pain management regimens.

NorthShore anesthesiologist Steven Blum, MD, who was instrumental in piloting the Rapid Recovery Program at Skokie Hospital, said that shorter hospital stays are the future for total joint replacement procedures as younger, more active patients are eager to return home as soon as possible.



### Home Health: Key to Recovery

**Physical therapist Julie Cook is a member of the Rapid Recovery Program team, delivering vital home health services to speed recovery time for orthopaedic patients like Thomas Staunton.**

The multifaceted pain management approach for the new program includes a spinal anesthetic during surgery to help speed waking and recovery after the procedure and oral rather than intravenous medication for pain management immediately following surgery.

“This is a collaborative effort using best practices, and it’s working very well,” said Dr. Blum. Dr. Gordon also stressed the importance of teamwork and the shared focus on patient safety and positive outcomes as the number-one priority.

Extensive patient education and collaboration with NorthShore Home Health Services for seamless physical therapy and rehabilitation are also critical to the program’s success. “The physical therapists were fantastic,” said Staunton. “There was no messing around, and they got me up and moving nearly immediately.” ■

## Exceptional Ingenuity: Analyzing medical data to improve patient care

Already recognized as a leader for its pioneering Electronic Medical Record (EMR) system, NorthShore is now investing significant resources and talent to develop a new, cutting-edge Center for Clinical and Research Informatics (CCRI).

Led by Jonathan C. Silverstein, MD, Davis Family Chair of Informatics and Vice President, Clinical Research Informatics, the CCRI team is researching and developing the way healthcare will be provided in the future by using advanced data collection and superior analytics to enhance physician and patient decision making.

NorthShore made an initial investment of \$7 million in CCRI, focusing on priority areas for clinical research informatics including cancer, cardiovascular disease, medical genetics, neuroscience, perineonatology and primary care.

“This is a very special opportunity,” said Dr. Silverstein, who was recruited from the University of Chicago to direct the Center in early 2011. “Continued collaboration with the University and the Pritzker School of Medicine will be an important element of the Center’s work moving forward.”

The CCRI will use the already exceptional data assets at NorthShore—a highly sophisticated EMR, substantial data warehouse and collaborative Health Information Technology Department teams—to drive informatics sharply focused on patient care and improving outcomes.

The U.S. government has recognized NorthShore for its pioneering use of EMR, and now the programs of the CCRI will make it even clearer how valuable these tools can be when analysis is used to further clinical surveillance and predictive models.

### Identifying Those at Risk for Hypertension

Already involved in several important clinical surveillance projects, the CCRI has played a role in important initiatives like the Hypertension Project, directed by NorthShore family medicine physician and Quality Fellow Michael Rakotz, MD. Dr. Rakotz and his team developed a project using the EMR to find NorthShore patients who are at risk but not yet diagnosed for hypertension.

As a result, hundreds of patients already have met with their physicians regarding their possible risk, and many are now receiving potentially life-saving medication and guidance on lifestyle modifications. (See related article on page 33.)

“This is an amazing project and an example of how we can use surveillance models to explicitly contribute to the health of our patients today,” said Dr. Silverstein.

The CCRI also is working with NorthShore epidemiologist and Associate Chief Medical Information Officer Ari A. Robicsek, MD, on a surveillance approach to identify infectious disease outbreaks in real time and to create a Web interface that allows clinicians to receive neighborhood-specific information about particular conditions on the rise in their area, enabling them to provide early and effective treatment.

Clinical informatics programs like these and many others use the EMR as a way to provide physicians with information they could not acquire on their own, explained Dr. Silverstein.

Predictive modeling programs, like those conducted by Eli Ehrenpreis, MD, at NorthShore’s new Center for the Study of Complex Diseases funded by the Keyser Family Research Fund, are also in the works. These programs use algorithms, or a set of mathematical rules, to recommend specific intervention for an individual patient based on data analysis

The vision of the Center is to be a nationally recognized leader and high-value producer in informatics for clinical quality improvement and research.

from thousands of similar patients. These programs help clinicians and patients determine the best course of treatment based on precise sets of criteria and past outcomes.

A project recently deployed by the CCRI and NorthShore’s Department of Surgery supports the collection and analysis of data related to pancreatic surgery performed at NorthShore. Pancreatic cancer surgeons, including NorthShore Chairman of Surgery Mark Talamonti, MD, track their cases very carefully, noting variables related to high-risk procedures, surgical techniques and outcomes, and specific patient markers, including factors like age, tumor size and location, explained Dr. Silverstein.

What used to be tracked in a separate pancreatic database is now a part of the EMR where all surgeons can easily and efficiently add data directly to patient records. This information can be used for research queries and, ultimately, enable physicians to help determine the best treatment options for individual patients with pancreatic cancer.

The CCRI brings together clinical practice and research, benefiting patients today and leading the way toward more efficient, quality-focused health care, Dr. Silverstein noted. The success of the Center is rooted in its deep collaboration and engagement with clinical areas and research experts across NorthShore, he added. ■



# The future of medicine

*Dr. Jonathan Silverstein*



# Thriving against the odds

Marva Berger

## **Exceptional Collaboration:** NorthShore and University of Chicago team achieve success

When Marva Berger was diagnosed with a rare and potentially aggressive cancer 16 years ago, her main concern was being around to raise her youngest son, who was only 12 at the time.

Thankfully, Berger beat the odds and is now not only the mother of three grown sons, but also a devoted grandmother of two.

Berger had never even heard of neuroendocrine carcinoma when she began a battery of tests after surgery to treat fibroid tumors. Those tests revealed some abnormalities in her liver. A biopsy led to the diagnosis of the uncommon cancer, which attacks the gastrointestinal tract and other internal organs.

For the first year and a half after her diagnosis, some of the lesions disappeared and others appeared to be shrinking. Berger chose a “wait and see” attitude, focusing her time and energy on her family. She and her husband researched various physicians and hospitals, and after considering several

institutions, chose to have her care at NorthShore Evanston Hospital with Janardan Khandekar, MD, who since then has become a trusted partner.

“Dr. Khandekar has been with me all the way. He’s a very special person. He has been patient and always listens to what I think and cares about how I feel,” Berger said. She also is forever grateful to her NorthShore-affiliated internist, Harry Jaffe, MD, for referring her to Dr. Khandekar. Both physicians hold academic appointments at the University of Chicago Pritzker School of Medicine.

### **Relentless Pursuit of Treatment Options**

Over the years, Dr. Khandekar led Berger through a series of treatments that included chemoembolizations—targeted chemotherapy delivered to the tumor sites—and sandostatin chemotherapy shots, as well as regular scans and tests to monitor her condition.



## Building a Physician Team Across Institutions

**Top left: Janardan Khandekar, MD, former Chairman of the Department of Medicine and now Medical Director of NorthShore's new Center for Molecular Medicine, works closely with NorthShore Kellogg Cancer Center nurse Grace Mungy in caring for patients like Marva Berger.**

**Dr. Khandekar collaborated with the University of Chicago Medical Center's Mark Kozloff, MD, (bottom left). Both physicians are in frequent communication as they continually coordinate care for Berger.**

**The partnership between NorthShore and the University of Chicago provides patients access to a broader range of clinical trials and innovative therapies.**

While the chemoembolizations were debilitating and left Berger with no energy for weeks at a time, they initially helped keep the disease at bay, shrinking and eliminating cancerous lesions.

But in 2007, CAT scans showed aggressive growth in some of the lesions, and Dr. Khandekar urged Berger to consider surgical treatment, something she had been reluctant to do. So, Berger underwent surgery with NorthShore Chairman of Surgery Mark Talamonti, MD, who also holds an academic appointment at the University of Chicago Pritzker School of Medicine. Dr. Talamonti was unable to remove the primary tumor due to its location but was able to perform a bypass procedure to eliminate some of Berger's pain.

Looking for more treatment options, Dr. Khandekar found that the most promising trial for Berger was being conducted on at the University of Chicago Medical Center under the direction of Mark Kozloff, MD, who has since become a critical partner in her ongoing care.

In 2009, Berger began infusion treatment with Dr. Kozloff to receive an experimental drug, which has since been approved by the U.S. Food and Drug Administration (FDA). Initial CAT

scans showed the novel approach was helping to shrink tumors, but the infusions took a toll on Berger, leaving her quite fatigued. Subsequent scans showed no change in tumor size.

Last July, Dr. Kozloff began treating Berger with another experimental protocol. Now, more than a year later, her energy remains high, her prognosis is good, and her enduring positive attitude is inspiring.

"It's a waste of time using whatever time you have left lamenting the disease. Cancer taught me to appreciate every moment and use it as best you can. You become cognizant and grateful for each moment you have," she said, noting with a smile, that she is "pleasantly surprised I'm still around."

The collaboration between NorthShore, the University of Chicago, Dr. Khandekar and Dr. Kozloff also is a blessing Berger has not overlooked, and one that her physicians find equally positive.

"Dr. Khandekar is one of the best doctors I know, both in his knowledge and in his way of dealing with patients," said Dr. Kozloff. "It's gratifying that Mrs. Berger is doing so well on these experimental treatments. I find the relationship between University of Chicago and NorthShore to be an excellent one." ■

## Exceptional Vision: Walters' gift provides comprehensive urologic care

**M**att Dominski's father suffered heart problems, so the younger Dominski grew up to believe that he, too, was genetically programmed to face a similar fate.

Instead, during his yearly physical, Dominski's blood work showed he had an elevated prostate-specific antigen (PSA) level. A few months later, he was retested and the tumor marker had crept up even higher. His NorthShore primary care doctor sent him for a biopsy, which confirmed Dominski's fear: It was prostate cancer.

After the diagnosis, Dominski, 57, said it took him a while to get his bearings. "This disease caught me by surprise. It wasn't even on my radar, especially considering my family history of heart disease," said the real estate investor.

He reviewed his options and decided to put his care in

the hands of NorthShore's team of urologists led by Charles B. Brendler, MD, Co-Director of the NorthShore Center for Prostate Health. Dr. Brendler also holds an academic appointment at the University of Chicago Pritzker School of Medicine.

After surgery to remove his prostate, Dominski received follow-up radiation at NorthShore Glenbrook Hospital. "Believe me, I checked it out and NorthShore is the best place for me to be," Dominski said. Today, he and his wife, Laura, are doing well. Laura had begun radiation treatment at Glenbrook Hospital for early-stage breast cancer the day after Matt finished up his 42 radiation treatments. Both have good prognoses since their side-by-side health scares.

Still a patient who sees Dr. Brendler for follow-up checkups, Dominski was pleased to learn that in the spring of 2012

*Matt Dominski*



Best place  
for my care

NorthShore will open The John and Carol Walter Center for Urologic Health within the soon-to-open John and Carol Walter Ambulatory Care Center at Glenbrook Hospital.

"I hope I don't need further treatment, but it's reassuring to know that all the specialists, treatments, research and clinical trials will be right there under one roof," said Dominski. "That one-stop-shopping experience is a gigantic plus for patients," he added.

In 2011, NorthShore Foundation received a \$5 million gift from the Walter family to establish The Walter Center, which will house nine urologists and support staff offering preventive care and advanced diagnosis and treatment of all urologic conditions, including cancer, benign prostatic disease, kidney stones, urinary incontinence, urinary tract infection and sexual health concerns.

"Our family is grateful to NorthShore for their care, compassion, dedication and expertise in treating these

debilitating illnesses and helping to restore quality of life," said John R. Walter, Founding Chairman, NorthShore Foundation, and current NorthShore Corporate Board member.

"This gift expresses our gratitude, thanks and desire for everyone afflicted with urologic disease to receive the same exceptional quality and compassionate care experience with positive outcomes and personal dignity," he added. The Walters hope their initial support will encourage further philanthropic funding partnerships to help advance key patient programs at The Walter Center.

"The Center creates the ideal clinical setting to ensure the absolute best care for our patients and the most effective collaboration for our medical team," said Dr. Brendler, who, along with Michael S. McGuire, MD, Chief of the Division of Urology, will co-direct The Walter Center. "We are deeply grateful to John and Carol for their transformational gift." ■

## Comprehensive Care Under One Roof

The John and Carol Walter Center for Urologic Health will offer a patient-centered environment dedicated to advanced urologic care, including:

- **Distinctive Patient Care Experiences:** Each patient will receive personalized care, with ancillary services that include stress management, nutritional counseling and integrative medicine treatments, such as acupuncture, massage and yoga. Medical genetics testing will evaluate hereditary risk of disease development, and molecular diagnostics will better diagnose and predict each patient's prognosis.
- **Patient Education and Community Outreach:** The Center will be equipped with a multimedia education room so patients can review educational materials about their individual health issues. The Center also will feature patient support groups and an annual patient educational forum. In addition, a new outreach health program for underserved minority groups will be launched.
- **Medical Informatics and Clinical Outcomes Research:** Taking advantage of NorthShore's advanced Electronic Medical Record (EMR) system, clinical informatics will allow NorthShore professionals to analyze diagnostic and treatment outcomes to continually improve patient care.
- **Clinical Trials and Translational Research:** Part of the Walters' gift will be used to establish an endowed research fund from which clinicians and scientists will receive pilot grants to conduct innovative clinical trials and translational research that will directly impact and improve patient care.

*John and Carol Walter (center), flanked by Dr. Michael McGuire (left) and Dr. Charles Brendler, tour the final stage of construction at the new John and Carol Walter Center for Urologic Health at NorthShore Glenbrook Hospital scheduled to open in spring 2012.*





*Pablo Cortes with mother Lorena Cortes*



## Innovative Healing

NorthShore's Integrative Medicine (IM) Program treats dozens of conditions—everything from arthritis to tendonitis. But the most common ailments seen in patients tend to be digestive disorders, chronic pain, headaches, insomnia and allergies.

"We see all ages," said Leslie Mendoza Temple, MD, IM Medical Director (center) with practitioners Edgar Lim, left, and David Vavrinchik. The program uses a holistic approach to wellness to prevent medical problems and to reduce symptoms and the need for medications. "Overall, it gives patients personal control over their health so they have more options for a better outcome," Dr. Mendoza Temple added.

## Exceptional Care: Inventive therapies for young patients

It was just a snippet of information on a flyer, but fortunately it caught Lorena Cortes' eye at NorthShore Evanston Hospital's Outpatient Clinic. Cortes and her 9-year-old son Pablo were waiting to see a doctor when she noticed the flyer announcing free Integrative Medicine (IM) care for pediatric patients, afflicted with everything from anxiety to asthma to weight problems.

"I saw that and said to myself: 'That's my son,'" said Cortes of Evanston, who spoke through a translator. She called the phone number, filled out some paperwork, and Pablo joined the program.

Cortes' husband is a maintenance worker whose hours had been cut back, so medical care that their son needs is an expense the four-member family can't afford. The free IM services for pediatric patients are made possible by a grant to NorthShore Foundation from The Oberweiler Foundation.

Today, Pablo is being cared for by licensed IM practitioners David Vavrinchik and Edgar Lim, who care for patients at Park Center in Glenview. IM focuses on the whole person—body, mind and spirit—and combines conventional medical care with safe, evidence-based complementary and alternative therapies, like acupuncture.

### Painless Procedures

During a recent visit, Pablo hopped up on the exam table and lay down, as Vavrinchik placed six very thin acupuncture needles into meridian pathways on his body. The needles trigger healing as they correspond to his ailments: asthma, allergies and anxiety. "It doesn't hurt at all," said Pablo, who has had nearly a dozen treatments in the last several months. NorthShore's IM Program also offers laser acupuncture for children who are queasy about needles.

As if to further prove it's painless, Pablo fell asleep during the acupuncture treatment. "I like it and it relaxes me," he said later. "I hope I can keep coming here because now I breathe better and don't need my two inhalers." The fourth grader, with curious eyes and an impish grin, wants to be a police officer when he grows up.

Acupuncture is thought to reduce pain by stimulating endorphin production (natural pain killers), regulate hormones, boost immune cell production and induce relaxation by reducing sympathetic nerve activity. Pablo also takes Chinese herbs to help boost his immunity and temper his allergies. He's lost six pounds by eating healthier foods, and his mom says he has

**"I breathe better and don't need my two inhalers."**

more energy, is more relaxed and is sleeping better since treatments began.

Vavrinchik said traditional Chinese medicine components include acupuncture, herbs, massage, dietary modification and exercise therapy, which can be used alone or in combination. "I commend Pablo's parents for being very compliant because they have taken our advice and changed the way they eat, move and live. We have to work together because when Pablo leaves here, they take over."

"I would like to thank the people who make this possible," said Lorena Cortes, who added, "I could never pay for this. My son is better and feels good. I am so grateful."

"It's amazing to see how much difference these therapies can make, and it's very satisfying to be able to help children," said James R. Bartell, Executive Director of The Oberweiler Foundation, which made a \$100,000 grant to fund the program over a four-year period.

"Children respond to acupuncture and lifestyle changes really well, and there's got to be something more here than just placebo effect," said Leslie Mendoza Temple, MD, IM Medical Director. "I've seen success over and over with these therapies in adults, too. I'm so thankful to have this grant reach families that wouldn't normally pursue these treatments due to cost or lack of exposure. Imagine the long-term benefit and savings this family will now enjoy from Pablo's improved breathing, healthier weight and happier outlook on life." ■

## Exceptional Contributions: Life experiences inspire giving

Sue Levin was always a little envious of her cousin, Dick, and his wife, Donna. The couple, who never had children, chose to retire early and live their dream of traveling around the world. Levin, however, lived a much different life. She and her husband started a family—and began saving up for braces and college tuition.

A few years after retirement, however, Dick was diagnosed with Parkinson's disease, and shortly after, his wife was diagnosed with multiple sclerosis (MS). Their lives were forever changed.

"Here, they're middle-aged, it's supposed to be the time of their lives, and they're both struck down with serious neurological diseases," said Levin, a member of The Auxiliary of NorthShore at Evanston and Glenbrook Hospitals. Levin chaired the Hospitals' 2011 gala, which raised funds to benefit research on neurological disorders through the development of DNA-based tests and therapies.

This vital research has been supported with an initial commitment of \$1 million from The Auxiliary. The DodoNA Project: DNA Prediction to Improve Neurological Health is led by Demetrius M. "Jim" Maraganore, MD, Chairman of NorthShore's Department of Neurology and Co-Director of the NorthShore Neurological Institute (NNI). Dr. Maraganore also holds an academic appointment at the University of Chicago Pritzker School of Medicine. The initiative is referred to as the "DodoNA Project" as a reminder of ancient times when leaders would visit oracles, in places such as Dodona, Greece, to obtain predictions of the future.

By using NorthShore's award-winning Electronic Medical Record (EMR) system and collecting DNA samples, researchers will develop predictive tests and targeted therapies to improve outcomes for patients. They are conducting large-scale studies of 11 neurological disorders, including Parkinson's, MS, migraine, stroke, brain tumors and traumatic brain injury.

"This research will make a difference in people's lives."



Sue Levin (left) and Barbara Weiss

"Can I cure my relatives of neurological diseases? No, but what I *can* do is help raise awareness about this research at NorthShore, where we're trying to find a cure," Levin said.

Auxiliary member Barbara Weiss believes "everyone knows someone" with a neurological disorder. But Weiss' story hits even closer to home. Her daughter, Kim, lost her life to a hemorrhagic stroke in 2002.

"She was only 33 years old and married just a short time," said Weiss. "It was devastating." Weiss chaired the Hospitals' Gala Angel Committee, whose members sent out thousands of letters seeking donations.

"This year, I asked my friends and family to join me and donate in memory of Kim for a wonderful cause," added Weiss. "This research will make a difference in people's lives, and that's why we all work so hard to support Dr. Maraganore's work."

"By partnering with our patients and with the generous support of our community, we can leverage the excellence of NNI to make discoveries that will change people's lives for the better," added Dr. Maraganore. ■

## Financial Report

NorthShore University HealthSystem recorded another year of exceptional financial results achieved through our highly integrated system of care. Our hospitals, physicians and medical data work in unison to provide high-quality patient care in an efficient, value-driven manner. Powered by leading-edge technology, professional management and fiscally sound operations, we have again proven our ability to achieve positive financials in a fluctuating economy.

The unaudited financial statements on the following pages provide our consolidated financial position and operating results during our most recent fiscal years. Total revenue in fiscal year 2011 increased to \$1.7 billion reflecting, solid revenue growth of 7 percent achieved in a difficult economic and competitive environment. Additionally, the operating margin was 4 percent and improved 0.6 percent over our results in the prior year. These consolidated operating results were achieved across our four acute-care hospitals with nearly 900 inpatient beds; a large and growing multispecialty medical group with more than 700 physicians; a Home Health and Hospice service line; a Research Institute with more than \$100 million of external research funding; and a Foundation actively engaged in raising more than \$20 million in funds.

These strong results supported our organization in providing more than \$200 million in community benefits in the most recent year, to families in need of a broad range of health and wellness services. NorthShore's efforts thereby reduced the need for local, state and federal governmental agencies to expend their strained resources to fund these vital programs.

Our balance sheet remains strong with \$2.8 billion in total assets; net property and health care equipment assets of \$894 million, and unrestricted net assets (equity) of \$1.44 billion. Our long-term debt is relatively modest, with debt representing 21% of total capitalization.

NorthShore continues to demonstrate leadership in healthcare technology, becoming one of the first health systems in the country to receive payment under the Health Information Incentive program for meaningful use of our Electronic Medical Record (EMR) system. We expect to continue our investments in technology and innovation to further increase quality outcomes while holding the line on costs.

While we do not yet know all the potential ramifications of federal healthcare reform, we are confident NorthShore remains well-positioned through our "system of caring" to be a leader in providing exceptional healthcare experiences to our patients and communities.



Gary E. Weiss

A handwritten signature in black ink that reads "Gary E. Weiss". The signature is fluid and cursive.

Gary E. Weiss  
Chief Financial Officer

# NorthShore University HealthSystem

## Consolidated Balance Sheets

As of September 30

(\$ in Thousands)

<b>Assets</b>	<b>2011*</b>	<b>2010</b>
<b>Current assets:</b>		
Cash and cash equivalents	\$ 24,628	\$ 2,456
Other short-term investments	16,383	51,042
Internally designated investments, current portion	47,186	47,327
Patient accounts receivable, net of allowances	200,450	193,789
Inventories, prepaid expenses, and other	57,209	57,385
Collateral under securities lending program	—	52,389
Total current assets	<u>345,856</u>	<u>404,388</u>
<b>Investments available for general use</b>	1,195,789	1,124,124
<b>Investments limited as to use:</b>		
Internally designated for capital replacement and other	148,650	151,870
Investments under securities lending program	—	51,078
Total investments limited as to use	<u>148,650</u>	<u>202,948</u>
<b>Other assets:</b>		
Property and equipment, net	894,220	845,483
Other noncurrent assets	<u>171,142</u>	<u>153,076</u>
Total other assets	1,065,362	998,559
<b>Total assets</b>	<u><u>\$ 2,755,657</u></u>	<u><u>\$ 2,730,019</u></u>
<b>Liabilities and Net Assets</b>		
<b>Current liabilities:</b>		
Accounts payable and accrued expenses	\$ 250,830	\$ 248,680
Payable under securities lending program	—	52,389
Due to third-party payors	60,010	59,020
Current maturities of long-term debt	<u>8,643</u>	<u>9,713</u>
Total current liabilities	319,483	369,802
<b>Non-current liabilities:</b>		
Long-term debt, less current maturities	385,411	394,055
Other	<u>452,921</u>	<u>407,716</u>
Total non-current liabilities	838,332	801,771
<b>Net assets:</b>		
Unrestricted	1,442,868	1,403,498
Temporarily and permanently restricted	<u>154,974</u>	<u>154,948</u>
Total net assets	1,597,842	1,558,446
<b>Total liabilities and net assets</b>	<u><u>\$ 2,755,657</u></u>	<u><u>\$ 2,730,019</u></u>

\*Unaudited

# NorthShore University HealthSystem

## Consolidated Statements of Operations

### For the Years Ended September 30

(\$ in Thousands)

	2011*	2010
<b>Unrestricted revenues and other support:</b>		
Net patient service and premium revenue	\$ 1,572,824	\$ 1,473,682
Net assets released from restrictions used for current activities	10,821	11,554
Other revenue	94,467	77,870
Total unrestricted revenues and other support	1,678,112	1,563,106
<b>Operating expenses:</b>		
Salaries and benefits	828,661	771,908
Supplies, services, and other	546,215	522,850
Depreciation and amortization	119,084	108,040
Provision for uncollectible accounts	60,063	40,630
Insurance	19,025	28,365
Medicaid assessment	24,828	24,828
Interest expense	7,963	9,098
Total operating expenses	1,605,839	1,505,719
<b>Income from operations</b>	<b>\$ 72,273</b>	<b>\$ 57,387</b>
Operating margin percentage	4.3%	3.7%

## Vital Signs

### For the Years Ended September 30

	2011*	2010
Hospital cases (including births)	62,604	62,276
Occupancy percentage	78%	77%
Average length of stay (in days)	4.5	4.5
Emergency visits	120,623	118,884
Outpatient visits (excluding outpatient ED visits)	1,233,409	1,185,391
Philanthropy (\$ in millions)	\$ 20.8	\$ 11.4

\*Unaudited

# The Lifetime Philanthropy Societies

*The Legacy Society, Chairman's Society, Director's Society, President's Society and Patten Circle recognize cumulative lifetime giving. The lasting generosity of these important donors honors the vision of our leaders and allows us to continually strive for excellence. For this, we are grateful.*

*Gifts and Grants as of September 30, 2011*

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*Selma Carton was inducted into NorthShore's Legacy Society by naming the Department of Neurology the sole beneficiary of the remainder of her estate. This gift will be used in part to establish an endowed chair in academic medicine for NorthShore neurologist Dr. John McMahan, should he still be practicing.*

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*NorthShore Skokie Hospital President Kristen Murtos (left) joins The Women's Board of Skokie Hospital President Janet Davis at the Board's Spring Optimum Health educational event.*

# The Annual Societies

The Annual Philanthropic Societies allow us to recognize the generosity of donors who support our growth each year.

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Gifts and Grants of \$10,000 to \$99,999

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A generous gift from David Marks, in memory of his wife Ellen (both pictured right), has named the Ellen Marks Ambulatory Care Center at NorthShore Highland Park Hospital. A gallery featuring photographs of Ellen Marks' travels will be on display in the Kellogg Cancer Center waiting area.



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Auxiliary President Madonna Tideman (left) and President-Elect Leslie Sevcik celebrate The Auxiliary of NorthShore University HealthSystem at Evanston and Glenbrook Hospitals' 75th Anniversary.

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*Past Presidents of The Auxiliary of NorthShore University HealthSystem at Highland Park Hospital (standing from left) Shirley Schlossman, Ginny Schulte, Caryl Anspach, Bonnie Haber, Patti Nahin, Nadine Woldenberg and (seated from left) Julie Stone join Auxiliary President Abbe Silverberg Sparks to celebrate The Auxiliary's 90th Anniversary.*

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# Recognizing Exceptional Care

NorthShore received an impressive list of awards and honors in 2011—but more important than the awards themselves is how these accolades reflect our enduring commitment to our patients we are privileged to serve.

Awards like Thomson Reuters' "10 Top Health Systems" recognize NorthShore as a system with leading clinical performance, quality and efficiency. NorthShore also was recognized by *U.S. News & World Report* this year as high performing in 10 different specialties including cancer, diabetes, gastroenterology, gynecology, neurology and orthopaedics.

Other top honors affirmed NorthShore's success in our advanced Electronic Medical Record (EMR) system, with its constant focus on quality improvement and patient safety.

Our Quality Fellowship Program and its resulting Hypertension Project developed by NorthShore family medicine physician Michael Rakotz, MD, is one example of how our health technology translates into real benefits for our patients. The project is supported by NorthShore's Practice-Based Improvement Research Network (PBRN).

Dr. Rakotz has long been interested in hypertension, a major risk factor for heart disease and stroke, and concerned that so many people—an estimated 8 percent of the U.S. adult population—are living with this condition undiagnosed.

With NorthShore's sophisticated EMR and vast data warehouse in place, Dr. Rakotz carefully studied data for all NorthShore patients between the ages of 18 and 79 to identify those who may be at risk for hypertension.

Nearly 1,600 patients were identified as potentially having increased risk for this life-threatening condition. Their individual physicians were notified, and patients were contacted and asked to come in for an office visit, where a sophisticated blood pressure machine was used to take a highly accurate reading.

To date, about 400 individuals have come in for testing. Nearly one-third of the patients, including Jon Mann, were identified as meeting the criteria for hypertension and are now receiving treatment for what could have been a silent killer.

Mann knew he had some higher blood pressure readings in the past, but he admitted he was not fully aware of the potential severity until he was identified as "at risk" through the Hypertension Project. Now on

medication, which has already lowered his blood pressure and his risk for heart attack and stroke, Mann is grateful for the EMR-based intervention.

"It was effective to get me going on something I needed to take care of," said Mann.

The next phase of this project will add an alert feature into the EMR, letting physicians know in real time during an office visit if their patient is at risk.

"The EMR helps us practice better medicine," added Dr. Rakotz. ■

"Focus on quality improvement and patient safety."



Dr. Michael Rakotz

## Select 2011 Honors

- NorthShore named among *U.S. News & World Report's* Best Hospitals
- NorthShore named one of the nation's "10 Top Health Systems," "100 Top Hospitals" and "15 Top Major Teaching Hospitals" by Thomson Reuters
- NorthShore named "Most Wired" by *Hospitals and Health Networks*

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A publication of the Office of Corporate Communications

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## Defining Exceptional Experiences

NorthShore University HealthSystem is committed to creating exceptional experiences. We bring together the finest physicians and healthcare professionals and the latest technology to provide the very best quality, compassionate care to the patients and families we are privileged to serve. To learn more about NorthShore's clinical, research and academic excellence, or to support our mission to "preserve and improve human life," [visit northshore.org/foundation](http://northshore.org/foundation).