



Philadelphia Veterans Affairs Medical Center



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any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by our nation.”

The Philadelphia Veterans Affairs Medical Center (PVAMC) provides health care to 90,000 veterans living in America’s fifth largest metropolitan area. Our four-fold mission is to honor America’s veterans with world-class health care, advance medical knowledge through research, train healthcare professionals, and be prepared to serve in the event of a crisis. We are a tertiary referral center with more than 135 acute care beds, 95 of which are medicine-surgery beds, and total yearly operating budget of more than \$380 million dollars. The PVAMC is an eight-minute walk from the Hospital of the University of Pennsylvania. Our orthopaedic residents and faculty are honored to help care for those who have served their country. Abraham Lincoln articulated the primary mission of the Veterans Affairs Penn Orthopaedic Service more than a century ago: “To care for him who shall have borne the battle.”

Perhaps you are familiar with these words attributed to Father D.E. O’Brien:

*It is the soldier, not the reporter, who has given us
freedom of the press.*

*It is the soldier, not the clergyman, who has given
us freedom of religion.*

*It is the soldier, not the poet, who has given us
freedom of speech.*

*It is the soldier, not the campus organizer, who
has given us freedom to demonstrate.*

*It is the soldier who follows the flag into battle,
defends our flag, salutes our flag, and whose
coffin is draped with our flag.*

*It is the soldier: It has always been the soldier;
and it will always be the soldier.*

The VA is the largest healthcare system (122 medical facilities) supporting graduate medical education in the United States and the second largest funding source for resident training (31,000 resident physicians) after the Centers for

Medicare and Medicaid Services. It is affiliated with 107 of the nation’s 125 medical schools.

The University of Pennsylvania orthopedic rotation at the Philadelphia VAMC allows our PGY-2 and PGY-5 residents to care for veterans in an intensive, general orthopedic practice setting under the direct supervision of Drs. Bernstein, Ecker, Esterhai, Gentchos, Hume, Kelly, Kuntz, Sheth, Steinberg, Warner, and Zgonis. Dr. Harvey Smith, our spine surgeon, teaches and works with a PGY-3 resident. Dr. Levin volunteers his time without compensation. The few veterans who require care at a level of sophistication that we cannot provide are referred to sub-specialists in the city or within the University of Pennsylvania Health System at Pennsylvania Hospital or Penn Presbyterian Medical Center.

In addition to their dedication to direct patient care and resident education, Drs. Bernstein, Esterhai, Kuntz, Sheth, and Steinberg have each applied for or been awarded research funding through the Veterans Administration competitive grant system. Our department has six Merit Grants. Dr. Smith has applied for a Career Development Award. Our PVAMC clinical faculty members collaborate actively with intra and extramural physicians and basic scientists including Drs. Jonathan Black, Jason Burdick, George Dodge, Paul Ducheyne, Dawn Elliott, Kurt Hankenson, Annamarie Horan, Russ Huffman, Robert Mauck, Samir Mehta, and Lou Soslowsky.

Since the last publication of the *UPOJ* in 2013, Dr. Mauck, our Director of Orthopedic Research, has been elected to the American Institute of Biological and Medical Engineering College of Fellows, an honor bestowed upon only two percent of the biological and medical engineers in the country. He has opened more than 4300 square feet of new orthopaedic research space and energized collaboration with Rheumatology and Physical Medicine and Rehabilitation scientists. We have been able to improve our preoperative patient evaluation process to expedite surgery scheduling with the addition of preadmission



testing offices immediately adjacent to our clinic; added a new full-time Director of the SICU; improved perioperative pain management and postoperative floor care. In the year ahead we look forward to opening another operating room on Wednesdays and adding OR and PACU personnel to extend the operating room duty day.

Mitchell (Chip) Staska and John Wheeler, our superb Physician Assistants, provide seamless, exemplary, tender care from initial patient referral through appropriate triage, outpatient evaluation, scheduling of appropriate testing and consultations, surgery, and post-hospitalization care. After 15 years in private practice and a decade at the PVAMC, Chip continues to provide immediate, timely interaction with referring physicians and outside consultants, coordination of pre-bed evaluations, surgery scheduling, interaction with the primary care providers, liaison with VA referral health centers, and acute and chronic pain management. John has had the daunting task of assisting in the operating room and coordinating all of Dr. Smith's orthopaedic spine care for our veterans.

Outpatient care has improved dramatically as the electronic medical record has become even more useful. All records, including consent forms and imaging studies, are electronic. Progress notes, laboratory results and imaging studies are available at the workstations on the inpatient units, offices, and outpatient care areas and individual examination rooms from local and satellite VA care facilities. It is the best electronic medical record (EMR) system in the country.

We have patient office hours on Mondays, Wednesdays, and Fridays allowing us to provide more than 5200 patient visits each year. New patients are scheduled within thirty days of their primary physician's request for consultation. The emergency room is very busy. We perform scheduled surgery four days each week, averaging more than 450 major procedures yearly. Orthopedics performs more major surgeries than any other service. None of this would be possible without the professional expertise and wisdom of the Chief of Surgery, Kris Dumon, and the nurses, administrative support personnel,

and physician staff of the PVAMC. This year the Vice President for Surgery and Anesthesia, John Wylie, retired after forty years of service. He will be sorely missed.

Vince Lombardi said, "The achievements of an organization are the results of the combined effort of each individual." By God's providence and the hard work and daily diligence of everyone in anesthesia, instrument processing, nursing, and orthopaedics, the infection rate for our total joints replacement patients has remained excellent. Several factors specifically contributed, including improved preoperative patient screening and preparation, rigorous instrument processing, new operating room instrument tables (replacing case carts), heightened awareness of potentials for intraoperative contamination, perioperative antibiotic dosing, and patient retention for onsite rehabilitation before discharge to the patient's home. In this time of increasing financial restraint and federal budget review, we will likely be called upon to deliver more direct care and perform more research with fewer resources.

Today there are 26.5 million veterans, of whom 1.7 million are women. Seventy-five percent served during at least one war time period with Vietnam-era veterans accounting for 8.3 million; WWII, 4.8 million; Korea, 3.7 million; and the Gulf Wars 3.6 million.

Many of the veterans for whom we care commute a long distance from central and northeastern Pennsylvania, southern New Jersey and Delaware. Many have significant co-morbidities such as HCV and difficult psychosocial environments. Many have had multiple operations making reconstructive surgical approaches and wound healing more difficult. Not infrequently, they have had a difficult time reintegrating into society after their military service. It has been said that "a veteran is someone who wrote a blank check, payable to the United States of America, for an amount up to and including his own life." Providing Philadelphia-level, state of the art, complication free, compassionate care requires extra, special diligence. It is a worthy goal to which we are fully committed.