



IMAGINE

BUILDING A CASE FOR THE KROH CENTER EXPANSION PROJECT

THE WILLIAM A. AND JARNETTA KROH CENTER
FOR DIGESTIVE DISORDERS

GBMC



Building GBMC, 1960

BIG IDEAS SOMETIMES START SMALL.



IMAGINE THE DIFFERENCE YOU CAN MAKE.

Here, it began with a doctor imagining how to best care for a patient. “What if?” and “why not?” grew into a philosophy of world-class medicine delivered to an entire community.

Every day, we translate that philosophy into expertise and patient-centered care. Technology to detect illness early and treat disease and injury effectively.

Space that allows precious privacy.

And every day, that unusual breed of boundless thinking thrives at Greater Baltimore Medical Center, spreading from one specialty to the next as we press for revolutionary new ways to transform lives.

Today, we open the door to the latest vision being realized: the next generation of gastroenterology medicine in our leading community hospital.

Expert medicine. Unmatched care. Life-saving technology. Modern space.

The expansion of the William A. and Jarnetta Kroh Center for Digestive Disorders.

Imagine the difference you can make.

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OUR VISION PHRASE

To every patient, every time, we will provide the care that we would want for our own loved ones.

OUR MISSION

To provide medical care and service of the highest quality to each patient, leading to health, healing and hope.

We at GBMC work toward four aims that define quality care: the best health outcomes, the best satisfaction, the least waste, and the most joy for those providing the care.

The William A. and Jarnetta Kroh Center for Digestive Disorders is committed to:

HEALTH: offer GI services to help patients detect, prevent, treat and cure illness in the digestive tract

HEALING: provide quality GI services to meet the needs of our patient community in a safe, nurturing environment

HOPE: stand out as a community leader in evidence-based guidelines, breadth of expertise, and experienced medical treatment in gastroenterology

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ORIGINAL

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A DOCTOR AND A DREAM.

Gastroenterology was in its infancy when, in 1976, a young doctor named Ibrahim Razzak took half a room in GBMC's outpatient clinic, then separated from dermatology by a curtain, and began to realize his dream.

With one gastroscope and a single non-clinical nursing assistant, the remarkable Agnes Hall, Dr. Razzak pioneered a leading GI department that to this day focuses on quality patient-centered care. He recruited top physicians, nurses, technicians and staff. He championed continuing education and modern facilities. He remained devoted to quality control and healthy outcomes, being accessible to patients with Saturday hours, and continually investing in top-line equipment and technology.

Photo above: Ibrahim Razzak, MD and Kathryn Bishop, RN

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HOW ONE PATIENT MADE A DIFFERENCE.

In 2000, Bill Kroh came to GBMC for an endoscopy for dysphagia.

At the time, GI services were performed in two rooms in the Sherwood Surgical Center. Mr. Kroh was astonished that he had to recover from his GI procedure in a hallway (no pre-op or recovery bays existed). He promptly told Dr. Razzak, “You need money.”

Bill and his wife Jarnetta hailed from humble backgrounds. They were grateful for what they had achieved in life and wanted to give back to benefit others. The Krohs were committed to supporting GBMC, a privately-funded community hospital, and made a generous gift that established The William A. and Jarnetta Kroh Center for Digestive Disorders.

“I was privileged to know Bill, who was one of our staunchest supporters and one of the giants in the history of our healthcare system.”

John B. Chessare, MD, GBMC HealthCare President and CEO

Photo above: William A. and Jarnetta Kroh, Ibrahim Razzak, MD, Niraj Jani, MD, and Lindsay Cromwell-Rims, RN, BSN, Administrative Director of Gastroenterology Services and Endoscopy



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Mr. Kroh joined the GBMC Foundation Board of Directors in the 1990s, becoming chairman in 1998. “We should always follow the concept of a community hospital – realizing that is what we are there to do, serve the community,” said Mr. Kroh of his decades-long loyalty to GBMC. “Jarnetta and I feel privileged to serve and support GBMC as two of its many grateful patients.”

Under Dr. Razzak’s guidance, the Kroh Center quickly became a progressive endoscopy center – the busiest in the Baltimore area – with four procedure rooms and multiple pre-operative and post-operative bays.

Dr. Razzak knew that investing in technology would drive the success of the Center. Medical staff worked with the most current endoscopic ultrasound (EUS) platform, endoscopic retrograde cholangiopancreatography (ERCP) equipment, washers and scopes. In a time when other hospitals were losing volume to freestanding endoscopy centers, our GI department thrived. During Dr. Razzak’s tenure, in fact, GBMC’s GI division was twice chosen as one of the top 50 GI services in the country by *U.S. News and World Report* – both in 2000 and 2005.

We were the first to offer capsule endoscopy, radio-frequency ablation for Barrett’s disease, and a specific room designated for fluoroscopy and advanced gastrointestinal procedures. The Center welcomed all gastroenterologists and surgeons who were also affiliated elsewhere and provided the highest level of care for all GI diseases.

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GIANT STRIDES

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Gastroenterology is finally and forever part of our national conversation.

Awareness of GI diseases and the efficacy of colonoscopies and screenings propel patients to see their doctors early and regularly. Happily, all the attention is dramatically impacting patient survival. In fact, a recent National Institutes of Health study demonstrated that early detection and proper treatment of colorectal cancer accounted for the largest decline in U.S. cancer death rates.

Here at GBMC, it's no different, with many factors driving volume both now and in the future:

- Our increasing number of providers
- Expansion of our colon screening program
- Referral leakage from other hospitals and providers
- Our classification as a low-cost specialist, along with an increased focus from insurance companies on referring to low-cost providers
- Requests for outside consults
- Retirement of community gastroenterologists

In 2016, GBMC:

- Performed 8,579 procedures – a 20% increase from 2015
- Saw a 30% increase in referrals
- Endoscopies alone will see 6% growth over 5 years, 16% growth over 10 years

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Niraj Jani

Niraj Jani, MD

Chief, Division of Gastroenterology
Director of Kroh Endoscopy Center
Director of GI Oncology

ENERGIZE.

In 2016, we performed 8,579 GI cases at the Kroh Center.

Newly recruited physicians, each with expertise in a specific focus of gastroenterology, are fueling a variety of procedures performed here and patient demand for them. Our busy inpatient GI service is attracting more complicated cases, and outpatient referrals are increasing for EUS, ERCP, SpyGlass cholangioscopy, Barr-X for Barrett's and stent placement. More ASA Class 3 and 4 patients are coming to our Center. And we see no end to this climb: GBMC predicts a 38% growth in GI procedures by 2024.

As the director of the Kroh Center, I want us to be ready to meet the growing demand, expertly, safely and comfortably, for the sake of our patients, physicians, nurses and technicians.



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CHALLENGING.

The Center's mission focuses on the patient experience, from check-in to discharge. But our current footprint is limited by:

- Lack of rooms, especially therapeutic rooms
- Too little privacy for patients
- Too few pre-op and post-op bays
- Critical need for separate space for cleaning and storing scopes
- Issues with ventilation, gas exchange
- Absence of conference rooms for meetings and teaching sessions

Our plan is to create an expanded William A. and Jarnetta Kroh Center for Digestive Disorders in the Sherwood Surgical Center. 19,740 square feet of modern medicine. Two years of planning and execution. For \$8 million. But the cost of not doing it is far greater for both our hospital and the patients we serve. Our community hospital thanks you for your support.

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MEET OUR LEGENDARY TEAM.

The ability to exchange information with a wide variety of colleagues leads to medical sophistication and clinical expertise not typically present in a community hospital, attracting referrals and driving volume.

Nearly 1,300 physicians serve on the GBMC medical staff, making ours one of the largest community hospitals in the mid-Atlantic region. Our gastroenterology practice includes five staff physicians, 15 nurses and seven endoscopy technicians. Among them are Dr. Diana Whitehead and Dr. Michael Asike, who joined us in 2016, bringing niche expertise that addresses growth needs for GI services and sets us apart as the premier provider of community-based GI services in the Baltimore metropolitan area.

Photo left: (left to right) Rosemarie Rottloff (CRNP), David Saltzberg, MD, Kirsten Weiser, MD, Michael Asike, MD, Diana Whitehead, MD, Niraj Jani, MD

Photo above: Harold Tucker, MD

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Dr. Harold Tucker has offered GBMC his leadership and vision for more than 30 years. In addition, we regularly collaborate with respected independent colorectal surgeons and gastroenterologists who bring us their complex cases. We are one of two preferred hospital sites where Kaiser physicians perform endoscopies. And our colorectal surgical program hosts a fellowship training program led by Dr. George Apostolides.

GBMC GI Specialists

Niraj Jani, MD

Chief of the Division of Gastroenterology

Director of Kroh Endoscopy Center

Director of GI Oncology

Joined GBMC GI in 2010

Advanced therapeutics and pancreaticobiliary disease, oncology, esophageal disease

Harold Tucker, MD

Joined GBMC GI in 1983

Esophageal disease, liver disease, IBD, general GI

Kirsten Weiser, MD

Joined GBMC GI in 2013

Women's health, functional bowel disease, pelvic floor disorders

David Saltzberg, MD

Joined GBMC GI in 2011

Liver disease

Michael Asike, MD

Joined GBMC GI July 2016

Functional bowel disease

Residency San Antonio Uniformed Service Health Education Consortium

Fellowship Walter Reed National Military Medical Center

Diana Whitehead, MD

Joined GBMC GI September 2016

IBD, general GI and hepatology

Residency Brown University/Rhode Island Hospital

Fellowship Dartmouth-Hitchcock



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The Kroh Center's planned GI tumor board will regularly bring together oncologists with a GI interest, GI physicians, GI surgeons, radiation oncologists, radiologists and pathologists to review and plan the management of newly diagnosed patients.

Gastroenterology, colorectal surgeons, and specialties including oncology, head and neck cancer, women's health and our genetics program are framing the future of prevention and treatment.

Together, we are preventing pancreatic cancer through pancreatic cyst detection, preventing esophageal cancer by ablating precancerous tissue, screening families with cancer genetic syndromes in collaboration with the Harvey Institute for Human Genetics, and working with the Milton J. Dance, Jr. Head and Neck Center to improve swallowing after cancer treatment.

Community-Based Colorectal Surgeons and Gastroenterologists

George Apostolides, MD

Francesco Grasso, MD

Frederick Hansen, MD

Joseph D. DiRocco, MD

Lester Bowser, MD

Dana Sloane, MD

Jordan Wolf, MD

April Tignor, MD

David Kafonek, MD

John Covington, MD

Linda Rosenthal, MD

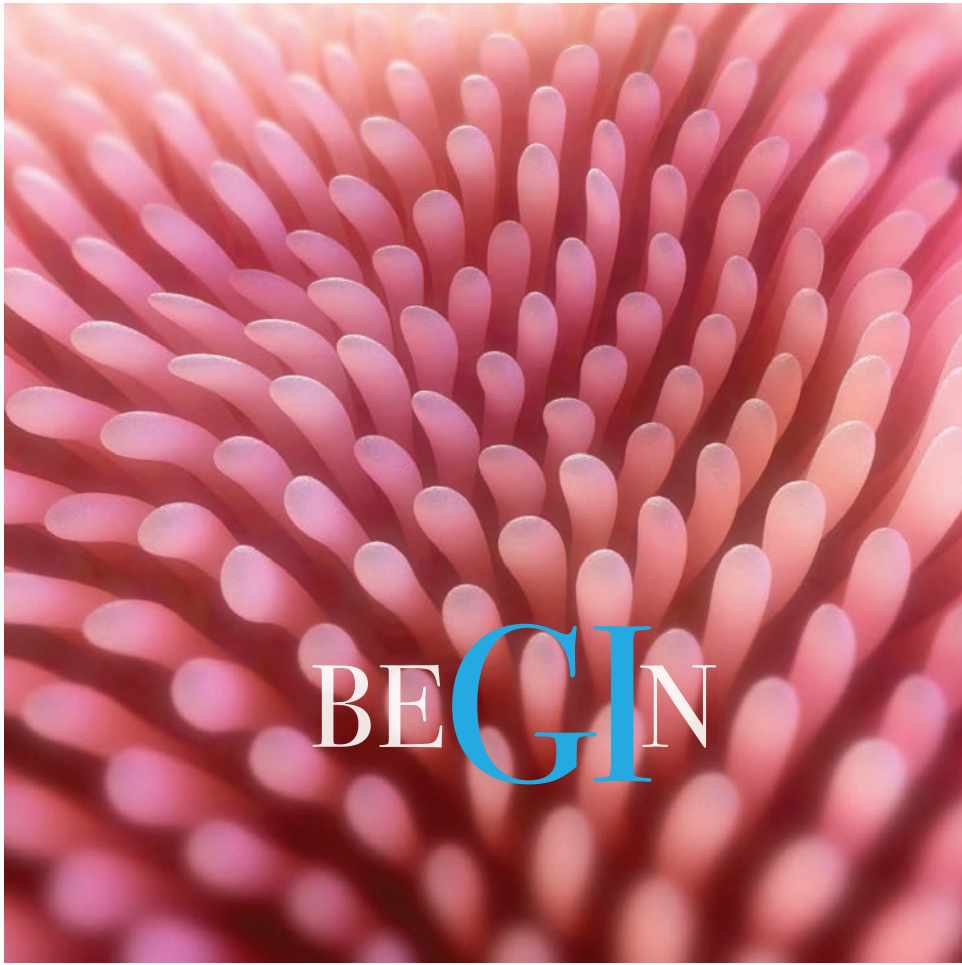
William Ravich, MD

David Hutcheon, MD

David Cromwell, MD

George Vranian, MD

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IMAGINE THE DIFFERENCE YOU CAN MAKE.

19,740 SQUARE FEET & WORLD-CLASS TECHNOLOGY WILL OPEN DOORS.

The bigger, modern location in what is now the Sherwood Surgical Center will give the Kroh Center for Digestive Disorders infrastructure that will ensure safe and efficient growth – both today and tomorrow. What lies ahead? More investment in non-invasive technology to treat benign and malignant gastrointestinal diseases and focus on disease prevention. With your support, GBMC will continue leading the region in providing state-of-the-art technology coupled with comprehensive clinical care.

Procedure and Prep & Recovery Rooms

- Four GI procedure rooms
- Two Interventional GI rooms
- One Interventional Pulmonary procedure room to capitalize on shared technology in endoscopy and bronchoscopy

Prep and recovery rooms enhance patient throughput and experience. Patient and families enjoy privacy before and after procedures, and each room is furnished with a TV. Pod design enables close monitoring, seamless teamwork and patient safety. Designed with extra space, these rooms accommodate bariatric stretchers and a patient-lift system for patient comfort and enhanced employee ergonomics.

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24 Preparation and Recovery Rooms

Two are designed for isolation patients. One is for reverse isolation, designed for pulmonary patients who have procedures performed in the interventional pulmonary room. Rooms accommodate bronchoscopies and biopsies.

Two Interventional Rooms

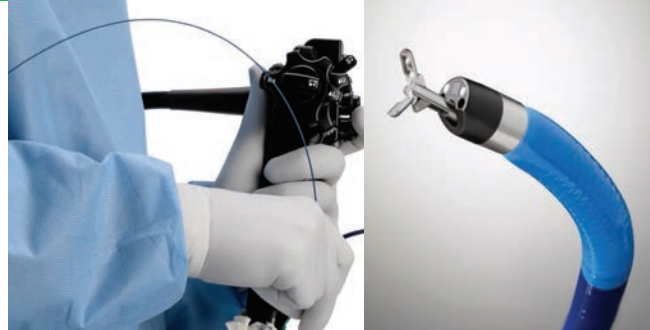
For advanced therapeutic procedures including EUS and ERCP, these rooms are equipped with state-of-the-art ERCP scopes and equipment, including SpyGlass ERCPs. (Dr. Jani is a national leader and innovator in ERCP, conducting training through Boston Scientific and updating the latest version of SpyGlass equipment.)

Negative Pressure Room

This room accommodates advanced pulmonary procedures including bronchoscopy and endo-bronchial ultrasound. Here, pulmonary specialists are able to obtain specimens for diagnosing diseases like tuberculosis and take biopsy specimens for cancer diagnosis.



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Scope Storage

As a premier center for scope processing, we have designed an area with the highest-level disinfection capabilities, including the latest washers and a storage system for cleaning and disinfection of instruments.

The new storage system also allows electronic, paper-free monitoring of scope disinfection, storage and scope testing, as well as tracking scopes for easy recall if necessary.

Conference Room

This room will house the GI cancer tumor board for multidisciplinary management of patients with GI cancers. The room's ability to teleconference with the procedure rooms will further our goals for educating physicians, nurses, technicians and patients about complex procedures.

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THE 3P DESIGN PROCESS

Brainstorming, Innovating, Testing, Refining

For the proposed expansion, GBMC is employing the Lean Methodology 3P, a powerful tool to design out waste from the onset of the project, meet both patient and physician requirements, and grant ownership of the space to the professionals who will ultimately use it. 3P stands for Production Preparation Process – ideal for healthcare, where the activities of producing and preparing services for patients, with the least amount of waste, depend heavily on a well-tuned process.

Conceptualizing the new space has been a long, deliberate journey, and we will continue to refine and test the design until construction commences. Our goal is to enable the smartest, most efficient production, preparation and process for our patients and the healthcare professionals who serve them.

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The journey begins.

Recently, a 3-day Lean Methodology 3P event harnessed hands-on collaboration and dynamic discussion between doctors, nurses, techs, schedulers, architects and construction managers to rethink and redesign the new space. Cross-functional staff members not only created a layout for storage, fixtures, machines and equipment, they also factored in material flow, information flow and standard work.



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DAY 1: Fishbone diagrams identified opportunities at six stages: huddle, registration, pre-op, procedure, recovery and discharge.

DAY 2: Teams formed 102 ideas for solutions, developed nine cloud designs for endoscopy suite concepts, evaluated and prioritized two to be drawn to scale, and tested layouts via 2D models.

DAY 3: Scaled 3D mockups of procedure rooms (colonoscopy, C-ARM ERCP, Upper EUS, Bronch), prep-recovery rooms and an endoscopy suite brought concepts to life, using real equipment or white foam core cut-outs of any not yet available. A simulated walk-through assessed space, considering seven flows: flow of process engineering, patients, clinicians, medications, information, supplies and equipment. Feedback from front-line staff, physicians and leadership identified areas for modification. Teams developed an implementation plan.

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TANGIBLE.

Under the leadership of Dr. Niraj Jani, we have embarked on this expansion project to meet the growing and urgent needs of our community.

Based on the scope of the project, our goal is to open the doors of the expanded and relocated William A. and Jarnetta Kroh Center for Digestive Disorders in the current Sherwood Surgical Center in 2018.

GBMC expects the total cost of the expansion project to require \$8 million. This capital campaign will fund design, construction and renovation costs, as well as state-of-the-art equipment for the procedure rooms, patient bays, storage spaces and the decontamination area.

BUDGET SUMMARY

Building Renovation and Construction: \$5.3 million

Equipment: \$2.7 million



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EXECUTIVE SUMMARY

WHO: The William A. and Jarnetta Kroh Center for Digestive Disorders Expansion Project

WHAT: 19,740 square feet of health, healing and hope for our community

WHEN: Approximately 18 months for design, construction and completion, with doors projected to open in 2018

WHY:

- To meet increased demand and CMS Guidelines, and support our long-term commitment of community-based, world-class gastroenterology
- Allow new life-saving treatments and procedures
- Increase volume
- Optimize flow and value, reduce waste
- Enhance patient, physician and employee satisfaction

HOW: \$8 million

Together we can make a difference.

Contact:

Kate Thorne

Director of Philanthropic Engagement, GBMC Philanthropy

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Our leading gastroenterology center started with a doctor.
Was redefined by a patient. And now it's your turn.

Invest in your hospital, your loved ones, your community and your future.

Make your pledge today.

Learn how you can support the historic expansion of the Kroh Center and make our legacy your own. Please call Kate Thorne, Director of Philanthropic Engagement, GBMC Philanthropy, at 443-849-2794 or email kthorne@gbmc.org

BE A GIVER AND A
CAREGIVER

*The William A. and Jarnetta Kroh Center for Digestive Disorders
Supporting Excellence at GBMC HealthCare*

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