Remembering Founder Ed Eckenhoff >> Page 4

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But we aren’t helpless against stroke, says Rachna Malhotra, DO, medical director of the Stroke Recovery Program at MedStar NRH. There are things we can do to reduce our risk and minimize the disabling effects if we have a stroke.

“There are some risk factors we can’t control,” she says. “Our own and our family medical histories are two examples. But there are a number of things we all can do to reduce other risk factors.”

Topping Dr. Malhotra’s list is diet. “Eating healthier foods is one of the most important things we can do to prevent stroke.” She offers these tips:

- Eat low fat and low cholesterol foods.
- Cut fried foods from your diet.
- Increase your intake of fresh fruits and vegetables.

The second most important risk reducer is exercise, says Dr. Malhotra.

- Do exercise that increases your heart rate—brisk walking, dancing or Zumba, for example!

Dr. Malhotra also warns that stroke can be a silent disease. “You may feel just fine, but have some risk factors, such as high blood pressure, high cholesterol, or diabetes. That’s why it’s so important to see a doctor regularly. Don’t put off your yearly physical.”

- If you have high blood pressure or high cholesterol, take your medication as directed even if you feel well.
- If you have diabetes, keep your Hemoglobin A1C under control.

Also recognize the signs of stroke. Timing is everything, Dr. Malhotra explains. The sooner someone suffering stroke gets to an emergency room, the faster diagnosis and treatment get underway and that can diminish the disabling effects of stroke.

If you have a stroke, acute rehabilitation is your best bet for recovery, says Dr. Malhotra. “The goal of rehabilitation is to help patients become as functionally independent as possible. At MedStar NRH, every patient receives a thorough assessment. Because stroke can affect different parts of the brain, each person’s treatment plan is individualized,” she notes. “But most patients will engage in a number of therapies:”

- Physical therapy to get patients up and walking.
- Occupational therapy to help patients relearn the skills of daily living, such as dressing and bathing.
- Speech therapy to deal with any problems with language, thinking or swallowing.
- Psychological support from a neuropsychologist. (Patients can also participate in one-on-one peer mentoring and a peer support group after going home.)

A stay in acute rehab may last between two to three weeks. “But patients continue therapy either at a sub-acute care facility, home, or at one of our outpatient centers,” Dr. Malhotra says. “Recovery from stroke can continue for years. That’s why it’s important for patients to continue therapy after they leave the hospital.

We are learning so much more about stroke recovery every day. Ongoing research at MedStar NRH is examining ways to boost neuroplasticity—the brain’s ability to heal itself after injury. It’s an exciting new field that is helping to improve rehabilitation for stroke and other brain injuries.”

To learn more about the Stroke Recovery Program at MedStar NRH, visit MedStarNRH.org.

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The best way to remember common stroke warning signs is to think of the acronym BEFAST.

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<td>Balance</td>
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<td>Has the person suddenly lost balance or coordination?</td>
<td>Has the person suddenly experienced changes in vision?</td>
<td>Does the person’s face look uneven, or does one side droop?</td>
<td>Has one arm gone weak or numb?</td>
<td>Does the person’s speech sound slurred or strange?</td>
<td>If you observe any of these signs, it's time to call 9-1-1 or get to the nearest stroke center or hospital emergency room for rapid diagnosis and treatment.</td>
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MedStar NRH was built around the ambitious vision of our founder Ed Eckenhoff, who died earlier this year. He imagined a rehabilitation institution focused on five missions: patient care, advocacy, research, education, and assistive technology. Ed realized that these important endeavors were inextricably intertwined, and that each effort was critical to shaping the future of rehabilitative care—and a full life for people with physical challenges. Because he had suffered a spinal cord injury as a young man he understood that hospital care was just part of what it takes to create a nationally renowned comprehensive rehabilitation network.

Today, more than 30 years since our doors first opened so much progress has been made. And I know that as we move forward in the years ahead Ed’s legacy will be secured. The articles in this issue of MedStar NRH Today clearly demonstrate that Ed’s vision is alive and well and continues to guide us every day.

Adaptive Sports Success
Ed loved golf and knew that sports could offer people with disabilities enormous opportunities. Our adaptive sports program is one of the best in the nation—and our athletes are among the most accomplished. Some are Paralympians and others are on their way to becoming Olympic athletes. You will read about three of these young people on page 8 of this issue. They are accomplished and ambitious athletes with their eyes on the prize.

For kids with physical disabilities opportunities to engage in sports isn’t always available. And suitable summer camp experiences are few and far between. Last year, MedStar NRH hosted its first Adaptive Sports Camp and this year we were delighted to once again offer these weeks of fun and sport activity for kids aged 6 to 16 from across the region.

Critical Research
Keeping research thriving is critical to improving rehabilitation interventions. Ed always understood the value of a strong research program. Ours began with a single grant and now encompasses a wide range of investigations and millions of dollars of support. In partnership with Catholic University, we recently received a $4.6 million grant from the National Institute of Disability, Independent Living and Rehabilitation Research to develop new assistive technology to promote recovery in children and adults with stroke and other neurological issues. This exciting new research is featured on page 10.

Expanding Capacity
Growing the Network to meet the needs of our communities is an important part of MedStar National Rehabilitation Network’s future and that effort started under Ed’s tenure. We grew from a single hospital to include more than 50 outpatient centers throughout the region. Five years ago he led an ambitious fundraising campaign to expand and modernize the hospital to include the MedStar NRH National Center for Brain Injury and Stroke Rehabilitation & Research and build a cutting-edge environment to promote recovery. I’m delighted to say we have reached our fundraising goal and are beginning the design and planning stages for the hospital’s transformation.

Helping to lead us into this new era is Jennifer Semel, MD, our new vice president for medical affairs (read more about Dr. Semel on page 7). We are delighted to welcome her to the family and know she will be a tremendous asset as we move forward into the next decade. Ed will be with us too in spirit as we continue to enrich his vision.
Loss of a Giant:
Ed Eckenhoff, Founder of MedStar NRH, 1943-2018

“Yeah Baby!” he would say with a chuckle, his booming voice resounding out of his office, down the hall and throughout the hospital he founded and led for decades. For more than 30 years, Ed Eckenhoff’s exuberance and joy was palpable in every corner of MedStar NRH. When he died in January at age 74, “Eddie” left a vacuum in the thousands of people whose lives he touched. But he also left a piece of his one-of-a-kind, larger than life spirit—and we are all better for it.

“Ed had a gift for connecting with people, of making those around him feel as if they were his best friend,” says John Rockwood, president of MedStar NRH. “He inspired us and taught us how to use barriers in life—whatever they may be—to our advantage.”

Eckenhoff often described his greatest barrier as his greatest gift. When a car accident killed his college roommate and left him with paraplegia at age 20, he didn’t dwell for long on what he had lost. Instead he channeled the competitive energy that made him a successful athlete into his rehabilitation and then into his studies, doubling down on the books to graduate with honors from Transylvania University. He went on to receive a Master’s degree in Education and Psychology, and another in Healthcare Administration.

“His disability was obviously life changing for him in so many ways, but not only did it not get in his way, it fueled him to accomplish what few others are capable of,” Rockwood adds. “He often said his injury was the best thing that ever happened to him.”

Role Model and Inspiration

He began his career in rehabilitation medicine in 1974 at the Rehabilitation Institute of Chicago. In 1983 he was approached by two entrepreneurial brothers about leading an effort to build a rehabilitation hospital in Washington, D.C. He and his wife Judi took the leap, moved to Washington and never looked back.

The hospital opened its doors in 1986. “That was the milestone of Ed’s incredible career,” says Rockwood. “He came to Washington to build a hospital and network that focused on ability, not disability. He was a nationally recognized figure in the field of medical rehabilitation, and in many ways led the medical profession in advocating for persons with disabilities.”

“He was an important and very strong advocate for rehab medicine,” says Edward Healton, MD, EVP and executive dean at Georgetown University Medical Center, and former medical director and director of research at MedStar NRH. “For a long time, the field was the step child in clinical care and research. But Ed helped to put rehabilitation on the map academically and in research. He knew how to develop relationships that resulted in funding for critical research and professional training.”

“When I met Ed I asked him to mentor me and teach me about how hospital leadership worked,” says Alexander Dromerick, MD, vice president for research with MedStar NRH and co-director of the MedStar NRH/Georgetown University Center for Brain Plasticity and Recovery. “He

On this page. Ed on his beloved golf course, above with his wife Judi and bidding at a Victory Awards® celebration.

On the next page clockwise: Ed with Mickey at a Disney Institute event, at the hospital groundbreaking, with now-President John Rockwood and attending a fund raising event.
really understood what first class care and research looked like and he was committed to it.

“He accomplished so much as a role model, a national health care leader, and as advocate for policy to open doors to the physically challenged and to training the next generation of rehab physicians and therapists,” Dromerick adds.

He seemed able to connect to everyone—an inspirational personality that transcended position or title, Dr. Healton says. “Every day he strapped on the steel braces and came into the hospital at the crack of dawn—visiting patients. He was teaching the lesson to live with gusto to anyone who watched him.”

Building a Lasting Legacy

In the beginning, well before the ceremonial first spade of dirt was tossed at the hospital’s building site, Eckenhoff had a vision. He wanted to build a different kind of rehabilitation facility—to create not simply a hospital, but a multi-faceted institution that would have a far-reaching impact on the lives of people with disabling illness and injury. And he did just that. During his stewardship, MedStar NRH grew from a single acute rehab hospital to a nationally recognized center for clinical care, advocacy, education and research. His list of professional accomplishments is pages long.

But he was so much more than his resume. “I was in awe by how he could get people to follow him as a leader,” says Rockwood. “Yet it was how he affected those of us privileged to call him a friend that is most important. I know he shared every success with his wife Judi, who was the most important thing in his life.

“Still it was on the golf course where Ed’s true nature shined,” he adds. “And at the end of the round many of us discovered what it felt like to lose. He would kid us about losing, but with love and in jest to make us all feel worse about our own game, and to teach us that winning in life is not nearly as important as living life to the fullest.”

“From the moment I met him, Ed and I bonded for life,” says Dr. Healton. “He worked hard and played hard—and encouraged each of us to do the same.”

EWING-ECKENHOFF FRIENDSHIP YIELDS A GIFT FOR THE FUTURE

Frank and Judith Ewing forged a strong bond with Ed Eckenhoff and MedStar NRH during Frank’s hospitalization and rehabilitation, and his years of service to the hospital as a member of our board of directors. Frank and Ed’s friendship grew from their shared respect for one another, their love for the institution they both served so well, and the personal friendship they enjoyed for more than two decades. Now the Frank M. Ewing Foundation has demonstrated that love, respect and friendship with a $4.1M contribution to the Adding Life to Years® Campaign—the largest single gift in MedStar NRH history.

The foundation, formed by the Ewings in 1994, is today led by Judith, who has championed her husband’s work since his death in 2013. The support will help MedStar NRH complete its plan to build an addition to the hospital, expand to all private rooms, and open a state-of-the-art National Center for Brain Injury and Stroke Rehabilitation & Research.

“This transformational gesture of support for our mission demonstrates the Ewings’ tremendous understanding of the future rehabilitation needs of our community—and the nation,” says John Rockwood, president of MedStar NRH. “It was the last project Ed worked on before his death—and a fitting tribute to both Ed and Frank. We are so grateful to Judith and the foundation for their faith in MedStar NRH and our patients.”
The center will provide primary care sports medicine, physical therapy and a return-to-play program for athletes overcoming injuries and be staffed by MedStar NRH sports medicine rehab specialists.

The new St. James Sports and Wellness Complex opened this fall, and the MedStar Health Center will be operational in early 2019. MedStar will outfit a 2,400 sq. ft. clinical exam area, and the clinicians and patients will have use of the full resources of the complex for their treatment and therapy services. St. James and the surrounding athletic community will have access to these programs.

MEDSTAR NRH WELCOMES NEW MEDICAL DIRECTOR

Jennifer J. Semel, MD, has joined the MedStar NRH medical staff as vice president of medical affairs. Dr. Semel comes to MedStar NRH from Saint Charles Hospital & Rehabilitation Center in Port Jefferson, New York, where she was Medical Director of the Department of Physical Medicine & Rehabilitation for more than seven years. She also served as chair of the Department of Physical Medicine & Rehabilitation at SUNY-Stony Brook School of Medicine for 15-plus years. In 2011, she became a full Professor at Stony Brook School of Medicine.

Dr. Semel, a graduate of Brown University, received her medical degree from the Albert Einstein College of Medicine, and completed a dual residency program in physical medicine & rehabilitation and pediatrics at the Rusk Institute at the New York University Medical Center. She is board certified in physical medicine and rehabilitation, pediatrics, as well as hospice and palliative medicine.

Dr. Semel is returning to the Washington area where she began her career with Children’s National Health System in Washington, D.C., as an attending physiatrist, while also coordinating pediatric residency rotations at MedStar NRH and Walter Reed Army Medical Center. During that time she also served as physician leader for Centers of Excellence in Complex Diseases and Neurosciences at Children’s, and then Division Chief for Rehabilitative Services.

“Dr. Semel is an accomplished rehabilitation physician leader who brings 20 years of leadership experience gained within community hospital and academic health system environments,” says John Rockwood, president of MedStar NRH. “We are delighted to welcome her to the family.”
Alexander Dromerick, MD, MedStar NRH chief research officer, is co-principal investigator for SCANR, which now stands for the Stroke Central Atlantic Network for Research. “While our partner hospitals were initially clustered around the Washington, D.C., region, we have changed our name to represent the expansion of the network to include facilities as far south as Roanoke, Virginia, and north into Delaware.”

This means that patients throughout the Mid-Atlantic region will have access to the most advanced treatment options through NIH-funded clinical research trials—as well as to the collective resources of the consortium of hospitals.

“The network makes available many experimental interventions to thousands of people all the way from the onset of stroke through rehabilitation,” Dr. Dromerick says. “The second important component of SCANR is nurturing young clinician-researchers. Four fellowships were awarded during the network’s first five years. Today these fellows are moving on in their careers—some are now serving on the faculty of MedStar Georgetown University Hospital and others are going on to earn their doctorates.

Four new fellows will be named during the new grant period, Dr. Dromerick notes. “The goal of SCANR and the other networks across the country is to improve stroke care as quickly as possible, as well as build a strong base of clinician-researchers who will continue to advance stroke care.”

Daniel Cohen has been named chairman of the MedStar NRH Board of Directors. Cohen, who previously served as vice chair and chaired the board’s Quality, Safety, and Professional Affairs Committee, is managing director, Government Relations, of The Depository Trust & Clearing Corporation. Cohen previously served as senior vice president, Government Relations & Public Policy, of US Oncology, a healthcare network dedicated to cancer treatment and research. Previously, Cohen was Vice President, Inamed Corporation, a medical device manufacturer based in Santa Barbara, California.

Cohen, whose daughter Ariel was a patient at MedStar NRH after she suffered a stroke when she was just 13, understands the needs of patients and families. Ariel made a full recovery and has put the stroke behind her. “When I was asked to join the board in 2007, I jumped at the chance—if I could make a difference for other families then there is value to what our family went through.” Now as he takes the helm of the board of directors, Cohen is excited to keep the hospital thriving into the future.
Welcome to sled hockey. This fast paced, bruising game may be a variation on the original but it's just as exciting, especially to members of the MedStar NRH D.C. Sled Sharks. The junior team is a member of the Delaware Valley Hockey League—and competes against teams from up and down the Mid-Atlantic coast and finished second in the league for the second year in a row. The members are aged four to 18, come from throughout the D.C. metro area and share a love for the sport—as well as some type of neurological or orthopaedic condition that limits movement in their lower extremities.

**Variation on a Theme**

Like regular hockey, sled hockey is played on a standard size ice rink with standard size nets and pucks. There are six players on the ice for each team—three forwards, two defensemen and a goalie. Most of the same rules for pedestrian ice hockey played in the U.S. apply to sled hockey, but instead of skates, players sit in specially-designed sleds with two hockey blades mounted on the frame. The stick used by players is about one-third the size of a regulation stick and includes two metal "picks" on the end. Players use two of these sticks to propel themselves across the ice.

“Sled hockey has been an official Paralympic sport since 1994,” explains Coach Joan Joyce, director of recreational therapy. “And some of our players are real prospects for future Paralympic teams. The team got underway in 2007, and several of our alumni players have come back to help coach the team.”

**Paralympic Hopefuls**

Daniel Malloy, who last summer attended the USA Sled Hockey Camp for potential Paralympians, began playing sled hockey four years ago. Malloy, who is 16 and has spina bifida, wants to play collegiate sports and has been recruited by both the University of New Hampshire and Edinboro University. And while he loves wheelchair basketball, he is not giving up his sled hockey dreams. To Daniel, having a disability has been a blessing—it’s opened doors to opportunity and dreams. “I’ve got two big goals,” he says. “To play on the U.S. Wheelchair Paralympic Basketball team and the Sled Hockey team.” One half of his dream is already becoming reality. He was recently invited to become a part of the U.S. Paralympic Men’s National Development team.

For 13-year-old Evan Nichols a neuromuscular disorder has never stood in the way of his natural athletic ability. “He was born with arthrogryposis, which limits his mobility,” says his mother Julie. “Despite multiple surgeries on his hips he has a very strong upper body and simply thrives playing sports. It has done so much for his self-esteem. With the sled hockey team he has made friends, gets to travel to games and he received an invitation to attend the USA Sled Hockey Camp next summer.”

Evan and Daniel and the entire D.C. Sled Shark team traveled to Chicago in April for the 2018 U.S. Disabled Hockey Festival to play in the national competition. “We were selected to play in the top division in the country and were pleased to make it to the Final Four!” says Joyce.

“The festival is a great place to showcase our players—college coaches and Paralympic coaches come to check out kids with potential. To travel to games like this and to buy our specialized equipment we depend on generous donors. We have wonderful supporters including the Washington Capitals, and Potomac Valley Amateur Hockey Association who are among our great patrons. And our players are thrilled to play on the same ice as the Caps!”
MEDSTAR NRH PARA-ROWER SOARS TO TOP OF FIELD

Hallie Smith is strong, persistent and focused—three essential characteristics of a competitive athlete. Her meteoric rise in para-rowing is proof she has the “right stuff” to be a champion.

It was just two years ago that Hallie thought she’d give the sport a try. She was working out at the MedStar NRH Fitness Class when she eyed the indoor rowing machines. “It looked interesting and I knew MedStar NRH had a team so I decided to go to a training session,” Hallie says. With just two sessions under her belt, Hallie competed in a Mid-Atlantic indoor sprint—earning first place in her category. It’s been a straight upward trajectory since.

Between that first and second sprint, Hallie shaved more than two minutes off her time, and participated in several U.S. trials on water. In August 2017, Hallie came in first place in the U.S. Nationals Singles Sculls Paralympic race, winning a spot on the championship team for the World Championship.

“I competed in Sarasota, Florida, last September against nine rowers from around the world,” Hallie says. “It was amazing to be there—to open up my drawer and see the team shirt. It’s been a crazy ride.”

Among a field of far more experienced rowers on a course of 2,000 meters, Hallie kept pace to qualify for her first final.

While she didn’t win, the experience has made Hallie more determined than ever. She has since stepped up her training one-on-one with Coach Irene Walsh—and bought a rowing machine to work out at home. She joined other athletes at the Chula Vista Elite Athlete Training Center this summer.

Hallie was diagnosed with hereditary spastic paraplegia just a few years ago, but has attacked life in a wheelchair with the same spirit she brings to rowing. “I used to think about what my body can’t do. Now I think about what my body can do.”

That feeling of control is a significant benefit that adaptive sports gives people with physical challenges, explains Christy Medema, recreational therapist and manager of the MedStar NRH Para-rowing team.

“It’s not necessary to be a strong competitor. I see the transformation in team members who may not ever win a race. While they may doubt their abilities at the start, the more they practice the stronger and more confident they become,” Christy says.

As for Hallie, Christy adds, “She is on her way. Her passion pushes her to practice and train—and excel.”

Hallie Smith at the world rowing championships in 2017.

GIFTS FROM THE HEART

Hockey is in Mike Curran’s blood. He played in college and is still a “super fan” of the sport. A few years ago while playing golf with the late Ed Eckenhoff, MedStar NRH founder, the conversation turned to MedStar NRH’s adaptive sports program. Mike, who is executive vice president, chief administrative officer for MedStar Health, asked Ed for details.

“I was very intrigued,” he says. “Then I watched a video of the sled hockey team in action and was struck by the kids’ smiles and the sounds of the puck. It was just so meaningful that my wife and I decided we wanted to support the team.”

“Now I follow them closely and they have had an unbelievable season—going to the national tournament. But it’s all expensive—the equipment, the travel. They need financial assistance to perform at the highest level. We are happy to help. They work hard and it gives them such joy. It gives us joy as well.”

Maureen McCausland, DNSc, senior vice president and chief nursing officer of MedStar Health, shares Mike’s enthusiasm of the adaptive sports program. But for Maureen and her family rowing is king. “We are committed to rowing,” she says. “My son rowed in high school and college and he now coaches a rowing team. I know I’m biased, but I think the sport teaches discipline, and teamwork and really helps develop the individual.”

Maureen, who works closely with MedStar NRH President John Rockwood, was looking for a way to support the network. “I talked to him about the program and then saw a story online about an adaptive rower named Daniel Ahr who was on the MedStar NRH team—and competed in the world championship races. I remembered he had received a Victory Award® at the hospital’s Gala,” she adds.

That cinched it for Maureen. Now she and her family make an annual donation to the rowing team. “These are tough competitive athletes who work very hard to win. We are just grateful to be able to help.”
MedStar NRH has won a highly competitive award from the Department of Health and Human Services, National Institute on Disability, Independent Living, and Rehabilitation Research to explore innovative assistive technology to promote recovery for stroke and other neurological disorders. The $4.6M, five-year grant is a collaborative effort between MedStar NRH, The Catholic University of America, Children’s National Health System and Johns Hopkins University.

The grant funds investigations focused on developing patient-centered, mobile technologies to assess and treat impairment in people with neurologic injury. The award is divided into six research areas that will explore a variety of new ways to promote recovery in infants at risk for developmental motor delay, children with cerebral palsy (CP), and adults with stroke.

“The technologies will be designed for use at home,” explains Peter Lum, PhD, director of the MedStar NRH Center for Applied Biomechanics and Rehabilitation Research. “We are modifying devices used in a therapy setting to assess patients’ progress, as well as promote recovery in their homes.”

SIX PROJECTS DEVELOPING HOME-USE DEVICES

1. A biomimetic hand exoskeleton and a gravity compensation shoulder device will be developed. When worn, the robotic tool will reduce the full weight of the arm and make hand movements easier as patients with stroke go about activities of daily living.

2. A robotic device will be designed to attach to the ankle and will be used in combination with video games for home-based rehab of children with CP. The game encourages kids to make repetitive movement that is therapeutic.

3. Home-based video and specially designed toys will be used to provide feedback on sensory development in infants at risk for motor problems.

4. A device worn on the wrist will measure every attempt of patients to move their arms to determine if they are using the weak limb in their everyday lives.

5. Virtual reality (VR) will be used to help patients with stroke improve upper arm movement. As patients engage in virtual reality activities, movement is less difficult. This project hopes to understand why some patients use the weak limb in everyday life while others compensate by using the arm unaffected by stroke.

6. In another research project, patient and caregiver perspectives on these home-based technologies will be explored. Guidelines and best practices for how to translate these technologies into the home will be developed.

“For many patients, access to therapy by clinicians is limited,” says Dr. Lum. “And even when patients receive therapy in a clinic setting what they learn is often not practiced in real life. The ultimate goal of this five-year research initiative is to measure the effectiveness of these technologies and create a model for their home use. We hope they will prove to be less expensive, more convenient and potentially more effective for the thousands of people suffering neurologic impairment.”
A Gift with Staying Power for Families and Children

For children and their parents, a disabling illness or injury is devastating. Add the prospect of a months-long stay in the hospital and the event may become catastrophic for the entire family.

In the National Center for Children’s Rehabilitation (NCCR) at MedStar NRH, patients, some as young as three-years old, may spend weeks or months recovering from stroke, orthopaedic injury or amputation. “They need family with them. It’s important for the children’s emotional health,” explains Via Strong, PsyD, pediatric/adolescent rehabilitation psychologist for NCCR. “Having parents here is essential to their recovery.”

But for many parents, days away from work, the cost of parking, meals and child care for children left at home can become a tremendous financial burden. For other families with limited health insurance, medication, home therapy and equipment, such as a wheelchair, are out of reach.

“I’ve seen parents who get up at 5 a.m. to come to the hospital before they have to go to work. Some lose their jobs because of the time they take to be with their child. The financial impact can be enormous,” says Dr. Strong. “No one thinks about having a sick child or a child who has a critical injury. Parents simply aren’t prepared.

“Some of our patients have tried to save their food for their parents. It’s heartbreaking and we want to provide sustainable relief to ease some of the financial drain a child’s hospitalization can have on a family,” she says.

The Good Doctor Davis

This support has come from a generous benefactor whose gift will provide relief for these struggling families—not just for this year, but into the future. Mitchell Davis, MD, whose previous $1 million gift to MedStar NRH established the Mitchell E. Davis, MD, Patient Special Assistance Endowment Fund to supply medical equipment, prescriptions, supplies and home care to adult patients in need, stepped up once again.

“Dr. Davis first gave us a gift of $25,000 to help children and families in need,” says Dr. Strong. “Then just a few days later he said he wanted to give a gift of $500,000 to establish the Mitchell E. Davis, MD, Patient Special Assistance Endowment Fund for Pediatric Patients so that we could have $25,000 to use annually in perpetuity. I was just blown away.”

Dr. Davis, a retired ophthalmologist, completed his internship and residency at MedStar NRH’s sister hospital MedStar Washington Hospital Center before he entered private practice in the area. His experiences there informed his philanthropic inclinations.

“I was moved by those patients I knew had taken multiple buses to get to the hospital, and often didn’t have the financial resources to pay for medications or other care they needed,” he says. “I was a young physician just starting out and didn’t have the financial resources to pay for medications or other care they needed,” he says. “I was a young physician just starting out and didn’t have the funds to help then. But I’ve practiced for years and saved and invested. Honestly, I’ve got everything I need so I’m happy to share it with those who don’t.”

Transformative Gift

“This gift really transforms continuity of care for these kids,” says Emily Riffle, vice president of philanthropy. “It will help families spend the time they need with their children.

As you can imagine, hospitalized children are afraid and confused. Parents provide a stabilizing, emotional presence, which is an important part of rehabilitation. The endowment will also provide assistance to families who can’t afford the care their children need once they leave the hospital.”

The fund is intended for pediatric patients and families with no other resources and will be used for a variety of things, including:
• Equipment for patients’ home use
• Medications and supplies
• Parking and food for children’s families at the hospital
• All aspects of home care including home infusion or other services that an individual’s insurance will not cover and the individual cannot afford

“Reducing the financial burden from their shoulders even a little bit helps the child and the family heal. We evaluate every family who comes to the unit, interact with them a great deal and see the emotional toll the experience can take on parents and children,” says Dr. Strong. “Dr. Davis’s gift will make such a difference and we are so very grateful to him for his great generosity.”
Kritis Dasgupta Named Head of Rehabilitation Unit at MedStar Good Sam

Kritis Dasgupta, MD, MBA, MSc, was named chairman of Physical Medicine and Rehabilitation at the MedStar National Rehabilitation Network (MedStar NRN) inpatient rehabilitation unit at MedStar Good Samaritan Hospital in Baltimore. Dr. Dasgupta will now also serve as associate medical director for the Baltimore region.

Dr. Dasgupta has been with MedStar NRN for 10 years, most recently as medical director of the Brain Injury Program and as the medical director for Quality and Safety. Prior to these leadership roles, he was an attending physician at Irving Street in D.C., in the inpatient brain injury rehabilitation unit. In 2018, Dr. Dasgupta received the MedStar NRN Team Member of the Year Award for his work on the Interdisciplinary Model of Care Program and for playing a critical role in the Network’s safety initiatives.

Dr. Dasgupta is board certified in physical medicine and rehabilitation with a sub-specialty in brain injury medicine. He received his bachelor of arts from Princeton University; his doctor of medicine from the University of Maryland Medical School; his MBA from Johns Hopkins University Carey Business School; and his MSc in evidence-based health care from Oxford University in Oxford, England. He completed his physical medicine and rehabilitation residency at Thomas Jefferson University Hospital in Philadelphia and his brain injury medicine fellowship at MedStar NRN/Georgetown University Medical Center. Dr. Dasgupta is also an associate professor of Clinical Rehabilitation at Georgetown University Medical School.

“We are delighted to have Dr. Dasgupta assume his new role and thank Scott Lepre, MD, for his leadership during the transition of the rehabilitation program at MedStar Good Sam,” says John Rockwood, MedStar NRH president. “Under Dr. Lepre’s direction, the program was rebuilt after separating with Johns Hopkins Medicine in June 2017. His commitment to the rehabilitation team and his expert care of his patients helped us begin to build a world-class rehabilitation program for the greater Baltimore community,” he adds.