

Winter 2026

Rounds

Honoring excellence,
together

Creating a culture of
continuous improvement

VOICES of
Black Women



HENRY FORD



ALUMNI
ASSOCIATION

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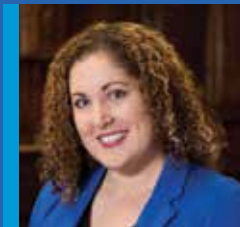
Rounds

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From the President



As we begin a new year, we look back at what we've accomplished in 2025 and all that we'll do this year and beyond to lead the way in patient-centered care, innovation, clinical education and health equity. I am honored to be part of such a dynamic and growing healthcare organization that is elevating, innovating and enhancing how we care for our patients.

Henry Ford Medical Group's rich history and culture play an integral role in the growth and expansion of Henry Ford Health, and the 2025 Jubilee was a special time to celebrate our current and alumni physicians who have helped shape the health system over the years. The two-day event paid tribute to those who have been extraordinary in their pursuits to fulfill our mission while offering educational and networking opportunities. The learning opportunities and the gala were filled to capacity as we welcomed our newest colleagues and alumni.

Please read the feature story about how we are creating a culture of continuous quality improvement with Henry Ford Hospital becoming a national leader in quality initiatives. In addition, learn how Henry Ford Health has made great strides in addressing the unique needs of trauma patients by opening the first Trauma Recovery Center in Michigan, which recently celebrated its one-year anniversary.

The future of health is progressing in Detroit and the surrounding communities! See the construction updates on Destination: Grand and the Henry Ford Health + Michigan State University Health Sciences Research Center, and learn about the accomplishments that took place in the first year of the newly expanded Henry Ford Health.

We're also excited to share some "firsts." Henry Ford Macomb Hospital made history with the world-first usage of an AI-powered navigation system during an operation to remove lung nodules in a patient. In addition, Henry Ford St. John Hospital was the first site in Michigan to perform the innovative PIPAC procedure, offering new hope for patients with cancer in the abdominal cavity.

The stories and accomplishments mentioned, among others, demonstrate our dedication to fostering innovation and advancement in patient care, education and research. I'm proud to be part of Henry Ford Health and the Henry Ford Medical Group, working together as leaders and partners to bring the best possible care to every patient we serve.

Sincerely,

A handwritten signature in black ink that reads "William Hakeos, M.D." in a cursive style.

William Hakeos, M.D.

President

Henry Ford Medical Group Alumni Association

WINTER 2026

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Pictured on cover

(l-r) Geehan Suleyman, M.D., Medical Director of Infection Control and Prevention and Antimicrobial Stewardship for Henry Ford Health; Denise Robinson, RN, Interim Chief Nursing Officer and Vice President of Patient Care Services at Henry Ford Hospital; Ed Pollak, M.D., Chief Quality Officer of Henry Ford Health and Chairholder of the Breech Chair in Health Care Quality; Amy Engelhardt, D.O., Chief Medical Officer of Henry Ford Hospital; and Arielle Hodari Gupta, M.D., Associate Chief Quality Officer at Henry Ford Hospital. See story on page 12.

Honoring excellence, together

2025 Jubilee brought current and alumni physicians together for education and celebration of successes

Henry Ford Medical Group's rich history and culture was celebrated Oct. 17-18 at the 2025 Jubilee. This special event is held every five years for current and alumni physicians and pays special tribute to those who have been extraordinary in their pursuits to fulfill the HFMG mission while offering learning and networking opportunities. The 2025 Jubilee was particularly special, because it was the first held in 10 years due to the pandemic.

The event kicked off on Friday, Oct. 17, in Henry Ford Hospital's new Martha Firestone and William Clay Ford Hall for a full-day plenary conference, as presenters shared our advances and vision within specialties along with our innovative work with hundreds of attendees. A welcome reception was held that evening at the Brigitte Harris Cancer Pavilion, followed by department dinners. Education and networking continued on Saturday with Grand Rounds at Henry Ford Hospital and at the MGM Grand Detroit. The celebration culminated at the Jubilee Gala with dinner, awards, music and dancing at the MGM Grand Detroit.

Special thanks to Farzan Siddiqui, M.D., Ph.D., HFMG Board of Governors Chair; Anne Chen, M.D., HFMG Alumni Association Secretary and Board of Governors Gala Chair; and William Hakeos, M.D., HFMG Alumni Association President, and the Jubilee committee members for the hours of work they invested to ensure a successful event. Committee members included: Janet Arntfield, Kim Baker-Genaw, M.D., Amanda Bennett, Crystal Gyiraszin, Dawn Mocer, Anupama Nair, M.D., Nicole Schram and Amanda Tackas. In addition, Kathleen Yaremchuk, M.D., who was Board of Governors Chair in 2020, served as an honorary committee member and was especially helpful for the 2025 Jubilee.





Jubilee Award Winners

Congratulations to the HFMG physicians who were recognized at the Jubilee Gala for their contributions to clinical, academic and research advancements at Henry Ford Health and to our honored alumni who continue to power the HFMG with learned wisdom and CVs of excellence.

Alumni Association Distinguished Alumni Award



Marwan Abouljoud, M.D.



Sudhaker D. Rao, M.D.



Jack Rock, M.D.

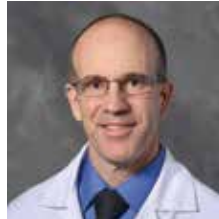
Alumni Association Distinguished Career Award



Scott Dulchavsky, M.D., Ph.D.



Doree Ann Espiritu, M.D.



Jeffrey Genaw, M.D.



Patricia Kolowich, M.D.



Tom Mikkelsen, M.D.



Tor Shwayder, M.D.



Raghavendra Vemulapalli, M.D.



Richard Zarbo, M.D.



Edward Zoratti, M.D.



To see all Jubilee photos, scan the QR code.

■ Reception ■ Symposium ■ Gala









Creating a culture of continuous improvement

How Henry Ford Hospital has become a national leader in healthcare quality improvement

By Brooke Werdlow

The Centers for Disease Control and Prevention (CDC) estimates that 1 in 31 hospital patients has at least one healthcare-associated infection (HAI) on any given day. HAIs are a significant cause of illness and death and cost the healthcare industry billions annually, spawning national efforts to reduce and eliminate the most common HAIs, including surgical site infection (SSI), central line-associated bloodstream infection (CLABSI), catheter-associated urinary tract infection (CAUTI), and hospital-onset *Clostridioides difficile* infection (*C. diff*). HAIs are monitored nationwide through the CDC's National Healthcare Safety Network. While HAI rates nationally have declined over time, there is increasing pressure on healthcare systems to do more to eliminate preventable harm to patients.

This focus on harm prevention, especially as it relates to healthcare-associated infections, is not new. In 1999, the Institute of Medicine released its landmark *To Err is Human* report, emphasizing the need to improve care delivery systems across the healthcare industry to reduce mistakes that lead to patient harm.

Since then, multiple national and state efforts have been targeted at reducing hospital-associated harm. At the state level, the Michigan Health & Hospital Association (MHA) Keystone Collaborative achieved initial reductions in HAIs. MHA and Henry Ford continue to be laser-focused on quality and safety. A Henry Ford Health physician chairs MHA's Chief Quality Officer Council, a statewide network that looks to align quality efforts including the Collaborative Quality Initiatives. These funded initiatives have improved quality throughout Michigan for 25 years.



Leading the charge to reduce patient harm

Amid the ongoing work on a national level, Henry Ford Health has consistently been ahead of the curve in much of these efforts. In 1990, Henry Ford was among the first hospital systems in the country to implement a systemwide quality management process to improve the quality of healthcare delivery. Four years later, the system was recognized by The National Committee for Quality Health Care with the first National Quality Award for Health Care Integration for its success in integrating quality values in the organization.

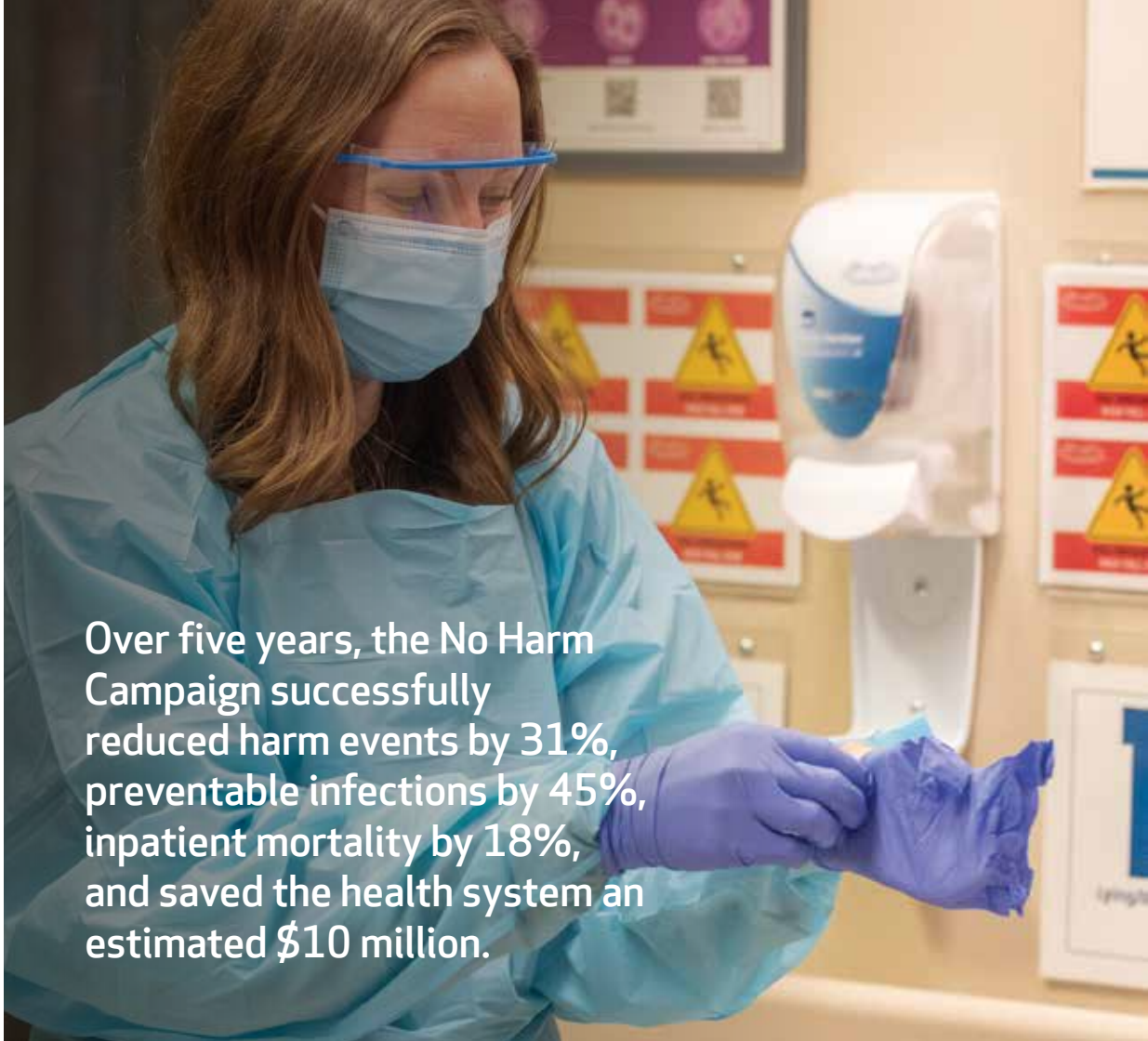
Systemwide harm prevention was later organized through Henry Ford's No Harm Campaign in 2008, designed to reduce patient harm events — including infection, medication and procedure related harm, and others — with the goal of

reducing harm events systemwide by 50% by 2013. The campaign was carried out through extensive reporting and research of patient harm events, care redesign and dissemination of best practices. The system successfully reduced harm events by 31%, preventable infections by 45%, inpatient mortality by 18%, and saved the health system an estimated \$10 million. Through the campaign, the system also successfully reduced the average length of stay by nearly two days.

In 2011, Henry Ford Health was awarded the John M. Eisenberg Patient Safety and Quality Award in Washington, D.C., and recognized for its successful No Harm Campaign. That same year, Henry Ford was awarded the Malcolm Baldrige National Quality Award — the highest

Ed Pollak, M.D., Chief Quality Officer of Henry Ford Health and Chairholder of the Breech Chair in Health Care Quality





Over five years, the No Harm Campaign successfully reduced harm events by 31%, preventable infections by 45%, inpatient mortality by 18%, and saved the health system an estimated \$10 million.

national honor an organization can receive for performance excellence. The system was one of only four recipients nationally and the only organization in Michigan.

“We have publicly reported metrics, scorecards and standards set by the Joint Commission, Centers for Medicare & Medicaid Services (CMS), and other regulators, but our job isn’t about checking boxes or achieving rankings. It’s really about creating a culture of safety and culture of excellence where everyone, whether frontline or senior leaders, contributes,” said Ed Pollak, M.D., Chief Quality Officer of Henry Ford Health and Chairholder of the Breech Chair in Health Care Quality.

Quality and continuous improvement are woven into the fabric of Henry Ford Health’s cultural DNA and are evidenced through systemwide initiatives such as the Quality Expo — an annual fair, now in its 34th year, highlighting staff-led projects that aim to directly benefit patients and team members through quality improvement initiatives.

On a local level, Henry Ford Hospital has emerged as a shining example of how a commitment to continuous improvement and a spirit of innovation breeds dedicated, evidence-based quality improvement efforts in a variety of areas coalescing to improve patient outcomes across the hospital.

The pursuit of better — reducing HAIs at Henry Ford Hospital

At Henry Ford Hospital, quality improvement is not a one-size-fits-all endeavor. From mainstays of infection prevention, such as stringent hand hygiene and disinfection protocols, to process changes and research-driven care innovations that reduce potential oversights — continuous improvement takes the concerted efforts of many. This includes system and hospital leadership, clinicians, Infection Prevention and Control, Quality, Risk, Pharmacy, Supply Chain, Environmental Services and many more teams all working together to innovate and improve care to create a safer environment for patients.

This is in part facilitated by programs like CUSP — Comprehensive Unit-based Safety Program — to engage team members in thinking about how to improve safety on their individual unit. CUSP was developed at Johns Hopkins with support by the Agency for Healthcare Research and Quality to prevent HAIs and other patient harm events. The program combines safety culture development, teamwork, communication and evidence-based practices to prevent HAIs and patient harm, supported by training resources and tools that help develop standardized processes. CUSP also empowers team members to speak up and identify concerns that may impact patient safety or well-being.

CUSP was credited in part for helping decrease *C. diff* infections in Henry Ford Hospital's nephrology unit by 90% since 2023. *C. diff* is estimated to cause nearly 500,000 infections in the U.S. every year, posing the highest risk to older adults and people with weakened immune systems. The infection most commonly occurs shortly after antibiotic use due to disruptions to the body's microbiome, causing diarrhea and colitis.

The CUSP framework was used to implement a nurse-driven protocol that involves testing symptomatic patients for *C. diff* within three days of admission. This not only differentiated hospital-acquired *C. diff* from pre-existing cases but also enabled more timely isolation precautions and treatment and prevented further exposure. Additional efforts included root cause analyses, sharing case studies of missed opportunities, educating teams on appropriate isolation practices, and implementing multidisciplinary cleaning initiatives. Informational badge cards were also distributed among staff as a visual aid to reinforce testing protocols.

"We put a lot of focus on shared governance here. That means the voice of the nurse at the bedside is important to how we do things and helping us achieve our outcomes," explained Denise Robinson, RN, Interim Chief Nursing Officer and Vice President of Patient Care Services at Henry Ford Hospital. "Nursing is frequently a catalyst to getting things done. We have a culture of always improving and look to our nursing units to come up with innovative and creative ways to improve safety."

Henry Ford Hospital is Magnet® designated, meaning it has achieved the highest recognition for nursing excellence by the American Nurses Credentialing Center.

"High reliability quality is deference to expertise instead of deference to authority. The person cleaning the surgical instruments has the best insight into what the gaps are there," Dr. Pollak added. "It's often the OR aide or the pre-op nurse that has the best understanding of what's the safest thing to happen for the patient because they're right there. A lot of what our quality teams do is bring those frontline teams together



Denise Robinson, RN, Interim Chief Nursing Officer and Vice President of Patient Care Services at Henry Ford Hospital

to identify what the leading practices are and identify critical failure points. Often, they are able to close gaps before they impact patients; that's what we're so proud of."

While these processes are carried out by frontline staff, collaboration between Antimicrobial Stewardship, Infection Prevention and Control, Microbiology, IT and others has helped advance diagnostic stewardship through Epic — Henry Ford's electronic health record (EHR) system. Leveraging EHR-integrated clinical decision support tools such as "hard stops" and other evidence-based strategies prevents unnecessary testing, reduces diagnostic errors, and minimizes inappropriate antimicrobial use. These interventions not only decrease HAIs and antimicrobial utilization but also promote consistent implementation of best practices. The approach is highly sustainable, resource-efficient, cost-effective and readily scalable across care settings. By aligning technology with clinical expertise, this collaboration enhances stewardship impact — reducing HAIs, antimicrobial resistance and overall costs while improving patient outcomes.

"Some patients might be colonized but not have a true infection, which can result in a false positive. Introducing this hard stop has prevented unnecessary testing and helped significantly reduce our hospital onset *C. diff* infection rates," said Geehan Suleyman, M.D., Medical Director of Infection Control and Prevention and Antimicrobial Stewardship for the system.

Dr. Suleyman, along with Dr. Ed Pollak, Dr. Ali A. Dabaja, and other multidisciplinary leaders, championed two key initiatives to reduce CAUTIs: a urine culture hard stop and the Urinary Catheter Alleviation Navigator Protocol (UCANP). UCANP streamlined workflows to reduce indwelling catheter use, duration and reinsertion, which are critical drivers of CAUTI risk. Meanwhile, the urine culture hard stop significantly curbed unnecessary testing and drove CAUTI rates to zero. These results underscore the power of targeted diagnostic stewardship in reducing harm, lowering costs and promoting evidence-based care.

Similarly, concerted efforts to bring clinical teams together and proactively revise workflows have driven significant improvement in CLABSI

reduction. Across Henry Ford Hospital as a whole, there have been just seven CLABSIs from January to May 2025 — a 75% decrease from the 28 reported over the first five months of 2024.

The successes of these HAI-reduction initiatives have resulted in similar measures being instituted both hospital-wide and systemwide thanks to the frontline team members recognizing the need to adapt and innovate the care they provide. This includes multidisciplinary collaboration between leaders in Quality and Safety, Infection Prevention and Control, Safety and Reliability and others leading efforts to establish new processes, and both hospital and system leadership supporting this work.

Collaboration paves the way

Multidisciplinary collaboration has been key to much of the Henry Ford Hospital's success in deploying quality improvement initiatives, emphasized Arielle Hodari Gupta, M.D., Associate Chief Quality Officer at Henry Ford Hospital.

While serving as the quality officer for the hospital's Department of Surgery, Dr. Gupta championed participation in the American College of Surgeons (ACS) Quality Verification Program designed to help enhance quality improvement infrastructure at hospitals.

"The ACS conducted a comprehensive review of our programs, evaluating multiple aspects of surgical quality and providing valuable feedback. Their assessment highlighted both our strengths and opportunities for improvement, which helped us strategically prioritize resources and guide our quality improvement efforts," Dr. Gupta shared.

The review process highlighted a lack of standardized approaches to quality improvement projects and planning throughout surgical services.

"While there was significant activity in the quality improvement space, much of the work was occurring in silos. Different services were undertaking their own initiatives, but efforts

were often fragmented and lacked coordination across departments," recalled Dr. Gupta, who also previously led a multidisciplinary review process to reduce CLABSIs in the surgical ICU. "Recognizing the absence of a structured platform for idea exchange, we established a committee to promote collaboration and streamline quality improvement initiatives."

Dr. Gupta helped rebuild Henry Ford Hospital's Surgical Quality and Safety Committee (SQSC), which had existed prior to 2020 but disbanded during the pandemic, deferring to the system-level SQSC. The committee brings together representatives from all surgical teams, OR leadership, the lab, pharmacy and risk teams, quality reviewers, post-anesthesia care unit, anesthesia and the surgical ICU in monthly meetings to discuss quality improvement initiatives throughout the hospital. Having a regular forum for sharing ideas has helped improve collaboration across service lines, streamline planning for quality initiatives and reduce redundant or siloed practices to create a more universal approach.

"We're really focused on serving the community and patients the best way we can," added Dr. Gupta. "Every individual who joins our organization is dedicated to delivering the highest quality of care. My work centers on aligning and streamlining these efforts to promote collaboration and ensure a unified approach to achieving that shared mission."

Daily, teams across the hospital are brought together through safety huddles and patient progression rounds, helping frontline team members connect to maintain safety and quality standards for patients.

Patient progression rounds are multidisciplinary rounds that include nursing and nursing leadership, medical staff, case management, rehabilitation services, and may also include pharmacy and behavioral health. Through patient progression rounds, team members work

together to ensure a safe discharge or transition to the next level of care for a patient.

On a larger scale, Henry Ford Hospital's daily safety huddles bring together representatives of each hospital department to report on safety issues, infection risks, product or equipment recalls, facility issues and emergent situations outside the hospital that may impact patient care. The huddles are also used to celebrate successes — such as a team member making a good catch that prevented a safety issue.

Transparency is at the core of much of this work. Backing these processes is extensive data collection that tracks the success of safety and quality improvement efforts across the hospital. Performance metrics are reported through

interactive analytic dashboards accessible to all team members across the system, ensuring all stakeholders have consistent access to real-time data.

"We have dashboards tracking pretty much everything we do here — length of stay, infection rates, falls, hand hygiene, you name it," said Robinson. "If people don't know what we're measuring or don't understand what we're focusing on, it's really hard for them to be a part of the process. That's why we have huddle boards on our nursing units where we share this data. Making sure everybody has access to this information is part of our culture."



Care teams participate in patient progression rounds.



Henry Ford Hospital achieves national recognition for surgical quality outcomes

Amid sweeping momentum in reduction of HAIs, Henry Ford Hospital has recently been recognized for another success in quality improvement — being named a meritoriously performing American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) hospital for all surgical cases and high-risk surgical cases performed from January through December 2024.

ACS NSQIP is a validated, data-driven and outcomes-based program designed to improve the quality of surgical care. The program records surgical results 30 days postoperatively, risk adjusted to accommodate differences among patient populations and acuity levels. Through ACS NSQIP participation, Henry Ford Hospital provides clinical performance data across multiple surgical specialties. ACS analyzes the data and provides comparisons to the 600+ NSQIP eligible hospitals, helping identify quality improvement targets, share best practices, decrease healthcare costs and improve patient care and outcomes.

In Henry Ford Hospital's most recent scorecard, they performed at the top of almost every metric. Outcomes in the following eight areas were evaluated:

- Mortality
- Cardiac arrest and myocardial infarction
- Pneumonia
- Unplanned intubation
- Ventilator > 48 hours
- Renal failure
- Surgical site infection (ssi): superficial incisional ssi, deep incisional ssi and organ/space ssi
- Urinary tract infection

A systemic infrastructure of quality improvement

When it comes to assessing the real-time performance data alongside hospital goals, quality and safety improvement benchmarks are guided by a number of influences, explained Amy Engelhardt, D.O., Chief Medical Officer of Henry Ford Hospital. These include industry standards, system-driven goals, external rankings and ratings — such as the Leapfrog Safety Grade, Centers for Medicare & Medicaid Services star ratings, and the *U.S. News & World Report's* hospital rankings — as well as hospital performance year over year, among others.

“We want to set the benchmark for quality a little bit higher each year,” Engelhardt said. “Ultimately, we want to be in the top percentile of benchmarks, so we look at where we are year to year to see how much improvement we've had and identify new areas to focus on. It's a coordinated effort between our local and system quality teams.”

Henry Ford Hospital is accredited by the Joint Commission — an independent organization that conducts rigorous evaluations of more than 24,000 healthcare organizations to maintain high standards of quality and safety in patient care — which establishes performance metrics the hospital must uphold to maintain its accreditation and programmatic certifications. And while external ratings and accreditations are just one tool to help guide the hospital's safety and quality performance goals, they do help validate the level of care Henry Ford Hospital provides, especially for patients who are traveling to receive care.

“At Henry Ford Hospital, we focus a lot on tertiary and quaternary care. We have our mission to our local community, but we also have our mission to provide a very high level of complex care for people across our state, the region and even international patients. To offer that highly complex care, we need to perform well in safety and quality,” Dr. Engelhardt added.

Another external motivator for quality improvement, particularly HAI reduction, is the CMS Hospital-Acquired Condition Reduction



“The money saved from not having to pay that penalty we can reinvest in our people, which are our greatest resource, and the technology we need to continually improve upon things.”

Amy Engelhardt, D.O.
Chief Medical Officer of Henry Ford Hospital

Program, which reduces Medicare payments for hospitals that rank in the worst-performing quartile on measures of hospital-acquired conditions. A payment reduction of 1% is applied to all Medicare fee-for-service discharges for the fiscal program year when CMS pays hospital claims.

“The money saved from not having to pay that penalty we can reinvest in our people, which are our greatest resource, and the technology we need to continually improve upon things,” added Dr. Engelhardt.

But Henry Ford Hospital’s strides in quality improvement don’t happen in isolation. Just as there’s an emphasis in sharing performance data systemwide, results of the quality improvement projects initiated at Henry Ford Hospital are also shared through research publications, local and national conference presentations and submission to the system’s annual Quality Expo.

“We try to align with best practices and expert guidance, but if there’s not an established best

practice out there, we innovate and come up with a strategy that might become best practice,” shared Dr. Suleyman, who added that, as the largest hospital in the system, Henry Ford Hospital has often served as the blueprint for quality and safety improvement initiatives that are later instituted systemwide.

In this way, quality improvement is a continual endeavor, acted upon by external industry standards and regulations but ultimately driven internally by the concerted efforts of local frontline teams collaborating to improve care access, experiences and outcomes for patients, and system-level leadership helping make these improvements scalable.

“What’s amazing about Henry Ford is that we don’t have just one quality team, but 50,000 team members that are our quality team,” Dr. Pollak said. “It’s really *all* our team members as they engage our patients and families and our community.” ■

Leading the future of care

A world-first lung cancer surgery using AI navigation takes place at Henry Ford Health



Raed Alnajjar, M.D.

Artificial intelligence (AI) is playing an increasingly important role in healthcare, helping to enhance patient care, improve diagnostics and streamline processes. At Henry Ford Macomb Hospital, cardiothoracic surgeon Raed Alnajjar, M.D., made history in the world-first usage of an AI-powered navigation system during an operation to remove lung nodules in a patient.

Dr. Alnajjar, the hospital's Medical Director for the Division of Cardiothoracic Surgery, used the MONARCH robotic bronchoscopy platform with MONARCH QUEST, which uses AI to assist with navigation, allowing for improved precision in targeting lung nodules. With real-time 3D imaging, this next-generation technology aids clinicians in reaching early-stage lesions in the periphery of the lung that traditional bronchoscopy struggles to access.



After MONARCH QUEST received regulatory clearance last March, Dr. Alnajjar and the team at Henry Ford Macomb were first to use the technology to help a patient (because of the physician's close work and affiliation with this technology). Over the past 10 years, Dr. Alnajjar has made it his mission to be involved with innovative technology for lung cancer, working closely with many robotic platforms and medical industries. Part of this includes proctoring, teaching and training thoracic surgeons around the world.

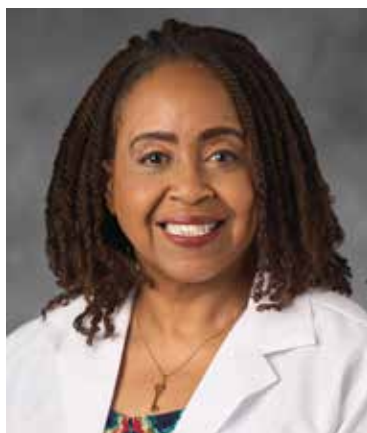
Dr. Alnajjar has been involved with the MONARCH technology since its innovation and was one of the few who tested and worked with the FDA for its approval. Because of his ongoing association, he was allowed by Johnson & Johnson to be the first to use the tool.

"This technology will be used as a diagnostic tool for any lung nodules from 7 mm or greater, in any location within both lungs," Dr. Alnajjar said. "It is not only intended for use on cancerous nodules but is used for biopsies and can also help to localize the nodule to be removed by injecting dye into it."

Dr. Alnajjar estimates the team at Henry Ford Macomb will do more than 200 cases per year with MONARCH QUEST. He added that this technology may soon be used for urological procedures. Teams are investigating the expansion of the technology to other Henry Ford hospitals. ■

VOICES of Black Women

Henry Ford Health
is participating in an
important study to help
improve health among
Black women



Eleanor M. Walker, M.D.

Henry Ford Health is among 20 sites nationally participating in the American Cancer Society's groundbreaking population cohort study, VOICES of Black Women, to better understand cancer and other health conditions among Black women.

"This long-term study will gather data from Black women between the ages of 25 and 55 from diverse backgrounds and income levels who have not been diagnosed with cancer," explained Eleanor M. Walker, M.D., who has many roles at Henry Ford, including Director of Breast Radiation Oncology and Henry Ford Cancer Institute Chair for the Diversity, Equity, Inclusion and Justice Committee.

Dr. Walker and Nancy Goodwin, Manager of the Center for Health Promotion, are ambassadors for this important study. They are helping spread the word about VOICES of



Black Women, which is poised to be the largest cohort study of cancer risk and outcomes among Black women in the United States. The goal is to enroll 100,000 Black women across 20 states and the District of Columbia, where according to the U.S. Census Bureau, more than 90% of Black women in the nation reside.

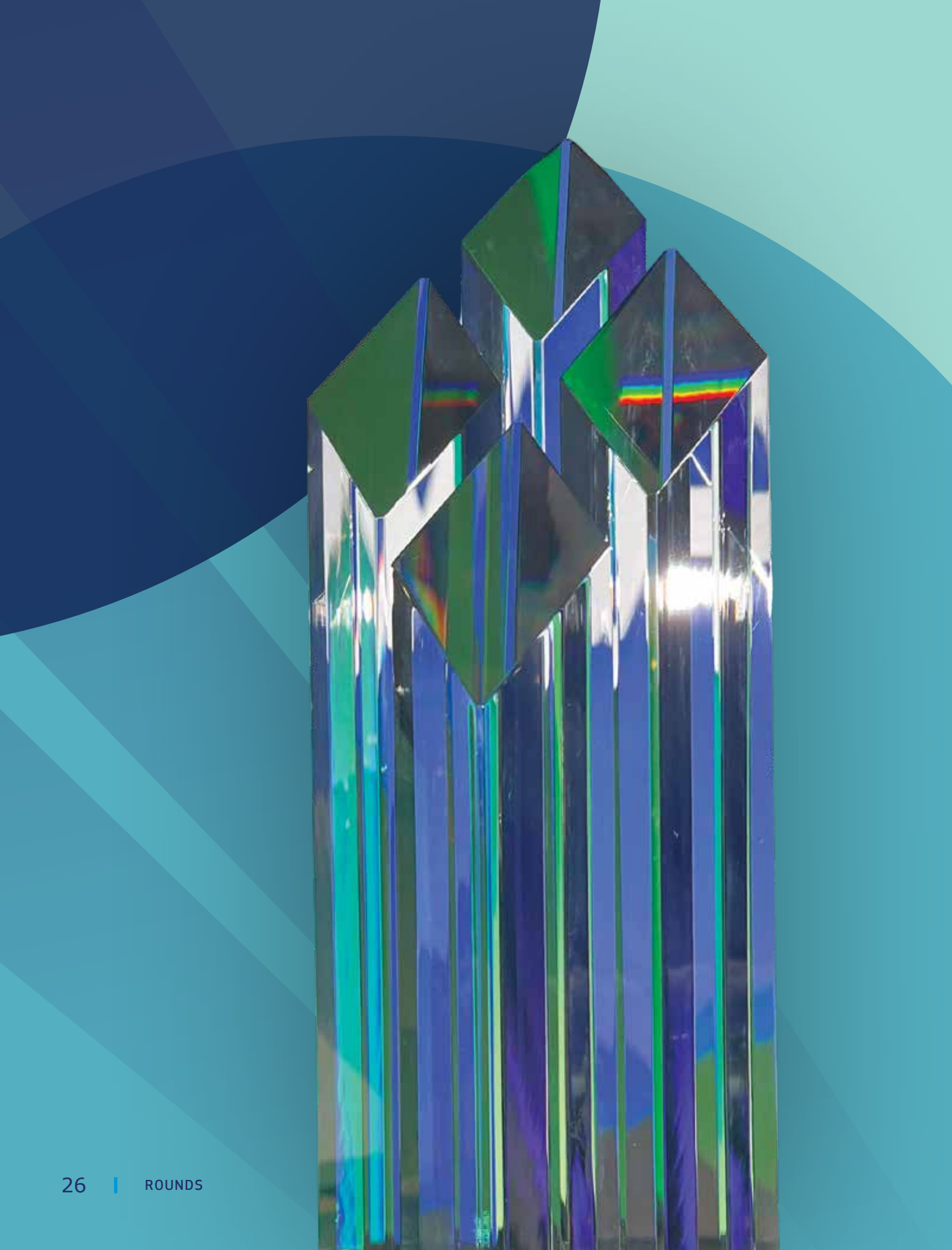
“This study will help us understand the health conditions and day-to-day and life events of Black women and their families that may contribute to their higher cancer incidence and death rates,” said Dr. Walker.

The program aims to gain meaningful insights that will lead to changes in Black women’s health to help advance health equity and address cancer

disparities by eliminating barriers to preventing, finding, treating and surviving cancer.

As of late October, the state of Michigan had enrolled close to 300 participants; nationally, more than 5,100 Black women are enrolled. Enrollees complete an initial survey on a private VOICES of Black Women website, then do follow-up surveys at least twice a year.

Participation in prominent national studies like VOICES of Black Women is important to elevating the reputation of Henry Ford Health and the Henry Ford Medical Group and to fulfilling our mission to improve people’s lives through excellence in the science and art of healthcare and healing. ■



Henry Ford Health honored with esteemed Acclaim Award

Bringing the healthcare system closer to
the ideal delivery model

Henry Ford Health has been named the 2025 Acclaim Award recipient by the American Medical Group Association (AMGA), chosen from among hundreds of worthy applicants from across the country.

This honor is bestowed on a medical group or healthcare delivery organization that is bringing the American healthcare system closer to the ideal delivery model — one that is safe, effective, patient-centered, timely, efficient and equitable.

Structured around the Quadruple Aim, the Acclaim Award criteria include improving the patient experience of care, improving the health of populations with a focus on quality outcomes, reducing the per capita cost of healthcare, and emphasizing workplace wellness.

Chief Primary Health Officer Jerry Finkel, M.D., F.A.C.P.; Chief Medical Officer Emeritus of Primary Care Diane George, D.O.; Chief Ambulatory Officer Donna Wellington and Vice President of Primary Care Michele Arons-Jackson — among several others from Henry Ford Health — traveled to Dallas to accept the award.

■ HENRY FORD HEALTH HONORED WITH ESTEEMED ACCLAIM AWARD

Henry Ford Health and the Henry Ford Medical Group were recognized for the following initiatives, contributing to exceptional patient care, including:

- Utilizing Press Ganey surveys in various programs across the continuum of care to measure patient experience, designating physician leaders to oversee and implement new approaches to improve patient care.
- Capturing healthcare quality outcomes through a Primary Health Analytics engine to identify target populations with higher risk scores for proactive comprehensive outreach and care, and benefitting from new programs including closing the loop for patients requesting assistance addressing social drivers.
- Tracking per-member per-year savings achieved, increasing shared savings by more than 60% through cost reductions and quality improvements.
- Introducing new programs and process changes to reduce physician workload and burnout, such as optimizing clinic team roles, virtual care alternatives, physician support programs, etc.

“Receiving the Acclaim Award is a great honor that speaks to Henry Ford Health’s dedication to providing remarkable, comprehensive, coordinated and life-changing healthcare for all.”

Jerry Finkel, M.D., F.A.C.P.
*Chief Primary Health Officer,
Henry Ford Health*



Mosaic CIN and Populance dedicated to transformation of care

Henry Ford Health, a leader in population health management and value-based care, is gaining further momentum in the transformation of care with efforts from the Mosaic Clinically Integrated Network (CIN) and the Populance non-profit company.

Now in its second year, the Mosaic CIN has resulted in expanded collaboration among physicians, hospitals and care teams as they deliver high-value care across Michigan, improving the health and wellness of patients and communities. The network of independent, employed and academic clinicians collaborates to provide high-quality, affordable care. Mosaic unites 4,500 clinicians across Henry Ford Medical Group, Henry Ford Allegiance Medical Group, MSU Health Care and independent practices.

The CIN allows providers to share information, resources and best practices to improve patient



experiences and health outcomes. Using common goals makes it easier for patients, providers, hospitals and insurance companies to work together effectively. Data-driven insights and innovative tools are utilized to support provider performance to assist in improving patients' health. Mosaic generates quarterly data-driven scorecards to track progress toward goals, with primary care and specialist physicians receiving individual scorecards reflecting their contributions.

Populance, the subsidiary of Henry Ford Health launched in 2024, also supports physicians, hospitals and health plans by providing value-based care services designed to improve health outcomes and enhance the patient experience while lowering the cost of care. Its population management services include care management, patient monitoring and digital outreach tools to help physicians more effectively manage the care and outcomes of patients with chronic conditions.

In addition, a Populance Post-Acute Care team includes care managers who follow Accountable Care Organization patients and many HAP Medicare Advantage members from hospital discharge to skilled nursing facilities (SNF) to home to ensure a smooth transition. Populance also oversees a growing network of SNFs, home health care agencies and hospice providers with transparent quality reporting resulting in improved performance standards.

Populance and Mosaic are providing integrated care to more than 600,000 patients across 13 counties in Michigan. ■







Future of Health: Detroit

Destination: Grand powers forward into second year of construction

Since Henry Ford Health broke ground on Destination: Grand in September 2024, much progress has been made on the transformational expansion project to reimagine Henry Ford Hospital's century-old campus.

The \$2.2 billion development has four distinct projects: the new hospital, a central energy hub, a 1500+ space parking deck and a shared services building. Since officially breaking ground, significant work has been done on nearly every aspect of the project.

The structural bones of the 1.2-million-square-foot hospital facility have taken shape in a highly visible way, changing the landscape on West Grand Boulevard. Construction crews are finishing up the steel structure of the surgical and emergency services portion of the building, and work on the new 20-story patient tower that will have 432 private patient rooms has begun.

In July, what's believed to be the largest support beam of its kind in the world was brought to the construction site to support the hospital's patient tower. The 60,000-pound, 50-foot-tall rolled beam is made from 100% recycled steel.

Hospital interior buildouts started in the fall, with crews creating the space that will include 28 operating rooms and the emergency department, which at 75,000 square feet, will be twice the size of the current one. Two massive cranes taller than the Empire State Building were brought on site in October to lift giant steel beams 550 feet in the air to continue work on the patient tower.

Work on the four-story, 30,000-square-foot central energy hub is also progressing toward its 2027 completion date. The hub features a hot and chilled water pump system, which will provide electric heating and cooling for the new hospital facilities, eliminating the need for natural gas, a known pollutant and irritant.

The seven-story parking garage will be the first component of Destination: Grand to be completed. The garage, which can hold more than 1,500 vehicles, will have enclosed walkways to the new hospital building and the existing cancer pavilion. More than 150 ADA barrier-free spaces will exist on the same floor as the walkways for ease in mobility.

The Shared Services Building, a 185,000-square-foot space, will sit behind the new hospital facility and house the hospital's kitchen, loading dock, sterile processing and more. This is the final piece of the project currently under construction.





Henry Ford Health + Michigan State University Health Sciences celebrate milestone in research center construction

The final beam was placed on the new Henry Ford Health + Michigan State University Health Sciences Research Center on June 30, 2025, after a year of construction, transforming Detroit's skyline and its future. A ceremonial beam raising was held

to top off the steel structure. Bob Riney, President and CEO, Henry Ford Health, and Kevin Guskiewicz, Ph.D., President, Michigan State University, led the celebration with team members and researchers from both organizations in attendance.

Construction crews have used nearly 3,000 tons of steel, more than 5,200 steel beams and close to 50,000 bolts while building the steel superstructure. The glass facade of the building includes more than 1,100 glass panels, each weighing 1,500-2,000 pounds.

The focus has turned to the inside of the structure. Steel studs are being installed, forming internal framework for walls and rooms.

When completed, the Research Center construction team will have used nearly 73 million pounds of concrete and installed 47 miles of plumbing and mechanical piping.

The Henry Ford Health + Michigan State University Health Sciences Research Center — a cornerstone of the broader Future of Health: Detroit development — is expected to open in 2027. The seven-story building on Third Street is being designed to house more than 80 principal investigator teams; in total, there will be cutting-edge opportunities for more than 500 team members. The Research Center will also house the Nick Gilbert Neurofibromatosis Research Institute, the first-of-its-kind brick-and-mortar institution devoted to neurofibromatosis research.



One year of the new Henry Ford Health celebrated

October 1, 2025, marked the one-year anniversary of the newly expanded Henry Ford Health through the joint venture with Ascension healthcare facilities in Southeast Michigan and the Greater Flint area.

In the first year, Henry Ford Health came together — elevating, innovating and enhancing how the team cares for patients and supports each other.

Some of the major accomplishment include:

Building a new operating model designed to drive strategy and deliver results that can be seen and felt.



Weaving “reflection moments” into meetings, creating space for gratitude and connection.

HENRY FORD HEALTH

COMPASSION CHAMPIONS
PERSONAL GIVING PROGRAM

Launching Compassion Champions, the new personal giving program — a powerful symbol of the team’s shared commitment to caring for patients, communities and each other.

MAJOR ACCOMPLISHMENTS

Engaging leaders and frontline team members to help shape the organization’s culture.



Updating the new hospitals and most ambulatory sites with Henry Ford Health signage.



Completing the scrub color standardization process.

Beginning the integration process for Ascension Medical Group physicians who wish to become Senior Staff members with the Henry Ford Medical Group. This phased process began in February 2025 for Primary Care and a few specialty groups, continuing for all specialties and physicians in Professional Services Agreements.

Looking ahead, by combining the best of both organizations, many more milestones will be achieved, including:



Epic is being launched — starting with Wave 1, which took place in November 2025, adding over 300 ambulatory sites, and Wave 2, coming in June 2026.

Clinical integration will deepen, as medical groups, councils and service lines unite.

A refreshed vision and values that support Henry Ford Health's mission will be unveiled.

The newest care sites will begin using Henry Ford Health's PeopleSoft Enterprise Resource Planning (ERP) platform in the spring of 2026.



LOOKING AHEAD



New leadership practices and toolkits are being developed to support current and future leaders.

Building a culture of belonging will continue, so every team member feels safe, valued and heard. ■

Work continues to harmonize Henry Ford's workforce — aligning team members and leaders to ensure fairness, consistency and market competitiveness across the system.



From violence to healing

How Henry Ford Health opened the first Trauma Recovery Center in Michigan

By Brooke Werdlow

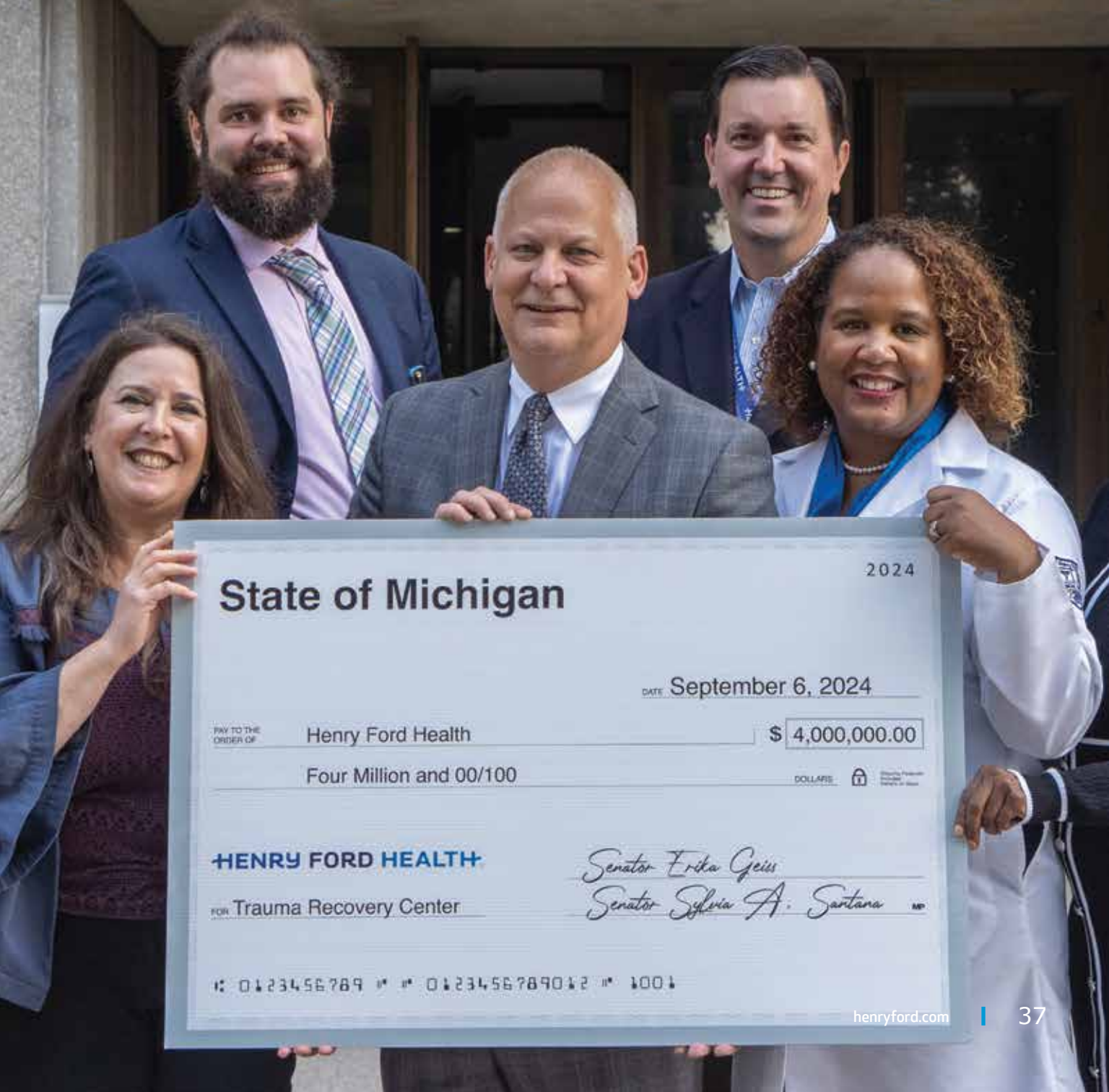
According to Michigan State Police, there were 43,368 reports of violent crime in Michigan in 2024 — approximately 21% higher than the national average. In a 2022 survey, data from the U.S. Department of Justice Bureau of Justice Statistics found that 47% of victims of violent crime reported experiencing moderate to severe distress, while 22% of victims of violent crime faced significant problems with family or friends, and 18% had significant problems with their jobs or schoolwork.

“It’s been evident to me and anyone who takes care of trauma patients that recovery goes far beyond the physical. Even if their broken bones or surgical incisions are healing, they still have a lot of work to do from an emotional standpoint, a psychological standpoint, and often from a social standpoint,” said William Hakeos, M.D., Division Head of Orthopedic Trauma Surgery at Henry Ford Hospital and President of the Henry Ford Medical Group Alumni Association.

Henry Ford Hospital, a Level 1 Trauma Center, operates one of the busiest emergency departments in the state of Michigan, with over 90,000 visits per year. In 2024 alone, Henry Ford Hospital’s Emergency Department admitted over 2,400 trauma patients needing surgical intervention. Of those trauma patients, roughly 80% were uninsured or underinsured, meaning they may face many barriers accessing targeted behavioral health services to address the psychological impact of their traumatic injuries.

“The downstream effect of not addressing trauma is that people who experience trauma end up with higher rates of substance abuse, depression, PTSD, job loss and unemployment,” said Jennifer Peltzer Jones, Psy.D., RN, Assistant Medical Director of Emergency Behavioral Health Services.





2024

State of Michigan

DATE September 6, 2024

PAY TO THE ORDER OF Henry Ford Health \$ 4,000,000.00

Four Million and 00/100 DOLLARS

HENRY FORD HEALTH

FOR Trauma Recovery Center

Senator Erika Geiss

Senator Sylvia A. Santana

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Healing that extends beyond physical wounds

Early efforts that seeded what would later become the Trauma Recovery Center (TRC) began in 2012, when Dr. Peltzer Jones submitted a Health Resources and Services Administration (HRSA) grant application to start a medically high-risk internship at Henry Ford Hospital. The grant supported the integration of health psychology interns into the emergency medicine, behavioral cardiology and trauma surgery teams — an effort especially lauded by the trauma surgery team, who recognized patients’ needs went beyond physical care.

“For many years, we would have patients coming back to the office and share that they’re struggling with depression or anxiety. We might say, ‘Well, let’s give you a referral to meet with somebody from behavioral health.’ But a lot of the patients didn’t have insurance, or their insurance was out of network for behavioral health services,” said Dr. Hakeos. “We’ve long looked for something that would be able to meet those needs in real time for patients struggling acutely.”

Health psychologists bridge behavioral health with broader healthcare, helping treat mental health risk factors and conditions that negatively contribute to health and wellness. Health psychologists were first embedded within medical services at Henry Ford Hospital in the early 1980s through the addition of a psychology intern rotation on the general medical service. The HRSA grant that was awarded over 20 years later expanded this model of care.

“The model up until that point hadn’t been to get psych proactively on board unless the patient’s trauma was self-inflicted or they had unmanaged psychiatric illness,” Dr. Peltzer Jones recalled. “Those patients are important, but for all patients that suffer some type of trauma — how do we proactively approach them and set the stage for mental recovery?”

After the grant was awarded, Dr. Peltzer Jones laid the foundation for an integrated trauma psychology program beyond the constraints of the grant funding, writing a return on investment that outlined the benefits, impacts and outcomes of trauma psychology. She presented it to Henry Ford Hospital leadership, and the program was approved. Data from the first three years of the service revealed a reduction in patients with subsequent PTSD.

“We may not be able to control someone becoming a victim, but as a secondary intervention, we can prevent that [trauma] from becoming a future mental health disorder,” Dr. Peltzer Jones added.

TRC ribbon-cutting event



Dr. Jennifer Peltzer-Jones, Ali Lakhani and Dr. Kimberlydawn Wisdom

A better way to support trauma survivors

In 2017, Henry Ford Hospital sought a full-time trauma psychologist to address the needs of trauma patients while they're in the hospital. Enter David A. Moore, Psy.D., Director of Trauma and Acute Care Surgical Psychology Services, who helped further develop the hospital's inpatient trauma psychology service.

But despite the program's growth, trauma psychology services were still only accessible during a patient's hospital stay. A focus group of patients and families who had utilized Henry Ford Hospital's inpatient trauma psychology revealed the services were consistently well regarded; however, after discharge, patients felt they couldn't access the same level of support they received in the hospital.

"It's almost like being in a boat without a paddle in the middle of the ocean, not knowing how to get to land," said Dr. Moore.

Without these resources at their disposal, patients bore the burden of finding mental health services in their communities and potentially coordinating their own multiple care needs — such as psychiatric medication, therapy and more.

The city of Detroit and state of Michigan haven't traditionally had robust preventative, trauma-focused mental health services, according to Ali Lakhani, Program Manager, Trauma Recovery Center. He reiterated the way trauma patients would return to the hospital for follow-up appointments and acknowledge feeling physically recovered but struggling mentally and emotionally with what he terms "invisible injuries."

Determined to do more, the team searched for existing program models designed to support survivors of violence and trauma. In 2022, they discovered the Trauma Recovery Center model developed by the University of California, San Francisco in 2001. Alongside Henry Ford's



Dr. William Hakeos

Government Affairs team and the Office of Community Health, Education and Wellness, they began working to implement the model at Henry Ford with the partnership of the Alliance for Safety and Justice, a nonprofit advocacy group made up of survivors that had been working at the state level to secure funding for a trauma recovery center in Michigan.

One year later, Michigan lawmakers passed a bill allocating \$4 million in federal funds for the establishment of two TRC programs in Michigan. Henry Ford Health's Trauma Recovery Center would be the first.

The TRC model

The University of California, San Francisco's Trauma Recovery Center model is a validated model of outreach, care and case management using trauma-informed, evidence-based practices to connect survivors of violence with mental health and social support resources. Integral to this model is the effort to remove barriers to care for survivors of violent crime and break the cycles of violence that often lead to victimization.

While the model provides guidelines and a framework to make it reproducible, there is room for flexibility and innovation to best suit the needs of a TRC's patient population. The model is organized around 11 core elements:

- Serving survivors of all types of violent crime
- Assertive outreach and engagement with underserved populations
- Comprehensive mental health and support services
- Multidisciplinary team
- Coordinated care tailored to individual needs
- Clinical case management
- Inclusive treatment of clients facing complex challenges
- Use of trauma-informed, evidence-based practices
- Goal-driven
- Accountable services
- All are welcome

The state of California passed legislation to replicate the TRC model in 2013, and in 2017 passed additional legislation to define standards, requirements and best practices. Thus, the TRC model spread nationwide, inspiring the creation of the National Alliance of Trauma Recovery Centers to share education, program support and best practices. Henry Ford Health joined the ranks of the now 53 TRCs nationwide in September 2024 with the opening of the Trauma Recovery Center based out of One Ford Place in Detroit.





Annual race celebrates trauma survivors

During Trauma Survivors Month in May, Henry Ford Health hosts an annual Trauma Survivors Celebration 5k/1 Mile Run, Walk & Roll on Belle Isle to commemorate the occasion — and the courage and resilience of trauma survivors. The event is part of a nationwide Race to Rebuild effort initiated by the American Trauma Society's Trauma Survivors Network, which raises awareness for trauma survivors through races hosted by trauma centers across the country.

The inaugural Henry Ford Trauma Survivors Celebration event was held in May 2023. Every year since, it has brought together survivors, family members and healthcare providers to reconnect, share stories and honor the strength and hard work that survivors of traumatic injuries have put in to heal.

The event also raises awareness for Henry Ford's Trauma Recovery Center, accepting donations to support programs like peer-to-peer mentoring, trauma survivor support groups, community events and more.

The next Trauma Survivors Celebration will be on Saturday, May 2, 2026. Scan the QR code below to learn more and register.



The Henry Ford Trauma Recovery Center

Henry Ford's TRC creates a full continuum of care that starts with Dr. Moore and the trauma psychology inpatient service and extends through discharge in the TRC's outpatient setting with continued mental health services, case management, support groups, linkages to community resources, legal assistance and more.

Because patients' needs span different areas, the TRC leverages a highly collaborative, multidisciplinary team involving clinical psychologists, psychiatrists, social workers, emergency department physicians, orthopedic and trauma surgeons and others.

"It's been a great example of how we all use our individual skills and talents together to provide care in a lot of different ways to patients and what they truly need," shared Dr. Hakeos.

The TRC model is short term, aimed at delivering comprehensive, high quality therapy services and evidence-based treatments to address acute symptoms of distress. On average, a patient receives about 16 therapy sessions, with psychiatry and case management sessions interspersed as needed.

To be eligible for TRC services, patients must be Michigan residents aged 15 years or older who have experienced a violent crime within the past three years. Since the TRC is state-funded, patients incur no costs for services they receive.

"When we started, resources for services like this were limited for our community members. And in the span of just eight years, we've been able to build a program that provides comprehensive, seamless treatment from the moment of injury to prevent the development of long-term problems," said Dr. Moore.

The most common way a patient gets engaged with the TRC is through admission to Henry Ford Hospital, when, during their stay, a patient can meet with a social worker or trauma psychologist who will introduce the program. Patients can also be referred to the TRC by physicians outside of the system, or visit, call or email the clinic to request services themselves.

To make services as accessible as possible, patients can receive care in the clinic — with free transportation provided by the TRC when needed — but also through virtual appointments or through community partnerships to engage in neutral safe spaces. This way, the TRC can serve as an intermediary between patients and existing community resources.

"We don't operate in a bubble. We are a community center and recognize that there are so many others in the community that also do this work but may not get the same recognition," said Lakhani.

In its first year of operation, Henry Ford's Trauma Recovery Center has engaged with over 200 survivors. The TRC celebrated its one-year anniversary on Sept. 5 at an event that brought together survivors, system leadership and elected officials to honor a year of healing, resilience and impact.

Reflecting on the milestone, Lakhani said, "I'm really proud of our survivors. It's not just the work we have put into the TRC, but the work that our survivors have put in to heal"

The center's next project is to add a peer mentorship component wherein survivors meet with current trauma patients and families, sharing their experiences and serving as a support system. In the future, the team also hopes to expand their eligibility requirements to support trauma survivors more broadly, loosening the restriction to survivors of violent crime.

Data from the National Alliance of Trauma Recovery Centers found that after 16 therapy sessions, TRC clients experienced a 44% decrease in PTSD symptoms and 43% decrease in depression symptoms. Additionally, 96% of clients reported that the treatments helped them feel better emotionally.

“Everyone deserves to have a life filled with value and meaning, free of fear, filled with confidence that they’re going to be able to navigate difficult situations and live their life,” shared Dr. Moore. “I am so proud and honored to be part of a health system that truly values providing community members with the lives they deserve.” ■

To learn more
scan the QR code.



Behind the White Coat

Manu Malhotra, M.D., M.B.A., F.A.C.E.P.

Senior Vice President and Regional Chief Medical Officer, Henry Ford Health, West Region

*Chief Medical Officer,
Henry Ford West Bloomfield Hospital*

Emergency Medicine Physician

Dr. Manu Malhotra's long history with Henry Ford Health began in 2001 with his residency in emergency medicine. Now serving as Senior Vice President and Regional Chief Medical Officer (CMO), Henry Ford Health, West Region, he provides strategic and clinical leadership to ensure the highest levels of quality and clinical access for the communities we serve. He is responsible for fostering innovation and growth, driving top-tier quality, safety and experience, and enhancing the efficiency and value of care across the enterprise.

He also continues to oversee physician operations for Henry Ford West Bloomfield Hospital and partners with the local chief medical officers at Henry Ford Jackson, Rochester, Wyandotte and Providence Novi and Southfield hospitals.

Dr. Malhotra is an emergency medicine physician who previously served as Interim CMO, Henry Ford Health; Medical Director, Henry Ford Care at Home; and Medical Director, Henry Ford Hospital, Department of Emergency Medicine. Additionally, he is an Assistant Clinical Professor of Emergency Medicine at Wayne State University School of Medicine and a member of several local and national societies. He also serves on many local, state and national boards and committees.



Q Why did you become a physician?

A Unlike some of my colleagues, I didn't always know I wanted to be a physician. I started out as a mechanical engineering student, traveled through civil and environmental engineering and finally completed an undergraduate degree in economics. Luckily during that time, I also figured out that I needed my daily work to be something that I felt was tangibly helping people every single day. As I volunteered during the summers, it became clear that medicine was the only choice for me.

Q What led you to specialize in emergency medicine?

A Emergency medicine gave me an opportunity to help anyone who walked in the door. Regardless of background, condition or ability to pay, I could bring the same effort and dedication to their care. Emergency medicine requires us to connect with people and build rapport and trust quickly, often when people are at the lowest points in their lives. It is deeply meaningful to be able to contribute at such a time and in this way.

Q What attracted you to Henry Ford Health?

A I did a student rotation at Henry Ford and immediately felt a connection with the hospital, the city and the community we serve. Henry Ford has a history of ongoing commitment to the city of Detroit that is unparalleled, and I felt that everyone, from the attendings who taught me to the executive leadership, truly put the patient first. Beyond that, the Henry Ford Medical Group culture was one that I was drawn to and aspired to. That combination of service, professionalism, compassion and expertise has been the true north of my professional identity.

Q Are there any clinical advancements in emergency care or the emergency services Henry Ford Health provides that you're excited about?

A Emergency medicine touches the advancements in every field, especially those that are relevant to the spearpoint of acute illness. Broadly speaking, I am most excited about technologies that can take administrative and clerical burdens off clinicians so they can focus their efforts on what they are trained best for and what brings meaning and value — caring for patients. Artificial intelligence and algorithms, ambient listening tools and telemedicine are on the cusp of taking

the next step that can bring advancement at scale, but physicians must be at the forefront of the development and deployment of these technologies. Clinical guidance and governance are required to fulfill the promise they hold.

Q Can you describe the purpose of your role as Senior Vice President and Regional Chief Medical Officer, Henry Ford Health?

A In my role as Regional Chief Medical Officer, I am responsible for quality, safety, growth, strategic planning, medical staff affairs, utilization and patient experience in our clinical footprint. My job involves helping align our sites around best practices in these areas and looking for opportunities to improve quality and access for our patients while continuing to focus on the growth of high-value care.

Q You have years of clinical and leadership experience, with an ongoing focus on quality, continuous improvement and a culture of safety. What do you feel are some of your biggest accomplishments?

A I have appreciated the privilege of being able to directly provide patient care in the emergency department and to teach residents to do the same. Beyond my clinical work, I am most proud of supporting a just culture and a culture of safety that is dedicated to providing an environment of psychological safety so the entire team is empowered to speak up for safety and quality, and where leaders are equally prepared to "listen up." I am also proud to lead a hospital team that has decreased catheter-associated urinary tract infections to the point of having zero reportable infections for over four years and eight straight periods of Leapfrog Grade 'A'!

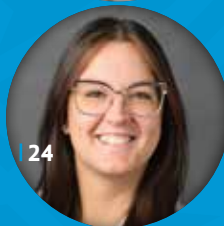
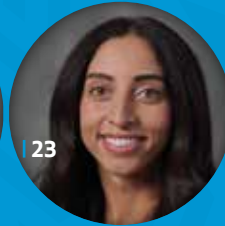
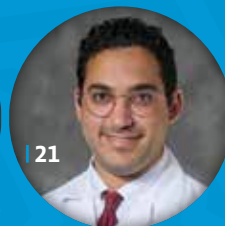
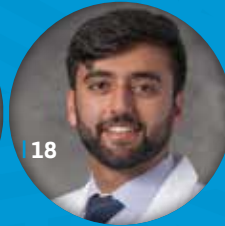
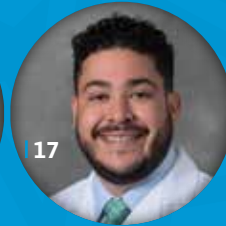
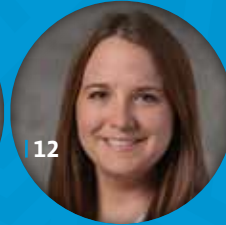
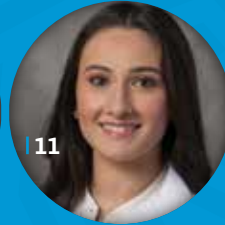
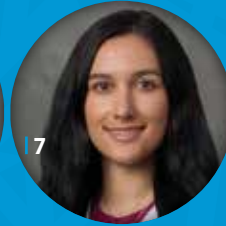
Q As a physician leader, what advice would you give to medical students entering the field today?

A Medicine continues to be one of the most rewarding fields of study and practice, and I would highly recommend it to someone who has a love for it. It is a long road, but the journey can be as fulfilling as the destination. Regardless of the fact that the scientific, fiscal, political and technological landscape continues to evolve, it doesn't detract from the meaning of the work we are privileged to do every single day. ■

Henry Ford Stars

★ The Henry Ford Stars honors residents and/or fellows who have gone above and beyond in one of the following areas:

- Consistently spreads the joy of medicine
- Provides extraordinary patient care
- Outstanding humanitarian service
- Above and beyond in the support of peers and colleagues
- Behind the scenes superstar



March 2025

- 1. Dr. Caleb Alley**
General Surgery, Henry Ford Wyandotte Hospital
Outstanding humanitarian service
- 2. Dr. Jennifer Byk**
Family Practice, Henry Ford Hospital
Above and beyond in the support of peers/colleagues
- 3. Dr. Madeline Goosmann Donaldson**
Otolaryngology, Henry Ford Hospital
Above and beyond in the support of peers/colleagues
- 4. Dr. Michael Lee**
General Surgery, Henry Ford Hospital
Consistently spreads the joy of medicine
- 5. Dr. Darshan Rola**
Anesthesiology, Henry Ford Hospital
Above and beyond in the support of peers/colleagues
- 6. Dr. Shelby Willey**
Emergency Medicine, Henry Ford Macomb Hospital
Consistently spreads the joy of medicine

June 2025

- 7. Dr. Eugersa Agolli**
Family Medicine, Henry Ford Macomb Hospital
Outstanding humanitarian service
- 8. Dr. Haneen Aqleh**
General Surgery, Henry Ford Wyandotte Hospital
Behind the scenes superstar
- 9. Dr. Tyler Arscott**
Surgery, Henry Ford Jackson Hospital
Above and beyond in the support of peers/colleagues

- 10. Dr. Elena Folbe**
Anesthesiology, Henry Ford Hospital
Above and beyond in the support of peers/colleagues
- 11. Dr. Alexandra Hanna**
Internal Medicine, Henry Ford Hospital
Consistently spreads the joy of medicine
- 12. Dr. Christine Henry**
Emergency Medicine, Henry Ford Hospital
Consistently spreads the joy of medicine
- 13. Dr. Adam Rhein**
Obstetrics and Gynecology, Henry Ford Hospital
Provides extraordinary patient care

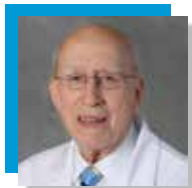
September 2025

- 14. Dr. Daniel Armour**
Podiatry, Henry Ford Wyandotte Hospital
Behind the scenes superstar
- 15. Dr. Donald Chang**
General Surgery, Henry Ford Hospital
Outstanding humanitarian service
- 16. Dr. Dylan Meyer**
Emergency Medicine, Henry Ford Hospital
Provides extraordinary patient care and spreads the joy of medicine
- 17. Dr. Guillermo Polanco Serra**
General Surgery, Henry Ford Macomb Hospital
Provides extraordinary patient care
- 18. Dr. Muhammad Saad Faisal**
Internal Medicine, Henry Ford Hospital
Provides extraordinary patient care

- 19. Dr. Ramaneshwar Selvaraj**
Family Medicine, Henry Ford Jackson Hospital
Above and beyond in the support of peers/colleagues
- 20. Dr. Maya Taleb**
Internal Medicine, Henry Ford Hospital
Above and beyond in the support of peers/colleagues

December 2025

- 21. Dr. Joseph Azar**
General Surgery, Henry Ford Wyandotte Hospital
Consistently spreads the joy of medicine
- 22. Dr. Kyle Crooker**
Infectious Disease, Henry Ford Hospital
Above and beyond in the support of peers/colleagues
- 23. Dr. Iman El-Feki**
Internal Medicine, Henry Ford Jackson Hospital
Above and beyond in the support of peers/colleagues
- 24. Dr. Kelsie Hendrick**
Emergency Medicine, Henry Ford Macomb Hospital
Provides extraordinary patient care
- 25. Dr. Diana Jomaa**
Gastroenterology, Henry Ford Hospital
Provides extraordinary patient care
- 26. Dr. Matthew Solway**
Psychiatry, Henry Ford Hospital
Consistently spreads the joy of medicine
- 27. Dr. Mary Turfah**
General Surgery, Henry Ford Hospital
Provides extraordinary patient care



Gaylord Alexander, M.D., passed away on February 9, 2025, at age 93. Dr. Alexander practiced anesthesiology for 65 remarkable years, much of that time spent at Henry Ford Hospital in Detroit. He was honored and respected by his colleagues and students at Henry Ford Hospital

and Sinai Hospital in Detroit. Dr. Alexander was the founder of the Gaylord D. Alexander, M.D., Endowed Anesthesiology Resident Education Fund at Henry Ford Hospital. Prolific in his field, he was also a professor at Wayne State University School of Medicine and past president of the Michigan Society of Anesthesiologists.



William Brady Anderson, M.D., passed away on August 28, 2025, at age 89. Dedicated to women's health, he specialized in obstetrics and gynecology. Dr. Anderson earned his medical degree from the University of Michigan and completed his residency at Detroit Receiving Hospital. After a stint in the Army, he entered private practice before joining Henry Ford Hospital, where he spent most of his career. In addition to delivering babies, he was a skilled surgeon who practiced and advanced urogynecological procedures before they were widely recognized as a specialty. He was deeply committed to medical training, leading the residency program for many years and earning numerous teaching awards. Beloved by patients as much for his compassion as his medical skills, Dr. Anderson listened attentively and explained thoroughly. Recognizing the importance of counseling in his work, he earned a master's degree in counseling at Wayne State University.

at Detroit Receiving Hospital. After a stint in the Army, he entered private practice before joining Henry Ford Hospital, where he spent most of his career. In addition to delivering babies, he was a skilled surgeon who practiced and advanced urogynecological procedures before they were widely recognized as a specialty. He was deeply committed to medical training, leading the residency program for many years and earning numerous teaching awards. Beloved by patients as much for his compassion as his medical skills, Dr. Anderson listened attentively and explained thoroughly. Recognizing the importance of counseling in his work, he earned a master's degree in counseling at Wayne State University.



Deloris Ann Berrien-Jones, M.D., passed away on June 18, 2025, at age 71. Dr. Berrien-Jones was a highly respected, accomplished internist who made significant contributions to the lives of countless patients, especially in the Downriver communities. After earning

her undergraduate degree from the University of Michigan, Dr. Berrien-Jones completed medical school at Michigan State University College of Human Medicine. She completed her Internal Medicine residency at Henry Ford Hospital and then worked for various community groups fulfilling National Health Service Corp. obligations. Dr. Berrien-Jones joined the Henry Ford Medical Group as a senior staff physician in 1989, eventually serving as Physician-in-Charge of the Henry Ford Woodhaven Medical Center. She was a champion and advisor for the Diabetes Care Connection Program (DCC) and worked as a bridge between primary care and DCC. She also worked with the AMGA as a member of the Together to Goal Diabetes Initiative Campaign and held other roles in primary care leadership. Dr. Berrien-Jones is remembered as a highly respected, kind and thoughtful physician and person.



Howard Feit, M.D., Ph.D., passed away on November 25, 2024, at age 81. Dr. Feit was a long-time senior staff faculty in the Department of Neurology at Henry Ford Hospital before his retirement several years ago. He was a well-known and revered clinician scientist who was

the recipient of many accolades, including the S. Weir Mitchell award from the American Academy of Neurology in 1972. He was also the inaugural awardee of the Ponka Caring Physician Award from Henry Ford West Bloomfield Hospital. Dr. Feit also had significant achievements in areas of neurofibromatosis and neurogenetics with multiple publications and involvement in clinical research. He was valued by many as an excellent teacher and was an avid outdoorsman. Those who knew him best say he was never happier than when he was able to recruit a colleague to go skiing or hiking with him. Dr. Feit's legacy of discovery and collegial impact will never fade.



Carolyn Feldkamp, Ph.D., passed away on March 16, 2025, at age 82. Dr. Feldkamp was born in Brady, Texas. Her family moved to Michigan in the late 1940s. As a young adult, Dr. Feldkamp was an accomplished violinist and a member of Phi Beta Kappa. She majored in chemistry and earned a

Ph.D. at the University of Michigan. Afterward, she pursued a career in clinical chemistry at Henry Ford Hospital, becoming Division Head of Clinical Chemistry. In addition to a distinguished career, Dr. Feldkamp is remembered for her style and grace. In her middle years, she became a world traveler, going to Europe, Japan and South America with her husband, Dr. Oscar Carretero Carretero, and traveling with her mother and son.



George Nolan, M.D., passed away on October 25, 2025, at age 90. Dr. Nolan was an obstetrician-gynecologist, educator and leader in maternal-fetal medicine for over three decades. A graduate of Drake University and Howard University College of Medicine, he

completed his residency at the University of Missouri-Kansas City and earned a Master of Public Health from the University of Michigan. Dr. Nolan joined the faculty of the University of Michigan in 1970, serving in the Medical School's Department of Obstetrics and Gynecology and the School of Public Health's Departments of Maternal and Child Health and Population Planning. He advanced to Associate Professor and mentored students and physicians while conducting research in maternal-fetal health. Dr. Nolan served as Professor and Chairman of Obstetrics and Gynecology at Howard University from 1980-1988. Then he joined Henry Ford Health, where he led the Division of Maternal-Fetal Medicine and served as Acting Chairman of Obstetrics and Gynecology from 1995-1996. He remained at Henry Ford until retirement in 2000. Dr. Nolan was a Commander in the U.S. Public Health Service and served on the Board of Regents of the National Library of Medicine.



Eugene Popielec, CCC-SLP, passed away on October 1, 2025, at age 91. A pioneer in Speech Language Pathology (SLP), he was a mentor to many. Gene was asked to start a Speech Pathology clinic at Henry Ford Hospital and began working there in 1967, staying for 32 years. He

helped create a Division of Speech Language Sciences within Neurology. Gene treated inpatients and outpatients, adults and children. He was involved in a variety of clinical activities and spent a great deal of time teaching graduate students and new clinical fellows. Gene served on numerous hospital committees, one of which included assisting in the development of clinical pathways for patients with brain tumors, as well as tracheostomy and ventilator-dependent patients. He was a member of several professional societies. Prior to his career at Health Ford Hospital, Gene worked in the Trenton and Southgate school systems; he was the director of the Special Education Department for Southgate schools.



Aaron Lee Rank, M.D., passed away on July 26, 2024, at age 50. Dr. Rank received his medical degree from the University of Michigan Medical School. He completed his internship and residency in anesthesiology at Henry Ford Hospital in Detroit. Dr. Rank worked as an

anesthesiologist at Regional One Health in Memphis, TN, and as an assistant professor at the University of Tennessee Health Science Center. He treated each patient like he would want a family member to be treated when seeking medical care. His zest for life and passion for adventure left an indelible mark on all who knew him. He had an insatiable love for travel; each journey was an opportunity to connect with different cultures, meet people, taste new foods and create memories. Family was the center of Dr. Rank's world. An exceptional cook, Dr. Rank delighted in preparing meals that brought everyone together; he often shared dishes with his colleagues.



Timothy Roehrs, Ph.D., passed away on September 17, 2025, at age 83. Until his retirement in January 2025, Dr. Roehrs served as Director of Research for the Sleep Disorders and Research Center, Department of Medicine at Henry Ford Health. He was a highly

respected, extremely accomplished researcher in the field of sleep medicine. After retirement, he continued to be involved with teaching the Sleep Medicine fellows and consulting on grants and research projects. Upon completion of his Ph.D. in Physiological Psychology from the University of Georgia, Dr. Roehrs completed a post-doctoral fellowship at the Alcoholism and Drug Abuse Institute, University of Washington and remained there teaching and doing research until he joined the Henry Ford Medical Group in 1982. Dr. Roehrs' research garnered Sleep Medicine a national and international presence.

His research was funded by the NIH, and he published hundreds of papers and chapters on his research. Dr. Roehrs served as a scientific grant reviewer for the NIH and numerous journals, on editorial boards of scientific journals and as a member of advisory boards, including the World Health Organization. For the Sleep Research Society, Dr. Roehrs served as Membership Chair on the Executive Committee and President. He was also Chair of Henry Ford's Institutional Review Board for 20 years.



Sheldon Schwartz, M.D., F.A.C.S., passed away on November 11, 2025, at age 89. After being recruited by Dr. Richard Dow, Dr. Schwartz joined the medical staff as a general surgeon at Henry Ford Hospital in 1990 until his retirement in 2000. He graduated from medical school in 1961

and completed his general surgery residency at the University of Michigan from 1962-1967. Dr. Schwartz evolved his surgical skills into performing vascular access surgery and assisting with liver and kidney transplant procedures. He served as Program Director for the General Surgery Residency Program at Henry Ford Hospital. Dr. Schwartz loved to play squash in the basement courts of the old education building with his dear friend Dr. Dow.



Joan Kristo Vangel, M.D., passed away on January 10, 2025, at age 80. Dr. Vangel was an inspirational and impactful leader and colleague who left behind a legacy of dedication to the field of medicine. Dr. Vangel graduated high school early and at age 16 enrolled at

Indiana University for undergraduate studies. She earned a doctorate from Northwestern University. She dedicated 49 years to practicing internal medicine at Henry Ford Hospital after working at Detroit Receiving Hospital. Dr. Vangel was part of a team of internists who supported innovative models of care in the ambulatory setting. This helped the medical group grow exponentially in Oakland County in the 1980s and 1990s. Through her unique way of exhibiting the positive impact that partnering with the HFMG could have on patients, Dr. Vangel created inroads of trust with private practice physicians throughout Oakland County, leading to the level of partnership that exists today at Henry Ford West Bloomfield Hospital and in the surrounding areas.

Henry Ford Hospital Emergency Department redesigned

Henry Ford Hospital unveiled its redesigned Emergency Department (ED) in June, marking a major step in the hospital's ongoing efforts to provide the highest quality care while optimizing patient experience.

While no square footage was added, the redesign allows for many new data-driven processes to be implemented. Structural changes to the patient intake and triage areas were made to allow for a workflow aimed to accomplish many objectives, including:

- Reduction in Door-to-Physician Time: Ensuring patients see a provider within 15 minutes of arrival leads to expedited care, decision-making, interventions and improved outcomes.
- Reduction in Left Without Completing Treatment: Faster assessments and order placements provide patients with timely attention, so they are less likely to leave without being treated.
- Reduction in Patient Length of Stay: With diagnostic results received faster, medical decisions are made quicker, improving patient flow.
- Faster Patient Throughput: The ability to identify low-acuity patients upon arrival expedites care and improves capacity for incoming patients.
- Improved Clinical Outcomes: Early detection of critically ill patients ensures they receive prompt, appropriate care before conditions worsen.



John Deledda, M.D.

“We have an outstanding Emergency Medicine staff that does remarkable work. These changes — some simple, some more involved — will absolutely improve the ability to provide the level of care each patient needs,” said John Deledda, M.D., Chair

of Emergency Medicine and Chief Medical Officer of the Henry Ford Medical Group. “I know that wait times have historically been long, which can add to the level of stress experienced by our patients and even our staff. These are definitive steps to address that, always with the ultimate goal of providing the best possible care, outcome and experience for our patients.”

These improvements are an essential part of the broader vision for the new hospital tower, set to open in 2029. The new ED in the tower will be designed with these enhancements in mind, offering an even more advanced and patient-centered environment.



Henry Ford Health helps forge new path in genomics

Henry Ford Health, along with other leading U.S. health systems, is participating in the Truveta Genome Project, an innovative collaboration to generate genetic data on tens of millions of consented and de-identified volunteers, creating the largest, most diverse database of genotypic and phenotypic information ever assembled.

At over 10 times the scale of previous endeavors, this groundbreaking project ensures comprehensive representation across ancestries, ethnicities, genders and other social drivers of health, unlocking profound insights into how genetics impact health. Truveta and the health systems are partnering with the Regeneron Genetics Center® to sequence the exomes of the first 10 million volunteers. Microsoft Azure will be the exclusive cloud provider for the Truveta Genome Project.

“Our participation in the groundbreaking Truveta Genome Project represents a significant step toward personalized medicine, where treatments are tailored to the individual needs of each patient,” said Bob Riney, President and CEO, Henry Ford Health. “By leveraging the power of genomic data integrated with electronic health record data, we aim to enhance patient outcomes, reduce the burden of disease and pave the way for a healthier future. This initiative not only underscores our commitment to innovation but also to delivering the highest standard of care to those we serve.”

To learn more about the ambitious collaboration, visit the Truveta Genome Project website by scanning the QR code.



Henry Ford St. John Hospital team performs first PIPAC procedure in Michigan, offering new hope for patients

A team at Henry Ford St. John Hospital, led by surgical oncologist Richard Berri, M.D., performed Michigan's first Pressurized Intraperitoneal Aerosolized Chemotherapy (PIPAC) procedure — a groundbreaking treatment bringing new hope to patients with metastatic cancer in the abdominal cavity.

The highly innovative aerosolized chemotherapy is a minimally invasive laparoscopic procedure for patients with advanced colorectal, appendiceal, gastric, ovarian and other peritoneal cancers, where traditional chemotherapy delivered through the bloodstream is often less effective.

Surgeons make two small incisions in the patient's abdomen and insert a small device through which chemotherapy is delivered, becoming aerosolized as it enters the body. Pressure helps push the chemo into the infected tissue to be attack the tumors in a concentrated, targeted way.

A 60-year-old man battling colon cancer with peritoneal carcinomatosis was the first patient in Michigan to receive this state-of-the-art cancer treatment in January 2025. More recently, a 49-year-old man with appendiceal cancer came from all the way from Oregon to become one of the approximately 30 patients treated with the PIPAC procedure so far at Henry Ford St. John Hospital.

PIPAC is one example of the innovative treatment options now available at Henry Ford Cancer. It is offered alongside other regional therapy programs, including hyperthermic intraperitoneal chemotherapy (HIPEC) and hepatic artery infusion (HAI). ■

Dr. Richard Berri (at right) and his team performed the first PIPAC procedure on a patient at Henry Ford St. John Hospital.



Henry Ford Health hospitals receive Magnet® redesignation status

Henry Ford Hospital and Henry Ford Jackson Hospital recently received Magnet® redesignation by the American Nurses Credentialing Center (ANCC). The hospitals originally received Magnet Designation status in 2020.

Magnet® Designation represents the highest level of professionalism in nursing practice and is considered the gold standard in nursing excellence. The designation is awarded to healthcare organizations that demonstrate a commitment to high-quality patient care, nursing leadership and a supportive professional environment. Achieving this designation requires a rigorous,

multi-year process including a detailed application and an on-site visit to verify excellence in areas like professional practice, leadership and patient outcomes. Hospitals that earn this status often experience benefits like improved patient outcomes, higher nurse satisfaction, and a stronger ability to attract and retain skilled staff.

The ANCC appraisers commented that the Henry Ford Hospital nursing staff was, “remarkably resilient, upbeat and engaged with the

appraisers,” adding that they “found a universal sense of teamwork, pride in and loyalty to the organization.”

Congratulations to nursing leadership and the many individuals who helped create a culture worthy of such high accolades.

Henry Ford West Bloomfield Hospital is also a Magnet® Designated Hospital. It originally received Magnet® status in 2024 and will seek redesignation in 2028.■





Legacy giving

Henry Ford Health is making it easier than ever to plan your legacy. With our planned giving website, you can access free resources, calculate your benefits and explore which giving options best fit your personal goals.

To learn more, visit **HenryFord.PlanMyLegacy.org**

Or contact Joe Impellizzeri, Senior Gift Planning Advisor, at 313-874-6038 or jimpell1@hfhs.org.

Make a lasting gift in support of the Henry Ford Medical Group Alumni Association.

Established in 1950, the Henry Ford Medical Group Alumni Association fosters a vast network of current and former medical and research staff who trained or worked at Henry Ford Health. Over 7,000 active members connect to share news and information, forming professional relationships and friendships that span decades and great distances — all to strengthen our commitment to providing the best possible care to every patient we serve.

To make a gift, contact Amanda Bennett, Director, Annual Giving and Alumni Relations, at abennet6@hfhs.org.

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Of lasting interest



Henry Ford Health recently unveiled the state-of-the-art Singla Family Endoscopy Center, located at Henry Ford Hospital. This cutting-edge 24,000-square-foot facility features 11 advanced procedure rooms, 29 patient recovery bays, and the latest technology for diagnosing, treating and monitoring a wide range of gastrointestinal and related conditions. For more information, scan the QR code.

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