“In the long history of humankind (and animal kind, too) those who have learned to collaborate and improvise most effectively have prevailed.” – Charles Darwin

Hahnemann is closing.” The words echoed in a filled room of employees, many of whom had been there for their entire careers, as well as new interns who had only started a week prior. Then, the second blow – “We anticipate being closed by mid-August.” Merely 6 weeks away. A deafening silence and then a slow roar spread through the assembly.

Rumblings that the hospital would close was merely a part of everyday banter at Hahnemann University Hospital in central Philadelphia, Pennsylvania – it was a well-known fact that the hospital was losing money. No one really thought that much about it. We had patients who needed care and we were happy to provide it, whether or not they could pay the bill. There was a need. Hahnemann could never really close...could it?

Over the next several weeks, disbelief and anger faded into sadness. The mourning period was brief, as physicians, nurses, residents, technicians, administrative and ancillary staff scrambled to find employment. At the start of my PGY3 year, I had been looking forward to increased operative time and independence, less scutt work and more responsibility – Now my co-residents and I were left wondering, what’s next?

As it became clear that our GME funding would be released from the bankruptcy courts – the decision became how to proceed. Program directors and other residents reached out from institutions across the country. Many of us were overwhelmed by all the possibilities that presented themselves. We met as a group with our program director – the decision was ours on how to proceed: we could look at spots in other residency programs, his support would follow us, or a second option, try to move our program to a new sponsor institution. The decision was quick – we would stand together; we would try to save our program.

The unprecedented transferring of a program was no easy feat. It required collaboration across administrations, attendings, and residents. There was a necessity for improvisation and imagination, as we worked diligently as a group, led by our unwavering program director with the Graduate Medical Education (GME) office, to complete paperwork, prepare details of our current program and outline our future.

We submitted everything to ACGME...and waited. The helpless feeling was akin to when we submitted our rank lists just a few years ago. As a group, this was undoubtedly our hour of darkness – had we made the right decision? Were we foolish to think that this was possible? Doubt and concern rose, some looked into provisionary plans. However, we remained steadfast.

After three long weeks, the good news rang in – Approved.
The immediate transition was relatively seamless. We were welcomed by new attendings, excited to have residents, and other residency programs eager to collaborate to improve patient care and even on research endeavors. Some undertakings required more grace and finesse as we learned the preferences of new surgeons, gained good repour with the PACU nurses, discovered the rules of the hospital and worked to re-establish our exceptional reputation.

Now, 6 months later, the fallout of Hahnemann still reverberates daily. My co-residents and I have navigated more than the typical challenges of a Urology Residency. We have changed institutions, adapted our research projects, tackled the transferring of 401Ks, found new Tail Insurance coverage and even moved houses. Yet, together we prevailed.

There is no doubt that this journey has only been manageable due to the exceptional group of physicians that I am privileged to call my peers. I am indebted to each one who helped make the move possible, who opted for the path of ingenuity and improvisation in the face of the unknown. I remain ever so proud of our Hahnemann heritage and excited for our future together at Main Line Health.