Patients First:
Striking Back at Sepsis
Imaging Upgrades
Reduce Risk
Ambushing a Hidden Disorder
Innovation Incubation
Innovation Incubation
North Shore Ventures is helping to develop innovative ideas that benefit patients and create novel revenue streams for the North Shore-LIJ Health System.

Huntington Nurses’ Triple Play
Nurses at Huntington Hospital have received Magnet status for the third consecutive time. Fewer than 90 US hospitals have earned this elite distinction.

Extreme Rescue
Whether they need to travel by boat, by helicopter or on foot, NYC Medics volunteers venture to remote places unreachable by other organizations to deliver hope and healing to disaster victims.

Party of Five
The Ferrante quintuplets give their parents five times the gray hair and five times the love.

Making the Call
A telephone health-coaching service promotes workplace wellness by providing inspiration and support for 1199SEIU-represented employees.

On the Cover
Myra Eleby-Hankerson, associate executive director of Forest Hills Hospital’s perioperative services, manages staffing and scheduling for operating rooms and ambulatory services — all with a smile. See page 13.
Turning Innovative Ideas into Profitable Businesses

One of the benefits of working for an organization as large and diverse as the North Shore-LIJ Health System is that we have a lot of smart people with great ideas. We see it every year with the President’s Award for Innovation, which recognizes an individual or team who demonstrates an innovative way of thinking and an entrepreneurial spirit.

At a time when insurance reimbursements are dropping and health care providers are being squeezed on all fronts, we are continually on the lookout for ways to turn innovative ideas into profitable businesses. To make that happen, we created North Shore Ventures, which is working to commercialize ideas born within the health system.

As described on page 4, one of North Shore Ventures’ first successful undertakings focused on one of the most vexing challenges in the health care industry — transitions of care and patient discharges, in particular. The root cause of the problem can often be traced to communication. All too often, patients and/or family members simply are not paying attention or absorbing information being given to them as they’re being discharged from the hospital, even though they are given written instructions. As a result, many patients do not receive the continuity of care they need when they get home. In far too many instances, they are readmitted when their condition deteriorates — and often blame the hospital for their predicament. At the same time, hospitals are penalized when readmissions occur within 30 days of a patient’s discharge.

Frustrated by the problem, Lenox Hill Hospital neurosurgeon David Langer, MD, and his colleague Ken Court developed a hospital discharge app that uses video and other multimedia tools to create personalized patient discharge instructions. They teamed up with North Shore Ventures to develop a cloud-based software platform called CirrusHealth. Its first product offers patients who are currently undergoing treatment a virtual office visit and video discharge summary with highly personalized, multimedia information to support patients’ care from one level to another. Using their home computer or mobile device, patients and their families can access information on their diagnosis, MRI and CT scans, recommended treatment options, prescribed medications, admissions process, surgical information, discharge summary, post-surgery care and other data in their medical records. The end result is a healthier, more satisfied patient.

Tom Thornton and Donna Drummond, who head up North Shore Ventures, are pursuing numerous other opportunities that hold great commercial promise. Not only do we stand to benefit financially from this innovative, entrepreneurial thinking, we’ll be improving patient care in the process. You’ll be hearing more about North Shore Ventures in the months ahead.
A new group within the North Shore-LIJ Health System is creating buzz — and solutions. North Shore Ventures is working to move ideas born within the health system out into the marketplace, fostering innovation across North Shore-LIJ by providing staff members with tools to realize and monetize their ideas.

The North Shore Ventures team — headed by Thomas Thornton and Donna Drummond — generate and manage partnerships and investments, develop strategies for new business entities and identifies novel nonclinical revenue streams for the health system.

As head of the Healthcare Innovation Alliance at Cleveland Clinic Innovations, Mr. Thornton formed multi-institutional collaborations to foster and accelerate the commercialization of medical innovations, giving employees a way to fulfill their ideas. Similarly, North Shore Ventures is working to find gainful ways to provide better models of care delivery that can spur ongoing improvement in health care.

North Shore Ventures also includes Sander Duncan, Allison Lowenfeld, Kevin Goldston, Lucy DiMola and Julie Dalia among its growing ranks. One of their current projects is the development of a next-generation transition-of-care platform called CirrusHealth. CirrusHealth, developed at Lenox Hill Hospital by David Langer, MD, director of neurosurgery, and Kenneth Court, director of neurosurgery IT, is a cloud-based platform that provides patients with highly personalized content to help them navigate their care from admission through postdischarge.

“We are developing a HIPAA-compliant software platform that will bring the patient experience to a new level,” said Dr. Langer. He added that CirrusHealth will use multimedia tools to improve patients’ experience and further engage them in their own care.

North Shore Ventures is working to commercialize the CirrusHealth platform and will use North Shore-LIJ facilities for beta testing. North Shore Ventures works with an IT infrastructure and consulting firm to perform ethnographic studies, patient and provider interviews and the framework design for the application. The final product will provide tailored multimedia educational material to support patients from one level of care to another. Patients will have mobile or desktop access to easy-to-understand, diagnosis-specific information; imaging scans; recommended treatment options; and information on the admissions process, the day of surgery, discharge summary and post-surgery care.

A solution for those who may feel overwhelmed with clinical information and direction they receive as inpatients, CirrusHealth’s purpose parallels North Shore-LIJ’s mission to reduce readmissions, increase patient satisfaction and provide continuity of care.

Above: David Langer, MD, left, and Kenneth Court showcase the CirrusHealth platform.
North Shore-LIJ Care Solutions, the North Shore-LIJ Health System’s new care management organization, works to optimize alternative reimbursement contracts for physicians by clearing the way for effective management of complex patient care. Care Solutions launched earlier this year to complement North Shore-LIJ’s new insurance company, North Shore-LIJ CareConnect, and the growing number of value-based insurance contracts that require the health system to coordinate care and control costs.

Care Solutions is a bridge between the health system’s business initiatives and care delivery units. A means to internal alignment, the care management organization facilitates collaborative efforts among the health system, the North Shore-LIJ CareConnect Insurance Company, outside insurance companies and North Shore-LIJ physicians and North Shore-LIJ facilities.

“Care Solutions bears responsibility for the implementation, performance and value-based outcomes of all our alternative reimbursement contracts and programs across the system,” said Joseph Schulman, executive director of Care Solutions. “Our alternative reimbursement portfolio is growing rapidly, and we believe Care Solutions will fully prepare us to handle our patients’ complex care needs.”

Smoothing the Transition

Mr. Schulman, who previously served as executive director of The Zucker Hillside Hospital, oversees North Shore-LIJ’s care management strategy for Care Solutions. Dominant factors in that strategy, he said, include staying abreast of the evolving insurance markets and helping physicians meet the demands of alternative reimbursement.

“Most of our reimbursement still comes from fee-for-service contracts, but we’re in the middle of a transition,” Mr. Schulman said. “Those fee-for-service arrangements are quickly evolving into either modified risk arrangements or fully capitated contracts, in which the health system and physicians are paid to manage their patients’ care rather than treat them only when they get sick.”

In today’s environment of rapid reform in the health care field, Care Solutions can have substantial effects on the health system’s finances.

“Change in the commercial market is far outpacing what’s happening in Medicare,” said Kristofer Smith, MD, medical director of Care Solutions. “Medicare and the Affordable Care Act unleash permission for insurance companies to move quickly and share in higher quality and lower costs. In two to four years, North Shore-LIJ will have a substantial amount of revenue tied to our ability to manage populations across the continuum of care.”

Fulfilling Best-Practice Guidelines

Care Solutions is interwoven with the fabric and culture of the health system’s physicians, Mr. Schulman said. For example, Care Solutions is organizationally centered within the office of David Battinelli, MD, North Shore-LIJ’s chief medical officer.

“It’s really important to observe Care Solutions’ strong connection to physicians, because it shows that North Shore-LIJ’s approach differs from those of other health systems,” Dr. Smith said. “It also speaks to one of the core values of the organization — something Mr. Schulman and I personally believe in — which is to support and amplify our health care providers’ ability to be good partners and stewards to their patients. We know our providers want to deliver higher-quality care at a lower cost. We’re here to figure out how to help physicians do that as they move through this transition period from volume to value.”

Dr. Smith is familiar with value-based population management. As vice president and medical director for advanced illness management at North Shore-LIJ, he oversaw the medical components of complex patient care and brought the health system’s Advanced Illness Program to national prominence. In his new role with Care Solutions, Dr. Smith reports to Dr. Battinelli and works closely with North Shore-LIJ CareConnect to directly interface with providers on a patient-care level. Care Solutions deploys team members to help physicians navigate specialty services and programs for high-risk patients who have been identified through the North Shore-LIJ CareConnect utilization management referral process.

“Physicians’ offices must consistently satisfy guideline-recommended best practices to maximize reimbursement,” Dr. Smith said. “We work directly with physicians and their staff members to help doctors’ offices fulfill the prescribed best practices and maintain the highest possible revenue stream.”

Enabling physicians to deliver care in a consistent, measurable way will help pay-for-performance arrangements through both North Shore-LIJ CareConnect and third-party payors enhance the bottom line while consuming fewer resources in small doctors’ offices, said Mr. Schulman.

“Our priority is to educate our providers,” Mr. Schulman added. “We want to make sure they have everything they need to optimize patient care in light of changing incentives.”
The North Shore-LIJ Health System reduced hospital sepsis mortality by 50 percent within four years.

“The sepsis mortality rate in our health system went from 31 percent in 2009 to about 15 percent at the end of 2013,” said Martin Doerfler, MD, senior vice president of clinical strategy and development at North Shore-LIJ. “With the number of patients that we have as a very large health system [more than 280,000 hospital discharges in 2013], that means we have saved several thousand lives through the work we have done internally and through our partnership with the Institute for Healthcare Improvement [IHI].”

Sepsis kills an estimated 200,000 Americans every year – more than most cancers, strokes and heart attacks. Recognizing its severity, North Shore-LIJ Health System President and CEO Michael Dowling launched a campaign to combat the problem in 2009, when clinical leaders from throughout the health system began partnering with scientists at North Shore-LIJ’s Feinstein Institute for Medical Research to identify patients in the earliest stages of sepsis and collect blood samples for research in a collaborative effort to understand the condition and figure out ways to reduce the risk of death.

In 2010, the Feinstein Institute hosted the Merinoff Symposium, bringing together more than 150 scientists, physicians, policymakers and other sepsis experts from 18 different countries to increase awareness of sepsis. The international conference created the first worldwide consensus on how to define sepsis and best practices to fight the disease – two critical steps in bringing the once-hidden killer out into the open.

In 2011, North Shore-LIJ’s campaign against sepsis ramped up even further when the health system began collaborating with the IHI to test new ways to prevent sepsis and manage its most harmful effects through earlier recognition.

“When we began to partner with IHI, we really accelerated the pace of improvement as we expanded the IHI’s collaborative methods to 12 of North Shore-LIJ’s 16 hospitals,” said Dr. Doerfler, noting that the effort did not include North Shore-LIJ’s children’s, psychiatric or affiliated hospitals.

Dr. Doerfler joined John D’Angelo, MD, the health system’s senior vice president of emergency medicine, and a team of other North Shore-LIJ clinicians to present improved process measures and clinical outcomes that resulted from the IHI collaboration at the organization’s 25th National Forum on Quality Improvement in Orlando.

The collaboration resulted in highly reliable processes to expedite the treatment of patients with all forms of sepsis. Under the leadership of Dr. D’Angelo, all of North Shore-LIJ’s 12 emergency departments (EDs) have been testing and reengineering processes to:

- decrease “door-to-doctor time” in the ED;
- identify and remove impediments to the administration of early antibiotics;
- track and modify processes to get lactate.

50% Sepsis Mortality Reduction Saves Thousands of Patients

By Terry Lynam

Assisted by North Shore-LIJ clinical leaders, Ciaran Staunton, shown above at a Congressional hearing, and his wife Orlaith, inspired Rory’s Regulations and established a checklist for the early identification and treatment of sepsis. The guidelines are named in honor of their son, who died at age 12 from sepsis diagnosed too late.
test results back to the physicians within 90 minutes of the patient’s presenting; and

- start fluids quickly with appropriate volumes given.

Similar processes were put in place in the health system’s medical/surgical units to promote early detection and aggressive treatment.

To decrease the time it takes to identify patients at risk of sepsis, North Shore-LIJ screens patients with an infection who have two or more of the following: elevated or lower-than-normal body temperature; a heart rate greater than 90; a respiratory rate greater than 20; and altered mental status or elevated white blood cell count.

Upon a sepsis diagnosis, clinicians immediately focus on treatment. Treatment guidelines established by the Surviving Sepsis Campaign — an initiative of the European Society of Intensive Care Medicine, the International Sepsis Forum and the Society of Critical Care Medicine — call for administration of antibiotics within 180 minutes of when a septic patient presents at an emergency department. North Shore-LIJ has taken a more aggressive stance, aiming to administer antibiotics to patients with severe sepsis within 60 minutes.

Another underlying problem with sepsis is the lack of public awareness. The tragic 2012 death of a 12-year-old New York City boy, Rory Staunton, helped put the spotlight on the condition. Rory had cut his arm diving for a basketball at his school gym. The next day, he arrived at his pediatrician’s office vomiting, feverish and with pain in his leg. He was later sent to a local hospital emergency department. The doctors all concluded he was suffering from an upset stomach and dehydration. He was given fluids, told to take Tylenol and sent home. Three nights later, he died in a hospital’s intensive care unit from severe septic shock.

When the Stauntons sought answers to prevent other families from having to go through the same anguish, they connected with North Shore-LIJ. “I was introduced to the Staunton family soon after Rory died,” said Mr. Dowling, who was acquainted with Rory’s uncle. “They were understandably devastated by the loss of their child. Our clinical staff worked with them to figure out how we could put in place a checklist that clinicians could use to flag those at risk of sepsis.”

In 2013, New York Governor Andrew Cuomo announced the statewide implementation of Rory’s Regulations, making New York the first state in the nation to require hospitals to adopt best practices for the early identification and treatment of sepsis. The guidelines in Rory’s Regulations rely heavily on best practices that are the fruit of the North Shore-LIJ/IHI collaboration. In September, the Stauntons testified before Congress as part of an effort to implement similar measures at the federal level. They also established the Rory Staunton Foundation in their son’s memory.
Beginning the end of March, patients of Plainview Hospital and Forest Hills Hospital began using a new, secure portal to access their health records.

By creating a personalized, secure account at FollowMyHealth.com, patients can review key information in their electronic health record — including lab results, medication prescriptions, discharge summary and plan of care and other key data — from any computer or mobile device. The portal also lets patients print and share this information at follow-up visits to the doctor. In coming months, new features will let patients schedule appointments and pay bills online.

“The new portal is a major step forward in North Shore-LIJ's efforts to better engage patients in managing their health and wellness,” said John Bosco, the health system’s chief information officer. “While access to FollowMyHealth.com will be limited at first, we anticipate the portal to be fully functional by mid-summer.”

Patients who received treatment at Plainview or Forest Hills during March received email invitations at the end of the month that included a FollowMyHealth.com registration link. Patients treated within the North Shore-LIJ Medical Group will receive access to the portal in the spring. This summer, membership will be open to patients of all other North Shore-LIJ facilities. Apps for Apple and Android devices will let patients use FollowMyHealth on the go, too.
Pathology and laboratory services help patients from before conception (e.g., pre-implantation genetic testing) all the way through to the post-mortem exams (autopsies). Between the beginning of life and the end, every medical consultation involves a lab test or is based on lab test results, according to James Crawford, MD, PhD, senior vice president and executive director of laboratory services for the North Shore-LIJ Health System and chair of pathology and laboratory medicine at North Shore University Hospital, LIJ Medical Center, and Hofstra North Shore-LIJ School of Medicine.

North Shore-LIJ Laboratories offer comprehensive testing and services such as blood banking, therapeutic pheresis, phlebotomy, coagulation, immunology, microbiology, cytogenetics, cytology, surgical pathology, molecular pathology and clinical chemistry. “We help people navigate the medical vicissitudes of life,” Dr. Crawford said.

Dr. Crawford joined the health system in 2009. But before his first day on the job, he identified two “bullseyes” in the autumn of 2008 during a mini-retreat with North Shore-LIJ laboratory professionals. The first was the need to streamline efficiency to provide timely diagnoses on surgical specimens. The second was the need to standardize utilization of blood products across the health system.

Because surgical specimens are often very complex, there wasn’t an easy fix for the first issue. But the Pathology and Laboratory Medicine Department achieved a “turnaround in turnaround times” by engaging all staff members to redesign the workflow process. “There was measurable improvement ahead of schedule, in March 2009,” said Dr. Crawford. “We have continued our efforts ever since to provide outstanding, timely service.”

Reducing blood utilization not only saves resources, but also improves patient safety, said Dr. Crawford. Every transfusion presents the potential for a negative reaction, as well as the possibility of introducing antibodies that could reduce a patient’s ability to receive future transfusions. North Shore-LIJ Laboratories renegotiated vendor contracts to reduce costs and strengthened volunteer donor programs, following the example of the Staten Island University Hospital North Site, which used half as much blood as North Shore University Hospital and LIJ Medical Center in terms of cost on a per-discharge basis.

Beyond those two immediate fixes, the longer-term goal of reducing actual blood utilization has involved working with doctors in many service lines, including orthopedics, obstetrics, cardiothoracic surgery, oncology and hospitalist services, said Dr. Crawford.

“There is controversy in the field over whether it is always necessary to ‘top off the tank’ in an elderly patient,” said Dr. Crawford. “And in healthy, younger patients, the bone marrow is incredibly vigorous in restoring blood cells.” In that case, he added, the risk of a transfusion might outweigh the benefit.

“The age of ‘technology first’ in medicine is over,” Dr. Crawford said. “There is a growing consensus that, just as sometimes a transfusion is not necessary, sometimes a lab test is not necessary — and furthermore, sometimes a test that is not required will reveal something that doesn’t need investigation. Prudence and appropriateness are the watchwords as pathology and laboratory medicine moves into the new age.”

Pathology: Helping Throughout a Lifetime

By Thea Welch
Early detection of kidney damage could save lives, and a new North Shore-LIJ Health System project focuses on identifying patients in the earliest stage of the disease so that they can receive treatment to prevent life-threatening complications.

Each year, North Shore-LIJ’s Laboratories in Lake Success perform about 18 million tests, on more than two million unique patients per year, creating a massive database of information. This data is now being used not just to care for individual patients, but also to change the way physicians identify and address early-stage kidney disease — thanks to this new undertaking sponsored by the Janet and John Raggio Nephrology Institute and created by its clinicians.

Renal failure is the ninth-leading cause of death in the United States. Approximately 20 million adults in this country have chronic kidney disease (CKD). People with diabetes, high blood pressure and a family history of the disease are most at risk for developing CKD. Many with early-stage kidney disorders don’t know they have them because they often experience no symptoms until the disorder progresses.

The Danger of Waiting for Symptoms

Chronic kidney disease is usually irreversible and progressive and can lead to kidney failure. The only treatment options for kidney failure are dialysis or a kidney transplant. The sooner damage to the urinary system is discovered and addressed, the easier it is to prevent or delay onset of kidney failure.

The problem is that common blood tests do not clearly identify kidney damage until the organs have lost 50 percent or even 60 percent of their function, said Steven Fishbane, MD, chief of nephrology, vice president of dialysis services and director of clinical research services at North Shore-LIJ.

“Waiting for symptoms that can take months or years to occur puts patients at risk of kidney failure,” Dr. Fishbane said. “We have a unique opportunity to interpret the data from our laboratories, using a complex, modern equation that works best at identifying patients who’ve lost 40 percent or less of their kidney function.” He added that the project has been several years in the making, but in August 2013 the North Shore-LIJ Laboratories identified the first group of patients who fell into this category and notified their physicians of our findings.

“These are well-established laboratory markers for kidney disease, and with repeat testing we can keep a close eye on changes to patients’ kidney function,” said James Crawford, MD, PhD, the health system’s senior vice president and executive director of laboratory services and chair of pathology and laboratory medicine at North Shore University Hospital, LIJ Medical Center, and Hofstra North Shore-LIJ School of Medicine. With the staggering amount of data being collected, Tarush Kothari, MD, analyzes data sets on more than 200,000 unique patients per month, to identify appropriate patients for this early CKD project.

New Project to Detect Early Kidney Disease

Continued on the next page.
program. Dr. Kothari is a pathologist and laboratory informatics specialist.

The initial analysis of data during the last five months of 2013 identified 17,000 people who potentially have anywhere from 10 to 40 percent diminished kidney function, said Dr. Fishbane. To best manage the project, the findings were limited to ambulatory patients treated by the 2,600 North Shore-LIJ staff physicians. With this additional data filter, the initial group was reduced to 400 people who were likely to have early kidney disease and might benefit from this program.

**Working with Other Physicians**

Instead of informing patients directly of their risk for CKD, Dr. Fishbane’s team mails detailed letters to the physicians who ordered the lab tests. The notification letters also include guidelines to help physicians decide what the best course of action is for patients whose kidneys are functioning at levels between 60 percent and 90 percent of normal, and to develop an individualized plan of care.

The ultimate goal of the nephrology project is to alert doctors as early as possible to patients who may have diminished kidney function and help pinpoint which of those patients are likely to develop problems down the line, even if the tests ordered were not for kidney function. Dr. Fishbane and his team are also pursuing a research project that will allow them to follow up with patients to test the validity of their findings.

“With major changes happening in the way health care is being delivered and financed, this project gives us the opportunity to better manage the cost of care for the population while having a significant positive impact on people’s health and wellness,” said Dr. Crawford. “North Shore-LIJ can become nationally known for this chronic disease management program.”

For additional information, email Tarush Kothari, MD, at tkothari@nshs.edu.

**Army Vet Hurls 1st Pitch at Mets Game**

Donald Grande, an emergency medical technician at the North Shore-LIJ Center for Emergency Medical Services, who returned to work last fall after a nearly year-long stint with the Army Reserve in Bahrain, threw out the first pitch at the April 2nd Mets game, as pitcher Bartolo Colon looked on. About 10,000 North Shore-LIJ employees and family members attended the game, courtesy of health system trustee and Mets president Saul Katz, who donated the tickets.
Toxicologists investigate and interpret the harmful effects that chemical, physical or biological substances have on patients. They treat drug and alcohol overdoses, carbon monoxide poisoning, accidental ingestion of medication and more.

In addition to its attending toxicologists, North Shore University Hospital (NSUH) has toxicology fellows on staff. Elsewhere in the North Shore-LIJ Health System, there is a toxicologist at Syosset Hospital and several at Staten Island University Hospital.

Toxicologists use medical history, symptoms and sometimes lab results to determine what a patient’s toxic exposure has been. Depending on severity, some patients may consult with the toxicologists over the phone. Treatment can include antidotes, medications and/or respirators.

Labels on household chemicals like cleaners or solvents usually include a notice about toxicity and directions about what to do in case of ingestion or skin contact, said David Lee, MD, NSUH toxicologist. “If you think a loved one may have been exposed to a toxic substance but he or she otherwise looks normal, call Poison Control,” he said. “But if that person looks sick, go to the hospital.” (The metropolitan New York Poison Control phone number is 212-POISON.)

To avoid harmful exposures, Dr. Lee advises families and grandparents to child-proof their homes — particularly medicine cabinets — so young children don’t accidentally eat something harmful. “Everyone should also properly dispose of all medications they no longer need,” he added.

The best way to dispose of medications is during a drug take-back event, like those hosted several times annually at North Shore-LIJ facilities. Otherwise, mix uncrushed pills or capsules with used coffee grounds or kitty litter, put the mixture in a container like a sealed plastic bag and then throw the container in the household trash. Before throwing out an empty medicine bottle or other packaging, scratch out all information on the prescription label.
Myra Eleby-Hankerson
Associate Executive Director, Perioperative Services
Forest Hills Hospital

Q: What is your role at Forest Hills Hospital?
A: I primarily manage the operating rooms (ORs) and ambulatory services, keeping everything moving and working like a well-oiled machine while keeping patients and doctors happy. A big part of that is being able to sit down and figure out what we can do better, which is always easier said than done.

Q: What is your work week like?
A: I usually beat the sun to work, getting here before 6:30 a.m. with the intention of leaving by 5 p.m., but that's rarely the case. Being in the ORs all day, having that energy flowing for hours on end, really makes the time fly. It's truly a great feeling.

Q: How has your job evolved over the past few years?
A: With the introduction of remote video auditing in the operating rooms, with direct video feeds to all of our ORs, I dedicate a large portion of my day to keeping track of my teams and staff members, building trust with them and creating a greater sense of teamwork while ensuring patient safety. I always try to put my staff in the shoes of the patients and their families, asking how they would want to be treated if the roles were reversed.

Q: How do you help patients?
A: Although thousands pass through our doors, I make sure to interact with every patient. If you come in for a procedure and you're nervous, I will hold your hand going into the OR. If you're not going home the same day, I will make sure to visit. Wouldn't you want to be visited?

Q: Outside of the hospital, how do you relax?
A: I love to break free in any way possible. Movies, trips and my favorite: massages. At some point, the caregiver needs care. I always tell my staff, “We have to care for our patients by first taking care of ourselves.” When patients come to our hospital, they deserve us at our best, so we have to make sure we care for ourselves.

— Tim Vassilakos
NEW HYDE PARK — The speed and quality consumers demand have inspired health care providers at LIJ Medical Center to design a new Emergency Department (ED) experience—one that emphasizes decreased wait times and improved efficiency without sacrificing expert care.

“Health care is always innovating,” said Chantal Weinhold, executive director of LIJ. “The Emergency Department is our front door, much the way a lobby is for a hotel. For many of our patients, this is the time when they get their first impression of LIJ.”

As certain information is communicated to visitors when they first step into a hotel lobby, the same is true in the Emergency Department—only it’s much more critical.

“These are people’s lives,” Ms. Weinhold said. “We want patients to know they’re placing themselves in compassionate, qualified hands. You only get one chance to make that first impression that conveys the commitment to excellence that can make or break the patient experience.”

A New Process

As part of a new process at LIJ’s ED, that first impression begins with a registered nurse (RN) greeter, who not only welcomes the patient but also provides quick registration and generates a chart. Then, a “quick look” RN assesses the patient and assigns an acuity level based on the patient’s severity of illness or injury.

Next, the patient is brought to an intake area for a physical exam by a physician, nurse practitioner or physician assistant. The patient then receives an ED Care Card, so everyone involved can track the time spent in the ED and any tests that are ordered, pending or completed.

“The ED Care Card helps us track the whole process,” said Helena Willis, RN, director of patient care services in the ED. “The patient and the ED staff all have the same information. They know how long the patient has been with us, the medical team members managing the patient’s care, the tests that have been ordered and completed and the overall plan of care.” Each member of the patient’s care team has a specific uniform color and other identifiers to give easier identification for patients.

Once the patient agrees to recommended treatment or tests, a health care provider routes the patient to the tests and then to a rest area to receive results. The health care provider then reviews the test results and plan of care with the patient and/or a family member.

“Our goal is to simplify the ED process and by doing so, enhance each patient’s experience,” said Salvatore Pardo, MD, vice chair of emergency medicine. “After patients enter the Emergency Department, we want them to enter an exam room within 15 minutes and to see a health care provider within 30 minutes.” Improved communication and efficiency are keys to reducing door-to-provider times and delivering the high-quality care patients deserve and expect, he added. “We think we’ve developed a process that will not only work here at LIJ, but can also be a model for other hospitals.”

The results have been encouraging. LIJ Medical Center has reduced its ED door-to-room time by 50 percent to 24 minutes and its door-to-provider time by 28 percent to 52 minutes.

“We’re encouraged by our progress,” said Ms. Weinhold. “We know that as we move forward in this process, our patients will continue to experience the difference.”
The use of a ground-breaking video monitoring system to strengthen patient safety in operating rooms (ORs) at Forest Hills Hospital was recently highlighted in a video-conference training session offered by the Joint Commission Resources Quality and Safety Network.

Forest Hills Hospital began using remote video auditing (RVA) services in February 2013 to improve OR patient safety practices and turnover times between cases. An auditor views each OR once every two minutes via RVA to determine the status of the case and to identify and evaluate key safety measures that help prevent wrong-side surgeries and retained surgical objects.

“During a time when health care is changing so rapidly, expanding steps to boost patient safety is imperative,” said George Riccio, executive producer of Joint Commission Resources’ audio and video programs. “We featured Forest Hills in the video-conference training session because we wanted to share how the hospital uses technology to improve overall patient safety.”

Via real-time email and text alerts, the RVA system alerts nursing and anesthesia floor leaders about divergence from protocol; cleaning staff about when surgeries are ready to conclude so they can prepare to clean the OR; and surgeons about when their patients arrive in the OR. Additionally, all staff can see real-time OR status updates and performance feedback metrics on plasma screens throughout the OR and on mobile devices.

“In a matter of weeks, the patient safety measures, sign-ins, time-outs, sign-outs and terminal cleanings all improved to 100 percent,” said Rita Mercieca, RN, executive director of Forest Hills Hospital. “A culture of safety and trust is palpable among the surgical team.”

“Health care reform plays a significant role in all that we do, so it is important to engage the full spectrum of stakeholders to improve how safely and efficiently we care for our patients,” said John Di Capua, chair of anesthesiology for the North Shore-LIJ Health System.

Below: Remote video auditing at Forest Hills Hospital’s ORs boosts patient safety.
An unusual “employee” has been filling prescriptions at Staten Island University Hospital (SIUH). Robot-Rx, an automated medication-dispensing system, fills more than 6,000 medication doses daily for patients from its second-floor pharmacy services space at the North Site. SIUH is the first hospital to use the system.

After a prescriber enters a medication order into a hospital computer, a pharmacist reviews it for accuracy and inputs the order to the robot. The system generates a bar-coded sticker that matches the medication order with the patient.

The robot travels along a 30-foot conveyor belt, scanning racks with hundreds of prepackaged doses that are bar-coded to identify contents. Robot-Rx picks the bar-coded bag and then drops it down a chute and into a patient-specific bar-coded envelope.

The process takes less than a minute, and Robot-Rx usually fills prescriptions for a 25-bed unit in about 15 minutes. Previously, pharmacists and pharmacy support staff members had to pull the medications and count out individual doses.

“Robot-Rx frees up our pharmacists to do more clinical work, such as going on rounds with physicians and counseling patients about their medications,” said John Peana, associate director of pharmacy services at SIUH. He added that the system also simplifies inventory management by providing real-time data on medications stored, used and expired.

Pharmacy support personnel load the medication racks for the robot.

When the medications arrive at inpatient units at the North and South sites, nurses scan the patient’s wristband bar code and the medication bar code before administering the dose.

“The Robot-Rx system works on bar codes, so it increases patient safety,” said Ed Hamdan, assistant director of pharmacy services. “If there’s a mistake, it’s caught before a medication error happens.”

Above: Desiree Casi, a pharmacy tech, checks over a patient’s medication order, displayed on the Robot-Rx screen. Large, bulky medications — such as IV solutions, creams and ointments — require manual dispensing from a medication carousel that’s connected to the Robot-Rx system.
More than 100 adults got free eye screenings last fall at Manhattan Eye, Ear and Throat Hospital, Syosset Hospital and Staten Island University Hospital in honor of World Sight Day. The screenings were done in partnership with Sightsavers, a nonprofit organization dedicated to ending avoidable blindness.

About 285 million people across the globe either are blind or have a low level of vision, according to the International Agency for the Prevention of Blindness. Yet, 80 percent of vision issues are preventable, the agency says.

Routine eye exams are critical to preventing blindness and other eye impairments, said Richard Braunstein, MD, the North Shore-LIJ Health System’s interim chair of ophthalmology. “Although any change in vision can be a sign of a potentially serious eye problem, an acute loss of vision is a reason to seek immediate medical attention,” he added.

Some things people can do to try to prevent potential eye health problems include being aware of their family’s history of eye disease, wearing sunglasses, maintaining a healthy diet, controlling their blood pressure and not smoking, Dr. Braunstein said.

Saving People’s Sight Through Screenings

Dozens of adults came to three North Shore-LIJ sites for free eye exams.

Hopping by for a Visit

North Shore-LIJ Health System employees got a surprise on Easter Sunday when Board of Trustees Chair Richard Goldstein, second from right, and Bob Chasanoff, right, vice chair of the board’s quality committee, visited 18 different facilities across the health system to express their appreciation to staff for working the holiday. They are shown here at North Shore University Hospital’s (NSUH) Emergency Department with Michael Gitman, MD, NSUH’s medical director.

“Throughout Richard’s tenure as chairman, he has always been focused on recognizing the tireless dedication of health system employees to their patients,” said Mr. Chasanoff. “It was a privilege to accompany him on the Easter Sunday tour.” Mssrs. Goldstein and Chasanoff also visited South Oaks, Zucker Hillside, Forest Hills, Franklin, Glen Cove, Huntington, Lenox Hill, Plainview, Southside and Syosset hospitals; LJI Medical Center and Cohen Children’s Hospital; the Orzac and Stern centers for rehabilitation; Broadlawns Manor; and the Center for EMS.
Therapeutic Rehab Engages Patients and Nurtures Goals

AMITYVILLE — Therapeutic rehabilitation at South Oaks Hospital boosts patients' quality of life by using creative arts, recreation and fitness to complement traditional therapy and help patients reach treatment goals.

“All therapists at South Oaks have the same basic goals for patients, such as improving emotional well-being, cognitive skills and communication ability,” said Lori DeLucia, a music therapist at South Oaks. “In the Therapeutic Rehabilitation Department, we work toward those goals in very different ways.”

South Oaks has eight full-time therapeutic rehabilitation specialists on staff who work with psychiatric patients of all ages, as well as adult chemical dependency and detoxification patients. During multiple sessions each day, they focus on activities like painting, drawing, writing and group recreation. They share each patient’s progress and goals during weekly treatment team meetings.

Self-Expression and Communication

Therapeutic rehabilitation gives patients a safe environment to begin a dialogue and explore sources of stress and hopes for the future. “By working through issues creatively, patients may discover things about themselves that they hadn’t been able to express through traditional therapy,” said Kelly Hoffman, an activities therapist who works largely with chemical dependency and detox patients. Therapeutic rehab can help patients establish stronger, more effective ways to communicate needs and interact within their environment.

Besides encouraging self-expression, creative outlets also offer insights into how patients are responding to treatment. “Artwork can tell us so much,” said Dina Palma, a licensed creative arts therapist who most often works with adult and geriatric behavioral health patients. “For example, if a patient begins choosing more colors or taking up more space on the page compared to previous weeks, this may indicate that he or she is making progress.”

Furthermore, creative activities can motivate otherwise immobile patients to move. “Stretching out the arm to connect paint with canvas or gently swaying as they stand to draw may be the most some patients have moved for weeks,” said Ms. Palma. “It’s an achievement.”

Adopting new habits is integral to managing behavioral health issues and adjusting to life outside the hospital. This is especially true for patients getting treatment for chemical dependency. Therapeutic rehabilitation helps these patients develop healthy coping skills rather than using alcohol or drugs when they feel vulnerable or upset, Ms. Hoffman said. She added that these expressive activities may help ward off negative behaviors by giving patients a sense of self and accomplishment.

Creative projects let new insights flower.

It Takes a Village to Throw a Party

Southside Hospital’s Nutritional Services Department recently created a global village for its annual employee banquet. With the theme “Cultural Diversity of the Seven Continents,” staff members gathered in a large heated tent to enjoy international cuisines from seven food stations. Colorful posters decorated each section with fun facts about different languages, popular regional dishes and national statistics.

For an added dash of fun, employees placed colored stickers on a large world map to show their family’s country of origin. Among Southside’s merry-makers were, from left: Mohamed Saleh, manager/chef; Gloria Medina, Spanish interpreter; and Vinny Aguilar, manager of language access services.
The North Shore-LIJ Health System has expanded its Early Intervention Substance-Abuse Program to include LIJ Medical Center’s Ambulatory Care Unit in New Hyde Park. The program helps identify patients whose alcohol, drug or tobacco use may develop into addiction. Patients 18 and older who visit a participating health care facility are pre-screened with three to five questions relating to drinking, smoking and drug use. It debuted in December at the health system’s General Internal Medicine Office in Great Neck and Southside Hospital’s Emergency Department, and will roll out at four other North Shore-LIJ locations in Staten Island and Manhattan.

A health coach approaches patients who meet a certain criteria and further assess them during the visit, said Sandeep Kapoor, MD, program director. “That’s when the conversation really starts,” he added. “Based on that interaction, patients may receive a brief motivational and awareness-raising intervention and, if necessary, a referral for treatment.”

Working with CASAColumbia, a nonprofit that works to address addiction, North Shore-LIJ is drawing on its emergency medicine, internal medicine and psychiatry/behavioral health specialists to implement the program. Together, they hope to screen 150,000 individuals and conduct more than 37,000 brief interventions at health system clinics and emergency departments. It’s projected that between 4,000 to 5,000 people will be referred for some form of treatment through the program during the next five years.

A $10 million, five-year grant to the health system supports the program. The funds are part of a Substance Abuse and Mental Health Services Administration grant that the New York State Office of Alcoholism and Substance Abuse Services administers.

Early Intervention Substance-Abuse Program Expands

The letter below provides an update on the current status of Glen Cove Hospital’s programs and services, and plans for the future. It was written by Barbara Barnett, MD, the hospital’s medical director, and Nicholas Rizzo, MD, president of the hospital’s Medical Staff Society, which represents Glen Cove’s community based physicians, many of whom had expressed concerns about North Shore-LIJ’s proposal last year to enhance outpatient, geriatric and emergency services, while reducing the focus on inpatient care. There have been ongoing discussions among clinical leadership from the North Shore-LIJ Health System, Glen Cove Hospital and community-based physicians to resolve the concerns expressed by local doctors and members of the community.

Just as it has since 1928, Glen Cove Hospital will continue to serve North Shore communities. To better meet the needs of the community and the pressing health care issues facing seniors and the chronically ill, the North Shore-LIJ Health System last year announced plans to enhance outpatient, geriatric and emergency services, while reducing the focus on inpatient care. That announcement raised concerns among some that Glen Cove would discontinue inpatient services.

After considerable input from community-based physicians and local residents, the North Shore-LIJ leadership has pledged that Glen Cove will remain a fully-staffed, full-service hospital, even while the health system continues to develop a new model of care that places a greater emphasis on health and wellness, and community- and home-based services.

Patients requiring medical, surgical and emergency treatment will continue to get the care they need at Glen Cove Hospital. The hospital’s operating rooms remain open for ambulatory, inpatient and emergency surgeries, as will our state-of-the-art endoscopy suite. In fact, we are seeking to recruit other general, specialty surgeons and gastroenterologists for our facility. In addition, the hospital’s laboratory, radiology, nuclear medicine, and ambulatory physical therapy services and rehabilitation will remain. The hospital’s highly acclaimed inpatient rehabilitation services and Traumatic Brain Injury Unit also currently remain at Glen Cove, although they will continue to be evaluated in the context of health care reform and community needs.

Working together, the health system and its community physicians have set an aggressive course that we believe will ensure Glen Cove’s long-term viability and position it as a future model for community hospitals in New York State.

This is a great community with a promising future. We feel privileged to be your health care providers, now and in the years to come, as we continue to build on the hospital’s legacy. We thank you for your ongoing support. If you have any questions about programs and services at Glen Cove Hospital, please reach out to William Bowles, director of the hospital’s medical staff, at wbowles@nshs.edu

Nicholas Rizzo, MD
President, Medical Staff Society
Glen Cove Hospital

Barbara Barnett, MD
Medical Director
Glen Cove Hospital

Early Intervention Substance-Abuse Program Expands

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Huntington Earns Third Straight Magnet Designation

By Julie Robinson-Tingue

HUNTINGTON — Nurses at Huntington Hospital have distinguished themselves as the first on Long Island to earn Magnet status for the third consecutive time. This “triple crown” honor for excellence in nursing services from the American Nurses Credentialing Center (ANCC) puts the hospital in an elite class: Only 86 of 5,724 hospitals in the US have attained Magnet status three times or more. Only 6.8 percent — or 391— are Magnet accredited.

Magnet designation is the gold standard of patient care. When it achieved Magnet status 10 years ago, Huntington was the first community hospital on Long Island to do so. It is also the only Long Island hospital to be redesignated for a third time immediately following its initial certification period. Not only do organizations that apply for Magnet status undergo extensive evaluation, but those that achieve it must also continue to meet rigorous standards.

“To earn Magnet status once is a tremendous accomplishment and a great source of pride for our nurses and the entire hospital,” said Kevin Lawlor, Huntington’s president and CEO. “Receiving Magnet status three consecutive times is the result of the hard work of many people. It’s truly a team effort by dedicated staff members whose ultimate goal is to meet the health care needs of our community.”

“Our initial Magnet designation eight years ago raised the bar on patient care and inspired all of us – nurses, physicians, professional and support staff – to strive to be even better;” said Susan Knoepfler, Huntington’s vice president of nursing and chief nursing officer. “I’m incredibly proud of the commitment our nurses made to embark on this Magnet journey for a third time, and of the support we have received from Huntington Hospital’s staff members and departments,” she said, adding that research has shown that Magnet hospitals are more effective at attracting and keeping quality nurses.

Christine Bodi, RN, left, and Lisa Coizza, RN, from Huntington’s Surgery Department, review the day’s OR schedule.
NEW YORK — Lenox Hill Hospital bid a fond farewell to a change agent when Linda Bell, RN, recently retired after 44 years of service.

The 1969 graduate of the hospital’s School of Nursing helped implement many transformations in clinical and information technology during her rise from a staff nurse through various nursing leadership positions in neurology, medicine and nursing administration.

“Everyone on Linda’s staff knew what was going on with technology changes and that they were a member of the team to assist in the rollout,” said Linda DiCarlo, RN, director of Lenox Hill’s nursing resource office and nursing informatics. “She wanted buy-in and for staff to understand what the technology could and would do in the future.”

One of the most profound changes during Ms. Bell’s tenure was the introduction of the electronic health record in 2009, which began replacing the hunt for paper records. Today’s computerized physician order entry (CPOE) and electronic medication administration (eMAR) are light years away from the tedious and time-consuming practice nurse managers like Ms. Bell faced in the 1970s of “picking up” and deciphering handwritten physician orders, transcribing them to the Kardex card-filing system and conveying them to bedside nurses.

In the field of neurology, noninvasive and more precise imaging systems like MRIs and CT scans replaced routine painful myelograms involving lumbar punctures and dye injections to determine the cause of spine problems. Today, glucometers provide quicker, easier and more precise readings of blood sugar levels than older methods of testing. And telemetry allows constant heart-rate monitoring and a comprehensive view rather than stitched-together EKG “snapshots” to build up a picture of the heart rate.

Automated scheduling gives nurse managers information at their fingertips to troubleshoot in real time and adjust nursing schedules as patient needs dictate, instead of handwriting monthly schedules for nursing staff working 7.5-hour days, five days a week.

Mobile learning and simulation enhance classroom lectures and testing, providing more options in nursing education, even though “you still need the practical experience,” Ms. Bell said.

Automation provides “more information, greater accuracy and timing and more safety with checks and balances,” Ms. Bell said. Still, some things don’t change. Even though hand washing now can be electronically monitored, the importance of hand washing “has always been basic since before my time,” Ms. Bell continued on page 23.
MANHASSET — Nursing strategies at the Stern Family Center for Rehabilitation significantly decreased avoidable patient readmissions within 30 days from a high of 14 percent in May 2012 to between 11.8 and 12.9 percent in 2013. That’s significantly below the New York State rate of 25.3 percent and a national rate of 23.5 percent, said Barbara Geraghty, RN, associate executive director of patient care services.

Changing the culture and increasing nursing knowledge and skills to treat a predominantly subacute patient population on-site when appropriate drove the achievement, said Phyllis Quinlan, RN, PhD, nurse educator.

Following enhanced training in the summer of 2012, registered nurses now treat patients with potential fluid overload in respiratory distress by providing IV diuretics, instead of transferring patients to North Shore University Hospital’s Emergency Department (ED), as they formerly did. (The Stern Family Center is on the same campus as North Shore.)

“We also increased our communication with acute care hospital EDs, especially North Shore University Hospital,” Dr. Quinlan said, “to let them know we can handle IV antibiotics and that they could send patients back here safely, rather than admit them to the hospital.”

A modified early warning score (MEWs) helps nurses identify subtle changes in patients’ vital signs, consciousness and pain to intervene “sooner, rather than later,” Dr. Quinlan said. Nurses also changed their documentation to reflect more critical thinking, adding more substantial information and again promoting earlier intervention, if necessary.

Certified nursing assistants learned to observe physical and nonphysical changes in patients — an unsteady gait, changes in elimination and skin — and report them earlier to RNs. “The CNAs were thrilled to be included in training and recognized for their abilities,” Dr. Quinlan said. “It improved patient care and staff relationships and morale.”

Nurse practitioner support was enhanced on the evening shift to reflect that most admissions occur between 3 p.m. and midnight, rather than during the day shift, further hastening patient treatment.

Stern’s evolution from a long-term care to a subacute facility increases the need for assessments of patients with more complex health care concerns. Therefore, nursing leadership increased the RN staffing mix through attrition and by encouraging and supporting LPNs to further their education.

“Subacute care settings like Stern will continue to partner with acute care settings in meeting the national goal to reduce avoidable hospital readmissions in a safe, efficient and effective way,” Ms. Geraghty said.

The North Shore-LIJ Health System is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. The Institute for Nursing adds new conferences and programs regularly. For more information and program listings, please email jferrugi@nshs.edu, call 718-470-3890 or register online at bit.ly/1ekgWGG.
The New Standard

Nurses still need to function and be able to care for patients if systems fail or there is scheduled maintenance downtime. “So it’s good if someone remembers the old ways of pen and paper,” Ms. Bell said.

You can’t automate empathy, you still “have to spend time with patients and be compassionate, understanding and a great communicator and teacher,” Ms. Bell said. When more people have access to information, Ms. Bell added, safeguarding patient information is paramount. “You still have to maintain ethics.”

According to Ms. DiCarlo, Ms. Bell “was invaluable in helping implement changes at the bedside, and could also see the unlimited potential of technology throughout the North Shore-LIJ Health System for improving patient care.”

Ms. Bell is excited about the future of technology in health care. “Focus will continue to be more on disease prevention, monitoring of patients and family history and early detection and control of diseases.”

The New Jersey resident won’t miss the commute from Bloomfield, but she will miss the many relationships she has formed during her time at Lenox Hill. Thanks to technology, there’s no shortage of ways to connect with friends and former colleagues and to keep Ms. Bell occupied as she plans her itinerary for visiting Ireland this summer.

Mets Pitch in $185K to Katz Institute

New York Mets pitcher Matt Harvey, right, recently presented a $185,000 check to North Shore-LIJ’s Katz Institute for Women’s Health. The donation represented fulfillment of the Mets’ pledge of $2,500 to the institute for each of its victories (74) during the 2013 season. Accepting the check were Jennifer Mieres, MD, left, the North Shore-LIJ Health System’s senior vice president of community and public health, and Stacey Rosen, MD, vice president of women’s health at the Katz Institute. The Katz Institute for Women’s Health integrates women’s health programs and services across North Shore-LIJ and helps women get the help they need to stay healthy.

On the Vanguard of Change

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Insight into Health Care

Kassandra Fernandez, a student at Baldwin High School’s Health Care Career Academy, recently learned about Franklin Hospital’s laboratory processes during the school’s Shadow Day. After a hospital tour, 15 Career Academy students each “shadowed” a staff member to learn about the ins and outs of their typical work day – getting a glimpse into a possible career path. They observed professionals in imaging, nursing, social work, laboratory management, physical therapy and the Lions Eye Bank for Long Island. The North Shore-LIJ Health System’s Workforce Readiness Division and Franklin Hospital’s Community Relations Department collaborated to bring the day together for the teens.
$1.35M Award to Help Find Solutions for Older, Chronically Ill Patients

By Emily Ng

MANHASSET — A recent $1.35 million research award is supporting investigation into the effectiveness of telehealth programs as self-management tools for patients with chronic disease. The Patient-Centered Outcomes Research Institute (PCORI) allocated the funds to Renee Pekmezaris, PhD, vice president of community health services for the North Shore-LIJ Health System, who is leading the evaluation of telehealth in managing the health of elderly African-Americans and Latino heart failure patients.

Video and other telecommunications technologies help health care providers like North Shore-LIJ remotely monitor patients in their homes while checking vital signs.

Heart failure, which occurs when the heart muscle doesn’t pump blood as well as it should, affects about six million Americans. Hispanic heart-failure patients are younger and tend to die earlier than non-Hispanic whites. The reasons for this greater disease burden in African-Americans and Hispanics are complex, resulting from the interaction of many factors, including hypertension, reduced health care access and socioeconomic factors. Increasing prevalence, hospitalizations and deaths have made heart failure a major chronic condition in the United States, underscoring the need to find new and improved ways of caring for minorities with chronic conditions. The condition is more than 25 percent more common among African Americans than whites.

“Not every patient is the same. Some older patients are well-insured and have caregivers to help them, while others are very isolated and struggle with their disease on a daily basis,” said Dr. Pekmezaris. “The only way to design technology solutions that work with older patients, especially those who may have traditionally experienced poor access to care, is to seek their input from the start. That is exactly what we propose to do with PCORI’s support.”

For this project, health care providers will conduct weekly video visits with patients, utilizing a computer monitor in the patients’ homes, and patients will monitor their own conditions daily. Researchers will gather input from patients and caregivers at multiple points during the study, so health care providers can make necessary adjustments in the intervention process to ensure that patients are compliant and satisfied with the system. To ensure that proposed outcomes have relevance for a broader population, a community advisory board will have input with the research team throughout the study process. The board will include patients, caregivers, patient advocates, a geriatrician, a heart failure specialist, a community-based telehealth nurse, an insurance representative, a health care policy expert and a health care disparities expert.

The study may identify a cost-effective care approach for patients living with chronic disease, according to Dr. Pekmezaris and her colleagues. The goal, they say, is for patients to take a more-active role in their self care and ultimately experience improvements in health, satisfaction and quality of life. Knowledge gained from this study will further understanding of the use of telehealth programs as effective self-management tools, and can lay the groundwork for the management of additional chronic conditions.
Antibody May Increase Survival Rates for Hemorrhage and Sepsis

By Emily Ng

MANHASSET — Scientists at the Feinstein Institute for Medical Research are investigating ways to treat sepsis by halting persistent and constant inflammation. Ping Wang, MD, head of the Feinstein Institute’s Center for Translational Research and vice chair of surgery research at North Shore University Hospital and LIJ Medical Center, and his colleagues discovered that a protein called cold-inducible RNA-binding protein (CIRP) is increased and released into the bloodstream in response to hemorrhagic shock and sepsis. When CIRP triggers inflammation, it contributes to organ damage. Dr. Wang hypothesized that blocking CIRP activity could reduce inflammation and improve patient survival. To test this theory, he and his colleagues conducted a study and found that treatment with an antibody against CIRP significantly increased survival rates during hemorrhage and sepsis in preclinical studies. They published their data in *Nature Medicine*.

“In this study, we identified a small peptide that can be potentially developed as anti-CIRP compound,” said Dr. Wang. “For patients, this means we may have discovered a molecule that could be used to treat hemorrhage and sepsis and save many lives.”

According to the National Trauma Institute, US emergency departments admit 37 million people with traumatic injury each year. Two major reasons why traumatic injury is so deadly are loss of blood (hemorrhage) and sepsis. Sepsis occurs when molecules released into the bloodstream to fight an injury or infection trigger inflammation throughout the body. Inflammation is necessary for maintaining good health. Without it, wounds and infections would never be controlled or heal. But rampant inflammation often causes organ dysfunction or damage, leading to patient death. The National Institutes of Health report that 28 to 50 percent of sepsis patients die from the condition.

“There’s a great need for new ways to diagnose and treat sepsis,” said Sarah Dunsmore, PhD, program director in the National Institutes of Health’s National Institute of General Medical Sciences, which partially funded the research. “By targeting molecules such as CIRP, which are part of the body’s normal response to stress, we may be able to tailor each patient’s treatment based on how much damage has already been done and which organs are at risk of failure. Dr. Wang’s work may also provide insight into how healthy cells survive extreme temperatures and other stressors, information that might be harnessed to treat a variety of disorders.”

Above: The arrows in this illustration show how part of the CIRP folds.

Battlefield Bioskills

Pararescuers from the 103rd Rescue Squadron of the New York Air National Guard in Westhampton Beach routinely train at North Shore-LIJ’s Biokills Education Center in Lake Success, where they learn advanced life-saving skills that they use on the battlefield or other austere environments where hospitals and physicians are not available. The pararescuers’ operating room is often in the back of a helicopter. This photo shows them in Afghanistan bringing patients to a Pavehawk Helicopter for evacuation. The Biokills Education Center brings the latest operative techniques to physicians, medical students, nurses and surgical technologists. Coupled with the most advanced technologies in video and endoscopic surgical equipment, the center supports surgical training, continuing medical education and research.
MANHASSET — The Feinstein Institute for Medical Research recently hosted the three-day Merinoff World Congress 2013: HMGB1. More than 150 attended to discuss the role of high-mobility group protein B1 (HMGB1) in biology and disease.

HMGB1, which was discovered by Feinstein Institute researchers, is a protein that can be a drug target for many inflammatory diseases, including lupus, rheumatoid arthritis and inflammatory bowel disease.

“Conference participants were excited to see major scientific advances that were presented here for the first time,” said Kevin Tracey, MD, president of the Feinstein Institute. “We’re learning about how HMGB1 interacts with the nervous system and how it can be involved in chronic pain syndromes, cognitive problems and even cancer. Discussing the latest advances in HMGB1 research provided us with information that we hope can lead to medicines and treatments that will help patients in the future.”

The congress featured lectures, meetings and poster sessions at the Feinstein Institute’s Manhasset headquarters and the Garden City Hotel.

Above: Participants at the first Merinoff World Congress addressed such topics as the biology of HMGB1 structure and function; sterile inflammation and injury; release and signal transduction mechanisms; HMGB1 clinical measures and pathophysiology; and HMGB1 as a therapeutic target.

LAKE SUCCESS — Kanti Rai, MD, and Jacqueline Barrientos, MD, two North Shore-LIJ Cancer Institute specialists renowned for their chronic lymphocytic leukemia (CLL) research, recently published an editorial in the New England Journal of Medicine.

Dr. Rai, chief of the Cancer Institute’s CLL Research and Treatment Program, and Dr. Barrientos, a research hematologist for the program, weighed in on a German study of a new CLL drug therapy. They pointed out that an important factor of the study is that most of the nearly 800 subjects are elderly with coexisting health issues. Previously, researchers have neglected this population for younger, healthier subjects, the doctors wrote. Yet the average age of CLL patients at diagnosis is 72, and most usually have other health problems.

The study focused on the use of obinutuzumab in subjects with previously untreated CLL and coexisting conditions. Researchers compared obinutuzumab and rituximab when both medications were combined with chlorambucil, a chemotherapy drug. Subjects who received the obinutuzumab/chlorambucil combination had an average of almost 27 months progression-free of the disorder. Those who got the rituximab/chlorambucil combination had about 16 progression-free months.

Findings of the study will have an important impact on future CLL research, said Dr. Rai, who also serves as an investigator at the Feinstein Institute for Medical Research. “The researchers’ work will encourage future use of obinutuzumab in combination with other drugs and help shape the clinical landscape of CLL in the next decade,” he added.
LAKE SUCCESS — North Shore-LIJ Health System employees can get a 20 percent rebate to enroll their child in a summer science camp at the DNA Learning Center West in Lake Success.

The DNA Learning Center West (5 Delaware Drive, Suite 5, in the Lake Success Quadrangle) is a collaboration between North Shore-LIJ Laboratories and Cold Spring Harbor Laboratory. The week-long summer camps are for students entering sixth through 12th grades.

Registration will open in early March. Go to summercamps.dnalc.org for camp descriptions, dates, pricing, an online application and payment or call 516-719-1296 weekdays between 9 a.m. and 1 p.m. For the North Shore-LIJ employee discount, you must first pay tuition in full during online registration, then follow the instructions on the site. Remember to choose the DNA Learning Center West to be eligible for the 20 percent rebate. Rebate requests are due by September 5.

Science Summer Camp in Lake Success

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The Feinstein Institute for Medical Research’s Movement Disorders Center is one of only nine US sites participating in a clinical trial of a medication for Tourette syndrome. The drug, AZD5213, targets the histamine H3 receptor. Histamine is commonly associated with allergies and the immune system, but it also plays a role in regulating dopamine and the neurotransmitter is intimately tied to the symptoms of Tourette.

The trial was sparked by geneticists identifying a rare mutation in a gene for histidine decarboxylase (Hdc) in a family with Tourette syndrome – a father and his eight sons. The mutation, which blocks histamine production, has only been found in that family, but researchers have created transgenic mice with the same mutation and those animals develop Tourette and compulsive-like behaviors. The studies showed that the mutations disrupted dopamine modulation and that histamine infusion reduced the dopamine levels.

“That scientists have replicated it in an animal model validates the hypothesis that the pathophysiology may be similar in human patients,” said Cathy Budman, MD, director of the Movement Disorders Center. A Tourette-syndrome expert, Dr. Budman will oversee the study site for North Shore-LIJ.

The study will test safety, tolerability, pharmacokinetics and efficacy in adolescent patients between 12 and 17. Researchers will also use the Yale Global Tic Severity Scale to see whether tics are reduced during the study.

“We are hoping that this new investigational drug will prove to be effective for patients,” said Dr. Budman.

According to the 2007 National Survey of Children’s Health, an estimated three in 1,000 children will develop Tourette syndrome, although as many as one in 200 may show milder tic symptoms. The syndrome is three times as likely in boys as girls. Symptoms are usually the most extreme during adolescence, though they may persist throughout a lifetime. Many patients also have other conditions, including attention deficit–hyperactivity disorder or obsessive–compulsive disorder. Anxiety, depression and anger control problems can also complicate the syndrome.

The brain chemistry changes that have been identified in Tourette open the door to the development of effective treatments. AZD5213 may be able to counteract these changes, with the potential to provide symptomatic relief with less of the negative side effects associated with existing treatments, said Dr. Budman.
TBI Monitor Earns US Patent

MANHASSET — The US Patent Office recently approved a new device to help physicians better monitor severe traumatic brain injuries (TBIs), like those suffered in combat.

The US Department of Defense (DOD) awarded a $5 million grant in October 2010 to the Feinstein Institute for Medical Research and the University of Cincinnati to develop the device, called the Smart Sensor for its potential to improve outcomes for combat veterans suffering from severe TBI. Still in development, the Smart Sensor will be ready for clinical use in about three to four years.

There are already tools that measure intracranial pressure and brain oxygen levels, but other changes that occur inside the brain have been more difficult, if not impossible, to monitor. The Smart Sensor lets physicians observe and measure brain glucose, blood flow, temperature, electrical activity and other brain chemistry characteristics.

To design the device, Raj Narayan, MD, chair of neurosurgery at North Shore University Hospital and LIJ Medical Center, and Chunyan Li, PhD, a Feinstein Institute researcher, have been collaborating over the past six years with University of Cincinnati engineers and neurosurgical colleagues.

“This patent approval is a major step toward the improved monitoring of patients with severe TBI,” said Dr. Narayan. “The first few hours and days after a patient has suffered a severe brain trauma are crucial. The Smart Sensor is a catheter system packed with multiple miniaturized sensors that allow for real-time continuous monitoring of key biochemical and physiological parameters. This information can be critically important in deciding how to treat TBI patients. The more information the neurocritical care team has, the better we can help patients recover.”

Zucker Hillside Studies Pharmacogenomic Testing for Psychotic Disorders

GLEN OAKS — The Zucker Hillside Hospital has begun a new study that uses pharmacogenomic testing to treat patients diagnosed with psychotic disorders, including schizophrenia and bipolar disorder.

The study will compare outcomes from a treatment-as-usual group with a group that uses the Genecept Assay from Genomind. The Genecept Assay is a test for genetic and biological markers for certain psychiatric patients. Anil Malhotra, MD, director of psychiatric research at Zucker Hillside, is co-principal investigator and a member of Genomind’s Scientific Advisory Board.

“This study is an opportunity to learn more about translating the use of biomarkers to clinical practice and patients,” said Hal Levine, DO, chief medical officer of ValueOptions, the independent behavioral health and wellness company that is participating with Zucker Hillside and Genomind. The research could lead to patient-tailored schizophrenia and bipolar disorder treatments.

“Treating patients diagnosed with psychosis is a challenge for clinicians,” said Jianping Zhang, MD, PhD, co-principal investigator of the study. “Medication is an important part of treatment, and side effects must be managed. Pharmacogenomic testing like the Genecept Assay is a promising tool to help guide medication management based upon a patient’s genetic and biologic information.”

Genomind focuses on improving treatment for patients with psychiatric conditions, said Jay Lombard, DO, chief scientific officer, medical director and cofounder of Genomind. “This study at Zucker Hillside offers a treatment center known for its pioneering programs, allowing us to understand how treatment options can best be used in real world settings,” he added.
SYOSSET — After many months of planning, design and preparation, Syosset Hospital has opened its new Center for Orthopaedic Excellence, which offers an array of comprehensive programs. Developed as a regional facility for inpatient and outpatient services, the center offers total hip and knee joint replacement, complex revision surgery, spine services, sports medicine/arthroscopy, hand and upper extremity, foot and ankle and general orthopedic care.

Eugene Krauss, MD, who previously headed Glen Cove Hospital’s Orthopedics Department, now serves as program director of the new center and director of orthopedics at Syosset Hospital. An experienced team of multidisciplinary health care professionals from Glen Cove collaborate with their counterparts from Syosset Hospital to provide orthopedic care at the new center.

“Our goal is to create a program that builds upon the 20 years of achievement at Glen Cove Hospital,” Dr. Krauss said. “Our outcomes, research initiatives and patient satisfaction will enable us to establish the standard for orthopedic excellence for others to emulate.”

“Syosset Hospital has a rich history of surgical excellence in ophthalmology, bariatrics and general surgery, so our facility is well poised to add this program,” said Michael Fener, executive director of Syosset Hospital and Plainview Hospital. He added that clinicians at the new center also work closely with experts at Syosset’s well-established pain alleviation program.

The hospital is also constructing new space for inpatient orthopedic rehabilitation. These services will also expand to offer outpatient physical therapy centers at other sites. Part of the Center for Orthopaedic Excellence, inpatient orthopedic rehab is open seven days a week and will help speed recovery and assist patients in becoming more active after surgery. Upon hospital discharge, patients are encouraged to continue rehabilitation within the North Shore-LIJ Rehabilitation Network’s continuum of care, which includes home care services, subacute rehabilitation and outpatient therapy.

Upgrades on the first floor will include a new patient waiting room and a conference room for physicians, patients and families. The inpatient unit is on the second floor; reconfigured, more efficient operating rooms (ORs) are on the third floor. New interactive teleconferencing abilities in the OR suites will allow teaching within the health system or throughout health care and academic facilities nationwide and internationally.

To further advance Syosset Hospital’s commitment to orthopedic excellence, Dr. Krauss and Mr. Fener have already addressed key efficiency measures. Syosset Hospital has intensified the package of care for orthopedics in areas such as medical management, outcome monitoring, communication, referral and ease of access, which all work together to “create personalized service with a high level of patient satisfaction,” said Mr. Fener.

“Our goal for the new Center for Orthopaedic Excellence at Syosset is to provide patients with high-quality surgeries that, coupled with physical therapy and other services soon after surgery, will help restore mobility and get them back to their lives confidently and expeditiously,” Dr. Krauss said.
A clinical trial increased participants’ weight loss by combining a Lap band procedure with surgery that folds the stomach. A team from the Center for Bariatric Surgical Specialties at Syosset Hospital was the first in the US to present findings from the trial.

Alan Geiss, MD, the center’s director, and his colleagues began clinical trials in November 2011. They analyzed the results of 167 patients’ surgical procedures. Patients’ weight on average went from 284 pounds to 225 pounds within a year and their body mass index (BMI) dropped from 45 to 36. A group with only the Lap Band implant went from 283 pounds to 243 pounds and their BMI was lowered from 46 to 39.5.

Though this is the first clinical trial with results in the US to examine this combined bariatric approach, there have been similar studies in Brazil and Taiwan.

Folding the outer curve of a patient’s stomach into a pleat, which is called plication, is new in its application to bariatric surgeries. For decades, the procedure was used on people suffering from perforated ulcers or stomach trauma. The bariatric plication preserves the person’s anatomy, which is safer and avoids complications stemming from leaks or tears.

“This is an evolving bariatric surgery that attempts to avoid the issues and complications that can sometimes be associated with stapling or other bariatric surgeries that alter the anatomy,” Dr. Geiss said. “This kind of procedure provides great results for our patients.”

The clinical trial is still under way as an ongoing observational study approved by the Institutional Review Board. Anyone who seeks a Lap band consultation at the Center for Bariatric Surgical Specialties is told about the study and offered the option to participate. Candidates for Lap band surgery need a BMI of 40 or higher or a BMI between 35 and 39 with a significant complication from being overweight, such as diabetes or hypertension. Potential patients must also have failed previous medical and other attempts at weight loss.

Bariatric Clinical Trial Gives Patients More Options

By Alexandra Zendrian

A team from the Center for Bariatric Surgical Specialties recently presented clinical trial results at the American Society of Metabolic and Bariatric Surgery’s Obesity Week Conference in Atlanta. In addition to Dr. Geiss, the group included Colin Powers, MD, chief of general surgery; June Warman, a registered nurse in the Syosset operating room; Miriam Myerson Borsch, a physician assistant in the Surgery Department; Heather McMullen, MD, surgeon; and Donna McPartland, RN, clinical coordinator of the Bariatric Services Program.

CME Course Schedule

In December 2013, North Shore-LIJ’s Office of Continuing Medical Education received an Accreditation with Commendation from the Accreditation Council for Continuing Medical Education. It was the second time that North Shore-LIJ has achieved this distinction. The Accreditation with Commendation establishes the health system’s program in the top tier of all continuing medical education (CME), including some of the most prestigious medical schools in the US.

APR 27-29 Wound Care Conference
28-May 2 Electro-Convulsive Therapy: Practice and Theory Five-Day Course

JUN 25 Masters Series in Gynecology/
The Pap Smear: Screening and Management Strategies

Long Island Marriott, Uniondale
The Zucker Hillside Hospital, Glen Oaks

The Feinstein Institute for Medical Research, Manhasset

Find infection–control training online at bit.ly/1fRH4s0.

Conference information is updated weekly. Learn more at bit.ly/1bJWT8e or call the Office of Continuing Medical Education at 516-465-3CME (516-465-3263).
NEW YORK — Lenox Hill Hospital surgeons recently implanted the first federally-approved Baha Attract hearing devices in the United States in two patients.

Ian Storper, MD, director of otology at the New York Head and Neck Institute’s Center for Hearing and Balance Disorders at Lenox Hill Hospital, implanted the first magnetically-attached, bone-anchored device in a 66 year-old woman. Sujana Chandrasekhar, MD, implanted the second Baha Attract in a 29-year-old mother of four from Brooklyn.

Unlike most bone-anchored hearing implants, this new magnetically attached implant — recently approved by the US Food and Drug Administration — does not penetrate the skin. Instead, it uses magnetic retention to connect the external and internal components. This unit uses a novel anchoring device compared to existing implants that screw into the skull behind the ear. It is very helpful for patients with either complete one-sided deafness by sending sound to the opposite ear through the skull; or conductive hearing loss from ear canal and middle ear blockages by bypassing the obstruction to deliver sound directly to the inner ear.

“The advantage of this new system is that it delivers sound without requiring a visible metal snap at the skin surface. This decreases the potential for skin irritation and is cosmetically invisible when the external processor is not worn,” said Dr. Storper.

The Baha Attract magnet adapts to the recipient’s skull and evenly distributes pressure. The small external sound processor connected to the implant sits just behind the ear and provides a wide range of programs to help the recipient hear clearly in a variety of surroundings.

“Outstanding advances have been made over the last two decades in implant technology, enabling people who were previously untreatable to have their hearing restored or improved,” said Dr. Storper. “This first-in-the-nation implant offers another tool to ensure the best hearing and aesthetic outcomes to maximize patient satisfaction.”

“This implant marks another milestone in the New York Head and Neck Institute’s ongoing efforts to improve the quality of life of patients impacted by hearing loss,” said Peter Costantino, MD, executive director and senior vice president of head and neck services at the North Shore-LIJ Health System.
Targeting Prostate Tumors

Zeph Okeka, MD, a urologist at the Arthur Smith Institute for Urology, was the first US doctor to remove an enlarged prostate using the second-generation Thulium Fiberlaser system from Germany-based StarMedTec. He performed the procedure at LIJ Medical Center.

Treating enlarged prostates with lasers usually results in shorter hospital stays, less bleeding and fewer risks of other complications. Prostate surgeries using lasers have been performed for decades in the US, usually with the holmium laser. The thulium laser produces similar results to a traditional surgical prostatectomy, but without any incisions. The Thulium unit is a continuous laser that offers more precision than holmium systems, which are pulsed.

Dr. Okeke has performed eight procedures with the Thulium Fiberlaser since he began using this method last autumn. The thulium laser is slated to be used in kidney tumor procedures soon, according to Louis Kavoussi, MD, North Shore-LIJ’s chair of urology.

“Using this laser allows us to decrease the length of patients’ hospital stay and provide them with high-quality results so they can return to their everyday lives sooner,” Dr. Okeke said.

Feil Charitable Trust Endows $10M Scholarship Fund for Medical Students

HEMPSTEAD — The Louis Feil Charitable Lead Annuity Trust will endow a $10 million scholarship fund for students at the Hofstra North Shore–LIJ School of Medicine. The trust is a philanthropy with a history of supporting medical facilities, causes, research and education.

The Gertrude and Louis Feil Endowed Scholarship Fund for Medical Students recognizes and supports the innovative curriculum that has made the Hofstra North Shore–LIJ School of Medicine a national model for medical education by fully integrating academic and clinical experiences from the beginning of a student’s training.

“The Feil Trust has long supported community–based health care facilities and programs that improve access to high–quality medical care,” said Hofstra President Stuart Rabinowitz. “We are honored by this extraordinary support for the students of the Hofstra North Shore–LIJ School of Medicine, which is focused on training patient–centered physicians who are sensitive to the communities they serve.”

The new scholarship fund is named for the parents of Jeffrey Feil, who is president and CEO of the Feil Organization real estate company and a trustee of the charitable organization.
Richard Braunstein, MD, has been appointed interim chair of ophthalmology for the North Shore-LIJ Health System. In his new position, Dr. Braunstein will play a pivotal role in expanding the department’s scope and services. He joined North Shore-LIJ in 2012 as vice president of ophthalmology and will continue in that role, working to expand and coordinate eye care services across the health system. Dr. Braunstein previously served as vice chair for the Edward S. Harkness Institute and Miranda Wong Tang professor of ophthalmology at Columbia University Medical Center.

Dr. Braunstein earned his MD at the Columbia University College of Physicians and Surgeons. He completed his residency at the Edward S. Harkness Eye Institute and fellowship in cornea and external disease at the Wilmer Eye Institute at Johns Hopkins University Hospital in Baltimore, MD.

Amit Garg, MD, has been named chair of the newly established Department of Dermatology at North Shore University Hospital and LIJ Medical Center, and the Hofstra North Shore-LIJ School of Medicine, where he also serves as associate professor of dermatology. He is responsible for defining strategic goals for this new clinical service line, as well as integrating and managing its operational activities across the health system.

Dr. Garg previously directed the Rheumatic Skin Disease Clinic and Dermatology Training Program at Boston Medical Center and was codirector of the dermatology module, disease and therapy core curriculum at Boston University School of Medicine. Dr. Garg earned his MD from the University of Massachusetts Medical School and completed his residency in dermatology at the University of Illinois at Chicago.

Lenox Hill Physician Appointments
Lenox Hill Hospital recently named Michael Compton, MD, chair of psychiatry. Dr. Compton, who most recently served at George Washington University School of Medicine and Health Sciences, will oversee and lead the development and continued growth of the department. An innovator in his field, Dr. Compton has contributed to national clinical research, provided editorial and manuscript oversight and mentored continued on next page

New York Neurosurgery Symposium
More than 100 people attended New York Neurosurgery, a recent CME conference hosted by the Cushing Neuroscience Institute at the Ritz-Carlton Battery Park Hotel. The conference focused on brain tumors and cerebrovascular and head trauma.

Robert Grossman, MD, professor of neurosurgery at Houston Methodist Hospital, keynoted the event. Other speakers included: Henry Brem, MD, neurosurgeon-in-chief at Johns Hopkins Hospital; Jacques Morcos, MD, director of cerebral surgery and skull-base and endoscopic surgery at the University of Miami School of Medicine; and Julian Bailes, Jr., MD, codirector of the North Shore Neurological Institute in Chicago. Cushing Neuroscience Institute presenters included David Chalif, MD; Amir Dehdashti, MD; Alexis Demopoulos, MD; Jonathan Knisely, MD; David Langer, MD; Raj Narayan, MD; Erez Nossek, MD; Michael Schulder, MD; and Avi Setton, MD.
**Physician Appointments**

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José Rodriguez, MD, is the new vice chair of orthopedic surgery at Lenox Hill. With his new appointment, Dr. Rodriguez will continue as the chief of the Adult Reconstruction and Joint Preservation Center and the program director of the adult reconstruction fellowship.

Dr. Rodriguez earned his MD at Columbia University’s College of Physicians and Surgeons. He completed his general surgery internship at Columbia Presbyterian Medical Center and his orthopedic surgery residency at the Hospital for Special Surgery. An arthritis surgery and joint reconstruction fellow at Lenox Hill’s Ranawat Orthopaedic Center, Dr. Rodriguez received the Maurice E. Muller Fellowship in Surgery of the Hip at Inselspital, Universitat Bern in Switzerland. A US Army Reserve major from 1989 to 2007, Dr. Rodriguez deployed to Iraq twice, first on a forward surgical team and subsequently as director of orthopedics and rehabilitation of the 343rd Combat Support Hospital.

William Spielfogel, DPM, has been appointed director of Lenox Hill’s Podiatric Medicine and Surgery Residency Program. While serving in this new role, he will continue as the chief of podiatry services and a member of the Orthopaedic Surgery Residency Review Committee.

Dr. Spielfogel received his DPM and completed his residency at the New York College of Podiatric Medicine. He has acted as an assistant clinical professor for many years at the college while maintaining his private practice.

Lenox Hill Hospital has appointed Samuel Wahl, MD, chair of pathology. A Lenox Hill staff member since 1994, Dr. Wahl had served as the department’s interim chair and program director since January 2013. He previously was director of the hospital’s Pathology Residency Training Program and director of anatomic pathology. He also serves as a clinical assistant professor of pathology at the Hofstra North Shore–LIJ School of Medicine.

Dr. Wahl obtained his MD from the Freie Universität Berlin, Germany. He was a resident in anatomic and clinical pathology at Lenox Hill and an oncologic pathology fellow at Memorial Sloan–Kettering Cancer Center.

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**July Fishing Challenge Benefits the Hagedorn Center**

MONTAUK — The Montauk Canyon Challenge attracted hundreds of sport fishing enthusiasts in its first two years — helping to raise about $8,000 for the Hagedorn Cleft Palate and Craniofacial Center.

Event proceeds help offset costs typically not covered by insurance providers, such as Haberman feeders and feeding plates plus specialized nasal molding devices that help realign the nose, often reducing the amount of surgical correction required.

“Children with craniofacial disorders require many services that are considered nonessential by insurance providers,” said Stephen Sachs, DDS, an oral and maxillofacial surgeon at the Hagedorn Center. “Rich Lucas and David O’Halloran, who organize the Montauk Challenge every year, provide invaluable support for the children.”

Presented by Staten Island Yacht Sales, this year’s Montauk Canyon Challenge will take place July 18 through July 27. For more information, contact Mr. Lucas at rlucas@siyachts.com or Mr. O’Halloran at david@pinegroveranch.com, or visit MontaukCanyonChallenge.com.

*From left: Mssrs. Lucas and O’Halloran with Dr. Sachs.*
ICD-10 Education Under Way

By Ally Bunin

As the North Shore-LIJ Health System was well on its way to making a successful transition to ICD-10 in time for the previously mandated October 1 deadline, the Senate passed a bill to delay ICD-10 as part of a broader effort to minimize cuts to physician reimbursement. Regardless of what side of the fence you’re on, it’s becoming increasingly tough to debate the need to improve documentation standards and evolve our coding and reimbursement model, which is nearly 30 years old — far behind most of the western world.

As we await further guidance from the US Centers for Medicare and Medicaid Services (CMS) on what the ICD-10 delay means for health care providers, North Shore-LIJ will continue to move ahead with its implementation plan, including the ICD-10 education requirements for physicians, nurses and staff. Mandated by CMS to advance the practice of medicine in the US, the move to ICD-10 will change the way all health care organizations document, code, bill and get reimbursed for patient care.

A robust education program is training physicians, nurses and other employees in the new documentation and coding standards — a massive undertaking affecting nearly every business and function within the health system.

“The ICD-10 changeover is one of North Shore-LIJ’s most significant initiatives this year,” said John Bosco, CIO and executive sponsor for the ICD-10 implementation. “Not standardizing our documentation and coding efforts could result in serious consequences — including claims rejection, processing delays and compliance risks. That is why we are doing everything possible to ensure our staff members and partners have what they need to survive ICD-10.”

Introductory education began in late February for all health system physicians, physician assistants and nurse practitioners, with specialty education starting in April. Education for nurses and select groups of coders, billers and registrars has also begun and will run through the summer. Those who are required to complete education will receive email notifications.

See how ICD-10 impacts you: HealthPort > ICD-10. 

Hoops for Health

Royce Joseph, MD, who will join Glen Cove Hospital’s Family Medicine Residency Program in July, launches a jump shot in the third quarter during a heated basketball game pitting hospital staff members against employees of the Grenville Baker Boys and Girls Club in Locust Valley. Coed teams from both organizations competed in the annual basketball tournament, which promotes physical activity and community partnership. There were many lead changes in the back-and-forth contest, but the Boys and Girls Club snatched the lead in the final seconds and walked off with a 38-37 win. A highlight of the event was a spirited half-time show, which included a $1,000 check presentation from Glen Cove Hospital to the club to benefit its scholarship fund. The hospital’s Family Medicine Program leads an adolescent wellness program at the Boys and Girls Club.
New Affiliation with Boca Raton Regional Hospital

BOCA RATON, FL – A new affiliation agreement between the North Shore-LIJ Health System and Boca Raton Regional Hospital is creating collaborative opportunities in areas such as patient care, clinical program development and research and education in the health sciences. The agreement—the first of its kind between an independent health care provider in New York and one in South Florida—has an initial three-year term.

“Our affiliation will permit both organizations to collaborate and share best practices to better meet the health care needs of our communities, including many patients who live in the New York area and spend their winters in Palm Beach and Broward counties,” said Michael Dowling, North Shore-LIJ’s president and CEO. “This new relationship will lead to better continuity of care for patients who rely on both providers for their care. From the continuity and quality-of-care perspective alone, we had an excellent foundation for establishing a relationship.”

Continuity and Cooperation

“While our preliminary talks were rooted in continuity of care, we soon discovered a joint desire to explore ways that we could learn from each other,” said Jerry Fedele, Boca Raton Regional Hospital’s president and CEO.

The quality of programs and services at Boca Regional was a determining factor for North Shore-LIJ to structure an affiliation, said Mr. Dowling. “It was essential for us to partner with an organization that shares our level of commitment to patient care. By any measure, be it patient safety, quality of care or national accolades for clinical excellence, Boca Regional is exceptional,” he said. This is a hospital that we can recommend to our patients with great confidence and enthusiasm.”

The affiliation agreement provides for Boca Raton Regional Hospital and North Shore-LIJ to maintain their respective corporate independence and local autonomy.

Touro Scholarship Endowment

CENTRAL ISLIP — The North Shore-LIJ Health System’s Foundation and Law and Psychiatry Institute have established a $200,000 endowment to fund a scholarship and summer fellowship program to educate Touro Law Center students on the legal challenges that veterans face. The endowment is named in honor of Sol Wachtler, a life trustee of the North Shore-LIJ Health System, former chief judge of the New York State Court of Appeals, a longtime member of the Touro Law Center’s Board of Governors and a Korean War Army veteran.

The endowment includes $90,000 to be allocated to a fund supporting an annual scholarship that will be awarded to a Touro Law student who is a veteran or is focusing on studying veterans’ issues, behavioral health or disability law, according to an agreement between North Shore-LIJ and Touro Law Center. The endowment also will create a separate $90,000 fund to sponsor an annual summer fellowship for a student to work at Touro Law’s Veterans’ and Servicemembers’ Rights Clinic or at another location that focuses on veterans’ law and mental health. In addition to the scholarship and fellowship, the donation will provide $20,000 to fund a conference focusing on the intersection of veterans’ mental health and legal issues.

Over the last several years, Judge Wachtler and the North Shore-LIJ Law and Psychiatry Institute have collaborated with Chief Judge Lippman, the Unified Court System of New York, the Veterans’ Administration, and the district attorneys of Kings, Queens and Nassau counties to support the establishment of county-based Veterans’ Mental Health Courts. These courts divert veterans with behavioral health disorders, including substance abuse, who have committed nonviolent criminal offenses away from incarceration and toward behavioral health evaluation and treatment.

“I commend former Chief Judge Wachtler for his continued support of this important program, which serves to equip aspiring attorneys with specialized tools and knowledge in an effort to better address the unique legal needs of our returning veterans,” said New York State Chief Judge Jonathan Lippman.

The creation of the endowment is part of North Shore-LIJ’s ongoing commitment to help military veterans and their family members.

“As military service members return from recent combat theatres in Iraq and Afghanistan and reintegrate into civilian life, it is important to continue to raise awareness of the challenges facing them and their families,” said Blaine Greenwald, MD, chair of the medical advisory committee for the North Shore-LIJ Law and Psychiatry Institute.
Cardiologists at the North Shore-LIJ Health System are among the first on Long Island, Queens, Staten Island and Manhattan to use a subcutaneous implantable cardiac defibrillator (S-ICD), a new heart device for patients at risk of sudden cardiac arrest.

After implantation under the skin, the small device delivers an electric shock to the heart in cases of a dangerously rapid heartbeat. Unlike a traditional ICD, which involves one or more insulated electrical wires that run from the device through a vein into the heart and across the heart valve, the S-ICD does not touch the heart or blood vessels. This reduces risks of infection or other complications if the wires need to be removed.

Any patient who needs an ICD who does not also require a pacemaker for a slow pulse can benefit from the S-ICD. In November, electrophysiologists at North Shore University Hospital were the first on Long Island and in the health system to implant the device; physicians at LIJ Medical Center, Lenox Hill Hospital, Southside Hospital and Staten Island University Hospital soon followed.

Developed by Boston Scientific and approved by the US Food and Drug Administration, the device is the world’s first and only commercially available S-ICD system. It comprises a battery-powered pulse generator to monitor heart activity and an electrode that enables the device to sense the cardiac rhythm and deliver electrical impulses. Physicians implant the components just under the skin — the generator at the side of the chest, the electrode beside the breastbone — leaving the heart untouched.

Sudden cardiac arrest is an abrupt loss of heart function — a life-threatening condition — caused by rapid and/or chaotic activity of the heart (called ventricular tachycardia or ventricular fibrillation). Approximately 850,000 people in the US are at risk of sudden cardiac arrest and need an implantable cardiac defibrillator, but remain unprotected, according to recent estimates.
NEW YORK — On weekdays, Sarah de Forest visits the waiting rooms at Lenox Hill Hospital with a mission in mind — to tell visitors about the hospital’s blood bank and encourage them to donate that day.

“Direct recruitment of blood donors is one of my favorite parts of the job,” said Ms. de Forest, who volunteers weekdays, 9 a.m. to noon. “In addition, I lend a hand at the blood and infusion center whenever I can — whether it’s finding donor cards, sterilizing our chairs, picking up lunches or delivering blood to the blood bank.”

When it’s busy, Ms. de Forest often stays past noon. She aims to boost the number of community blood donors and meet the center’s growing capacity. To accomplish this, she splits her time between face-to-face donor recruitment and expansion of an electronic database.

The volunteer post takes a lot of initiative — an aspect she finds very appealing. “I also feel a personal dedication to our mission,” Ms. de Forest added. “The blood donor room is right beside the infusion center, and the chemotherapy patients I have come to know are a daily reminder of just how important my job is.”

The database that she created stores donor information in a searchable spreadsheet. The system tracks donors’ most recent participation and alerts Ms. de Forest when each donor can repeat the good deed of giving blood.

“I’ve found that previous donors appreciate a phone call letting them know when they can come in,” Ms. de Forest noted. Lenox Hill Hospital employees can earn up to two full days of paid vacation per year for giving blood.

Ms. de Forest’s presence has made a remarkable difference since she embarked on her role last summer. “Sarah has a magnetic personality to begin with. It’s hard for people to say no,” said Florisa Caparros, NP, manager of the hospital’s Outpatient Infusion Center. “She is a people person, very informative and professional in her words and actions — a real go-getter. Her recruitment efforts are stellar.”

Ms. de Forest is accustomed to wearing many different hats. She serves as the lab director at an animal rehabilitation center, performing diagnostic procedures to detect bacterial and parasitic infections, and manages the West Harlem property where she lives. She also works part time in the private practice of hematologist Randy Levine, MD, who also serves as director of Lenox Hill’s blood bank and transfusion services and medical director of the Outpatient Infusion Center.

“Sarah de Forest has that rare combination of intelligence, enthusiasm, compassion and charm. Everyone who has worked with her has commented on how well she interacts with patients,” said Dr. Levine.

She also gets the job done. “The summer months are notoriously slow for blood donors,” Dr. Levine said. “Yet last year’s number of summer blood donors tripled compared to the previous summer.”

Ms. de Forest’s future plans point toward medical school. She has already earned a master’s degree in physical chemistry, and the clinical experience at Lenox Hill Hospital has prepared her well.

“Donating a pint of blood to help someone they will never meet shows how kind and decent people are, and how heroic,” Ms. de Forest said. “That’s what I’m left with at the end of each day, and it’s a wonderful affirmation to bring home every evening.”
MANHASSET — Karen Harry has turned a lifetime passion for sewing into comfort and joy for patients and families. Sewing has been a passion since her preteen years. During her childhood in Trinidad, she spent many happy hours sewing. Now she volunteers her skills to customize quilts that add color and lift spirits.

For a long time, members of the Stroke Club at North Shore University Hospital had wanted a quilt that symbolized the effects of stroke on individual lives and the positive associations that patients might glean from it.

“We were delighted to learn that Karen was an accomplished seamstress, and she offered to put together a quilt for us,” said Doris Kash, a volunteer and Stroke Club chair.

To personalize the quilt, Ms. Harry asked Stroke Club members to bring photographs, drawings and sayings that would illustrate their ideas — even if they couldn’t speak. She recreated their notes and pictures with fabric she supplied.

Ms. Harry visited Stroke Club meetings to give progress updates on everyone’s personalized squares. When she completed the project, she named it the Quilt of Hope and Possibilities. It was framed, and now the 64-by-64-inch quilt hangs in the Stroke Unit.

“We are forever grateful for Karen’s cheerfulness and help in realizing the survivors’ vision,” Ms. Kash said.

Her kind gesture and its therapeutic effects impressed Rev. Jon Overvold, director of chaplaincy for North Shore University Hospital. Involving Stroke Club members to contribute to the design “was truly a work of love for all,” he said. Then he got another idea: Why not cover the gurney used for transport to the morgue with something warm and beautiful, giving respect to the one who had died?

For a few years, Rev. Overvold had been thinking that the sheet of white vinyl used to cover the gurney looked “cold and sterile.” Now, a custom cotton quilt rests over the vinyl to lend a gentle touch. “Karen was so gracious and willing to step up,” he said.

Every year, Ms. Harry also crafts a quilt for North Shore University Hospital’s Cardiology Department to raise money for a Go Red for Women raffle. Proceeds benefit the American Heart Association.

“Not only is Karen’s giving heartwarming, but she possesses a disposition that warms the heart of every person she meets,” said Sarah Siemers, NP, a cardiac services patient education coordinator at North Shore University Hospital.

“Sewing is one of the most peaceful things that you can do. I start to sew and forget about my troubles,” said Ms. Harry. She immerses herself in the craft for three or four hours after work.

“Tired of focused on getting to the end of a project that I don’t think about anything else. It’s very, very relaxing.”
He Adds Value to Everyone’s Day

By Susan Kreimer

STATEN ISLAND — For Joe Cassar, retirement has been all about staying busy. Volunteering at Staten Island University Hospital’s gift shop is a natural outlet for his enthusiasm and energy.

Mr. Cassar, 78, spent two decades working in New York City’s Sanitation Department, and then he worked for a home improvement store chain. He started in the hardware section and moved up to be an assistant store manager a couple of years later.

In early 2000, Mr. Cassar parlayed that retail experience into volunteering at Staten Island University Hospital, landing assignments in the gift shop and the information desk at the hospital’s North Site. A couple of years later, Mr. Cassar shifted toward spending all his volunteer time in the gift shop. Originally volunteering there five or six full days per week, he now volunteers at the gift shop four times weekly (9 a.m. to 3 p.m. Saturday through Monday, 9 a.m. to 7 p.m. on Wednesday), spending more “shifts” there as necessary when another volunteer can’t come.

Reliable and committed, “Joe is the ideal volunteer,” said Toni Arcamone, the hospital’s manager of volunteer services, adding that Mr. Cassar truly makes a positive difference.

Last spring, Staten Island University Hospital presented Mr. Cassar with an engraved gunmetal desk clock to recognize his service, along with a certificate of appreciation from the Volunteer Department.

“By the end of 2013, Joe contributed more than 23,000 volunteer hours,” Ms. Arcamone continued. “And he’s still going strong.”

“If I were to open up my own business, I would definitely hire Joe,” said David Bernstein, the gift shop’s manager and only paid employee; the rest are volunteers. “Joe is a dedicated volunteer. He’s efficient. He knows what he’s doing. I have total faith in him.”

“I enjoy it,” Mr. Cassar said. “You see people. You talk to people.” It’s never boring. There’s an ongoing stream of visitors and employees through the main lobby, where the gift shop is. “There’s always somebody coming in,” he noted. “To get to the elevators, they have to pass us.”

“We sell a lot of baby stuff — rocking horses, welcome wagons, teddy bears, little booties and shirts,” Mr. Cassar said. He recalled the birth of quintuplets at the hospital several years ago and how visitors came to shop for the elated couple.

Mr. Cassar, a widower who has known hospital volunteers in their 90s, doesn’t plan on quitting anytime soon. “As long as I can do it, I’m going to do it,” he said.
LAKE SUCCESS — A proud cancer survivor, Edward Sweeney hopes his story will prompt others to get a simple blood test that could save their lives.

Mr. Sweeney, 47, of Bayside, Queens, recently joined a genetics counselor and an oncologist during a news conference at the North Shore-LIJ Cancer Institute to urge anyone with a family history of colorectal disease to get tested early for Lynch syndrome (LS). LS is an inherited disorder that increases the risk of many types of cancer, particularly colorectal cancer. People with LS also have an increased risk of cancers of the stomach, small intestine, gall bladder ducts, upper urinary tract, brain and skin. Women with the syndrome have a high risk of ovarian or endometrial cancer.

“I was lucky enough to be diagnosed early,” Mr. Sweeney said. “It’s my hope that others will pay attention to this, and get a simple blood test that could save their lives.”

Sharona Cohen, director of the Cancer Genetics Program, actively encourages people with a family history of certain cancers to get tested for LS. The state has joined the crusade, too. New York State Governor Andrew Cuomo recently designated March 22 as Lynch Syndrome Hereditary Cancer Public Awareness Day. The move aligns New York with several other states that have called for increased awareness and genetic LS testing.

The number of people with LS who get cancer is “staggering,” Ms. Cohen said. “Lynch syndrome represents the underlying genetic cause for one in 35 adults diagnosed with colorectal cancer and one in 40 women diagnosed with endometrial cancer,” she said. “Doctors estimate that about three out of every 100 colorectal cancer cases are caused by LS.”

Craig Devoe, MD, an oncologist at the Cancer Institute, also stressed the importance of routine Lynch syndrome testing. “My plea is for all my physician colleagues to be aware of this condition and advocate for testing,” he said. “Screening is such an important way to improve our patients’ chances for survival.”

No one agrees more than Mr. Sweeney, who was diagnosed with colon cancer just two days shy of his 46th birthday. After being treated successfully for cancer, he asked to be tested for Lynch syndrome and decided to take action when the results were positive.

“I asked my brother to be tested,” he said. “It turns out he tested positive as well.”

One year cancer-free, Mr. Sweeney is encouraging other family members to get the test, which he firmly believes to be a life-saver. See him tell his story at bit.ly/1icoMrY.

Gathered at North Shore-LIJ Cancer Institute to support Lynch syndrome genetic testing are, from left: Mr. Sweeney, Dr. Devoe, Ms. Cohen and John Procaccino, MD, chief of colorectal surgery at North Shore University Hospital.
NEW HYDE PARK – Within days of Typhoon Haiyan’s deadly landfall in the Philippines last year, Chris Summers, a physician assistant in the Cardiothoracic Surgery Department at LIJ Medical Center, was there and ready to help.

After flying into the coastal town of Guiuan, Mr. Summers set up a makeshift clinic amid the devastation with NYC Medics, a disaster emergency team of paramedics, nurses, doctors and PAs that he cofounded.

“Roofs and walls were down. There was no water, food, electricity, gasoline, transportation, hospital, antibiotics or bandages,” Mr. Summers said. “Everything was destroyed.”

With a force equivalent to a Category 5 hurricane, Haiyan claimed the lives of more than 4,000 inhabitants of the nation of islands and displaced an estimated four million people. During Mr. Summers’s first day, he and the 12-member NYC Medics’ team treated more than 200 injured survivors.

On day two, half the team worked at the clinic and Mr. Summers and the rest boarded a US Navy helicopter en route to remote islands cut off from communication and aid. There, Mr. Summers encountered a 60-year-old woman with a huge laceration on her leg. She spoke of being flung around like a rag doll by the storm’s powerful winds, which reached speeds of up to 190 mph. She was feverish and had a bacterial infection. Her story illustrates what drives the NYC Medics team.

“She was getting septic from a simple wound,” explained Mr. Summers. “That’s why there’s NYC Medics. If we can get out there and find that simple wound, clean it and administer antibiotics, that’s limb saving.”

Unlike most relief organizations, which typically set up their base of operations near big airports or travel only as far as the road will go, NYC Medics ventures to locales others cannot reach, Mr. Summers said. Whether they need to travel by boat, by helicopter or on foot, they make it happen.

Like Mr. Summers, who is a former Coast Guard member, most of the team has had military training. They all share a survival mindset and an
affinity for camping and hiking. Going out on two-week relief missions, they filter their own water and carry enough food and supplies to last the duration.

“We realized that this expeditionary type of medical care was a little niche that we could fill,” said Mr. Summers. “We don’t mind sleeping out amid the rubble with the victims we treat.”

Born of Disaster

NYC Medics started in the wake of the Pakistani earthquake of 2005. Then a paramedic, Mr. Summers had gathered with friends to welcome back some medic buddies who had worked with Hurricane Katrina relief efforts.

The volunteers’ stories got the friends thinking.

“If you lived by the main road or the Louisiana Superdome, you got help. If you were on the outskirts, you were on your own,” Mr. Summers said. “We said, ‘If the state of things with Katrina is so terrible, what must be going on in the mountains of Pakistan?’”

So the friends reached out to the Pakistani embassy, the Red Cross and other organizations to offer help. They recruited additional friends who were physicians, nurses and PAs, gathered medical supply donations from their respective health care facilities and took off, funding the trip themselves.

Today, NYC Medics is a registered nonprofit organization with a board of directors and a membership that has swelled from a dozen or so to more than 200.

When a disaster strikes, NYC Medics studies the situation to see if there’s a need. If so, a three-member team is sent to register with the United Nations Office of the Coordination of Humanitarian Affairs – the governing body of a big disaster – in the region that is affected. The team must wait to be invited by OCHA before they can coordinate with the UN on where to deploy.

“Since 2005, we’ve been to every major disaster in the world in one way or another,” said Mr. Summers.
When Mark Shikowitz, MD, vice chair of otolaryngology at LIJ Medical Center and North Shore University Hospital, recently spent two weeks in Sri Lanka, it was the latest of his humanitarian efforts, which have included missions to Haiti, Myanmar, the Dominican Republic and the Philippines over the past seven years.

During the trip, a Sri Lankan ear, nose and throat (ENT) physician learned to perform a complex surgical procedure under his tutelage. Dr. Shikowitz demonstrated stapedectomy, a procedure that removes a middle-ear bone and replaces it with a prosthesis, to the regional ENT. The Sri Lankan physician treats thousands of patients — moving every four years to reach as many people as he can — so the instruction is sure to affect many lives.

Dr. Shikowitz also performed inner ear, thyroid, sinus, septum and nasal procedures on 60 patients during the mission. One of his chief residents, Nathan Gonik, MD, also participated in the mission. “He did an outstanding job,” Dr. Shikowitz said, adding that the experience inspired him to bring a resident on all future missions.

The Sri Lanka mission received generous sponsorship from the Olsten family, the Frankfort Travel Relief Fund, the New York Dominican Medical and Dental Society and Bridge to Peace. Besides donating stapedectomy prostheses and surgical instruments to aid in future procedures, Dr. Shikowitz also sponsored the trip for Dr. Gonik and Lauren Sardis, a local special needs teacher, who helped to set up schools and an educational plan.

Next Stop, Sri Lanka

Top: A throng waited hours for medical care from the team.
Bottom: As well as performing dozens of surgeries, Dr. Shikowitz taught a complex ear procedure to a Sri Lankan physician.

Are You on a Mission?
Do you plan to be? If you have an inspiring medical mission story, please email mconfort@nshs.edu.
LAKE SUCCESS — The North Shore-LIJ Cancer Institute recently installed a Gamma Knife Perfexion system as part of the recent expansion of the radiation medicine facility at the Center for Advanced Medicine (CFAM).

Michael Schulder, MD, and Jonathan Knisely, MD, codirectors of the health system’s Center for Stereotactic Radiosurgery, have been working with the Gamma Knife at the $47 million, 30,000-square-foot facility, as have Mark Eisenberg, MD, chief of neurosurgery at LIJ Medical Center, and Ashesh Mehta, MD, PhD, North Shore-LIJ’s director of epilepsy surgery.

“Gamma Knife involves a technique called stereotactic radiosurgery, which delivers high doses of radiation to a targeted area without damaging the surrounding healthy tissue,” said Dr. Schulder, who also serves as director of North Shore-LIJ’s Brain Tumor Center. “Gamma Knife treats a variety of tumors and lesions in the brain that are too difficult to completely remove with an open surgical approach. In some cases, Gamma Knife radiosurgery is performed as a secondary treatment, to remove abnormal tissue that may be too dangerous to remove with open surgery.”

George Cheng recently benefited from Gamma Knife treatment at CFAM’s radiation oncology facility. The 63-year-old Denville, NJ, resident had a large pituitary tumor compressing his optic nerves and causing vision loss. Three years ago, he underwent limited surgical removal of the tumor in New Jersey. When his symptoms persisted and a magnetic resonance imaging (MRI) scan showed the tumor had grown, Mr. Cheng underwent a second, definitive tumor resection at North Shore University Hospital. Drs. Schulder and Knisely used the Gamma Knife in an outpatient setting for a small part of Mr. Cheng’s tumor that couldn’t be safely removed with an open surgical approach due to its proximity to critical nerves and blood vessels.

Inside the Gamma Knife

For a Gamma Knife procedure, patients receive a local anesthetic, then have a light but secure frame placed on their heads. MRI, computed tomography (CT) or angiography imaging provides a map of the brain to help physicians determine the precise location and exact amount of radiation needed to target the tumor. Patients are placed in the Gamma Knife while fully awake and able to communicate. During the half-hour treatment, 190 beams of radiation target the tumor, destroying the abnormal cells and eliminating their ability to multiply. Patients can go home and resume normal activities soon after the treatment is over.

“Dr. Schulder’s and Dr. Knisely’s knowledge and experience in treating brain tumors with radiation by the Gamma Knife have provided me with the best care to cure my pituitary tumor,” Mr. Cheng said. “The close collaboration between North Shore-LIJ’s Brain Tumor Center and the radiosurgical program allows patients to benefit from our highly experienced, multidisciplinary team of experts,” said Louis Potters, MD, North Shore-LIJ’s chair of radiation medicine and co-executive director of the Cancer Institute. “CFAM’s new radiation center gives patients access to all state-of-the-art technology in one place. That makes it more convenient for them and enhances their experience.”

Dr. Schulder reviewed Mr. Cheng’s scans after Mr. Cheng successfully underwent Gamma Knife outpatient treatment.
LAKE SUCCESS — A new $47 million, 30,000-square-foot ambulatory facility offers patients convenient, comprehensive radiation therapy in a contemporary, soothing environment. North Shore-LIJ’s Radiation Medicine Department, which provides a wide range of radiation oncology services to adults and children, relocated earlier this year from LIJ Medical Center to the Center for Advanced Medicine (CFAM), a 450,000-square-foot complex in Lake Success dedicated to outpatient care.

CFAM is home to the North Shore-LIJ Cancer Institute — one of the largest cancer programs in the New York metropolitan area. No other East Coast facility offers this variety of up-to-the-minute technology in a centralized location that allows for tailored, streamlined care.

With the expansion at CFAM, the Radiation Medicine Department now offers Gamma Knife Perfexion, a single-session treatment option for patients who cannot undergo conventional neurosurgery or who need additional treatment along with chemotherapy, radiation therapy or brain surgery. Also available are three TrueBeam units equipped with Calypso systems (“GPS for the body”); Cone-Beam computed tomography (CT) scanning; VisionRT; treatment gating; and ExacTrac imaging. Furthermore, its full-service brachytherapy program makes the Radiation Medicine Department one of the busiest radioactive implant treatment centers in the US. Other services include stereotactic radiosurgery, stereotactic body radiation therapy, intensity-modulated radiation therapy and image-guided radiation therapy.

“Our evidence-based radiation medicine program focuses on safety, quality and compassion. Our Smarter Radiation Oncology program rivals those of other national cancer institutions,” said Louis Potters, MD, chair of radiation medicine at North Shore-LIJ and co-executive director of the North Shore-LIJ Cancer Institute. “This new outpatient facility gives patients easy access to the most contemporary therapies along with patient care and communication enhanced by our collaboration with medical and surgical oncology colleagues in the same building.”

Led by board-certified radiation oncologists, the radiation medicine team includes physicists, dosimetrists, physician assistants, certified oncology nurses, radiation therapists, social workers, nutritionists and office staff. Patients can also access clinical trials, including many affiliated with the National Cancer Institute. Radiologists treat children and adults and offer palliative care for patients with advanced disease.

Designed with the patient in mind, the facility includes a dedicated entrance; private waiting areas decorated with greenery, artwork and photos; a 450-gallon aquarium stocked with tropical fish; major expansion streamlines radiation medicine services

By Betty Olt

Radiation medicine team members showcased the new Gamma Knife at CFAM. Front, from left: Brett Cox, MD, chief of brachytherapy; Louis Potters, MD, chair of radiation medicine; and Kerry-Ann Brown, RN, research nurse. Rear, from left: Sherin Jospeh, RTT, chief radiation therapist; Nikoleta Levendis, RTT; Grace Ouellette, RTT; Rani Paul, RTT; and Dawn Carillo, RTT.
The North Shore-LIJ Health System’s $34 million, 40,000-square-foot outpatient cancer center in Bay Shore has received conditional approval from New York State.

The new facility, called the North Shore-LIJ Cancer Institute at Islip, will occupy a former supermarket at 440 East Main Street. It will offer comprehensive cancer care, including diagnostic imaging, radiation medicine, genetic counseling, infusion chemotherapy and nutritional counseling. The staff of about 80 will comprise medical oncologists and surgical specialists, as well as nonclinical professionals. Patients may also participate in the diverse clinical trials offered by the North Shore-LIJ Cancer Institute.

Construction will continue through 2014, and patients are scheduled to begin using the facility in December. The anticipated opening of the entire center is March 2015. It will operate Mondays through Fridays from 8 a.m. to 6 p.m. and Saturdays from 8 a.m. to 4 p.m.

“The opening of a Bay Shore facility is part of the North Shore-LIJ Cancer Institute’s continued expansion of outpatient services throughout the metropolitan area,” said Louis Potters, MD, co-executive director of the North Shore-LIJ Cancer Institute, noting the organization’s recent affiliation with North Shore Radiation Therapy and Cyberknife of Long Island in Smithtown and Greenlawn, which also offer medical and surgical oncology services.

“Convenient access to a full range of cancer services under one roof means peace of mind that is especially important during an emotionally challenging time,” said George Raptis, MD, vice president of the North Shore-LIJ Cancer Institute’s oncology network. “That’s particularly true because the North Shore-LIJ Cancer Institute at Islip will offer the region’s most experienced hematologists, oncologists and surgeons.”

One of the region’s largest cancer care providers, the North Shore-LIJ Cancer Institute includes about 200 physicians treating more than 16,000 new cancer patients annually.

Bay Shore Cancer Center to Open in 2015
The North Shore-LIJ Health System’s new comprehensive care center now under construction in Greenwich Village will be called Lenox Hill HealthPlex. Located at Seventh Avenue between West 12th Street and West 13th Street, the HealthPlex is a new model of community-based care that integrates health and wellness services with seamless access to 24-hour emergency care and a full range of medical specialists.

The first phase of the project opens in late June, with the debut of Manhattan’s first freestanding emergency center. It will provide around-the-clock access to board-certified emergency physicians, specialty-trained nurses, specialist consultations and other health care professionals. Future plans for Lenox Hill HealthPlex include imaging services; an ambulatory surgery suite; outpatient rehabilitation; health and wellness services; medical specialty practices; home care; and other programs designed to meet the current and future needs of the community.

“In the shadow of buildings that housed St. Vincent’s Hospital for 160 years, Lenox Hill HealthPlex represents the dawning of a new era of health care for West Side residents, who have had to travel out of their neighborhoods for emergency and other critical health care services for the last four years,” said Michael Dowling, president and chief executive officer of the North Shore-LIJ Health System.

The HealthPlex Emergency Center, which will occupy the first floor of the six-story building, is designed, staffed and equipped to accommodate up to 45,000 emergency visits annually, said John D’Angelo, MD, North Shore-LIJ’s senior vice president of emergency medicine. It will serve as a receiving facility for the New York City 911 Emergency Medical System, have 24/7 access to lab services and advanced radiology and include ambulance transport for patients who require hospitalization.

“This facility’s advanced life support capabilities will give local residents emergency care at their most critical time of need,” Dr. D’Angelo said. Among other areas of expertise, the HealthPlex will include sexual assault nurse examiners who have received special training to perform sexual assault evidentiary exams for rape victims.

The emergency center anchoring this neighborhood medical complex is based on a successful model for emergency care being implemented across the country. “The approach is designed to reduce waiting times and enhance customer convenience for emergency care that is efficient, accessible and linked to a continuum of care available to all patients, regardless of their ability to pay,” Dr. D’Angelo said.

To ensure success, Lenox Hill HealthPlex is drawing on the collective knowledge of North Shore-LIJ’s 200 emergency physicians, more than 300 paramedics and emergency medical technicians (EMTs) and approximately 2,000 emergency department (ED) staff, who have gained their experience in 14 EDs that treated nearly 665,000 patients and transported more than 102,000 in 2013. Newly hired nursing staff are already undergoing intensive training, said Carleigh Gustafson, RN, the health system’s vice president of emergency services and a long-time Lenox Hill nurse.

NEW YORK — The North Shore-LIJ Health System’s new comprehensive care center now under construction in Greenwich Village will be called Lenox Hill HealthPlex. Located at Seventh Avenue between West 12th Street and West 13th Street, the HealthPlex is a new model of community-based care that integrates health and wellness services with seamless access to 24-hour emergency care and a full range of medical specialists.

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The HealthPlex is housed in the historic National Maritime Union Building, which has been known for the past four decades as the O’Toole Building. North Shore-LIJ is investing more than $150 million to redevelop the interior of the 50-year-old ship-like building, while maintaining all of its exterior nautical features, including scalloped overhangs, a porthole façade and a rooftop bulkhead that looks like a steamship smokestack.

To ensure success, the HealthPlex is drawing on the collective knowledge of North Shore-LIJ’s 200 emergency doctors, 300-plus paramedics and emergency medical technicians (EMTs) and about 2,000 ED staff who have gained experience in 14 EDs that treated nearly 665,000 patients and transported more than 102,000 in 2013. Newly hired nursing staff are already undergoing intensive training, said Carleigh Gustafson, RN, the health system’s vice president of emergency services and a long-time Lenox Hill nurse.
Everyone has the right to health information they can understand and that helps them make informed decisions. Health literacy is the interaction between the demands and skills of health care consumers and providers. A 50/50 partnership enhances an environment where health care consumers feel empowered to ask important questions, and health care providers make sure the medical information they provide is clear.

Some ways to partner with patients to enhance health literacy are:

- Ask the patient’s preferred language to discuss health care.
- Treat patients with dignity and respect. Encourage them to talk openly.
- Use plain language instead of medical jargon and acronyms.
- Sit down to achieve eye level with your patients. Listen to what they have to say.
- Use pictures or models to help explain a procedure or condition.
- Ask patients to “teach back” the information you gave them and document success.

To learn more, request an on-site presentation. Also, access online resources from the Office of Diversity, Inclusion and Health Literacy:

- HealthPort > Education & Research > Health Literacy Online Education Program (CEU and CME credits available).
- iLearn > Health Literacy: Enhancing Patient-Centered Care for a course from the Center for Learning and Innovation.
- To provide easy-to-understand patient fact sheets in English, Spanish and 13 other languages, go to HealthPort > Quick Links > Micromedex > CareNotes.
- Free educational videos are available on patient TVs at pCare TV.

For more information, visit the Office of Diversity, Inclusion and Health Literacy HealthPort portal or call 516-881-7081.
NEW YORK — When a 36-year-old man suffering from a rapidly growing brain aneurysm recently underwent surgery that included both an intracranial bypass and neuroendovascular coiling, he was the first patient in the US to do so. Lenox Hill Hospital’s neurosurgery team collaborated with the New York Head and Neck Institute to perform the 19-hour procedure — trademarked as the “Lenox Hill Bypass” — on Kenneth David of Kew Gardens.

“Mr. David came to us with a very large, three-centimeter brain aneurysm, which is a weakened area in the wall of an artery in the brain,” said David Langer, MD, director of neurosurgery at Lenox Hill Hospital. “The aneurysm, located near the left middle cerebral artery, had tripled in size over four years.”

Traditionally, there are two ways to treat an aneurysm: clipping or coiling (see sidebar). “Due to the size and location of Mr. David’s aneurysm, our team determined that the best treatment would be to combine intracranial bypass surgery with neuro-endovascular coiling,” Dr. Langer said.

Intracranial bypass surgery restores blood circulation by rerouting blood flow around a blocked vessel in the brain. The neurosurgeon then harvests a healthy blood vessel from an area outside the brain and connects it to one inside the brain through a small hole in the skull. Coiling is a separate procedure that prevents aneurysm rupture.

No Neck Incision

“Intracranial bypasses were traditionally done by accessing the donor blood vessel through the neck in order to complete the bypass,” said Peter Costantino, MD, senior vice president and executive director of North Shore-LIJ’s head and neck services and chair of otolaryngology at Lenox Hill Hospital, Manhattan Eye, Ear and Throat Hospital and the Hofstra North Shore-LIJ School of Medicine. “However, Dr. Langer and I have developed a new surgical approach so that the vessel graft is completely intracranial — obviating the need for a neck incision. This new approach improves the safety and efficacy of the bypass.”

The combined intracranial bypass surgery and coiling were performed by Lenox Hill’s neurovascular team of Drs. Langer and Costantino and Rafael Alexander Ortiz, MD, director of neuroendovascular surgery and interventional neuroradiology at Lenox Hill Hospital.

“The new approach offers a safer option for definitive
The New Standard

Coiling and Clipping

There are two safe, effective brain aneurysm treatments: coiling and clipping.

**Coiling** is a minimally invasive procedure. The neurosurgeon first inserts a catheter into an artery in the leg, then guides the catheter up through the vascular system into the brain, where the aneurysm is. The neurosurgeon then works soft platinum coils through the catheter and into the aneurysm. The coils conform to the shape of the aneurysm, fill the sac and block blood flow to prevent the aneurysm from rupturing.

**Clipping** is a surgical procedure for both ruptured and unruptured aneurysms. After making a small opening in the skull, the neurosurgeon locates the aneurysm with a microscope, then places a clip across the base to stop blood flow to the aneurysm and maintain normal blood flow throughout the rest of the brain.

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Robotics Open a World of Mobility

**By Alexandra Zendrian**

A stroke at 37 left Denise Melzer, the mother of two young daughters, unable to speak or move on her right side. The neurological event struck in November 2012 while she rode in a taxi in her native Brazil. Several emergency surgeries saved Ms. Melzer’s life. Follow-up rehabilitation helped improve her speech and mobility, but her curiosity and determination led her to seek additional treatment.

One of Ms. Melzer’s physical therapists told her about a new program in the US that employed robotic devices to guide intensive movement therapy. Ms. Melzer found her way to the Feinstein Institute for Medical Research, where investigator Bruce Volpe, MD, and research coordinator Johanna Chang run the Robotic Therapy Research Program. The Feinstein Institute team has deployed additional robotic devices at Transitions of Long Island, part of the North Shore-LIJ Health System's Department of Physical Medicine and Rehabilitation.

“These devices respond to the patient,” Dr. Volpe said. “If a patient can move, the robot will measure and grade the movement, providing increased intensity and just the right challenge to encourage improved performance.” Four different robots train movement of the arms, hands and ankles, he added.

For five weeks, Ms. Melzer participated in robotic, physical and occupational therapy for five hours a day, five days a week. She benefited not only from training on the four different robots, but also from skilled guidance from Soledad Tomasino, DPT, and Aileen Roginski, PT, DPT, at STARS (Sports Therapy and Rehabilitation Services).

The program produced change in all Ms. Melzer’s movements. For the first time since the stroke, she could hold a tray and a cup, eat grapes unassisted and even engage in independent bathing and grooming.

“I am much more confident when I walk,” Ms. Melzer said. “Someday, I want to get back to my running.”

Above: Ms. Melzer, left, gained mobility and confidence with the help of Dr. Volpe, right.
NEW HYDE PARK — Southeast Queens residents have known Ann Stephens for decades as an advocate dedicated to helping women and their families. Recently, Ms. Stephens, an outreach coordinator for LIJ Medical Center’s Cancer Services Program, received an unexpected honor — a proclamation for her service and achievements presented by Leroy Comrie, a New York City Councilman representing Jamaica.

Ms. Stephens’s colleagues, friends and her daughter surprised her for the recognition ceremony at LIJ. Mr. Comrie praised Ms. Stephens as an “unsung heroine” of New York City “because of the lives she has healed, her faith in her mission and her selfless service to thousands of families.”

Ms. Stephens has provided comprehensive education to more than 4,000 people in Southeast Queens alone. Last October, she trained 32 “breast health ambassadors” in a free program started at LIJ to train community members to increase awareness about screenings that help to protect breast health.

After 25 years of service, Ms. Stephens retired from a career with the New York Telephone Company. In 1992, she joined the American Cancer Society as a volunteer and later joined the staff. Ms. Stephens joined LIJ in 2012, coming out of retirement twice to promote health and wellness in the community.

LIJ’s Ambulatory Care Unit offers a variety of free cancer screenings, including mammograms to uninsured women between 50 and 64, thanks to funding from the New York State Cancer Services Program of Queens and Nassau County through a grant from the state Department of Health. The program also receives funding from the Greater NYC Affiliate of Susan G. Komen.

**NYC Councilmember Honors LIJ Health Advocate**

Ms. Stephens, second from right, received a proclamation and bouquet of roses from NYC Councilmember Leroy Comrie. Joining them were her daughter, Vanessa Stephens, second from left, and Jill Rabin, MD, LIJ’s chief of ambulatory care/obstetrics and gynecology and head of urogynecology.

**Being the Change**

Staff members at the North Shore-LIJ Integrated Distribution Center in Bethpage recently loaded an Island Harvest truck with donated food. Health system employees donated about 15,000 pounds of food to Island Harvest, a Long Island hunger-relief nonprofit that serves 572 day-care and senior centers, shelters and other agencies. North Shore-LIJ held the food drive as part of its annual Dr. Martin Luther King, Jr. memorial commemoration. Each of the health system’s 16 hospitals and 11 remote sites participated. Donations from New York City facilities went to City Harvest.
Cynthia Aranow, MD, codirector of the Clinical Research Unit and investigator at the Feinstein Institute for Medical Research and associate professor at the Hofstra North Shore-LIJ School of Medicine, recently received the Manhasset Award Program’s 2013 Best of Internist of Manhasset Award.

Ona Bloom, PhD, assistant investigator at the Feinstein Institute, received a $300,000 grant from the Craig H. Neilson Foundation for her study on contributions of inflammatory mediators in chronic spinal cord injury. Dr. Bloom also received the Albert and Ellen Grass Foundation Faculty Research Award.

Kevin Cahill, MD, director of tropical disease at Lenox Hill Hospital, has received the 2013 Gold Medal from the American Irish Historical Society. Dr. Cahill has helped many national and international organizations throughout the years, including the United Nations and the New York City Police Department, where he is chief medical advisor for counterterrorism.

Nancy Copperman, RD, director of public health initiatives in North Shore-LIJ’s Office of Community and Public Health, received the Excellence in Community Nutrition Award from the Academy of Nutrition and Dietetics. The academy presented the honor at the Food and Nutrition Exposition and Conference in Houston last winter.

Sudhir Diwan, MD, pain management specialist at Lenox Hill Hospital, was named the Outstanding Pain Physician of 2013 by the New York and New Jersey Societies of Interventional Pain Physicians.

Yosef Dlugacz, PhD, senior vice president and chief of clinical quality, education and research at the Krasoff Quality Management Institute, recently presented “Quality Measures and the Physician” to students and faculty during grand rounds for the David Rogers Health Policy Colloquium at Weill Cornell Medical College.

Nicholas Gargiulo, MD, vascular surgeon at Southside Hospital, presented “Lower Extremity Revascularization in the Elderly, “The Utility of Carotid Artery Patching Following Carotid Endarterectomy” and “The Utility of Covered Stent Placement for Infected Arteriovenous Grafts Used During Hemodialysis” at the Society for Clinical Vascular Surgery’s meeting this past winter.

Alan Geiss, MD, director of Syosset Hospital’s Center for Bariatric Surgical Specialties, cowrote the chapter “Laparoscopic Adjustable Gastric Banding in Chassin’s Operative strategy” in General Surgery: an Expositive Atlas (fourth edition). His collaborators were: Gene Coppa, MD, senior vice president of surgical services for the health system and chair of surgery for LIJ Medical Center and North Shore University Hospital; and LIJ surgeons Heather McMullen, MD, and Charles Choy, MD.

Seymour Katz, MD, attending gastroenterologist at North Shore University Hospital (NSUH) and LIJ Medical Center, edited a recent edition of Gastroenterology Clinics in Geriatric Medicine, where he also cowrote “Endoscopy in the Elderly.” Dr. Katz also cowrote “Hepatobiliary Disease and Inflammatory Bowel Disease,” published in Practical Gastroenterology.

Judith Heller, senior director for ambulatory network development, recently received the Athena Young Professional Leadership Award from the Long Island chapter of Athena International. Taking its name from the Greek goddess of strength and wisdom, the award recognizes young women who demonstrate excellence, creativity and initiative in their professions; contribute time and energy to help in their communities; and serve as role models.

Howard Kerpen, MD, nephrologist and internal medicine specialist at LIJ and clinical professor at the Hofstra North Shore-LIJ School of Medicine, recently received the Outstanding Volunteer Clinical Teacher Award from the American College of Physicians.

Steven Mandel, MD, neurologist at Lenox Hill Hospital, recently spoke on “Concussions and Sports Management” at the 2013 annual meeting of the New York State Society of Physician Assistants and the New York Chapter of the American College of Occupational and Environmental Medicine, held in Tarrytown.

New: Submit accomplishments at HealthPort > Kudos. Find it under Quick Links.
Certifications

Five North Shore-LIJ Health System cardiology practices have been certified for echocardiography by the Intersocietal Accreditation Commission: the Cardiology Group in Great Neck; Citi Cardiac Care in Jamaica Estates; North Shore-LIJ Medical Group of Whitestone; North Shore-LIJ Medical Group of Garden City; and RSC Cardiology in Great Neck. The accreditation ensures high standards for adult echocardiography, adult stress tests using echocardiography and transthoracic echocardiograms.

The Centers for Medicare and Medicaid Services (CMS) recently ranked the Stern Family Center for Rehabilitation in New York State’s top four percent of rehabilitation facilities for overall performance. CMS also ranked the Manhasset facility in first place for reducing avoidable short-term hospitalizations and decreasing the incidence of bladder incontinence for short-term patients. Furthermore, the Stern Center ranked in second place for state health inspections and in fifth place for RN hours per day.

Huntington Hospital and Glen Cove Hospital have received Joint Commission certification for their total joint replacement programs for demonstrating compliance with national standards for health care quality and safety. The sites underwent voluntary evaluation plus staff and patient interviews by a Joint Commission reviewer. Both sites earned certification for compliance with the commission’s standards of care — including infection prevention and control, medication management, prevention of blood clots, controlling blood glucose levels — and adherence to quality-of-care protocols.

North Shore-LIJ was a finalist for the Foster G. McGaw Prize for Excellence in Community Service for the health system’s Healthcare Access Center; the Center for Attention and Learning; the Center for Tobacco Control; Safe Kids Coalition; and Aging in Place. The Baxter International Foundation and the American Hospital Association and Health Research and Educational Trust sponsored the $10,000 award.

The North Shore-LIJ Health System has received the following recognitions:

- The Exemplar designation from Technology Informatics Guiding Education Reform (TIGER) Initiative Foundation for implementing technology that streamlines and enhances patient care. Since 2009, the health system’s Knowledge-Based Charting has allowed multiple patient caregivers to plan and document care in real time within electronic patient charts.
- Accreditation by the Association for the Accreditation of Human Research Protection Programs for enacting human research protection standards that exceed federal requirements. This accreditation assures research participants that they can trust North Shore-LIJ researchers to prioritize their safety and well-being above all else.

LeadingAge Honor

Peter Cacioppo, PT, director of rehabilitation at the Stern Family Center for Rehabilitation, recently received the annual LeadingAge New York Employee of Distinction Award. New York State Assembly Member Michelle Schimmel, right, presented the honor, which recognizes Mr. Cacioppo’s dedication to caring for New York’s elderly and chronically disabled and for having a positive impact on the quality of life of those served at the Stern Center. With 30-plus years within the North Shore-LIJ Health System, Mr. Cacioppo has been on the Stern Family Center staff since 1996. His colleagues nominated him for the award.
Paul Mattis, PhD, director of neuropsychology at NSUH, has been elected to the Board of Directors of the American Academy of Clinical Neuropsychology. His five-year term will run until 2019.

Sara Merwin, orthopedic surgery research associate at LIJ, cowrote “Impact of an Educational Intervention in a Post-Discharge VTE Prophylaxis Quality Improvement Initiative” for the Journal of Clinical Outcomes Management. Coauthors included: Haisam Ismail, MD, NSUH cardiology fellow; Nina Kohn, senior biostatistician at the Feinstein Institute for Medical Research; Saima Chaudhry, MD, associate chair of medicine at NSUH and LIJ; and David Rosenberg, MD, associate chair of medicine/hospital operations at NSUH. Ms. Merwin also cowrote “A Preliminary Report on the Initiation of a Clinical Research Program in an Orthopedic Surgery Department: Roadmaps and Tool Kits .” for the Journal of Surgical Education with Alice Fornari RD, EdD, director of faculty development in North Shore–LIJ’s Office of Academic Affairs and Lewis Lane, MD, orthopedist at NSUH.

Tara Narula, MD, associate director of Lenox Hill’s Cardiac Care Unit, represented the American Heart Association (AHA) at the mayor’s office last fall, when Mayor Bloomberg signed two new tobacco laws for New York City. One law raised the age to buy cigarettes to 21 and the other enforced stricter penalties for tax evasion on cigarette sales. Dr. Narula has been working with the AHA on supporting and testifying on behalf of those bills for the past year.

Rosanne Raso, RN, chief nurse executive and associate executive director of patient care services at Lenox Hill, has been appointed editor-in-chief for Nursing Management magazine, published by Wolters Kluwer Health.

David Samadi, MD, chair of urology at Lenox Hill, recently received the John Kingsley Lattimer Award from the Kidney and Urology Foundation of America. The foundation honored Dr. Samadi for his leadership in urology, dedication and achievements in the field, and excellence in research, teaching and patient care.

Noah Scheinfeld, MD, dermatologist at Lenox Hill, recently led grand rounds there on dermatological emergencies and at Metropolitan Hospital on the topic of hidradenitis treatment and prospects.

Giles Scuderi, MD, vice president of orthopedics for the North Shore–LIJ Health System and orthopedic surgeon at Franklin and Lenox Hill, was named among the best 22 knee surgeons in North America in an Orthopedics This Week survey of industry leaders. Among his commendations was his role in spearheading the 2011 Knee Society Scoring System, which helps orthopedic surgeons better evaluate patients.

Allyson Shrikhande, MD, physical medicine and rehabilitation physician at Lenox Hill, contributed the chapter “Exercise During Pregnancy Can Boost Baby’s Brain and Cardiovascular Development” for the book Feeling Great During and After Pregnancy, published this spring by Demos Health Publishing.

Adam Stein, MD, North Shore–LIJ’s chair of physical medicine and rehabilitation, was appointed chair of the membership committee for the Association of Academic Physiatrists.

Myriam Soto, medical secretary in NSUH’s Levitt Specialty Clinics, served as a pacesetter for the American Cancer Society (ACS) Making Strides Against Breast Cancer event. The ACS recognized Ms. Soto with a certificate for raising more than $3,000.

Alex Vidal, MD, cardiologist/cardiac electrophysiologist at Nassau University Medical Center’s Arrhythmia Center, was recently unanimously elected president of the medical scientific committee of the Spanish American Medical Dental Society of New York. In this position, Dr. Vidal will choose topics and recommend speakers for the 38th Interamerican Medical Dental Congress this coming October.

Stacy Wahl, RN, PhD, critical care educator, and Anita Thompson, RN, nursing educator — both in NSUH’s Nursing Education and Professional Development Department — recently published “Concept Mapping in a Critical Care Orientation Program: A Pilot Study to Develop Critical Thinking and Decision-Making in Novice Nurses” in the Journal of Continuing Education.

New: Submit accomplishments at HealthPort > Kudos. Find it under Quick Links.
NEW YORK — A new grant means school children from low-income families with attention and learning difficulties can continue to get help. For the fifth consecutive year, the Robin Hood Foundation has awarded a $100,000 leadership grant to Lenox Hill Hospital’s Center for Attention and Learning (CAL).

Under the direction of Jamie Kay, PhD, director, and Peter Pramataris, PsyD, clinical director, CAL administers comprehensive neuropsychological evaluations to diagnose a child’s learning disability and recommends ways to address the challenges and obtain help. The center receives more than 800 calls annually for evaluations, and the need continues to increase. Appropriate schooling is one of the greatest tools to break the cycle of poverty — a commitment shared by CAL and the Robin Hood Foundation.

“Our partnership with Robin Hood will enable us to reach more families struggling with extreme poverty, by offering them services they might otherwise not be able to obtain,” said John Gupta, executive director of Manhattan Eye, Ear and Throat Hospital. “The leadership grant allows us to evaluate more children who need services and help them access educational programs that meet their learning needs.”

CAL is located at Lenox Hill’s Outpatient Center for Mental Health in Manhattan Eye, Ear and Throat Hospital on East 64th Street.
Executive Appointments

Sven Gierlinger has joined the North Shore-LIJ Health System as vice president and chief experience officer. In this newly created position, he will build an engaging, innovative and collaborative culture that drives organizational growth and customer loyalty through the customer experience.

Mr. Gierlinger most recently served as vice president of hospitality and service culture at the Henry Ford Health System in Detroit, where he was responsible for creating a superior and consistent service experience for patients, visitors and employees. Prior to that, he was an administrator of hospitality services for Henry Ford West Bloomfield Hospital, where he oversaw all aspects of nonclinical operations, the Wellness and Integrative Health Center, retail shops and café and the customer experience.

Mr. Gierlinger began his career in the luxury hotel business, holding a series of leadership positions with the Ritz-Carlton Hotel Company. Playing a key role in the openings of several Ritz-Carlton hotels in Germany, Japan, Indonesia and the US, he was responsible for executing and implementing Ritz-Carlton service standards, training staff and leading teams of trainers. He received a bachelor’s degree in hospitality business administration from the Bavaria Hotel Management Academy in Altoetting, Germany.

North Shore University Hospital

Alessandro Bellucci, MD, has been appointed executive director of North Shore University Hospital (NSUH). He succeeds Susan Somerville, RN, who recently resigned to pursue new opportunities. Dr. Bellucci joined the NSUH medical staff in 1982 and has practiced there for nearly 32 years. A nephrologist, he has held numerous leadership positions with the Division of Nephrology and the Department of Medicine over the years, and most recently served as medical director of the hospital.

Succeeding Dr. Bellucci as medical director is Michael Gitman, MD, who has served as associate medical director since early 2013. As medical director, he will oversee NSUH’s medical affairs, quality management, patient safety and standards of care.

Jon Sendach has been promoted to deputy executive director, overseeing nonclinical operations of the facility’s 6,000-plus staff members. Mr. Sendach has been with the health system for more than 12 years, serving for the last 4-5 years as associate executive director.

Huntington Hospital

Donna Cice has been appointed vice president of human resources. Ms. Cice comes to Huntington from Barclays, New York, where she was director and senior human resource business partner since 2008. At Barclays, she was the regional lead for the Americas, supporting the senior management and executive management teams across various infrastructure areas. Prior to joining Barclays, Ms. Cice worked at Lehman Brothers, Inc., New York, for nine years. A graduate of Cornell University, Ms. Cice earned a master’s degree in business administration from Baruch College.

Amy Loeb, RN, has been appointed to Huntington’s newly created position of vice president of allied health services. In this role, Ms. Loeb oversees pharmacy, laboratory, radiology, physical therapy, respiratory services, case management and other administrative functions. Ms. Loeb previously served as Plainview Hospital’s director of patient care services for a number of clinical areas. Prior to Plainview, she was a nurse manager at Huntington for more than seven years.

A graduate of St. Joseph’s College, Ms. Loeb also earned her MBA in healthcare there. She is pursuing a doctor of education (EdD) degree in organizational leadership from Teachers College at Columbia University.

Joseph Volavka, PT, has been named the new administrator of the Dolan Family Health Center to oversee all clinical, staff continued on page 69
FREEHOLD, NJ — Susan Murray, 51, used to enjoy so many things — from sports to common, everyday activities and tasks. Affected by connective tissue disease since her 20s, her mobility had been in steady decline. The mother of three adult children needed a cane or walker to get around and ascended stairs by pulling herself up backwards. Now, Ms. Murray is again walking without pain, thanks to free knee replacements performed through Operation Walk USA.

With the help of friends, Ms. Murray’s eldest daughter, Kelly, found the organization that provides free knee- and hip-replacement surgeries to the uninsured and underinsured. After Operation Walk USA learned of Ms. Murray’s situation, she met Giles Scuderi, MD, a member of the nonprofit’s Executive Committee and the North Shore-LIJ Health System’s vice president of orthopedics. In December, Dr. Scuderi, a knee arthroplasty specialist, performed a double knee replacement for her at Lenox Hill Hospital.

With a birthday shortly after the surgery and the holidays just around the corner, Ms. Murray said she couldn’t imagine a better gift. “It is a miracle — and Dr. Scuderi is my angel,” she said.

Also that month, Dr. Scuderi performed a free total knee revision on a patient at Franklin Hospital — the third year that the Valley Stream facility participated with Operation Walk USA, which was founded in 2011.

“The best thing about Operation Walk USA is that it brings together the medical staff and hospital in order to make a big difference for patients who would otherwise be unable to afford care,” Dr. Scuderi said. “Knowing that the quality of their lives is going to be better is so rewarding for everyone.”

There are more than a million knee and hip replacements performed in the US each year, but many who would benefit from these procedures continue to live in pain because of inadequate health care coverage.

Divine Intervention, Operation Walk USA — or Both?

By Barbara Osborn
Women’s Health Conference Welcomes Hoda Kotb

Today show cohost Hoda Kotb will keynote the 2014 Women’s Health Conference on May 13th at the LI Marriott in Uniondale. A breast cancer survivor, Ms. Kotb has cohosted the fourth hour of the morning talk show with Kathie Lee Gifford since 2007. She has also been a Dateline NBC correspondent since 1998.

All women are invited to this event, which is presented by the Katz Institute for Women’s Health. Participants can attend health workshops on topics like heart disease, stress and anxiety, gynecology, cosmetic procedures and more, with insight from North Shore-LIJ Health System experts. For more information, call the Katz Institute for Women’s Health Resource Center at 1-855-850-KIWH (5494).

A Positive Spin

Closing a month-long recognition of Go Red for Women, North Shore-LIJ Health System cardiologists led patients and supporters at an energizing spin class. From left: Stacey Rosen, MD, vice president for women’s health, a first-time spin rider, and Evelina Gravyer, MD, an experienced rider and director of North Shore University Hospital’s Coronary Care Unit. Held at SoulCycle in Roslyn Heights, the event not only raised awareness of cardiovascular disease in women, but also raised funds for the health system’s Women’s Heart Health Program. Through numerous clinical and education services, North Shore-LIJ supports healthy lifestyles to help prevent heart disease among women and men.

5th Annual
Every Woman Matters Walk:
A Walk for Women and Their Families

Good news: The Every Woman Matters Walk will return to the boardwalk at Jones Beach State Park this spring. Damage from Superstorm Sandy caused the cancellation of the 2013 event, but it will return on May 18th.

Since the Every Woman Matters Walk began in 2010, participants have raised nearly $1.5 million to support the Katz Women’s Hospitals, the Katz Institute for Women’s Health and women’s health services throughout the North Shore-LIJ Health System. North Shore-LIJ’s Commerce and Industry Council will again host the special occasion.

Mark your calendar to celebrate women’s health and wellness with family, friends and the whole community on May 18th.

For information on how to participate, contact Wendy Kaye at 516-465-2502 or EveryWomanMattersWalk@nshs.edu, or log on to Support.NorthShoreLIJ.com
STATEN ISLAND — The Ferrante quintuplets recently returned to Staten Island University Hospital for a fifth birthday celebration with their hospital family.

The borough’s only set of quintuplets, Alessia Louise, Amanda Frances, Emily Ann, Matthew Sabatino and Ella Lilliana created a media sensation when they came into the world on December 27, 2008, after only 27 weeks of pregnancy.

“The fact that they all turned out so well is like hitting the lottery. It’s definitely a reason to celebrate,” said James Ducey, MD, Staten Island University Hospital’s director of obstetrics and maternal/fetal medicine.

Five teams, totaling 40 doctors and clinicians, assembled for the birth of Jamie and Kevin Ferrante’s “little miracles.” Five years later, the family was excited to return and catch up with their medical family.

“They were so prepared [for the birth]. They had drills, and they had teams. It made me feel so comfortable and confident. It put my mind at ease,” said Ms. Ferrante.

The quints took first-time parenting to a whole new level for the Ferrantes.

“Everyone asks how we do it,” Ms. Ferrante said. “We never had just one baby, so five are the norm for us.” That norm meant 40 diapers a day (close to 30,000 diapers over two years), 40 bottles a day, and seven cases of specialized formula a week, all coupled with too many sleepless nights to count.

“There’s no playbook for quints. You have to find your own way,” said Ms. Ferrante. “They had separate food schedules, different sleep schedules with all five crying to be held at the same time.” And, she pointed out, one of the hardest things is, “When one got sick, they all got sick.”

Things have settled down a bit for the family since the quints were born. They are going to kindergarten, and instead of cases of formula and diapers, the parents are buying cases of eggs, gallons of milk and countless crayons.

“We rarely get a moment of rest,” said Ms. Ferrante. “I’ve got five times the gray hair, but I get five times the love.”

Visit the quints online at bit.ly/1ndDP27.
NEW HYDE PARK — Bilal Sharif has discovered many reasons to love America. He has television, running water, a bathtub and books. But the greatest gift this shy Afghani boy received from the US is his life. Dramatic surgery at Cohen Children’s Medical Center of New York transformed him into, in his words, “a real, normal boy.”

At a recent press conference at the pediatric hospital, Bilal listened intently as representatives from the military and Cohen Children’s described the two-year journey that brought him here for compassionate care from a surgeon and his team.

Bilal was born with a rare condition known as bladder exstrophy, which means his bladder was inside-out and outside his body. The condition appears once in every 30,000 births, according to Moneer Hanna, MD, the pediatric urologist who performed the boy’s life-saving surgery.

“Usually, we would correct this procedure within the first 48 hours of life,” said Dr. Moneer. “It is heartbreaking that Bilal had to wait so long to receive this surgery.”

Bilal performed heavy manual labor to support his family in Afghanistan, which daily caused pain and the risk of infection. Fortunately, hope came to him in the form of Major Glenn Battschinger, US Army Reserve, 353 Civil Command, a civil affairs officer who met the boy and his family while stationed in Afghanistan. Major Battschinger’s role in the 353rd is to restabilize parts of the world affected by war. Deeply moved by Bilal’s plight, Major Battschinger took up the cause. Two years later, the boy came to Cohen Children’s for surgery.

During the press conference, Bilal saw Major Battschinger’s face appear on a large screen. The Major, who was deployed five days after the surgery, recorded a special message for Bilal, pointing out the youngster’s courage.

“One day very soon I’ll be coming back to see you,” he said. “Until then, I want you to know I’m very proud of you.”

Bilal will stay with his host family in the US while he awaits another operation in the near future. In the meantime, he wants to learn as much as he can in school so that he can teach his family how to read and write when he returns home.
Making Strides to Reduce Our Carbon Footprint

By Sarah Brand

North Shore-LIJ Health System staff members gained a new opportunity to collaborate on reducing their environmental footprint last fall through the Office of Sustainability and Social Responsibility’s new Green Workspace Certification Program.

Steps to reduce carbon footprints included eliminating desktop printers, encouraging co-workers to use reusable water bottles and coffee mugs, advocating carpooling and public transportation, purchasing remanufactured toner cartridges and installing motion-detection lights.

Not only did employees change their environmental habits at work, but they also took home what they learned from the program. “This has been a tremendous learning experience,” said participant Anne Marie Kevilly, senior clinical practice plan representative in the Department of Dialysis Administration. “I not only made my office more environmentally friendly, but my personal life as well. I helped eliminate desktop printers at my office and switched my house from oil heat to gas. The cost savings are already noticable.”

Tangible Results

North Shore-LIJ has decreased its carbon footprint by 9.2 percent since 2009, according to a recent analysis administered by P.W. Grosser. “Much of this substantial decrease is attributable to our energy conservation, reducing our use of fuel oil and ramping up recycling efforts,” said Lisa Burch, North Shore-LIJ’s director of sustainability and social responsibility. She added that the health system’s overall decrease in its use of paper and increased use of paper with post-consumer recycled content have resulted in a 3.4 percent reduction in carbon dioxide emissions.

Whether it’s carpooling with another employee to work, reusing water bottles or recycling paper, North Shore-LIJ employees have made significant improvements to protect the environment.

In 2013, North Shore-LIJ collaborated with the Drug Enforcement Agency to collect almost 2,000 pounds of unused or expired medications. “Our ongoing participation in the Drug Take-Back initiative is just one way the health system helps to address prescription drug abuse,” said Ms. Burch. “The program also keeps these medications from ending up in our water supply.”
Slam Dunk at MSG

Southside Hospital employees won a three-on-three basketball tournament hosted by Madison Square Garden (MSG) for its corporate partners, which include Lenox Hill Hospital in Manhattan — the official hospital of the New York Rangers and an official partner of MSG. Representing the North Shore-LIJ Health System, the Southside team swept five games to win the tournament while playing against other MSG corporate sponsors. Not only did they get to play on the New York Knicks’ home court, Southside team members also toured the Knicks’ locker rooms after their victory. Members of the Southside team were, from left: Javaughn Favors, operating room nurse attendant; Reuben Statam, security guard; Justin Martir, patient liaison representative; and Patrick Mack, regional coordinator for community relations.

Lions Roar for Diabetes Education, Screenings

MANHASSET — The Manhasset North Shore-LIJ Lions Club’s recent casino night raised more than $43,000 to help fund diabetes screenings and education. The North Hills Country Club event attracted about 160 people, and honored the North Shore-LIJ Project Coastal Care team and the Michael Magro Foundation.

“Diabetes screening is critical,” said Marie Frazzitta, RN, DNP, director of diabetes education for the North Shore-LIJ Health System and president of the Manhasset North Shore-LIJ Lions Club. Established about two years ago, the club’s top priority is diabetes prevention and treatment.

“So many people are living with pre-diabetes or diabetes and don’t even know it,” Dr. Frazzitta said. Almost 19 million Americans have been diagnosed with diabetes and 7 million people unknowingly have the disease, according to the American Diabetes Association.

Project Coastal Care used a van to bring health system employees to deliver care to Superstorm Sandy victims. More than 1,500 people received care throughout South Shore communities in Queens, Nassau and Suffolk plus Staten Island.

The Michael Magro Foundation was established in January 2005 to honor Michael’s life. Its mission began as helping pediatric cancer patients and their families at local hospitals and has expanded to other pediatric specialty practices.

Southside Hospital employees won a three-on-three basketball tournament hosted by Madison Square Garden (MSG) for its corporate partners, which include Lenox Hill Hospital in Manhattan — the official hospital of the New York Rangers and an official partner of MSG. Representing the North Shore-LIJ Health System, the Southside team swept five games to win the tournament while playing against other MSG corporate sponsors. Not only did they get to play on the New York Knicks’ home court, Southside team members also toured the Knicks’ locker rooms after their victory. Members of the Southside team were, from left: Javaughn Favors, operating room nurse attendant; Reuben Statam, security guard; Justin Martir, patient liaison representative; and Patrick Mack, regional coordinator for community relations.
An Opportunity to Change Lives

There is a shortage of organ, eye and tissue donations in New York State. Anyone over 18 can enroll in the New York State Donate Life Registry. Since 2006, the New York State Donate Life Registry has allowed anyone over 18 to give legal consent to donation without family permission. Family consent to donation is required for anyone who signed up on the Life Pass It On Registry (started in 1999).

Enrolling in the Donate Life Registry does not affect or compromise medical care at any time. Registrants’ information remains confidential during their lifetime and is reviewed for donor status only upon death. Medical history determines which organs, tissues and eyes are suitable for donation. Organ donation does not interfere with funeral arrangements and requires no additional costs from the donor’s family. All major religions approve of organ, eye and tissue donation, citing that life is the most important gift that someone can give. Those with questions should contact their spiritual leaders for further guidance.

When enrolling in the New York State Donate Life Registry, participants can specify someone to receive their donation. The specified person receives the donation as long as it’s a “match” — that is, their body will accept the organ, eyes or tissue.

Those who prefer to be a living donor can contact an organ bank or a transplant center, such as North Shore University Hospital’s Transplant Program at 516-472-5800. Donors can change their donation status or withdraw from the program at any time by contacting the New York State Donate Life Registry, New York State Department of Health, 875 Central Avenue, Albany, NY 12206. Sign up at lebli.org or complete the form below.

New York State Donate Life Registry Form

Please print clearly and check all applicable boxes. Signature and date below required.

First name: 
MI: 
Last name: 
Address: 
City: 
Zip code: 
Date of birth: ___/___/____ 
Gender:  male  female 
Height: ___ feet ___ inches 
Eye color: 

9-digit motor vehicle license/nondriver Department of Motor Vehicle 
ID number: _____ _____ _____ _____

☐ I offer the donation of ALL organs, tissues and eyes. 
☐ I offer the donation of LIMITED organs, tissues and eyes as specified below:

Please check the box of limited organs and tissues that you wish to donate:

☐ Bone & connective tissue 
☐ Corneas 
☐ Eyes 
☐ Heart (for valves) 
☐ Heart w/connective tissue 
☐ Kidneys 
☐ Liver/iliac vessels 
☐ Lungs 
☐ Pancreas (w/ iliac vessel) 
☐ Skin 
☐ Small intestine 
☐ Veins 

I wish to donate the organs and/or tissues for:

☐ Transplantation and research 
☐ Transplantation only 
☐ Research only 

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry, maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs, tissues and eyes (as specified above) in the event of my death. I authorize the New York State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State-licensed eye and tissue banks and entities formally approved by the commissioner.

Signature (required) 
Date (required) 

Mail to: Lions Eye Bank for Long Island North Shore-LIJ Health System 900 Franklin Avenue Valley Stream, NY 11580
Seitan Polenta Croquette and Spicy Pesto Sauce with Zucchini Radicchio Salad and a Melon Shooter

**Serving Size:** 10 oz. Croquette & Salad, 2 oz. Melon Shooter

**Preparation:** 45 minutes   **Cooking:** 40 minutes

**Per Serving:** 419 calories, 8 grams of fat, 245mg of sodium

Serves four.

**Ingredients:**

**Seitan Polenta Croquette (3 oz.)**
- 2 cups Vegetable broth, homemade
- 1 cup Carrots, diced
- 1 cup Polenta
- 1 cup Fresh seitan, fine diced
- ½ cup Diced celery (about one stalk)
- ½ cup Red onion, diced
- ¼ cup Fresh sage, chopped
- 1 each Plum tomato, diced
- 8 each Button mushrooms, sliced
- 3 cloves Fresh garlic, minced
- 1 tbsp. Canola oil
- 1 tsp. Sriracha chili sauce
- ½ tsp. Kosher salt

**Zucchini and Radicchio Salad (1/2 cup)**
- 1 ½ cups Radicchio
- 1 cup Zucchini
- 1 cup Yellow squash
- 2 tbsp. Cider vinegar
- 1 tbsp. Honey
- 1 tbsp. Olive oil

**Spicy Pesto Sauce (3 oz.)**
- 2 cups Basil
- 2 cups Cilantro
- 1 cup Vegetable broth, homemade
- 3 cloves Garlic
- 2 tbsp. Sriracha chili sauce
- 1 tbsp. Lime juice

**Melon Shooter (2 oz.)**
- ½ cup Vegetable broth, homemade
- ¼ cup Watermelon
- 3 tbsp. Lemon
- 1 tbsp. Honey
- 6 leaves Mint

**Directions:**

**Seitan Polenta Croquette**
1. Boil vegetable broth, add all vegetables, herbs, sriracha sauce and salt.
2. Add polenta and cook for 2 minutes.
3. Place on a sheet pan and let it cool.
4. Form into patties and sear with olive oil until it is hardened and brown.

**Zucchini and Radicchio Salad**
1. Slice zucchini squash and radicchio in large bowl.
2. In separate bowl combine honey, olive oil, and cider vinegar.
3. Toss vegetables with dressing until coated.

**Spicy Pesto Sauce**
1. Chop basil, cilantro and garlic.
2. Add remaining ingredients and mix in large bowl.
3. Blend ingredients until creamy.

**Melon Shooter**
1. Cut watermelon off rind.
2. Squeeze juice out of 2 lemons.
3. Add honey and vegetable broth.
4. Hand-blenderize all ingredients in large bowl.
5. Drain in colander to retrieve liquid.
6. Blenderize remaining ingredients to liquefy.
7. Serve in 2 oz. shot glasses and decorate with a mint leaf.

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Veggie-Might

This year’s North Shore-LIJ Ultimate Chef Challenge focused on vegetarian dishes. Glen Cove Hospital chefs Lyndon Espiritu and Christopher Dalton, center, won first prize for their **Seitan Polenta Croquette and Spicy Pesto Sauce with Zucchini Radicchio Salad and a Melon Shooter** dish (inset). During the awards reception, they were congratulated by, from left: Michael Kiley, director of nutrition and dining services at North Shore University Hospital and organizer of the event; celebrity judge and executive chef Todd Baigneanault; Joshua Strugatz, second from right, associate executive director at Glen Cove; and the hospital’s executive director, Susan Kwiatek, DNP, far right.
Planning Your Benefits, Planning for the Future

As of April 1, the North Shore-LIJ Health System welcomed Transamerica Retirement Solutions as its new retirement record-keeper. Transamerica replaces MetLife as administrator of all active defined contribution plans including 403(b), 401(k) and 457(b). The health system will work with Transamerica on the transfer of all participant plans to ensure a smooth transition.

North Shore-LIJ chose the firm because it provides not only your benefits but also information on how to plan for the future. Transamerica offers many services, educational opportunities and an overall planning experience dedicated to helping participants to plan for retirement effectively. These include:

- **Tools and services for creating and improving retirement strategies.** Visit nslij.trsreire.com, an easy-to-use site with practical, interactive resources to help set smart goals, check progress and make real-time changes.

- **On-site Transamerica representatives.** Transamerica’s retirement counselors can meet you at your work location. These representatives are salaried, not commissioned, and focus on helping you plan for retirement— not selling you products.

- **Information and education to help you make decisions with confidence.** Award-winning customer service and education makes retirement planning easy to understand. You will be encouraged to participate during the planning process, helping you to understand the pathway of reaching your goals.

- **Flexible investment choices.** While most investment options will stay the same, there are a few enhancements to the fund lineup. You’ll be able to diversify across all asset classes, based on your personal profile.

- **A new fee structure.** With the previous administrator, recordkeeping fees were based on a percentage of your balance plus an additional flat fee. Transamerica charges a simple, flat fee, so while your savings grow, your fees won’t.

- **A smooth transition.** Your account transfers automatically, and you will continue saving and investing for retirement without interruption.

Through the end of April, a period of time called a blackout period will temporarily limit access or changes to your account. Keep in mind you will remain invested during the blackout period. This quiet time is an opportunity for you to take advantage of the educational tools Transamerica offers, so you are ready when your account is active in late April. Stay tuned for more.

Frozen plans will be audited during 2014 and transferred from MetLife later this year. Frozen plans are retirement plans that are inactive and closed to new entrants. If this applies to you, you will be contacted when your balance is transferred in early 2015. For additional information, call MetLife at 855-675-4547.

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**About Transamerica Retirement Solutions**

Transamerica Retirement Solutions is focused on providing retirement plans of all types to organizations of all sizes. Leveraging expertise honed by more than 75 years in business, they serve:

- More than 3 million retirement plan participants; and

- The entire spectrum of defined benefit and defined contribution plans, including 401(k) and 403(b) (Traditional and Roth), 457(b), profit sharing, money purchase, cash balance, Taft-Hartley, multiple employer plans, nonqualified deferred compensation, and rollover and Roth IRA.

Transamerica Retirement Solutions is a part of the Transamerica group of companies, one of the most highly regarded financial services brands in the country. In fact, according to a 2011 Corporate Branding LLC survey, Transamerica ranked among the top six financial services brands in terms of both favorability and familiarity.
Promoting Healthy Lifestyles

The North Shore-LIJ Health System recently teamed up with the 1199 National Benefit Fund (NBF) and the 1199SEIU United Healthcare Workers East union to promote healthy lifestyles in the workplace. 1199 NBF awarded North Shore-LIJ grants for workplace wellness programs at the LIJ Medical Center campus and Plainview Hospital and Syosset Hospital, with dollar-for-dollar matching funds provided by North Shore-LIJ Employee Wellness.

The programs promoted general wellness, weight management and smoking cessation. One of the goals was to engage employees to modify their lifestyles and improve their health by participating in Make the Call!, a telephone health-coaching service for 1199-represented employees. As part of the grant programs, a $75 incentive was used to encourage employees to complete three calls with their health coach.

Diana Nichols, an LIJ unit receptionist, lost 10 pounds with the help of her health coach. “You are constantly being educated on what you eat because you share everything about your diet with your coach. I loved the support I received from someone who understands my challenges,” she said.

With the help of the 1199 NBF, employees have made a personal commitment to wellness by losing weight, lowering their blood pressure and quitting smoking. “These programs wouldn’t be possible without a strong partnership between 1199SEIU, the 1199 National Benefit Fund and the health system,” said Michael Lettera, corporate director of North Shore-LIJ employee wellness. “And to hear that we’ve had a positive impact on the health and wellness of employees — that’s what it’s all about.”

Like other North Shore-LIJ staff members, Ms. Nichols is continuing to live a healthier life. She said she feels positive that she can continue to improve her health and plans to meet her goal of losing 20 more pounds.

Ms. Nichols at LIJ Medical Center.

App Gives More Weight-Loss Help

SYOSSET — Clients at the Center for Weight Management at Syosset Hospital recently received a new tool to help keep track of their food intake and exercise. A new app called Diet Master Pro, designed with the help of the center’s staff, offers a food and exercise journal with online features like recipes and weight loss tips and information.

“A unique benefit of this app, compared to similar offerings, is that Center for Weight Management staff members review user entries for accuracy,” said Christine Santori, RD, program manager. This helps ensure that participants are as successful as possible, she added.

Another plus: The app lets users send their food log for review at the center. The center’s staff members can also enter weight information and check in on their patients to provide additional assistance.
The North Shore-LIJ Health System has completed a $50 million, three-year project to upgrade its diagnostic imaging systems, with a focus on reducing patients’ exposure to radiation.

The final phase cost $12 million and included installing 15 computed tomography (CT) scanners that provide the lowest radiation dose necessary and the highest-quality imaging. CT is critical for diagnosis and early detection of cancers, cardiac disease, neurological problems, trauma, inflammation and other conditions.

In 2012, North Shore-LIJ announced its purchase of 15 GE low-dose CT scanners for 10 of its facilities in the metro New York area. This initiative was part of the first step in ongoing health system efforts to replace or update all of its conventional diagnostic imaging systems in order to ensure cutting-edge technological capabilities and patient safety. In addition to purchasing the equipment, North Shore-LIJ installed system-wide monitoring software that tracks radiation exposure by CT, creating a database that monitors levels of emission and helps radiologists adjust practices based on the latest clinical evidence.

“North Shore-LIJ is one of the first health systems in the country to replace or upgrade all of its diagnostic imaging equipment to reduce patients’ risks of radiation exposure,” said Michael Dowling, president and chief executive officer of the health system. “This initiative is a significant investment in our commitment not only to move beyond treating illness but also to protect public health.”

The Joint Commission, the nation’s top hospital and health care accrediting organization, issued a sentinel alert about the long-term radiation risks of diagnostic imaging in 2011. The health system was already planning its major project to upgrade CT and radiology equipment when the report made national news, said Jason Naidich, MD, North Shore-LIJ’s chair of radiology.

“North Shore-LIJ has a comprehensive radiology safety program across its hospitals and outpatient imaging facilities,” he added. “Our radiologists, technologists and physicists are trained in radiation safety and are committed to limiting patients’ exposure to the lowest dose necessary to make the proper diagnosis.

“We offer low-dose CT imaging in every community the health system serves, and all of our emergency departments are equipped with the most-up-to-date, low-dose CT scanners,” Dr. Naidich continued. “This is important for everyone, but especially for children and young adults who may be more susceptible to harm from radiation exposure over time.

“When used appropriately, CT is a safe tool that can save lives,” said Dr. Naidich. “At North Shore-LIJ, patients can be confident that we are using this innovative technology to make their imaging procedures even safer.”
Executive Appointments

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and fiduciary operations at the center. He succeeds Terence Smith, who retired last year. Mr. Volavka most recently served as the senior administrator of the South Brookhaven Family Health Centers at Brookhaven Memorial Hospital Medical Center in Patchogue. During his eight years at Brookhaven, Mr. Volavka was also the administrator of total joint replacement, wound care and hyperbaric services, rehabilitation, diabetes and wellness and the BOCES School Based Health Center. A graduate of Northeastern University with a Bachelor of Science degree, Mr. Volavka also earned a master’s degree in business administration from Long Island University.

North Shore-LIJ Care Solutions

Kristofer Smith, MD, has been named medical director of North Shore–LIJ Care Solutions (see page 29). Dr. Smith will oversee the North Shore–LIJ Health System’s care management strategy and identify and organize the medical components of care management. Dr. Smith will report to David Battinelli, MD, North Shore–LIJ’s senior vice president and chief medical officer, and work closely with North Shore–LIJ CareConnect and service line executives.

Dr. Smith joined North Shore–LIJ in 2011 after serving on the attending medical staff at Mount Sinai Hospital, as well as serving as assistant professor in internal medicine and assistant program director of the Internal Medicine Residency Program at the Mount Sinai School of Medicine. He received his MD from the Boston University School of Medicine and completed his residency and chief residency at Mount Sinai Medical Center. For the past two years, as vice president and medical director for advanced illness management, Dr. Smith has led the health system’s Advanced Illness Program to national prominence; it is currently a national demonstration site for the management of high-cost frail elderly.

Formerly executive director of The Zucker Hillside Hospital, Joseph Schulman will collaborate with Dr. Smith as executive director of North Shore–LIJ Care Solutions. In this role, Mr. Schulman will oversee North Shore–LIJ’s care management strategy and be responsible for the internal capabilities of our Care Management Program. He will report to Mark Solazzo, the health system’s executive vice president and chief operating officer, and Dr. Battinelli. Additionally, Mr. Schulman will work closely with Howard Gold, executive vice president and chief managed care and business development officer, as well as Alan Murray, president of North Shore–LIJ CareConnect.

Mr. Schulman joined North Shore–LIJ in 2002 as the health system’s corporate director of internal audit services. In 2005, he was appointed chief financial officer of The Zucker Hillside Hospital and served as deputy executive director prior to his appointment as executive director in 2009. Prior to North Shore–LIJ, Mr. Schulman served as a corporate audit services manager and operations consultant for the former Mount Sinai–NYU Health System. He earned an MPA in healthcare management and a professional certificate in accounting at New York University.

The Zucker Hillside Hospital

Mitchell Shuwall, PhD, has been named executive director of Zucker Hillside and will also play a key role in the future development of the health system’s behavioral health service line. Dr. Shuwall has served in a variety of roles at Zucker Hillside for more than 25 years, most recently as associate executive director for quality management. He was responsible for the implementation of the behavioral health electronic health record, which has been in use for more than a decade with more than 1,000 users across Zucker Hillside’s behavioral health continuum.

Since 2012, Dr. Shuwall has also served as executive director of Long Island Behavioral Health Management, LLC, one of five regional behavioral health organizations under contract with New York State to prepare for the statewide transition from fee-for-service Medicaid to managed care. Dr. Shuwall received his doctoral degree in clinical psychology from Long Island University.
**Employee Blood Drives**

- **May**
  - 5/6  SIUH North
  - 5/7  Plainview Hospital
  - 5/13  SIUH Pouch
  - 5/19  North Shore-LIJ Materials Management
  - 5/21  Cohen Children’s Medical Center
  - 5/21  SIUH South
  - 5/22  Southside Hospital

- **June**
  - 6/3  SIUH North
  - 6/9  Feinstein Institute for Medical Research
  - 6/9  Huntington Hospital
  - 6/11  North Shore-LIJ Laboratories
  - 6/12  Zucker Hillside Hospital
  - 6/13  PAANS
  - 6/18  SIUH South
  - 6/19  North Shore-LIJ Regional Claims
  - 6/19  Syosset Hospital
  - 6/20  North Shore-LIJ EMS
  - 6/20  North Shore-LIJ Corporate
  - 6/25  North Shore-LIJ Shared Services

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**What Are the Blood Types?**

Distribution of blood types in the US is:

- **O Rh-positive**: 39 percent
- **A Rh-positive**: 31 percent
- **B Rh-positive**: 9 percent
- **O Rh-negative**: 9 percent
- **A Rh-negative**: 6 percent
- **B Rh-negative**: 2 percent
- **AB Rh-positive**: 3 percent
- **B Rh-negative**: 1 percent

*Source: The American Association of Blood Banks*
ORIGINS

More than 60 years ago, community-minded citizens planted new seeds on a potato farm, top right, that straddled the Nassau/Queens border—the genesis of Long Island Jewish Hospital, bottom right. The Federation of Jewish Philanthropies’ fundraising efforts for the facility attracted dignitaries such as Eleanor Roosevelt, left. When it opened in 1954, it wasn’t a moment too soon. The suburbs desperately needed medical facilities to service their booming communities. Now, LIJ Medical Center is a clinical and academic hub within the North Shore–LIJ Health System. Its 48-acre campus incorporates LIJ Hospital, the Cohen Children’s Medical Center of New York and The Zucker Hillside Hospital.

New York Lizards Choose North Shore–LIJ

The North Shore–LIJ Health System recently entered a two-year partnership with the New York Lizards as the lacrosse team’s official health system. North Shore–LIJ will also serve as exclusive orthopedic providers to the Lizards, with Plancher Orthopaedics. Nicholas Sgaglione, MD, the health system’s chair of orthopedic surgery and senior vice president of orthopedics, will serve as co-head team physician throughout the 2014 and 2015 seasons with Kevin Plancher, MD, from the Albert Einstein College of Medicine.

“North Shore LIJ’s two-year commitment to the team demonstrates their belief in the importance of the Lizards to the New York metropolitan area,” said Jeffrey Rudnick, the team’s CEO. “Drs. Sgaglione and Plancher are two of the top orthopedic doctors in the country, and we are fortunate to have them looking after the well-being of our players.”

For tickets to Lizards games, go to NYLizards.com or call 1-855-NYLizards.
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