IN THIS ISSUE:
From Bagpipes to Basketball, Sports Medicine Is a Winner
Today’s hospitals, St. Joseph’s included, are showcases for every sort of health care technology you can imagine. All of it is aimed at improving the quality of care we offer our patients.

If you sense a “but” coming, you’re right.

While each of us at St. Joseph’s recognizes the power of today’s medical technology, we must also understand that the overall quality of our patient care depends on the simple things we do every day.

For example, take a look at the way we wash our hands. Did you ever stop to ask “why”?

The answer is alarming. On a national basis, more than 1 million hospitalized patients this year will acquire “nosocomial” infections. These are infections acquired in a hospital, regardless of why a patient was there in the first place. As if that is not worry enough for patients who come to our hospital to be healed, they must also be on guard against the spread of the so-called MDRs (multi-drug resistant organisms)—bacteria that have developed immunity to many common antibiotics. Although hospital-acquired infections are cause for alarm, study after study has proven that the most effective way to prevent these sometimes fatal infections is by having all employees follow a simple protocol of hand hygiene.

St. Joseph’s has long recognized the importance of such hand care. As a result, we have a lower than average infection rate when compared to other hospitals both in New York state and nationally. Despite that record, we view even a single patient hospital-acquired infection as one too many. That’s why we’re stepping up an already robust effort aimed at informing all employees—not just nurses and doctors—about the vital importance and correct procedure for keeping hands clean. Not only is there inservice training about proper handwashing, but there also is on-the-job observation to make sure we’re doing it correctly.

Since part of my job involves visiting a few patients every day just to chat and see how they think we’re doing, I have had to relearn how to wash my hands correctly with soap and water. And, I am now trained to apply an alcohol-based gel whenever I enter a patient’s room and again when I leave that room. I may do this a dozen times a day. It is that important!

It is so important we have begun educating the public about the importance of hand hygiene when they enter the hospital to visit relatives or friends. We have kiosks at every entry point urging visitors to use the gel when they enter and leave a patient’s room and also to use facemasks when they have a cough or cold.

My point is that St. Joseph’s is committed to taking quality in all its forms—including infection control—to the highest level. The only way we can succeed is by focusing intently on whatever needs to be done. We have appointed Dennis Ehrich, MD, as the hospital’s chief quality officer to guide us in the effort, and working with him is St. Joseph’s new director of quality resources, Dorothy Haag, MS, RN. They have a daunting job, but it is made easier by the more than 4,000 St. Joseph’s employees who share the common understanding that quality is really measured by how well we care for our patients and their families.

If you’d like to learn more about St. Joseph’s efforts to improve quality for its patients and their families, I encourage you to visit my blog on line at kathrynhruscitto.blogspot.com. We’ve also included a brief article about proper handwashing techniques on page 4 of this issue of the Caring Connection.

Sincerely,

Kathryn H. Ruscitto
President
St. Joseph’s expansion of services will create approximately 200 highly skilled health care positions.

Investing in Our Community

Part of St. Joseph’s Hospital Health Center’s $220 million expansion project, construction of St. Joseph’s new emergency services building (far left) is well underway. The three-story structure will house the emergency department on the first floor; emergency psychiatric services and clinical observation/bronchoscopic unit on the second floor; and central sterile and “green” data center on the third floor. The emergency services building is anticipated to be completed by year end. It will be joined to the main hospital by an addition that will house a patient tower with private rooms, operating room suite and intensive care units. Once completed, St. Joseph’s expansion of services will create approximately 200 highly skilled health care positions.

Franciscan Companies Appoints Timothy Scanlon Executive Vice President

Franciscan Companies, a member of the St. Joseph’s Hospital Health Center network, has appointed Timothy Scanlon to the position of executive vice president.

Scanlon has served Franciscan Companies for the past 20 years, first as operations manager of Franciscan Health Support Inc. and most recently as vice president, a position he has held for the past decade. Prior to joining Franciscan Companies, Scanlon was director of respiratory care at St. Joseph’s Hospital Health Center.

Scanlon received his bachelor of science degree in respiratory therapy from SUNY Upstate Medical Center and his master of science degree in health services management from the New School for Social Research in New York City.

He sits on a number of local and regional boards of directors and is a member of the American Association of Health Care Executives and the American Association of Respiratory Care.

With services covering 16 counties in Upstate New York, Franciscan Companies is a member of the St. Joseph’s Hospital Health Center network. It provides a variety of ancillary health care services to St. Joseph’s patients as well as those referred by physicians and other health care facilities.

A Higher Level of Care

The following organizations have acknowledged the St. Joseph’s Hospital Health Center network with national recognitions and awards:

- American Association of Critical-Care Nurses
  - Beacon Award for excellence in critical care nursing
- American Hospital Association (Hospitals & Health Networks magazine)
  - One of nation’s “100 most wired” hospitals
- American Nurses Credentialing Center
  - Magnet Recognition for Excellence in Nursing (2007-2011)
- DNV Healthcare Inc.
  - Accreditation for St. Joseph’s Hospital Health Center
- HealthGrades 2011
  - Five-star rated for coronary interventional procedures—nine years in a row (2003-2011)
  - Five-star rated for treatment of heart attack—two years in a row (2010-2011)
  - Joint Replacement Excellence Award™
  - Five-star rated for joint replacement—five years in a row (2007-2011)
  - Ranked among the top 5 percent in the nation for joint replacement

The Joint Commission

- Accreditation for Franciscan Health Support, Lourdes Health Support and St. Elizabeth Health Support Services

National Research Corp.
- 2010/2011 Consumer Choice #1 Award for highest overall quality and image in the Syracuse area
- Excellus BlueCross BlueShield
  - Blue Distinction Centers for Cardiac and Orthopedic Care
- Outcome Concept Systems
  - St. Joseph’s Home Care and Hospitals Home Health Care included on the HomeCare Elite Top 500 List
- Press Ganey
  - Outpatient surgery centers received Summit Award for patient satisfaction
- Society of Chest Pain Centers
  - Accredited as a Chest Pain Center with PCI

“Heart Attack? Every Second Counts,” St. Joseph’s public service advertising campaign to educate the public about the importance of seeking help fast if someone is experiencing heart attack symptoms, was a Silver Award winner in the 2010 Cardiovascular Advertising Awards competition, sponsored by Creative Images Inc. and Marketing Healthcare Today.
Center for Wound Care and Hyperbaric Medicine Expands

St. Joseph’s Center for Wound Care and Hyperbaric Medicine has added 1,500 square feet of space in an expansion that aims to accommodate the growing need for wound care as well as improve current clinic flow and scheduling demands. The center is located in the Northeast Medical Center, in Fayetteville, NY.

“We now have the appropriate space to accommodate the growth we have continued to experience each year since our program opened in 2004,” says Barbara Simonian, program director.

The center can see 20 to 30 additional new patients and increase the frequency of visits of existing patients. “For the most part, wounds require treatment on a weekly basis to promote more rapid healing,” Simonian says. “Outside of that, the risks may increase.”

In addition to featuring the latest in advanced wound care treatment for wounds caused by diabetes, circulatory problems, radiation damage and many other conditions, the center has four state-of-the-art hyperbaric oxygen therapy chambers. The program is one of only 97 in the country to be accredited by the Undersea and Hyperbaric Medical Society and one of only two in New York state that is accredited with distinction.

Hyperbaric oxygen therapy (HBOT) is a treatment in which the patient breathes 100 percent oxygen inside a pressurized chamber thus allowing oxygen to reach the areas of the wound that have been oxygen deprived and unable to heal. HBOT is effective in fighting certain types of infections, stimulates the growth of new blood vessels and improves circulation. The treatment also is used to treat crush injuries, bone infections and compromised skin grafts.

Your Mother Was Right: Please Wash Your Hands

Handwashing is the best way to prevent healthcare-associated infections. It is also the best way to keep yourself healthy outside of a health care facility. To help protect you and your loved ones from infection, the handwashing techniques used at St. Joseph’s Hospital Health Center appear below. For more information about efforts to protect St. Joseph’s patients from infections, see hospital President Kathryn Ruscitto’s letter on page 2 of the Caring Connection.

Use Soap and Water

When hands are visibly soiled or thought to be contaminated, use soap and water.

1. Wet hands with water using a temperature that is comfortable. Water that is too hot or too cold can affect skin integrity.

2. Apply appropriate soap and wash hands and wrists vigorously for 15 to 30 seconds, covering all surfaces of hands and fingers.

3. Rinse hands under running water, allowing water to drip from fingertips in a downward fashion.

4. Thoroughly dry hands and wrists with paper towel.

5. Turn faucet off using a dry paper towel to touch the handle. Also, use a clean paper towel to open bathroom doors before exiting.

Use Alcohol-based Products

Alcohol-based products are the preferred method of disinfecting hands provided they are not visibly soiled or thought to be contaminated.

1. Apply product to palm of one hand and rub hands together covering all surfaces of hands and fingers until hands are dry.

St. Joseph’s College of Nursing welcomed Congresswoman Ann Marie Buerkle to its campus on Feb. 2. The Congresswoman is a 1972 graduate of St. Joseph’s and visited the college to see the tremendous growth to the school since she attended, meet and greet administrators and college of nursing students, as well as tour St. Joseph’s Hospital Health Center’s expansion project and changes in the North Side neighborhood. Congresswoman Buerkle worked as a nurse at St. Joseph’s Hospital Health Center prior to attending the Syracuse University College of Law and beginning her political career.
Here We Grow: St. Joseph’s Acquires North Medical, PC

St. Joseph’s Hospital Health Center acquired North Medical, PC (NMPC) in December 2010, creating one of New York state’s largest health care networks. With more than 450 professional and support staff, including nearly 80 physicians and mid-levels, North Medical, PC serves more than 320,000 patients annually through its five practices located at North and Northeast Medical centers. The five practices include Family Physicians, Urgent Care, Orthopedics & Rehabilitation, The Women’s Place and Living Proof Longevity Centre. St. Joseph’s made this strategic business decision to help stabilize its network and ensure it has enough primary care physicians, which are essential as health care reform is implemented.

Bloggers

St. Joseph’s Hospital Health Center President Kathryn Ruscitto is now blogging at kathrynhruscitto.blogspot.com. Community members are encouraged to follow her blog and comment.

Orthopedic surgeons Seth Greenky, MD, and Brett Greenky, MD, are blogging about orthopedics at stjosephsortho.blogspot.com. Their blog includes commentary on the latest orthopedic research innovations and news.

E-Commerce Site for Medical Supplies Launched

Franciscan Companies, a member of the St. Joseph’s Hospital Health Center network, has launched www.CNYMedicalSupply.com, a new way to buy medical supplies. The site enables people in Central New York—and across the country—to order a variety of medical products conveniently and securely online.

On the website, customers may buy:
- mobility products, including rollators, canes and walkers
- respiratory items such as nebulizers
- wound care products
- diabetes management products
- daily living aids, including power seats, benches and other comfort and safety devices
- specialty items such as designer canes

“Franciscan Companies has been providing medical products and services to hospitals, medical professionals and the Central New York community for more than 25 years,” says Frank L. Smith Jr., president and CEO of Franciscan Companies. “This is the next step in utilizing technology and innovation to cater to our customers and patients by enabling them to order needed products from the comfort of home.”

The website www.CNYMedicalSupply.com will be joined by convenient kiosk ordering locations in pharmacies, hospitals and physician offices throughout Central New York.

Dr. Seth Greenky Honored with Dr. Pease Award

Orthopedic surgeon Seth Greenky, MD, who practices with Syracuse Orthopedic Specialists, was honored in January with St. Joseph’s Hospital Health Center’s 3rd annual Roger W. Pease PEER (Physician Exemplifying Excellence and Reverence) Award.

Named for Roger W. Pease, MD, a humanitarian who served as St. Joseph’s first surgeon, the award is presented annually to a physician who embodies leadership, clinical expertise and social responsibility. Winners of the award are nominated by their peers or fellow physicians.

Dr. Greenky was cited for his “outstanding ability to be a visionary for his program,” having “the most outstanding results and commitment to excellence” and being “on top of his profession and generous with his time.”

Dr. Seth Greenky is St. Joseph’s chief orthopedic surgeon. He and his brother, Brett Greenky, MD, also an orthopedic surgeon, are co-directors of St. Joseph’s Total Joint Replacement Program. He also is a faculty member of the SUNY Health Science Center/Upstate Medical Center Orthopedic Surgery Residency Program.

AHA Book Recognizes St. Joseph’s for Its Community Revitalization Efforts

The American Hospital Association (AHA) has recognized St. Joseph’s Hospital Health Center’s work to help revitalize Syracuse’s North Side by including the hospital’s efforts in the 6th edition of Community Connections: Ideas and Innovations for Hospital Leaders. The book highlights hospitals that are meeting the needs of their community’s social and basic needs, promoting community health, improving access and coverage, and enhancing the quality of life for the people they serve. The AHA hopes that by sharing such case studies hospitals will benefit from the examples and find new strategies for community partnerships and programs. More information is available at www.caringforcommunities.org.
Kathryn Ruscitto, St. Joseph Hospital Health Center’s new president and chief executive officer, may describe herself as a country girl at heart, but she’s come a very long way from those days when she wrapped rubber bands around bunches of asparagus on her grandfather’s farm on Syracuse’s northern outskirts.

Take, for example, the church-sponsored committee she headed to bring relief to desperate earthquake victims in Haiti. Chances are good that the Congressmen, retired generals and CEOs of international companies on that committee she “commanded” a year ago had no inkling of her rural background. Although they never met in person, the committee raised more than $2.5 million in cash and supplies for Haiti. Finding, gathering, moving and distributing that aid was accomplished through international conference calls originating in Ruscitto’s office every Monday for four months.

And when the cargo containers meant to aid the sick and injured were lassoed by red tape in a Haitian port, a few strategic calls to committee members familiar with the military got them on their way to the quake victims who needed them.

When the infamous Labor Day storm struck Syracuse in 1998, thousands of area residents were left without power for more than a week. Ruscitto was then working as senior vice president of strategy for Loretto, the not-for-profit agency supplying elder care services to hundreds of Central New Yorkers. Loretto also lost power to many of its facilities that night, but within less than 24 hours most of the aging residents being cared for within the system once again had light, refrigeration, climate control and communications as flatbed trucks hauled generators up to their doors. Oddly enough, the generators were stenciled with names like “Fishkill State Prison” or “Attica State Prison.” Ruscitto may not have known the ins and outs of providing a temporary power source, but she had “reached out” to a friend who got in touch with another friend in the state prison system who did.

These are but two examples of the many Ruscitto can recite that illustrate her ability to bring people together to solve problems far beyond her own knowledge. She is a generalist, as well as a bit of a general.

“I may not be an expert in a certain area,” Ruscitto says, “but I know how to find the people who are. I’m a hometown girl with a lot of deep connections within the city from having been here a long time.”

After graduation from Le Moyne College with her bachelor’s degree in political science and economics, and before she earned a master’s in public administration from Syracuse University’s Maxwell School, Ruscitto says that as a 21-year-old she realized the importance of forming strong networks and circles of friends and mentors. Those “circles” adopted her, she says, and steered her in the ways to effect change. Even the informal book group she joined contributed to her growth.

“In fact, we only occasionally read a book, but we spent a lot of time talking about community and world issues. “My parents didn’t have much, but they taught us the importance of hard work. They also taught us that success isn’t about what you have, it’s a matter of what you do with what you have.”

Perhaps with her parents’ teachings in mind, Ruscitto says she grew up wanting to “change the world.” She describes herself as “advocacy oriented and socially conscious.” She tried to find ways in which she could create change, always seeking the advice of others along the way.

At Catholic Charities, her work centered on developing resources for those in poverty. As administrator for human services for Onondaga County, she oversaw the development of the county’s 911 Emergency Communications System. She also was instrumental in reforming the Department of Social Services and Children’s Division, trying, as she says, “to humanize and solve some of its problems.” She joined St. Joseph’s as senior vice president for strategic, development and governmental affairs in 2001, and became executive vice president in 2009.

St. Joseph’s 4,000 employees are liable to see more of the collaborative spirit she has demonstrated throughout
her career. They also will experience a CEO that seeks to turn the traditional pyramid-shaped organizational chart on its head—literally. She calls it the “servant-leader” model and admits that “it’s very Franciscan.”

“I have always said that the organizational chart is upside down,” Ruscitto says. “The point should be at the bottom. It should be me down there serving and supporting our employees, so they can do their best to serve our patients. At the same time, I also have to be a leader, set some standards and goals, and help people stay focused so they can do the best they can for our patients and each other.”

Regardless of how the organizational chart looks, Ruscitto pledges not to change the values that have brought the hospital to where it stands today. Everything the hospital staff does, she says, revolves around values of integrity, reverence and respect for patients and the coworkers who serve them, as well as a passion for providing good care while acting as stewards of the hospital’s resources. Being out in the community as much as she is, talking with everyone from patients, to physicians, to peers at other hospitals locally as well as around the country, she has come to the conclusion that St. Joseph’s is unique. Others, she says, openly envy the hospital’s culture.

Part of it, says Ruscitto, is the clarity and certainty with which the Sisters of St. Francis, sponsors of St. Joseph’s Hospital Health Center, have expressed the values.

“It is very clear that they hold the hospital’s leadership accountable for preserving the values with which the hospital has served the community,” Ruscitto says. “But they don’t tell us how to do it. Their presence is just wonderful. As a result, the people who work at St. Joseph’s, regardless of what they do, believe in the values and live them.”

I’m making a conscious effort to talk to families and patients in their rooms, the elevator, the cafeteria, even walking up the hill. I’ll be asking how we’re doing, and what we could be doing better.”

—KATHRYN RUSCITTO

It’s not unusual, she says, to hear frequent examples of employees going out of the way for patients. A nurse took money out of her purse so a patient who didn’t have cab fare could get back to her home in Oswego. A nurse in the emergency department gave his shoes to a patient who walked into the hospital barefoot.

“We don’t tell people to do this,” Ruscitto says. “They just do it. It’s a matter of living our values without even thinking about it.”

So some things won’t change at St. Joseph’s, Ruscitto vows, but some things, at least for her, are already changing.

She estimates receiving about 200 emails a day, not to mention the old-fashioned phone calls. The technology is great, she says, but only if it doesn’t get in the way of working with people face to face. Right now, she spends about half of her time doing what an administrator does—returning those emails and phone calls, looking at contracts, and doing what she described as “nudging things along that need nudging.” Her intent is to reduce the administrative load in favor of spending more time with patients and their families, hospital employees and those within the broader community. She has already blocked the roaming-around time into her schedule, calling it “rounding,” the term used by physicians and nurses to describe the time spent checking up on their hospitalized patients in person.

“I’m not going to let email rule my life anymore,” Ruscitto says with a smile. “I’m making a conscious effort to talk to families and patients in their rooms, the elevator, the cafeteria, even walking up the hill. I’ll be asking how we’re doing, and what we could be doing better.”

When Ruscitto recently visited a friend hospitalized at St. Joseph’s, she also made it a point to introduce...
herself to the patient in the other bed. She asked if the hospital was doing a good job of taking care of him. He smiled, gestured at the nurses, one on each side of his bed, and said, “You see this? Don’t screw it up.”

“That’s the fun part of the job,” she says. “Patients are really grateful for good care. And you can hear about problems, too. By getting out and talking with them, you learn things that are impossible to learn sitting in your office.”

Toward the end of 2010 before Ruscitto had officially taken over the reins, she asked St. Joseph employees four questions: What do you hope I do as CEO? What do you hope I don’t do? What are you most proud of at St. Joseph’s? What are you most concerned about at St. Joseph’s?

Once again, she was using the skills honed throughout college and her professional life to gather data and insights that would help clarify the hospital’s path as it, like every other hospital in the country, begins to deal with a series of difficult challenges in the way American health care is delivered.

“There are many things we’re going to have to do differently as the health care model changes,” Ruscitto says. “Medicare is demanding changes. Our patients are demanding change. We have to be open to new ways of working with our medical and nursing staffs.

“We don’t have all the answers, and I know I can’t do it alone. All I can do is make sure that the right systems, the right processes and the right resources are available to the people who can do it—our clinical staff and the people who support them for the benefit of our patients.”

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**Ruscitto Named One of Top ‘52 Women Hospital & Healthcare Leaders’**

St. Joseph’s Hospital Health Center’s President and Chief Executive Officer Kathryn Ruscitto was included among the top women leaders in the hospital and health care industry in Becker’s Hospital Review’s annual list, “52 Women Hospital & Healthcare Leaders” released in November 2010.

Members of the list were selected for their accomplishments in leading health care and hospital organizations, including improvement of patient care, development of relationships between providers and facilitation of organizational growth.

To create the list, the editorial team at Becker’s Hospital Review accepted nominations for the most influential women in health care through the Becker’s Hospital Review website and weekly online newsletters. After several months of collecting nominations and researching the background of each nominee, the editorial team narrowed the contenders to a list of the top women leaders. Becker’s Hospital Review repeats this process annually to ensure an up-to-date compendium. Leaders do not pay and cannot pay to be included on this list.

Becker’s Hospital Review is a Chicago-based publication focusing on hospital and health care news and business advice. The primary audience for the publication is hospital executives and health care industry leaders.

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**His Full-Time Quest**

It’s a worn-out old joke, but how fortunate we are when the punch line, “Take two aspirins and call me in the morning,” is all we need to rid ourselves of pain. Unfortunately, for many, pain is an unwanted companion that seems to never go away.

What’s the good news? It doesn’t have to be that way. Just ask St. Joseph’s Hospital Health Center’s Jason Lok, MD, one of relatively few physicians who have made the alleviation of pain their full-time quest.

After earning his medical degree from SUNY Upstate Medical University in 1994, Dr. Lok was board-certified in anesthesiology in 2005 and pain medicine in 2006. The proportion of his time spent on anesthesiology gradually decreased until he made pain medicine his full-time practice last year.

We all suffer pain of one sort or another, and that, Dr. Lok says, is good. If you touch something hot or sharp, pain is what makes us get out of the way—quickly. If you feel pain for no apparent reason somewhere in your body, it could be a sign that something is wrong and you’d better get it checked out.

That, in 60 words or so, is a very, very simple look at pain. Chat with Dr. Lok for an hour or so and you’ll realize that pain, and the alleviation of pain, are extremely complex topics. There is little wonder it requires a year-long course of intense study and practice to earn certification as a fellow in pain medicine.

There are, Dr. Lok says, two primary types of pain—nociceptive and neuropathic. Nociceptive pain is caused by the stimulation of pain receptors —nerves throughout the body whose only purpose is to warn you that you’re being hurt by something sharp or hot, or you’re being squeezed or twisted, or you’ve broken a bone. Neuropathic pain, on the other hand, mainly originates in the brain, spine or any part of the nervous system. Patients may feel the pain in the spinal cord itself or the pain may be radiated to other parts of the body. To complicate matters, in some cases like cancer, the pain sources are mixed. Some pain is described as burning, some as stabbing, some as achy and some as electric. Acute pain may last anywhere from a few seconds to an hour. Chronic pain lasts for three months or more in varying levels of intensity.

And just as there are many types of pain with a variety of symptoms, there are as many, or more, ways to treat the pain, Dr. Lok says, and what works on one type of pain, won’t work on another.

“My single goal is to improve my patient’s quality of life,” Dr. Lok says, “to get them back to what they like to do—whether it’s going back to work, or just
doing things they enjoy like playing a round of golf
or picking up a grandchild—anything I can do to
improve their functionality."

It’s a common misunderstanding, Dr. Lok says, that
a pain specialist’s primary function is to solely prescribe
narcotics. The fact is, he says, patients should expect to
be treated with the most conservative drugs, first—like
well-known anti-inflammatory drugs available over the
counter in your local drugstore. These non-steroidal
anti-inflammatory drugs (aspirin is among them) reduce
swelling and inflammation. Steroids also reduce swelling
and inflammation to reduce pain, and both, Dr. Lok
says, should be considered by a patient’s primary care
physician before turning to more drastic treatments like
narcotics or surgery.

“One St. Joseph’s surgeon who had a patient referred
to him for back surgery to reduce pain contacted me,
along with the man’s family physician, and said this
patient wasn’t really ready for surgery until some more
conservative steps like physical therapy had been tried,”
Dr. Lok recalls.

“But the patient was in too much pain to endure
the physical therapy. I treated him with non-narcotic
medications along with carefully placed (using X-ray)
steroid injections that allowed him to exercise. He was
then able to strengthen his lower back enough through
physical therapy that the muscles were able to support
the compressed disc that was causing the original pain.”

Dr. Lok says that patients can often use over-the-
counter drugs for the short term to alleviate pain without
resorting to narcotics or even surgery—even without
seeing a pain specialist. But when the pain is extreme,
complex, goes on for long periods, or is difficult to locate
in the first place, pain medicine specialists have both the
training and the experience to find the cause and then
treat the pain, although not necessarily the cause of the
pain, as in cancer patients.

“In cancer patients, we sometimes cannot treat the
cause of the pain, but we may be able to reduce or allevi-
ate the pain being caused by the cancer,” Dr. Lok says.

“With terminal patients we have techniques to improve
their ability to function as they near the end of their lives
without resorting to narcotics that essentially make them
unconscious and unable to communicate with friends
and loved ones.”

It is possible, Dr. Lok says, to increase the efficiency
of pain medicines and reduce their side effects by deliv-
ering them directly into the area around the spine.
In other cases, we can sometimes eliminate pain
by injecting chemicals directly into specific nerves that
destroy their ability to transmit ‘messages’ to the brain,”
Dr. Lok says. Take the case of Eddie Thornton who was
injured in a truck accident in 1998 that resulted in almost
continuous pain in his lower back that radiated down his
left hip and thigh.

Thornton had tried medications and physical therapy,
but his pain continued for years. When Dr. Lok met and
diagnosed Thornton last summer, he discovered that
two pairs of small joints in the lower spine called facet
joints were inflamed and probably causing the pain. He
convinced Thornton to try a treatment called a medial
branch block in which the signals going from the in-
flamed joints to the brain would be interrupted when
medications were injected into the area of the facet joints.

“Before the treatment, when I was standing, sitting,
twisting, bending—whatever—I would have sharp pains
and spasms that immediately stopped me from doing
what I was doing. It took my breath away—really got
my attention! Compared to what I could do before, the
improvement has been great. I’m able to do my physical
therapy better, too.”

The “stable” pain that Thornton felt he had to live
with the rest of his life was corrected by a relatively
simple treatment that Dr. Lok felt had been overlooked.
The majority of Dr. Lok’s patients are not suffering
from cancer or other life-threatening illnesses, but the
pain they suffer can still be devastating. In some cases, as
Dr. Lok says, the pain itself has become the disease. In
many cases, along with the original physical pain, comes
depression, disability, drug abuse, the loss of job and
income, anger, and even possible suicide.

“It doesn’t have to be this way,” Dr. Lok says.
“Patients and their primary care physicians need to
understand that relief from both acute and chronic pain,
regardless of the cause, is possible. It may be complex,
but it is no longer something we have to grit our teeth
against and ‘struggle through.’”

During a follow-up office visit, Jason Lok, MD, explains to his patient, Eddie Thornton, the
location of the medial branch nerves responsible for his facet joint pain.
Sports Medicine Isn’t Just for ‘Athletes’

There is no easy definition for the term “sports medicine.” It conjures many meanings and is prone to more than a few misconceptions.

You don’t have to be a high-level athlete (or even an occasional jogger) to be treated by a physician who specializes in sports medicine. The fact is that many of the injuries associated with sports may also happen on the job or even working in the garden. Even most physicians who specialize in sports medicine tend to treat more injuries and illnesses that are not sports related.

Many believe that all sports medicine physicians are orthopedists dealing only with injured joints, muscles and bones. But, says Seth Greenky, MD, medical director of St. Joseph’s orthopedic services, the fact is that only about 10 percent of sports-related injuries require the specialized skills of orthopedists like St. Joseph Hospital Health Center’s Glenn Axelrod, MD, Alfred Moretz, MD, Irving Raphael, MD, or L. Ryan Smart, MD.

St. Joseph’s family medicine physicians like Michael Kernan, MD, Jennifer McCaul, MD, and James Tucker, MD, who serve as sports team physicians, treat by far a greater number of sports-related injuries and illnesses than their orthopedic counterparts.

“Sports medicine is one spoke of St. Joseph’s orthopedic service line,” Dr. Greenky says. “The other spokes include fracture care, hand care, spine care and joint replacement. But it’s different in that it’s the only spoke that includes the surgical and medical (non-surgical) side of things.”

One thing does appear to be common among those at St. Joseph’s who are involved in sports medicine: They seem to have a passion for it.

Dr. Raphael, who has his own orthopedic practice, also serves as director of sports medicine and as team physician for Syracuse University. In 19 years with SU, he has missed only three football games. He works closely with Drs. Tucker, Kernan and McCaul who handle the non-orthopedic side of sports medicine for the university. Dr. Tucker, who started working with SU teams in 1987, says he spends between eight and 10 hours a day at St. Joseph’s and about eight to 10 hours a week with SU, and he never tires of it.

Dr. Axelrod gained an interest in sports medicine when he was learning about arthroscopic surgery and saw the potential it offered for young people with sports-related injuries. Dr. Smart, who earned a fellowship in sports medicine before coming to Syracuse, started out on the other side when he was injured as a member of Cornell University’s hockey team. What could have been a professional hockey career when he was drafted, ended up as a career in sports medicine.

This issue of the Caring Connection takes a look at the many facets of sports medicine.
Those Treating Student Athletes Stand Ready at the Sidelines

For someone who has missed only three Syracuse University football games in 19 years, whether at home or on the road, it seems odd when Irving Raphael, MD, says he doesn’t really enjoy the games all that much.

You can see him along the sidelines pacing as much or more than the coach. He paces because he knows what can happen in a high-speed contact sport like football. He appreciates all the kinetic energy that is built up by solidly muscled players racing toward each other at full speed. He also understands the fragility of even well-conditioned players’ muscles, joints and bones when collisions happen and all that energy is released. So he paces, hoping he won’t be called into action.

“My friends say they’ve never seen me enjoy a football game when I’m on the sidelines,” Dr. Raphael says. “That’s because I understand what can happen and I just don’t want anyone to get hurt.

“I love for us to win, but I don’t worry about the score or celebrate until the game is over.”

As director of sports medicine and head team physician for SU, Dr. Raphael, an orthopedic surgeon who also has a private practice, is responsible for making sure that all of the hundreds of student athletes competing for SU in 21 sports have the best chance of not being injured and the best medical or surgical care if they are.

It’s far more complex than it sounds, and it’s a year-round job for Dr. Raphael and the team of other doctors and trainers who look after SU athletes. Even though the injuries to which serious athletes are subject are no different than what the rest of us may face, treating those injuries requires a different outlook, Dr. Raphael says, primarily because those athletes and the teams for which they play have different expectations than the general public.

“You don’t treat elite athletes the same way you treat non-athletes,” Dr. Raphael says. “Their bodies do things that our bodies won’t do. Our job is to get them back to doing things at a much higher level than any of us function in our daily activities.

“If you or I went out and got a pretty bad sprain, I’d send you to a physical therapist two or three times a week, ask to see you in a month and we’d probably have you running by then. If someone on the SU basketball team had a similar sprain, they may work with trainers two or three times every day getting every opportunity to get better as quickly as possible.

“Their job is to get better, and they expect that.”

Dr. Raphael should know about the rigors of college sports. In his college days he earned a dozen varsity letters in basketball, tennis and sailing while earning his undergraduate degree in naval architecture and marine engineering at Webb Institute in 1967. He earned his MD from Yale University’s School of Medicine in 1971 and then served an orthopedic residency at Upstate Medical Center. Dr. Raphael admits to being “smitten” by the possibilities of arthroscopic surgery for his patients in the mid-1970s when the use of a lens to look inside a joint was in its infancy.

“This was before the days of fiberoptics and miniaturized surgical instruments, so we could look inside a knee joint to see what the problem was, but
For instance, the backstroke and butterfly are more likely to injure a swimmer’s shoulders. In volleyball, ‘spiking’ will cause hand and wrist injuries. Long-distance runners are more prone to shin splints or stress fractures whereas sprinters more often suffer from tendinitis.

Throwing athletes show up with shoulder and elbow problems. That’s why there are national regulations on how many throws a little leaguer can make in a game.”

The more Dr. Raphael talks about his long involvement in sports medicine, the more excited he gets. He charts the new treatments—new arrows in his quiver—that were unheard of 20 years ago, such as injections of an athlete’s own platelet-rich plasma that triggers the release of the body’s growth factors that speed healing.

A lacrosse or basketball player who tears the anterior cruciate ligament in her knee after making a sudden stop or sharp turn may shorten her healing time significantly.

“Our job as sports medicine specialists is to make sure we deliver these athletes the best and latest treatments we can,” Dr. Raphael says, “and that means that this job—a passion, really—never becomes boring.”

The same is true for the rest of the other physicians and trainers on the SU sports medicine team. That fact is, Dr. Raphael admits, the expertise of Drs. Michael Kernan, Jennifer McCaul and James Tucker is called upon more often than his in the case of medical, rather than strictly orthopedic, concerns.

Dr. Tucker, who is residency director for St. Joseph’s family medicine program, as well as in a private practice that includes sports medicine patients, smiles when he recalls an anonymous quip made years ago describing sports medicine as “orthopedics in sweaty people.”

“Whoever said that was wrong because obviously there are more medical concerns in any college sports program than there are strictly orthopedic concerns. In Division 1 college athletics, 70 to 90 percent of what physicians treat are medical rather than orthopedic problems.”

Dr. Tucker started seeing sports medicine patients in 1979 and served as school physician for Jamesville-DeWitt and Bishop Grimes high schools, and as team physician for Onondaga Community College. He joined the Syracuse University medical team in 1986, operating weekly clinics for athletes who were sick or had other medical problems. He still smiles when he says, “Dr. Raphael lets us do most of the medical stuff and we certainly recognize his expertise in orthopedic matters.”

Essentially all family physicians, Dr. Tucker says, handle their share of sports medicine cases. Virtually all are called on to handle pre-participation evaluation physicals on a high school kid who wants to play sports, someone in Pop Warner football who sprained their ankle, or a 60-year-old who has decided to run the Boston Marathon.

But sports medicine at the SU level is far different. It can come close to being a full-time operation. At SU, there are five, two- to three-hour medical clinics each week that are covered by Drs. Tucker, Kernan and McCaul. Three orthopedic clinics occur on weekdays, in

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“When you have to tell them they can’t play, you feel like the worst person on earth. There can be tears or they might slam something because they love their sport. They really love it and want to go ahead and play and you’re the one who’s telling them they can’t. They’ll beg, plead, promise to do anything, but we have to look at them and their illness objectively and treat them appropriately.”

—JENNIFER McCAUL, MD

While orthopedic surgery involving college and professional athletes is covered widely on the sports pages and national broadcasts, there is far more to modern sports medicine than orthopedic surgery, Dr. Raphael says. Years of experience getting to know each sport and the typical injuries they generate, he adds, is what separates a sports medicine specialist from a general orthopedist.

“We have to view each athlete differently,” Dr. Raphael continues. “It’s not just knowing what sport they play, we also have to know what position they play and what their training schedule is like. Knowing all this tells me what the injury is likely to be.

“For instance, the backstroke and butterfly are more likely to injure a swimmer’s shoulders. In volleyball, ‘spiking’ will cause hand and wrist injuries. Long-distance runners are more prone to shin splints or stress fractures whereas sprinters more often suffer from tendinitis.

There wasn’t much we could do about it. We’d take out the scope and then do traditional open surgery,” Dr. Raphael recalls.

Arthroscopic surgery has advanced greatly since the mid-1970s and has become the core of Dr. Raphael’s practice—at least with college athletes in need of surgery.

Hospital stays used to be required, but Dr. Raphael says he was the first orthopedist in Syracuse to operate on a patient using arthroscopy in an outpatient setting, so they didn’t have to stay overnight in the hospital.

What was rare is now common. Dr. Raphael performed more than 350 surgeries (including arthroscopies) last year alone at St. Joseph’s, many of them on athletes. He was also among the first in Central New York to perform arthroscopic hip surgery on athletes.

The more Dr. Raphael talks about his long involvement in sports medicine, the more excited he gets. He charts the new treatments—new arrows in his quiver—that were unheard of 20 years ago, such as injections of an athlete’s own platelet-rich plasma that triggers the release of the body’s growth factors that speed healing.

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addition to the weekend clinics. The time commitments are greater than that, however, since all contact sports have one physician on site for home games and football has two physicians for all home and away games. The SU trainers are full-time employees who cover other athletic events and know that the team doctors are on call at all times. They are also highly praised by the team physicians.

In many ways, the conditions that the medical team physicians encounter from SU’s student athletes are essentially the same as any non-athlete student group of the same age—coughs and colds, fevers, diarrhea, stomachaches, urinary tract infections, cuts, bruises, a poke in the eye going up for a rebound, blisters, infectious mononucleosis, eating disorders… The list keeps going and there can be significant differences.

“A lot of kids get skin infections like folliculitis, but if a wrestler gets it and it can’t be completely covered, they can’t compete because it could be spread to their opponents,” says Dr. McCaul, the newest member of the SU team. “Because they’re stuck in a bus together, or in the locker room, the closeness of the team can predispose them to communicable illnesses like mononucleosis.

“While ‘mono’ is fairly common, it can cause a patient’s spleen to swell and if the athlete were playing a contact sport and it were hit, it might rupture and that could be fatal.

“When you have to tell them they can’t play, you feel like the worst person on earth. There can be tears or they might slam something because they love their sport. They really love it and want to go ahead and play and you’re the one who’s telling them they can’t. They’ll beg, plead, promise to do anything, but we have to look at them and their illness objectively and treat them appropriately.”

Concussions are another hot topic in the sports world and it affects the college athlete—and St. Joseph’s sports medicine doctors, as well.

“We have learned more about the biology and potential outcomes of concussions in the past five years that we did in the preceding 150 years,” Dr. Tucker says, “and that’s been good for us.”

Adds Dr. Kernan, “With the National Football League paying more attention to it, and when the public sees people like Troy Aikman retiring because of it, it’s a lot easier to convince a parent that their child shouldn’t play in the next game.”

One thing that isn’t often mentioned as part of the sports medicine realm is the diagnosis and treatment of emotional elements like depression among young student athletes. Dr. Tucker describes athletes who may come in complaining of headaches, not sleeping well, being tired, or saying that his coach made him come because he’s not the same anymore. It’s the sports medicine physicians who must root out the possibilities—have their grades fallen, did they just breakup with their girlfriend or boyfriend, are they overtraining—and then, following this emotional triage, suggest they might see a clinical psychologist within the university.

“I have a tremendous amount of respect for student athletes,” Dr. Tucker says. “They have two full-time, demanding jobs. The crew team is out on the water at 5:30 in the morning. The field hockey team may be in the weight room at 6:00 in the morning, and yet these are students who are carrying a full academic load, and some are carrying full academic loads in majors that would scare the heck out of me.

“It is physically and emotionally demanding, and that’s why we’re here.”

St. Joseph’s family medicine physicians James Tucker, MD, Jennifer McCaul, MD, and Michael Kernan, MD, provide medical care to Syracuse University athletes at five medical clinics each week. Most of the care required by college athletes is the same as non-athletes—illnesses such as coughs, colds, fever, bruises and stomachaches.
Suppose you’re a 4.5 tennis player with a terrific serve and you’ve torn the rotator cuff in your serving shoulder. You’re not a level 7.0 touring pro, but still you love the game and can’t raise your racket hand more than a few inches. Do you need a doctor who specializes in sports medicine? You certainly do!

Now suppose you’re a lifelong mason used to lifting 80-pound bags of concrete for a living and have torn your rotator cuff, too. Do you need a doctor who specializes in sports medicine even though your most strenuous pastime may be a few hands of cards? You bet!

A person’s rotator cuff (or knee, or hip, or ankle or elbow) doesn’t know whether it was hurt on the job, playing amateur tennis or competing in the Olympics. The injury is the same, and it still hurts.

Glenn Axelrod, MD, has been treating sports-type injuries for 28 years—almost before the term “sports medicine” was coined. Ryan Smart, MD, completed an intense, yearlong fellowship in sports medicine in 2010. Alfred Moretz, MD, an orthopedist who has been practicing for nearly 30 years, sees sports medicine as a philosophy rather than strictly a specialty. All three St. Joseph’s Hospital Health Center orthopedic surgeons agree that amateur and non-athletes shouldn’t be frightened away by the sports medicine title.

“A lot of sports medicine-type surgeries are done for regular people who were not injured playing a sport,” Dr. Axelrod says. “The surgery I perform on a homemaker who has torn the meniscus in her knee by stooping and picking up something beside her on the kitchen floor may be the same surgery I’d give to an elite athlete who turned his knee when his foot was planted.”

The difference, Dr. Axelrod says, is how the patient may be treated after the surgery. “You don’t want to be treated as an elite athlete if you aren’t an elite athlete,” Dr. Axelrod continues. “Most people don’t have the time, or money, to afford the kind of rehab an elite athlete requires. They are doing conditioning and physical therapy for hours a day under the auspices of a trained physical therapist and conditioner.

“Professional and college athletes are different people. Ordinary people like you and me get back to what they consider to be a normal functional level for them, and not have the same postoperative treatment a professional would want. But we’re both happy and it’s been a successful surgery because the patient understands what they really wanted out of the whole thing.”

It’s very important to remember, Dr. Axelrod says, that sports medicine treatments often demand a great deal of patient involvement for total success.

“Patients must understand that they are not Peyton Manning or Serena Williams,” Dr. Axelrod says. “They must understand the postoperative plan and this is what they have to do to get the outcome that they want. I tell my patients, ‘We’re both in this together.’”

Dr. Smart, who understands how his patients feel by having sustained three ice hockey injuries himself while working on his undergraduate degree at Cornell University, says most of his patients also are in their teens through their 60s, and otherwise healthy and pursuing active lifestyles.

“Most sports medicine doctors will admit that most of their patients are regular people who are getting hurt just by living life or working on the job or at home,” Dr. Smart says. (See cover story on p. 16.)

All three agree it’s a fact that there are relatively few elite college or professional athletes out there. The vast majority of athletes who play high school sports, even the best ones, are finished after high school because they recognize that the commitment to even college-level sports is excessive, and the chances of a professional career may be as remote as winning the lottery. But there are many “weekend warriors” who still need good care because they want to stay active as long as possible.
Dr. Moretz, who practices in Utica but performs all of his arthroscopic knee and shoulder surgeries at St. Joseph’s North Surgery Center in Liverpool, NY, treats his patients as if they were athletes, even though they may not be.

“Sports medicine is a philosophy to me rather than a specialty,” Dr. Moretz says. “I could have a badly sprained ankle myself, stay off of it for three or four weeks, undergo some physical therapy and be fine, but if you’re a high school football player who has only seven weeks in his season, time is very important. In those cases, our philosophy is to do everything we can to get them back to their original level of activity as quickly as we can as long as there is no increased risk of further injury.”

That philosophy applies to non-athletes—such as a self-employed carpenter who is unable to work—as well as athletes. For these people, “no work, no pay” is a powerful incentive, so Dr. Moretz treats these patients like athletes, as well.

The rest of us who may eventually need the care of a sports medicine doctor for whatever reason are fortunate to live at a time when the science is leapfrogging itself with one advancement after another.

Drs. Axelrod and Moretz came to sports medicine at different times and through different pathways than Dr. Smart. When Dr. Axelrod and Dr. Moretz completed their residencies, arthroscopic surgery was in its earliest stages and fellowships in sports medicine were not yet offered. The miniature instruments and closed-circuit television cameras the size of a soda straw had not been invented yet, but as they were, Dr. Axelrod and Dr. Moretz seized every opportunity to polish their operative skills with the new technology over the years.

Dr. Smart, on the other hand, entered a one-year fellowship in sports medicine at the New England Baptist Hospital in Boston following his orthopedic internship and residency at the Yale New Haven Hospital in Connecticut. That consisted, he says, of practically a whole year doing little else besides arthroscopic surgery on all the body’s major joints, but primarily on the most often injured knees and shoulders. Part of that involved working with a sports team, in his case, the Boston Celtics and Harvard’s athletic teams.

All three surgeons continue to be challenged by fast-moving changes to equipment and techniques.

“The concepts and equipment we use in shoulder surgery today are totally different than they were only three years ago,” Dr. Moretz says, “so staying current is a real challenge.”

But talk to any orthopedist and you’re liable to hear the same thing when you ask them how they like their jobs. They are virtually all happy, they say, because their patients have very definable problems with very specific solutions, and they get better quickly. The patients are also motivated to work with their physicians. At some point, they even have to be “reined in.”

That, all three admit, is fun and very satisfying.
How do you connect sports medicine, an old 700-pound cast iron radiator and a beloved set of highland bagpipes? For Tom Parlato and Ryan Smart, MD, the fit was easy.

First, comes the radiator that Parlato planned to make part of his home heating system.

Parlato figures he now has one of the most expensive old cast iron radiators in existence, even though it started out as a 700-pound piece of scrap. The 47-year-old heavy equipment operation teacher at Madison-Oneida BOCES and his two teenaged sons had successfully moved the radiator down a flight of stairs and were trying to maneuver it onto a hand truck when Parlato felt something in his left arm give way.

“I just felt something tear,” Parlato says as he recalls that late summer day last year. “There was some pain and immediate weakness. I knew something was amiss, but I had a physical coming up in a few weeks, so I decided to ice it and take it easy.”

As soon as she saw the arm two or three weeks later, Parlato’s family physician sent him straight to an orthopedic surgeon for diagnosis and possible treatment.

Ryan Smart, MD, an orthopedic surgeon with Syracuse Orthopedic Specialists, specializes in sports medicine and diagnosed the injury as a badly torn distal biceps tendon—the tendon that connects the lower end of Parlato’s biceps muscle to the radius bone, the smaller bone in the lower arm. Without that connection, or with a badly compromised connection like Parlato’s, the arm’s major muscle has nothing to pull against and is nearly useless.

Like the majority of Dr. Smart’s patients, Parlato was not an athlete, but the injuries are the same.
Whether I’m operating on a college football player with a damaged knee, a high-level amateur tennis player with a torn rotator cuff, or a mason who earns his livelihood lifting heavy weights, it’s the same.”

—RYAN SMART, MD

The pipes are a passion I picked up later in life. Playing serves as a catharsis for me.”

So dedicated is Parlato to piping that he postponed his original surgery date, so he could play the pipes at a friend’s funeral.

“I could still play, but it was uncomfortable, and whatever was wrong wasn’t getting right again just by laying off and letting it try to heal,” Parlato says.

In fact, postponing his original visit to his primary care physician and “letting it heal” had made things worse in that the damaged tendon was forming scar tissue in places where it wasn’t wanted.

Dr. Smart, with Parlato’s fears in mind, performed the surgery at St. Joseph’s Northeast Surgery Center in Fayetteville over 90 minutes. It sounds easy enough when Dr. Smart describes it:

“You find the tendon still attached to the lower biceps and then put stitches in it. Meanwhile, a hole is drilled through the upper end of the radius bone and the tendon is passed through the hole to the back of the bone and attached to what we call ‘a button.’ The bone then grows around the button and the tendon is secured.”

The surgery started on a Friday at 11 a.m. and Parlato was in the postanesthesia care unit by 1 p.m. He was soon asking when he could go back to work: “It’s just a little cut. I’ve been kicked worse than that by a horse!” Although he was expected to be away from BOCES for two weeks, he was back in the classroom on Monday, three days later—his arm in both a sling and a brace. It was swollen at the end of the day, but with several days of icing “the swelling began to subside and it didn’t look like my arm weighed 800 pounds anymore.”

It was eight weeks, just before Christmas, that Parlato first tried playing the pipes. He used small “parlor pipes” to begin with, but soon graduated to the “great pipes” around which so much Scottish lore is woven. And how was it?

“I couldn’t turn my wrist very well, but I just had to try it. The fingers still move and it’s happening,” says Parlato. “It’ll come, and I’ll be back on the street playing in no time.”

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New Mother-Baby Unit Pampers Families

It’s amazing what can be done with a little love as opposed to a lot of money.

Just ask the women (and their families) whose eyes light up in amazement when they first see St. Joseph Hospital Health Center’s new mother-baby unit. It may be a hospital, but the atmosphere in the mother-baby unit is like that of a small boutique hotel with private rooms, a comfortable couch that opens out to a bed for fathers or other family members, room service and an open kitchen.

Said one visitor: “This is like the Taj Mahal.”

St. Joseph’s new postpartum unit has attracted enough attention within the hospital that staff from other floors have been stopping by to see in person what they’ve heard so much about through the grapevine.

Perhaps the area is attracting so much attention because the mothers who would be staying there and the nurses and doctors who would be working there essentially designed it. During the design phase, nurses contributed their ideas to architects about what would make the mother-baby unit a more welcoming place for mothers and their new infants and a better place in which to work for nurses and doctors.

“The nurses knew what they wanted and we talked to mothers for their ideas,” Lynne Ponto, RN, nurse manager, says. “This is a place built for women, and some of the concepts were different, so it took awhile to get these ideas across to the designers, most of whom were male; but, when they understood what we wanted and why, they were very enthusiastic.”

The men even admitted they liked the color selected for the walls—peach instead of hospital green or linen white.

The previous unit, built in exactly the same space, had 26 beds in 14 rooms so only two rooms were private. Today, each of the 20 rooms in the area is private. Walk into the room and there’s a genuine feeling of tranquility not likely to be experienced in most double rooms in which the mothers and babies are not necessarily on the same schedules. “I really felt loved and cared for,” says one mother who had delivered in both the former and the new unit.

The rooms are, to a degree, customizable, as well. Beds and cribs can be arranged according to the mother’s wishes. And each room also has its own 32-inch digital television and DVD player if mom craves some diversion. There is a hanging wardrobe closet, and private bathrooms with showers that are larger than most.

Instead of rolling a computer into each room on a cart, each room now has its own laptop to keep patient records up to date, and a wireless scanner system that reads barcodes on the mother’s and infant’s wristbands to make sure the right medicines are being administered to the right patient at the right time.

The rooms are designed for mothers and their families, but a great deal of thought was given to work areas, as well. Instead of one central nursing station far away from some rooms, the mother-baby unit now has smaller pods located near the rooms. Each pod has its own printer, fax machine and copier. Physicians have their own dictation rooms for privacy. Old-fashioned “white boards” that listed the names of each patient have become electronic—again for privacy. Thought was even given to electrical outlets. Instead of being on the floor and requiring a lot of unnecessary back bending, they now are located at waist level.

And, there is room service. Patients can order their own meals from a menu that offers an assortment of food anytime between the hours of 6:45 a.m. and 6 p.m. There also is a 24-hour kitchen on the floor stocked with sandwiches, snacks and beverages for patients.

Richard Waldman, MD, chair of St. Joseph’s obstetrics and gynecology department, said the staff was tight-fisted when it came to controlling costs. “We proved that we could come up with something different and something better for the patients without spending a lot of money,” Dr. Waldman says.

“You really can say it’s been done with love, not money,” echoes Ponto. 

St. Joseph’s Is a ‘Baby-Friendly’ Hospital

St. Joseph’s Hospital Health Center is designated a “Baby-Friendly” hospital by the World Health Organization through its Baby-Friendly Hospital Initiative. It is the only Central New York hospital to receive this designation and one of only 105 in the country. New York state has just three other hospitals with the distinction.

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation. The BFHI assists hospitals in giving breastfeeding mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies and gives special recognition to hospitals that have done so.

According to the Centers for Disease Control and Prevention, research shows that what happens in the hospital or birth center plays a crucial role in establishing breastfeeding and helping mothers to continue breastfeeding after leaving the birth facility.

Through the BFHI, St. Joseph’s promotes, protects and supports breastfeeding, guided by the 10 steps outlined by UNICEF/WHO. These steps include everything from training both at the hospital and at home, to specific practices to help encourage mothers who want to breastfeeding their infants. A full list of the steps may be found at www.babyfriendlyusa.org.

St. Joseph’s lactation (breastfeeding) consultants visit with mothers while they are in the hospital, and are available to assist moms whenever needed. Each breastfeeding mom receives a phone call after she goes home and is also encouraged to feel free to call anytime—24 hours a day—if she has questions. If additional help is needed, breastfeeding moms may come back to St. Joseph’s breastfeeding center at no charge after leaving the hospital.
St. Joseph’s new mother-baby unit features all private patient rooms with individual showers, a pull-out couch for fathers and other family members, 32-inch digital televisions, and medical supplies that are kept out of sight. Mothers may order their own meals anytime between the hours of 6:45 a.m. and 6 p.m., and a kitchen on the unit is stocked 24 hours a day with sandwiches, snacks and beverages. Mother-baby nurse Gladys Cornish, RN, delivers flowers to a mom and her newborn son.

And There’s More...

With a philosophy that centers on family-centered care, a renovated mother-baby unit is just one of the many ways St. Joseph’s Hospital Health Center cares for its new families. St. Joseph’s also features:

- **Labor/delivery/recovery (LDR) rooms where mothers stay in one self-sufficient room throughout the entire birth process.** The LDR unit includes a whirlpool tub, two operative delivery rooms for cesarean births, and a nine-bed triage room for testing during pregnancy and evaluation of labor. A full bathroom with a shower is shared by each pair of LDRs. After delivery, mother and baby are taken to the nearby mother-baby unit. One nurse cares for both, and 24-hour rooming in with baby is encouraged to promote bonding. Breastfeeding consultants are available seven days a week.

- **Syracuse’s only Birth Place where low-risk mothers deliver in a homelike setting with minimal medical intervention.** Mothers and babies typically go home 24 to 36 hours after birth, and they receive a home visit from a Birth Place nurse within 48 hours of discharge. Moms labor and give birth in a queen-size bed in one of three “bedrooms,” where families bond throughout their stay. Kitchen facilities and a lounge are available for families. While in labor, moms may take a warm bath in a whirlpool tub or shower in a private bathroom. Mothers are free to wear their own clothes and eat and drink as they please. Friends and families, including baby’s siblings and grandparents, are welcome. Mom’s support person may spend the night with her and baby, and every room is equipped with a television, VCR and DVD. A room service menu is available from 6:45 a.m. to 6 p.m., and there is a fully stocked kitchen available at other times.

- **St. Joseph’s state-of-the-art intensive care nursery (ICN) for babies who need special care.** Equipped and staffed 24 hours a day to provide newborn critical care, about 350 newborns from 16 counties receive care each year in St. Joseph’s level III, non-regional ICN. The ICN is fully staffed with registered nurses, neonatal nurse practitioners and board-certified neonatologists trained in the care of infants born prematurely and/or with special needs.

- **Many classes to prepare families before the arrival of baby and to provide support after families go home.** Classes include: fit and healthy pregnancy, breastfeeding, labor preparation, newborn care, sibling class, and stay in touch for breastfeeding moms who return to work outside the home.

For more information about St. Joseph’s family-centered care, visit www.sjhsyr.org or call 315-448-5515.
OW COULD ANYONE SAY THAT HEARING YOU NEED TO HAVE THE VALVE IN YOUR HEART REPAIRED IS GOOD NEWS? TO ROBERT BREWSTER, A LIBRARIAN FROM SCARSDALE, NY, IT WAS.

Valve replacement started in the 1960s, but it is still serious surgery that carries significant risk. The good news, however, is that cardiac surgeons today have so many options at their command that they can provide almost “tailor-made” repairs or replacements for a widening group of patients.

The numbers, at least at St. Joseph’s Hospital Health Center, confirm the increasing possibilities of surgery for cardiac valve disease, according to Mehdi Marvasti, MD, a St. Joseph’s cardiac surgeon with years of experience performing both coronary artery bypass surgery and cardiac valve repairs and replacements.

“The numbers are interesting,” Dr. Marvasti says in his slow, measured voice. “In the year 2000, we did 1,081 heart procedures at St. Joseph’s and 665 of those—61 percent—were coronary artery bypass grafts. In 2010, we did essentially the same number of surgeries, but only 50 percent of them were coronary artery bypass grafts.

“Some of that is due to more angioplasty and stenting, but what has happened is that we are seeing and treating more patients at an advanced age with significant aortic or mitral valve disease.”

The options are many, both Dr. Marvasti and cardiac surgeon G. Randall Green, MD, agree. Mechanical valves are usually used in young patients. The drawback to replacement of the patient’s own mitral or aortic valve with a mechanical valve was, and still is, the requirement that patients take anticoagulants—blood “thinners”—like warfarin for the rest of their lives to prevent blood clots.

“We’ve tended away from mechanical valves,” Dr. Green says, “using bioprosthetic valves made from pig or cow tissue almost exclusively. Repair is better than replacement theoretically because it preserves heart function. That said, a mitral valve replacement performed in a certain way will also retain optimal heart function, although it’s more technically challenging.

“There was a period of time when our hubris got in the way. We wanted to feel we were capable and creative enough to repair every valve, but that’s not appropriate for everybody. Sometimes in a 65- or 70-year-old patient who has a particular pathology, it might be better, faster and easier—and perhaps even more durable—to just replace the valve.”

St. Joseph’s cardiac surgeons also have the ability to perform “minimally invasive” valve replacements, but, again, it’s an individual matter for each patient. Dr. Marvasti does both whenever one is called for over the other, but takes a long hard look before proceeding with the minimally invasive technique. It is, he said, a misnomer in that there is no such thing as a minimally invasive heart surgery. Dr. Marvasti thinks the proper term should be “smaller incision surgery.”

“Any heart surgery is invasive when you can still have serious complications like death or stroke,” Dr. Marvasti says. “You can still have those complications with minimally invasive techniques, but there are some advantages.”

Drs. Marvasti and Green both say that performing the surgery through a smaller incision has less risk of infection, less risk of bleeding, and perhaps a shorter stay in the hospital. A younger patient still in the workforce also may be able to return to work and resume normal activity sooner.

“The most important thing that patients and physicians have to realize when it comes to heart surgery is to fix the heart the best way you can,” Dr. Marvasti says forcefully. “It has to be the right technique, and you should not hesitate to tell the patient that a minimally invasive approach is not good in her or his situation.”

In the case of Robert Brewster, a minimally invasive approach by Dr. Marvasti worked very well.

Brewster, who was 40 at the time of his surgery in 2009, lifted weights and was an active runner for years, averaging seven or eight miles three times a week. He didn’t know he had a valve problem until his primary care physician detected a murmur during a routine physical.

Running several times a week and lifting weights, school librarian Robert Brewster didn’t know he had a leaky mitral valve until his primary care physician detected a murmur and referred him to a St. Joseph’s cardiologist. Brewster later had surgery to repair the valve before his condition worsened.
Brewster and his physician followed the mitral valve anomaly as it worsened over the course of a few years until Brewster’s physician referred him to a cardiologist in Syracuse. Following a transesophageal echocardiogram or TEE that confirmed the mitral valve disease in April, Dr. Marvasti repaired Brewster’s mitral valve in July using minimally invasive surgery. Instead of approaching Brewster’s heart through a larger incision in the center of his chest, Dr. Marvasti used a smaller incision between two ribs in the right side of his chest without sawing through any bones.

“I was in some pain after the surgery until they removed a drain on the second day, but after that I felt like a new person.” Brewster says. “The surgery was on Monday and I went home on Friday. If my doctor hadn’t been watching my heart and referred me when he did, the valve would have worsened and might have changed the shape and structure of my heart. As it is, I’m back to running and lifting weights.”

As an example of how often minimally invasive techniques are employed at St. Joseph’s, of all the heart surgeries performed in 2010, 127 used minimally invasive techniques and 81 of those were valve repairs or replacements; 46 of them were coronary artery bypass grafts.

Regardless of what heart surgeons like Dr. Green and Dr. Marvasti believe, they’ll find once the surgery has begun, they’re always prepared for, and capable of, changing course. Valve replacements typically take two to three hours, but, Dr. Green says, he and Dr. Marvasti spend another two or three hours outside the operating room before the surgery starts looking at studies and reviewing the patient’s overall condition. The final check is often a TEE, in which a probe is maneuvered to a spot in the patient’s esophagus directly behind the heart. Sending out sound waves, the TEE helps the surgeon gauge the size and shape of the heart, blood flow patterns and, most importantly, the condition of the heart’s four valves.

“The TEE helps us make a whole lot of educated guesses,” Dr. Green says, “about what we’ll find once we’re inside the heart. We can see in real time where and how the valves close and what the valves’ leaflets look like. It’s more confirmation than anything.”

Even with reams of information beforehand, the situation can still change once the surgeon is actually looking at the still heart and its valves in person. That’s why Dr. Green and Dr. Marvasti are prepared for anything as the surgery begins.

“I never want to get into the position of putting a square peg in a round hole,” Dr. Green quips. “I may have planned on repairing the valve, but if I discover a whole lot of calcium on the mitral valve that I didn’t see during the echo, I may think twice about repairing it. I may just say, ‘This patient is 70 years old, I’ll just de-calcify the area and put in a replacement bioprosthetic valve,’ because at the end of the day what the patient really wants is a valve that doesn’t leak and that opens and closes properly. They don’t really care whether it was a repair or replacement. They just want to feel better.”

Just as treatment for valve disease has changed in the last 50 years, the technology continues to advance, Dr. Green says. The U.S. Food and Drug Administration is currently evaluating a new procedure in which a patient’s aortic valve could be replaced during a catheter-based operation in which only a tiny incision would be required and the heart would not have to be stopped, as it is now, to thread the new valve into position. That’s why Dr. Green says, is preparing for the new technique by creating a hybrid operating room in which both robotic surgery and fluoroscopy (moving X-rays) could be combined in the same space.

Such foresight, Dr. Green says, is one of the reasons that St. Joseph’s is one of top cardiac valve replacement centers in the United States. That’s good news.
Dear Friend of St. Joseph’s,

“The future is not something we enter. The future is something we create.”
—Leonard I. Sweet, theologian, author, scholar

As we pass from the end of a successful year and into the promise of a brilliant new one, let me begin by extending a warm welcome to Kathryn Ruscitto as she begins her tenure as president and chief executive officer of St. Joseph’s Hospital Health Center. Because the past and present influence the future, last December was a month of celebration. As an organization, we applauded the 36 years of dedication and outstanding leadership provided to St. Joseph’s by Theodore Pasinski, who retired as the hospital’s president and CEO at the end of 2010. While it goes without saying that we will miss Ted immensely, Kathryn’s vision and strategic leadership will continue the path set forth for St. Joseph’s during her predecessor’s time in office. St. Joseph’s will continue to invest in the Central New York community and its residents. Progress will continue on the hospital’s facility expansion and renovation. This project is not only one of the largest green health care construction projects in New York state, but also one that will help revitalize Syracuse’s North Side neighborhood as well as generate 600 long-term construction jobs and 200 permanent health care positions. St. Joseph’s many donors help to build the foundation of that future through their generous contributions. The generosity they extend to the hospital is passed on to the patients we are proud to care for through St. Joseph’s many programs and services. In 2010 alone, donors to St. Joseph’s capital campaign—Generations of Compassion Healing Innovation—contributed more than $3 million toward the hospital’s facility expansion, including a recent $272,500 gift from M&T Bank to name the hospital’s new North Garden. As of March 2011, the Generations Capital Campaign has raised more than $6.7 million and it currently has another $10 million out in requests for support. Moreover, nearly $1.6 million in revenue was raised by St. Joseph’s Hospital Foundation in 2010 through various fund-raising programs, including a $50,000 award from St. Agatha’s Foundation to increase access to St. Joseph’s breast cancer services. Contributing to the fund-raising successes of 2010 were the annual gala and golf tournament which, thanks to the community’s generosity, netted nearly $530,000 in revenue with proceeds from both events supporting St. Joseph’s nationally recognized programs and services.

Because their gifts help to make quality care possible, we would like to recognize our 2010 donors on pages 27 through 37 in this issue of the Caring Connection. It is my honor to extend my own most sincere thanks to these individuals, foundations and corporations as we move into a bright future filled with optimism for the residents of our community. As poet Elizabeth Barrett Browning so aptly stated, let us “light tomorrow with today!”

Sincerely,

Margaret Martin

Margaret Martin

vice president
Helping to fund the largest expansion in St. Joseph’s Hospital Health Center’s history is the Generations of Compassion + Healing + Innovation Capital Campaign. At an estimated cost of $220 million, the project includes a new emergency services building with new, larger medical and psychiatric emergency departments as well as an observation/chest pain unit, data center and kitchen. The second stage will include a new surgical suite, a patient tower with private rooms and new intensive care units, as well as a greenway corridor to North Side businesses. There are many opportunities for giving at any level, and all gifts are truly appreciated. This issue of Caring Connection profiles recent gifts from a few of our generous contributors. For more information about how you can join St. Joseph’s in enriching health care in our community, please visit www.generationscampaign.org.

Because access to natural light has been shown to have a positive influence on the body’s physiological comfort and psychological well-being, leading to shorter hospital stays for patients and greater productivity for staff, St. Joseph’s new emergency department has been designed with skylights. The skylights will let in natural light, brightening the healing atmosphere and creating a sense of spaciousness for patients, families and staff.

M&T Bank Commits $272,500 to Generations Campaign

For M&T Bank Regional President Allen Naples, the bank’s donation of more than a quarter of a million dollars in support of St. Joseph’s facility master plan was equal parts charitable intent and rigorous business decision.

“St. Joseph’s is an outstanding hospital that provides tremendous services, so certainly a charitable commitment is appropriate,” Naples says. “At M&T, however, we evaluate these decisions based on outcomes: we carefully assess the value of the organization to the larger community.”

In that regard, M&T does a lot of detailed study and a lot of charitable giving. One of the country’s 20th largest banks, it donates more than $15 million a year throughout its 15 regions to benefit 2,900 not-for-profit organizations. M&T employees log 333,000 hours of volunteer work annually, and the company requires its officers to be involved on community boards and with other charitable endeavors.

“Fundamentally, we believe if our communities are not strong and vital, our business and our employees will not be strong and vital,” Naples says. “In Central New York alone, we donate more than $1 million annually and support about 200 different organizations.”

To enable those decisions, Naples chairs the bank’s local community relations committee, coordinating closely with Alissa Viti, vice president of charitable and community relations. The bank’s and the committee’s strategic shift from organizational sponsorships to community outcomes drove the decision to name the North Garden area of St. Joseph’s facility expansion—a $272,500 gift. It was not a decision made lightly; all of M&T’s contributions greater than $20,000 must go to M&T Chairman and CEO Robert Wilmers and President Mark Czarnecki for final approval.

The size of M&T’s donation is a deeply appreciated affirmation of St. Joseph’s own strategic direction. “The value St. Joseph’s delivers in health care is first rate,” Naples says. “In addition, decision-making from the hospital’s management is very systematic and well-structured, which preserves the organization’s financial integrity.

“Beyond that, St. Joseph’s reinvests in the community—what CEO Kathryn Ruscitto and the leadership team have done to revitalize neighborhood housing and commercial development is spectacular.”

Naples has significant insights into the hospital’s management and direction, as M&T and St. Joseph’s have enjoyed a successful business relationship stretching back more than 50 years to the days of one of M&T’s earlier acquisitions, Merchants Bank, which was founded in 1850 in Syracuse, a city incorporated just two years prior.

A 39-year veteran of the banking industry, the last six with M&T, Naples is enthusiastic about his organization’s decision to support St. Joseph’s Generations Campaign. “We have studied and believe in the mission of the hospital and the value it delivers to the community,” he notes. “What the hospital is doing matches up with our own philosophy.”
As construction proceeds on Phase II of St. Joseph’s facility master plan, members of IBEW (International Brotherhood of Electrical Workers) Local 43 and the NECA (National Electrical Contractors Association) Finger Lakes Chapter are devoting their skills and hard work to make sure the largest construction project in the hospital’s history is of the highest quality. And they’re devoting something above and beyond that—$75,000 to the Generations Campaign in support of the project.

As a result, St. Joseph’s new elevator lobby will be named in appreciation of IBEW/NECA.

“This project is good for this community, and our members support it,” says Don Morgan, business manager for IBEW Local 43. “We really believe in giving back.”

Marilyn Oppedisano, executive manager for NECA’s Finger Lakes Chapter, reinforces that commitment. “Together, IBEW/NECA does so much in the community to improve the quality of life where our members live and work,” she says. “We have a long history of charitable support, and it keeps growing.”

IBEW, established 114 years ago, represents approximately 1,200 electrical workers locally, and NECA, founded 110 years ago, represents more than 50 contracting firms in the area. Working together, they sponsor the Central New York Joint Apprenticeship and Training Committee to provide skills training in energy efficient technologies, such as solar photovoltaic systems and other green innovations, which are intrinsic to St. Joseph’s plans. Each has a long relationship with the hospital, and bases its charitable donations on hours worked.

“Our revenues are based on hours worked, and our monies to charities derive from that,” Morgan says. “The more we’re able to put our members to work, the more we are enabled to support worthy charitable initiatives, and we believe strongly in what St. Joseph’s is doing throughout Central New York.”

St. Joseph’s is privileged to join a number of other health and human service organizations that benefit from IBEW/NECA’s community focus, including their Red Hat Sponsorship of the American Heart Association, the United Way of Central New York, the Susan G. Komen Race for the Cure, Hospice of Central New York, Newspapers in Education and Habitat for Humanity.

When visitors to St. Joseph’s walk through the new lobby to ride in the elevators, they can feel good knowing that IBEW/NECA made them work…in more ways than one.
Brown & Brown Empire State Names North Café Landing

A
n organization founded on Syracuse’s North Side many decades ago thrives there still, with a family atmosphere and a long legacy of community service. This description applies not only to St. Joseph’s—it also fits Brown & Brown Empire State, a long-time business partner and supporter of the hospital.

Indeed, while the insurance broker and the hospital obviously provide different services, their histories have remarkable similarities and the relationship between them has been mutually supportive for nearly 45 years. Recently, Brown & Brown Empire State added to this shared history with a $50,000 gift to the Generations Capital Campaign to name the North Café Landing in the hospital’s expansion.

Brown & Brown Empire State President Nick Dereszynski says that the company’s unique position is that of a long-term, community-based business that is successfully transitioning to a business with an ever-expanding reach. Based in Daytona Beach, Florida, Brown & Brown (NYS Symbol: BRO) is a billion-dollar organization, with operations in 38 states, that looks, acts and feels like a hometown business. Seeking qualified and successful insurance brokers across the country, Brown & Brown has grown rapidly both organically and through acquisition.

In Central New York, they have written a model success story through the 2001 acquisition of the Young Agency, founded in 1905 in a building on North Salina Street by George Young. His grandson George Schunck, now senior vice president for Brown & Brown Empire State, made the strategic decision with his five shareholders to become part of Brown & Brown to form the current organization, which combines the hometown knowledge and experience of the Young Agency with the greater resources and decentralized operating philosophy of Brown & Brown.

“Family, tradition and service to the community are the values that built this company,” says Dereszynski. “The future is about maintaining those core values while providing additional benefit to our customers.” An 18-year veteran of Brown & Brown, Dereszynski became president of the brokerage responsible for the Eastern half of Upstate New York in 2005. He and Kevin Delaney, vice president of Brown & Brown Empire State’s commercial lines, are the organization’s primary consultants to St. Joseph’s.

Recently, Brown & Brown Empire State hosted a “Spotlight on Success” luncheon for the hospital’s executive team, expressing appreciation for the relationship, and unveiling a lobby showcase featuring St. Joseph’s facility master plan and key service lines. “It’s truly been a privilege to work with St. Joseph’s,” Dereszynski says. “We have learned from their leadership, and certainly wish to support all the good they do in our community.”

As both Brown & Brown Empire State and St. Joseph’s continue their successful growth into a new century, Schunck recalls an unusual encounter in 1966 that eventually entwined their histories. “My phone rang on a Monday, and it was the head of the hospital, Sister Patricia Ann Mulherin,” he says. “She asked—well, really, she told—me to be at her office at 2:00 the next afternoon. So I met her there, and found her sitting behind a small kneehole desk that was bare except for a large stack of insurance policies and a calculator on it.

“She said, ‘I want you to examine all our coverage and figure out how we can do it better through your firm,’ which I did, and the relationship has strengthened and grown ever since,” Schunck continues. “She had done her homework about our firm and moved decisively—she was a very gentle lady, but she knew her business and she let you know she knew her business.

“I admired her so much, as I do her successors, Jim Abbott, Bill Watt, Ted Pasinski and Kathryn Ruscitto, working with them has meant a lot to me and my own development.”

From an out-of-the-blue phone call to a local insurance broker more than four decades ago to a much more complex strategic partnership in the 21st century, Brown & Brown Empire State and St. Joseph’s Hospital Health Center continue to share an ethic of commitment to the community. Thanks to Brown & Brown’s generous gift to the Generations Campaign, future generations of patients will experience the benefits of that shared commitment.
Among the tributes and honors presented to former St. Joseph’s President and Chief Executive Officer Ted Pasinski upon his retirement was a particularly meaningful gift: a room.

The Sisters of St. Francis of the Neumann Communities, founders and sponsors of the hospital, have made a $25,000 naming gift to the Generations Capital Campaign, establishing the Theodore M. Pasinski Family Consultation Room to be built in the new section of the hospital. According to Sister Patricia Burkard, general minister, the room will serve as a permanent reminder of Ted’s exemplary service in carrying out the mission of the Sisters of St. Francis and St. Joseph’s Hospital Health Center.

“We thought it fitting that this naming gift would be for a family consultation room,” Sister Patricia says. “Ted is such a caring family man, and has been so devoted to the Sisters’ mission of helping families in times of sickness and need.” The room will be used for private meetings among hospital staff and patients’ families, providing an extra measure of welcome and comfort.

Sister Patricia became head of the Sisters of St. Francis of the Neumann Communities in 2004 and was chair of the hospital’s Board of Trustees in 2009 and part of 2010. She noted that Ted helped her get acclimated to her new duties, showing great interest in the vision and direction of the Franciscan Community. “It was a mutually helpful experience,” she says. “I learned about the hospital’s operations, while Ted kept the Order informed on hospital strategy and direction.”

Sister Patricia said that Ted helped the religious community as the hospital’s sponsors recognize the major shifts that were to come in health care, and led them to necessary changes so the Order and hospital would not, as she put it, “miss the future.” His vision was enabled by a constancy of purpose and fidelity to the mission of the Sisters and St. Joseph’s.

“Ted is very attuned to the mission, and he’s genial and compassionate, but he also has a great sense of the business we’re in,” Sister Patricia says. “He and the board took on the big challenges of modernization in a changing health care environment.” Ted, she emphasizes, didn’t shrink from considerable challenges, and understood deeply how the whole organization must continue to serve in the future.

“Ted is a genuinely good person—what you see is what you get,” Sister Patricia observes. “His non-anxious presence and unwavering loyalty to duty have enabled St. Joseph’s to address today’s challenges and position the organization for the years ahead.” Future visitors to the room named for him will appreciate the services made possible by Ted Pasinski’s, and the Sisters’, leadership.
Donor Listing

In 2010, to donors to St. Joseph’s Hospital Center Foundation contributed generously to help physicians and nurses make a difference in our community. Listed are cash donations received between Jan. 1 and Dec. 31, 2010. We are truly grateful for your support of St. Joseph’s Hospital Center.

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Cierra Wottering
Mr. and Mrs. Denny Wottering
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In memory of
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Save These Dates

St. Joseph’s Hospital Health Center Foundation presents:

Green & Silver Gala:
An Eco-Chic Evening

Friday, June 3, 2011
Turning Stone Resort & Casino

St. Joseph’s Foundation’s annual Gala Dinner Dance will celebrate the first stage of one of the largest “green” building projects in Upstate New York—St. Joseph’s emergency services building—as well as the 20th (Green) anniversary of successful galas held to support the hospital’s many programs and services.

Sponsored by Central New York Infusion Services, LLC, the eco-chic evening will take place in hues from emerald green to pearl gray, featuring sumptuous dining and dancing to live music by Atlas. Cocktails will begin at 6:45 p.m. in the event center atrium, with dinner and dancing following at 8 p.m. in the main ballroom. Black tie is optional. Overnight accommodations are available at a discounted rate by calling 1-800-771-7711.

The Gala will feature Champagne “On Ice” during which one lucky guest will take home a pair of 1-carat total weight diamond stud earrings. Raffle prizes for the evening include: a Ford Mustang Coupe summer rental donated by AmeriCar, a Turning Stone Resort Putt & Pamper Package, a custom closet makeover from California Closets, and a private dinner party package for 10 people from Karen’s Catering/Julie’s Place.

Co-chairs of this year’s Gala are Susan Merola-McConn, MD, Mark McConn, MD, Alan Simons, MD, and Deborah Simons.

Tickets are $200 per person or $300 per patron. A patron table of 10 is $3,000. Gala sponsorship and advertising opportunities are available. Sponsorship levels begin at $300, and program ads start at just $100.

19th Annual Golf Classic 2011

Friday, Sept. 9, 2011
Turning Stone Resort & Casino

Try your swing on one of three unique courses at St. Joseph’s 19th Annual Golf Classic, the region’s largest and most anticipated charity golf event.

Choose from three outstanding courses: Shenendoah, Kaluhyat and the famed Atunyote, site of Turning Stone’s PGA Tournament. (Please note that an additional $125 per person premium will be charged for the Atunyote PGA course, where players will play their own ball.) Afternoon tee times only are available, and format will be announced during the event registration period.

Sponsored by Franciscan Companies, the event includes lunch, cocktails, hors d’oeuvres, golfer gifts and an awards ceremony. Overnight accommodations are available at a discounted rate by calling 1-800-771-7711.

Sponsorship and advertising opportunities are available. Sponsorship levels begin at $500, and program ads start at just $100.

For more information about either the Green & Silver Gala or the Golf Classic, visit www.sjhsyr.org/foundation, call 315-703-2128 or email Foundation@sjhsyr.org.

In 2011, net proceeds from St. Joseph’s Gala Dinner Dance and Golf Tournament will benefit St. Joseph’s comprehensive (including mission-based) services, which provide compassionate care and state-of-the-art technology to meet the health care needs of our community.
St. Joseph’s College of Nursing Receives Largest Gift in Its History

St. Joseph’s College of Nursing at St. Joseph’s Hospital Health Center has received a $1 million gift from the estate of alumna Josephine Mastrangelo Eagan. The unrestricted gift represents the largest bequest from Eagan’s estate and the largest donation ever received by the college of nursing.

Eagan was born in Rome, NY, and graduated from St. Joseph’s Hospital School of Nursing in 1954. She then received her bachelor of arts degree from Boston College and practiced nursing in California before marrying and moving to Detroit, where she lived for the remainder of her life.

“Latest statistics show that by 2025, our country could experience a shortage of 260,000 registered nurses,” says Marianne Markowitz, dean of the college. “This generous gift enables St. Joseph’s College of Nursing to build upon its already competitive and innovative nursing programs as we prepare students for the future.”

Appreciation for the education provided by the college stretches across generations of students who have gone on to serve the nursing profession all over the world. That appreciation is exemplified by this momentous gift from a student who graduated from St. Joseph’s more than half a century ago.

Recent Grant Awards

We thank the following foundations and agencies for their support of St. Joseph’s mission and services:

Bank of America Charitable Foundation has awarded $35,000 toward the Green Construction Pre-Apprenticeship Job Experience—a transitional job experience for graduates of the North Side “Green Train” program, a hands-on job training program developed by the Northside Urban Partnership and CenterState CEO. This grant will enable participants in the program to work on St. Joseph’s expansion—including green components of the project such as carpentry and the green roof—gaining valuable work experience with a local contractor. This pilot program is being viewed as a model for replication in other Syracuse city neighborhoods.

An award of $25,000 from KeyBank Foundation will help provide a simulation mannequin for the clinical learning lab at St. Joseph’s College of Nursing. High-fidelity simulation provides an experiential learning opportunity in which nursing students can apply their skills and decision-making abilities without risk to human beings. This “dress rehearsal” with a high-tech “patient” mannequin allows students to hone skills they will need when faced with real patients in critical situations.

An award of $17,500 from the Flora Bernice Smith Foundation will provide bedside mobile workstations (BMWs) for the clinical observation unit/cHEST pain center, to be located in the new emergency services building. These computers-on-wheels allow nurses to access a patient’s electronic medical record at the bedside as well as enter the patient’s vital signs into the record and dispense patient-specific medication.

Supporting some of the most frail infants in our community, the Fidelis Care Community Grant Fund awarded St. Joseph’s intensive care nursery (ICN) a grant of $10,106 for two nutritional warmers and supplies. Commonly recognized as the standard of care for nutritional warming in ICNs, this equipment will be used for heating baby feedings to body temperature, which is optimal for helping these tiny bodies maintain an ideal body temperature range.

The Auer Family Foundation has awarded $3,800 to purchase audiovisual equipment for the classrooms and clinical learning lab at St. Joseph’s College of Nursing. This equipment will enhance educational opportunities at the college as well as support clinical simulation technology.

Target Stores awarded $2,000 for books for the children’s reading program at St. Joseph’s Maternal Child Health Center pediatric office. St. Joseph’s participates in the national Reach Out and Read program, providing books for youngsters to take home with them. Reach Out and Read provides ongoing support to the children’s reading program at St. Joseph’s, contributing $1,636 in books during 2010.
Premier Joint Replacement:

At St. Joseph’s, we approach each surgery as a team, but treat each patient as an individual.

Seth Greenky, MD & Brett Greenky, MD
Co-Directors, St. Joseph’s Joint Replacement Program

ST. JOSEPH’S HEALTH IN MOTION
Performing the most joint replacement procedures in Central New York

At St. Joseph’s, we’re proud of our reputation for joint replacement: outstanding outcomes, shorter lengths of stay and an award-winning program—all while performing the most joint replacement procedures in Central New York. But the fact is, with each new patient we’re building a different kind of reputation by working with them and their families as a team—before surgery, during the procedure and throughout recovery. To us, that’s what a higher level of care is all about.

- Recipient of HealthGrades Joint Replacement Excellence Award™ (2011)
- Five-star rated by HealthGrades for joint surgery (2007-2011)
- Designated a Blue Distinction Center for Knee & Hip Replacement® by Excellus BlueCross BlueShield

13th Annual HealthGrades Hospital Quality in America Study.
Designation as Blue Distinction Centers® means these facilities’ overall experience and aggregate data met objective criteria established in collaboration with expert clinicians and leading professional organizations’ recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facility, please call your local BlueCross and/or BlueShield Plan.

St. Joseph’s is sponsored by the Sisters of St. Francis. Franciscan Companies is a member of the St. Joseph’s Hospital Health Center Network.