IN THIS ISSUE:
A Higher Level of Emergency Services
I t’s becoming more and more evident that the only constant in hospital care is change.

Remember when gallbladder surgery required a 10-day hospital stay? Many of those patients are now released the same day as their surgery. In addition to medical advances, however, there are notable systemic changes—changes that are rapidly altering the way in which hospitals must care for their patients and coexist with government agencies and health insurers both public and private.

Health care reform is already affecting the way in which St. Joseph’s and every other hospital must adapt to massive changes. One thing has already become frighteningly clear: Hospitals that don’t change will not survive. St. Vincent’s Hospital (the last Catholic hospital in New York City) is a clear example. Founded in 1849, the hospital became the standard for care in lower Manhattan. It treated hundreds following the 9/11 attacks, but it failed to embrace change and closed almost two years ago.

As this change becomes the norm—not the exception—St. Joseph’s challenge is to embrace and accelerate these changes without losing sight of the mission and values that have driven and guided us since our founding.

The question is how.

When judged by patients, their families and impartial outside agencies, St. Joseph’s consistently scores in the 90th percentile in many aspects of care, but faced with changes in health care delivery, these great results are no longer good enough. Health care reform is driving us to achieve an even higher quality of care at an even lower cost. As an example, the federal Center for Medicare and Medicaid Innovation is telling all health care providers that they may soon reimburse hospitals only for “good outcomes.” For example, readmissions deemed unnecessary would not be reimbursed by insurance and neither would infections acquired within the hospital. This same scrutiny would be focused on all health care providers, but especially hospitals.

The health care community in Central New York has known that these kinds of changes were in the wind. Even a year ago, however, most of us thought we’d probably have anywhere from three to five years to evolve and restructure ourselves to meet these demands. It is clear that this evolution is happening much faster than anticipated, but at St. Joseph’s we believe that we are well on the way to creating a system that will enable us to meet future needs.

St. Joseph’s has always been known, above all, as a hospital. In reality, it is so much more. Beyond the main hospital walls are neighborhood clinics, home care services, outpatient surgery centers, eldercare services, and even a large dental center. The goal is to make sure that across time, place and provider everyone knows exactly the status of your condition, your care and your outcome. It is such knowledge that allows us to treat our patients with the precision we all want.

You’ll be hearing more about our system of care, but there is one thing you need to know right now: Some things will never change. Every improvement we make in the way we care for our patients will be made within the framework of St. Joseph’s long-standing mission and values.

Sincerely,

Kathryn H. Ruscitto
President

Our Mission
We are passionate healers dedicated to honoring the Sacred in our sisters and brothers.

Our Vision
To be world-renowned for passionate patient care and outstanding clinical outcomes.

Our Core Values
In the spirit of good Stewardship, we heal by practicing: Compassion through our kindness, concern and genuine caring; Reverence in honoring the dignity of the human spirit; Excellence by expecting the best of ourselves and others; Integrity by being and speaking the truth.
Checking In With Andrea Grant

Andrea Grant (who was featured in the Winter 2011 Caring Connection magazine after having undergone bariatric surgery at St. Joseph’s Hospital Health Center) is photographed at her wedding shower in late February 2012. She was married on April 14. Grant, who weighed 321 pounds at the time of her surgery in June 2011, said she wanted to avoid “guaranteed health issues the rest of my life.” Eight months after her surgery, Grant had lost 115 pounds. For information about weight loss surgery, call St. Joseph’s Resource Line at 315-703-2138 or email community.programs@sjhsyr.org.

St. Joseph’s Hospital’s Principal Founder Declared a Saint

The Syracuse-based Sisters of St. Francis of the Neumann Communities were elated to hear the Vatican’s recent decision to declare Blessed Marianne Cope, their former leader, a saint.

“We are delighted that Blessed Marianne is now being recognized by the universal church,” says Sister Grace Anne Dillenschneider, OSF. “We have known for a long time she’s a saint and we’ve always considered her a saint, but this now is the validation and the recognition of the Church of who Blessed Marianne is and what she has meant to others.”

Blessed Marianne Cope was the principal founder of St. Joseph's Hospital, established in 1869. St. Joseph's Hospital, along with St. Elizabeth’s Medical Center in Utica, NY, were among the first 50 hospitals in the United States. She served as hospital administrator for seven years, being very instrumental to its success. Blessed Marianne learned from the doctors and brought her own ideas and Franciscan values to the hospital.

While serving as the leader of her religious congregation, Blessed Marianne responded to a call to go to Hawaii (then the Sandwich Islands) to care for the people of Hawaii who were afflicted with leprosy (now known as Hansen’s Disease). For 35 years, she ministered to people with leprosy. Blessed Marianne promised the sisters who served with her that if they did as she asked, they would not contract the disease. Despite longtime direct contact with the disease, neither she nor any of the sisters who ministered with her were ever afflicted.

“She had great determination,” says Dillenschneider. “She was very passionate, very gentle and she believed that all of us are children of God—brothers and sisters. She had that respect for each individual.”

While living in Syracuse, the German-born nun first served as a teacher, then principal, in various parish schools in the area, including Assumption School in Syracuse, St. Joseph’s School in Utica, and schools in Oswego, NY, and Rome, NY.

“She was very advanced for her time,” says Dillenschneider, adding that Blessed Marianne ensured the hospital’s medical staff washed their hands before they cared for patients. First, because cleanliness was a sign of respect, and second, she may have been aware of the theory being talked about in Europe that this was one way to stop the spread of disease.

Blessed Marianne helped to bring the medical school from Geneva to Syracuse by allowing the students to help treat patients as a way to further their education. She had one stipulation, however, which was unique to this period: The patients had the right to refuse care by the students.

“She was very careful to protect the patients,” says Dillenschneider.

Blessed Marianne Cope is due to be canonized Oct. 21, and she is in good company. Blessed Kateri Tekakwitha, who was beatified in 1980, will also be recognized as a saint. A Mohawk woman from New France (now New York state), she converted to Christianity in the 17th century. She defended her faith despite being shunned and exiled.

There are several steps in the process leading to canonization. This is handled by the Congregation for the Cause of Saints, comprised of approximately 25 cardinals and bishops. Simplified, the process begins with an investigation into the life of the candidate for sainthood and ends after two posthumous miracles have been confirmed by the Vatican Medical Board, the Cardinals, Bishops and the Pope.

The two miracles attributed to Blessed Marianne Cope occurred in Central New York.

Syracuse teen Kate Mahoney recovered from multiple organ failure as the result of prayers of intercession to Blessed Marianne in 1993. Mahoney is now 33 and healthy.

Chittenango resident Sharon Smith developed severe pancreatitis in June 2005 and wasn’t expected to live. She was a patient at St. Joseph’s Hospital where several friends along with Sister Michaelleen Cabral, a spiritual care volunteer, encouraged Smith and others to pray to Blessed Marianne. Later that same year, she was cured. The Vatican Medical Board again found no medical explanation for Smith’s recovery and attributed the healing to Blessed Marianne’s intercession.

The shrine of Blessed Marianne Cope is located at St. Anthony Convent on Court Street in Syracuse. Blessed Kateri Tekakwitha’s shrine is located in Fonda, NY, near Albany, NY. ©
Room Service Dining Debuts

Some say that “hospital food” is an oxymoron—two words that seem to contradict each other—like “jumbo shrimp.” That’s not the case at St. Joseph’s Hospital Health Center with the December 2011 debut of its new kitchen and a room service menu offering patients the food they want, when they want it.

Jamie Nicolosi, St. Joseph’s director of nutritional services, says in all seriousness that there are three reasons for the change to the room service model: patient satisfaction, patient satisfaction and patient satisfaction. St. Joseph’s has now joined the minority of hospitals across the U.S. (44 percent) that offer restaurant-style meals to order and, Nicolosi believes, it may very well contribute in a small way to a healing environment.

“After all,” Nicolosi says, “we’re not here to poke you with a needle or tell you to do something, and we’re here to offer you good food on your schedule. When people enjoy the food and convenience, then maybe they’ll get better a little quicker.”

Nicolosi has hard evidence that patients prefer a room-service menu as opposed to a rigid, one-meal-fits-all plan. The hospital, he says, has been offering room service, restaurant-style menus for more than five years on its obstetric unit, and the new mothers there have consistently ranked the food in the “high 90s” with 100 being the best. He wants the same kind of ratings from the remainder of the 400-plus patients at St. Joseph’s who consume as many as 1,000 meals daily. (That doesn’t include 1,500 to 2,000 meals a day in the hospital cafeteria.)

Offering restaurant-style patient meals is made possible by both new cooking technologies and new processes. After browsing through a brand new six-page menu with scores of options, patients phone their choices to an experienced operator in the dedicated call center that is integral to the system’s success. With so many choices, the system would bog down were it not for touch-screen computer terminals that allow the operators to transmit patient preferences directly to the kitchen within seconds.

The kitchens are different, as well. Rapid cookers, Nicolosi says, cook quickly like microwave ovens, but brown food at the same time—something a microwave by itself can’t do. There also are combination units that bake and steam food, but also can cook food slowly as a home chef would prepare stews or soups. A “smoker” feature even allows the hospital to create barbeque, primarily for cafeteria customers.

So what are the differences between old-fashioned “bulk cooking” and custom meals available today with St. Joseph’s new kitchen?

“We used to be on a cyclical menu,” Nicolosi says. “Monday was meatloaf, Tuesday was pasta… So, if you really liked pasta it would be a week before it showed up on the menu again. Today, everything on the menu is available every day.

“The meal times were always set, as well, but not everyone wants to eat at the same time, and that’s one of the benefits of room service—the patient gets to choose when they want to eat instead of being forced to adhere to our schedules. We are now serving breakfast all day, so if a patient wants pancakes at 2:00 in the afternoon, that’s OK.”

It took nearly six months to agree on the menu, since recipes had to be created and tested, nutritional content analyzed, and consistent sources of ingredients located. Nicolosi stresses the importance of food safety, since many patients’ immune system may be compromised. Reasonable cost is also a factor. The menu includes foods that will satisfy the patient while also satisfying the patient’s physician. The call center operators will monitor each patient’s dietary restrictions—such as low salt or low cholesterol—and provide coaching on making selections that better meet their restrictions. There are enough healthy choices on the menu that they won’t feel left out, according to Nicolosi. If a patient can’t have a luscious plate full of macaroni and cheese, they are able to order a tasty serving of the same macaroni and cheese with less fat and salt.

Patients may also order vegetarian, vegan and gluten-free entrées, as well as halal and kosher foods. About the only thing that didn’t find its way onto the menu were French-fried potatoes. “They are certainly crowd pleasers,” Nicolosi says. “That’s one item we went back and forth on, but there is little real nutritional value in them and it’s very difficult to maintain freshness and high quality even in small batches.”

Nicolosi also anticipates the menu and level of service will attract the patient’s families as well as the patients, so within a short time, guest trays will be offered.

“To those of us in nutritional services, our patients’ health and satisfaction are our primary goals,” Nicolosi says. “But to me, employee satisfaction also is important. Our people take pride in knowing that they are always making improvements, and this dramatic change—the ability to give people what they want, when they want it—is a real boost.”
Aetna Institute of Quality
Cardiac Care Facility
St. Joseph’s Hospital Health Center has been designated an Aetna Institute of Quality® Cardiac Care Facility for comprehensive heart and vascular treatment. The organization received IoQ status for cardiac medical intervention, cardiac surgery, and rhythm disease diagnosis and treatment.

Aetna makes information about the quality and cost of health care services available to its members to help them make informed decisions about their health care needs. In line with this goal, Aetna recognizes hospitals and facilities in its network that offer specialized clinical services for certain health conditions. Facilities are selected for consistently delivering evidence-based, safe care.

American College of Radiology Accreditation
St. Joseph’s Hospital has earned a three-year term of accreditation of its entire Nuclear Medicine Program as the result of a recent review by the American College of Radiology (ACR). Nuclear medicine is a branch of medical imaging that uses small amounts of radioactive material administered to the patient to diagnose and treat a variety of diseases, including many types of cancers, heart disease and certain other abnormalities within the body.

The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards after a peer-review evaluation by board-certified physicians and medical physicists who are experts in the field. Image quality, personnel qualifications, adequacy of facility equipment, quality control procedures and quality assurance programs are assessed.

The ACR is a national professional organization serving more than 34,000 diagnostic/interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists with programs focusing on the practice of medical imaging and radiation oncology and the delivery of comprehensive health care services.

Press Ganey 2011 Summit Award
Press Ganey Associates Inc. has named St. Joseph’s Ambulatory Surgery Program as a 2011 Summit Award Winner, one of only seven ambulatory surgery facilities in the country to receive the award. The Summit Award recognizes St. Joseph’s as a top performing facility, sustaining the highest level of customer satisfaction for three or more consecutive years. This is the second year the program has earned the award.

Press Ganey measures and improves the quality of care in more than 10,000 health care facilities, which includes 50 percent of U.S. hospitals. With the largest database of hospitals in the industry, the company allows facilities to benchmark their results against peer organizations. St. Joseph’s is one of 87 Press Ganey client facilities to receive honors in 2011.

The Summit Award recognizes St. Joseph’s approach to improve patient satisfaction through continuing education for all medical providers, actively soliciting and acting on patient feedback, and organizational changes for increased customer satisfaction. St. Joseph’s plan focuses on “caring” to enhance the patient experience and energize the health team. The plan provides compassion, accountability, respect, intent and growth (CARING) to Central New York.

St. Joseph’s outpatient surgery centers are located at North Medical Center in Liverpool, NY, and Northeast Medical Center in Fayetteville, NY. They offer the quality of a hospital with the accessibility of a physician’s office. Routine surgical and endoscopic procedures are performed quickly and conveniently. The North Surgery Center specializes in a progressive pain management program. The Northeast Surgery Center provides an aesthetics surgery program.

Recognized for Quality of Care
St. Joseph’s Hospital Health Center has received the following recognitions for the quality of its care:

A Cut Above
St. Joseph’s Hospital Center’s “men of cardiology” prepare to have their facial hair shaved after completing their “Manuary” fundraiser to benefit the American Heart Association. Raising more than $3,000, the team committed to not shave or trim their facial hair and to wear jeans or flannel shirts every day during January. Donors made pledges in support of the challenge. Photographed on Feb. 1 at the “Mustache Bash,” which celebrated the shearing, are (from left to right) Ron Caputo, MD, Bill Thompson, Bill Neugent, Chris Kozma, Ayman Iskander, MD, Alan Simons, MD, and Stephen Nash, MD.
Anyone who sees St. Joseph’s Hospital Health Center’s new Ralph & Christina Nappi Emergency Services Building is in for a startle. The differences between the new emergency department (ED) and the more than 30-year-old edifice it replaced are that great. The “old” ED was designed to serve a maximum of 38,000 patients a year. Before the new facility opened, it was handling more than 55,000 patient visits annually in the same amount of space. When the rooms were filled, some patients rested on gurneys in the hallways with minimal privacy until a bed was available. The new ED, on the other hand, is designed to handle 75,000 patient visits a year in spacious single-patient rooms—not hallways. In the event of a disaster, the single-bedded rooms can be reconfigured within minutes to accommodate two patients. Other differences abound throughout the new 63,250-square-foot facility that opened for patients Feb. 1. To improve patient flow, for example, there is now a dedicated 15-bed observation unit that allows doctors and nurses to closely monitor patients’ conditions in a state-of-the-art environment. The former ED felt like it was in the basement. Patients, nurses and physicians were often unaware whether the weather was sunny, rainy or snowing hard enough to demand mukluks. Being cut off from natural cues to the passage of time also can disorient patients. A variety of clinical studies suggests that sunshine—even if filtered by clouds—aids the healing process. It also boosts the morale of the staff treating those patients. As a result, the new ED is flushed with natural light. There are many other subtle design elements and processes that make the new emergency department a state-of-the-art facility built to serve a growing number of patients and families who choose St. Joseph’s for their emergency care. Many of those design elements and processes are the contributions—the suggestions—of those who work there, whether they are physicians, nurses or dozens of other specialists needed to keep the 24-hour-a-day operation humming:

- The design and technical aspects of the emergency department are important, but the staff worked for four years to polish the all-important processes that improve patient “throughput” and efficiency that mean so much to overall care.
- The design owes as much to the nurses and physicians who work there daily as it is does to the architects. The hospital’s clinical staff contributed their experience and creativity to the final form of the new ED.
- One of the most significant aspects of the new ED is the relocation of St. Joseph’s Comprehensive Psychiatric Emergency Program (CPEP) and the tripling of its size as well as the distinct clinical areas for children and adults.
- In addition to enhancing patient care, the new ED is having positive effects on the environment by utilizing “green” construction techniques.

Streamlining Helps ED Patient Flow

For the last four years, if you didn’t know better, you might mistake Therese Whitt, MD, for a single-minded factory manager whose goals were to speed up assembly lines and improve the quality of her “products” at the same time. As medical director of emergency services, her flawless “assembly line,” however, had nothing to do with manufacturing widgets, and everything to do with making sure patients got the best possible care they could in St. Joseph’s aging emergency department. It was, Dr. Whitt says, a tedious, step-by-step learning process, but one that worked well as she and her coworkers streamlined the flow of patients through the former ED using highly successful techniques applied for many years in American manufacturing plants.

Dr. Whitt and her staff realized that merely having a much larger, shiny new ED with more patient capacity wasn’t enough.

“We realized that if we built a new facility with so much more space, but used our old processes, we’d eventually back up patients and slow down care,”
Dr. Whitt says, “While the new ED was being designed and built, we spent our time reengineering our systems to be much more efficient.”

As an example, many of the processes used in the earlier emergency department were linear: Step A was followed by step B, and then step C. Now, Dr. Whitt says, those three steps are stacked; they are performed at the same time, so three patients can be admitted in the time it used to take to admit only one.

The new processes include doing away with time-consuming “triage” and registration. Instead, patients are sent directly to a room in one of five treatment areas. Those areas include “Super Track” for well patients who want treatment immediately; the “Speed Zone” for patients who could have been treated by a family medicine doctor; and the true emergency care area for patients with life- or limb-threatening emergencies. The other two areas are the Comprehensive Psychiatric Emergency Program (CPEP) for those requiring psychiatric care, and the clinical observation unit that allows doctors and nurses to keep an eye on patients whose problems haven’t been diagnosed while keeping beds in the ED free for those requiring immediate care.

The flow of patients through any emergency department should be, Dr. Whitt says, just like blood flowing through a person’s kidneys—one of her favorite medical similes. Blood enters the kidneys (inflow), waste products are cleansed from the blood (circulation), and the cleansed blood leaves the kidneys (outflow) to make another circuit through the body. A blockage in inflow, circulation or outflow can slow the entire “throughput” of the ED.

“The flow process through the ‘kidney,’ the old ED, was reengineered using Lean Six Sigma and implemented prior to opening of the new ED. In the former ED, we were able to improve the throughput by 30 percent. However, with the new efficiency, the patient visits per day grew from an average of 130 to 160. We were then limited by lack of physical space to treat patients.”

Mark Murphy, RN, NP, St. Joseph’s senior vice president for care management and ambulatory services, also views advanced processes as being just as important as the new ED’s large, bright and technically advanced physical spaces.

“We’re aware that expedited processes, aimed at making the ED run more smoothly for patients and staff are a necessity,” Murphy says. “We are constantly evaluating our processes and challenging people to see how we can do it better, more consistently.

“There must be a constant focus and reevaluation of our processes for us to be successful. Are we there yet?
My opinion is we’ll never be there, but that’s all right as long as we get a little bit better every day.”

Some of the roadblocks that used to clog flow through the ED were based on the fact that those seeking treatment for relatively minor ailments or accidents had to compete with seriously ill and injured patients for both attention and space. There are stories of some patients waiting for 12 hours or more. Chief Operating Officer and Senior Vice President Mary Brown says that roadblock has been cleared with the addition of a “fast track” unit designed for patients who can be treated quickly and sent on their way.

“Our patients choose St. Joseph’s ED,” Brown says. “In the past, the old facility would sometimes have to go on ‘diversion’ if it were full. With our enlarged space, new design and improved processes, we will strive to stay open and accessible to our patients.”

Architects Look to Staff for Know-How

Imagine you are a team of St. Joseph’s nurses, doctors and technicians who drastically need a new emergency department to serve a burgeoning number of patients.

You know exactly what you need and want, but you aren’t allowed to exchange notes with the architects and engineers hired to design the new structure. Your chances of getting a workable design would be next to nil.

Tens of thousands of patients who depend on St. Joseph’s new ED this year and in years to come can be thankful that the lines of communication between the project’s architects, King & King, and the hospital staff were wide open during the design phase. Throughout the design phase, physicians, nurses and everyone who would be working to save lives in the new space were given the opportunity to contribute ideas that would make the ED safer, more effective, more efficient and more calming for patients, their families and staff.

Over the course of three years, it was common to see groups engaged in the project meeting in a large conference room immediately off the hospital’s lobby. That’s where architects, contractors, nurses, physicians, housekeeping employees, as well as information management and infectious disease specialists—anyone with a stake in the project—gathered to peer at and discuss construction drawings or debate the advantages of one type of equipment over another.

The architects were willing to listen and learn from those who would work daily in the new ED under often stressful conditions. Given the ED staff’s combined hundreds of years of experience in treating everything from bee stings to heart attacks and broken bones, the architects welcomed them.

Three of the many hospital staffers who offered input throughout the design phase were Sarah Tubbert, RN, director; Jessica Caruso, RN, manager; and Ann Yankay, RN, who has been associated with St. Joseph’s since she was a teen volunteer. They were honored that their expertise had been sought and were willing to spend hours offering pros and cons to the architects.

Last fall, just before the new ED opened, they also were willing to take an hour to share their experiences with a digital recorder sitting in the center of a conference room table. That was about the only way to capture their enthusiasm:

S.T.: We started an ED design group. Architects would task us with a project. We’d take it back to our group, and we’d meet weekly and talk about it. Is this an option? Is this a better choice? We also had an oppor-
tunity to visit hospitals that had recently redesigned their EDs.

J.C.: Designs for the new ED came after visiting other hospitals. The waiting room concept came from Canandaigua, NY, as did the ideas for all glass fronts on the patient rooms. The rubber floors came from Canandaigua, too. Our old ED floor was basically tile on top of concrete. It was very hard on your legs and feet. So, we are now using a rubber floor that doesn’t need to be cleaned or stripped with harsh chemicals.

S.T.: The skylights! Don’t forget the skylights!

J.C.: The ED had always been in the basement. Once we saw where the ED would be located, we had this thing in our heads—that it would not be in a basement and we would have windows. In the old emergency department, it could be raining or there could be a blizzard and we’d never know.

S.T.: We went to a meeting with an architect and we were in the basement, and I think the architect saw the dismay on our faces. During one hospital visit, we were in the basement, and I think the architect saw the dismay on our faces. During one hospital visit, we stopped at a rest stop near Scranton on I-81 that had a skylight. He came to our next meeting to show us his idea for a skylight. It was huge! It’s the best, and the idea came from a rest stop!

A.Y.: You don’t know how hard it was going to work in the morning and never seeing daylight until you left. That was our first priority when we learned we were getting a new ED. Fluorescent lights aren’t very good for our moods or the patients’ moods.

S.T.: When we saw the skylights we were in awe thinking about the morale booster it would be for the patients, and for us.

J.C.: We advocated for the patients. The architects were wonderful. They listened to us.

S.T.: I am still amazed at the support from everyone—all the way up to the CEO. We’d bring in a new idea and it was usually a “go.”

J.C.: The toilets! We’ve never had so many conversations about toilets! Were they bariatric? Did they fit Americans With Disabilities Act requirements? What size should they be? When you’re a patient and you

Groundbreaking Is Broken for Phase 2B

roundbreaking for the next—and final—phase of St. Joseph’s Hospital Health Center’s $265 million facility expansion occurred on April 20. Estimated to cost $140 million, Phase 2B will enhance patient care and the Central New York community by providing a state-of-the-art facility in which to deliver care, being environmentally responsible, enhancing the adjacent North Side neighborhood, and providing employment for hundreds of construction and health care workers. The project features:

■ A patient tower that will house 72 private patient rooms. Designed to increase patient safety and decrease medical errors, the private rooms will be 35 percent larger than current patient rooms in order to house larger, more sophisticated medical technology. Patient care units within the tower will incorporate team communication centers where medical professionals from every discipline will collaborate on individual patient care issues.

■ A critical care unit that is comprised of 18-bed medical and 20-bed surgical intensive care units. The units will feature single patient rooms with space, including a private toilet and sink, for family members to be with their loved ones during treatment and recovery. Among other features, the rooms have been designed to reduce noise, increase privacy and thwart infection.

■ An operating room suite with 14 operating rooms and 25 perianesthesia care unit (PACU) beds. The operating rooms, which will be 50 percent larger than current rooms, are designed to provide flexibility to accommodate current and emerging surgical techniques. Providing a safe environment for the care of patients who are recovering from surgery, the PACU will have 25 beds instead of the current 16, which will allow the service to care for more than 14,000 surgical patients annually.

■ Expanded and relocated central sterile. A vital area of the hospital, central sterile is responsible for acquiring, disinfecting, sterilizing, servicing and distributing patient care equipment and instruments. Almost tripling in size, central sterile will utilize reduced-water-use instrument and push cart washers that gauge water needs based on load size. Reduced water consumption will mean St. Joseph’s also will use less detergent and utilities such as electricity and steam.

■ Green initiatives. Phase 2B will include several major green energy initiatives, including daylighting, solar power, site drainage and a “greenway” corridor to North Side businesses. The corridor will link St. Joseph’s and two blocks of redeveloped Townsend Street homes to the North Side’s Little Italy and the Butternut Street corridor. An elaborate storm water management strategy will utilize “green” roofs, drainage systems and “green” space-efficient areas that will display foliage in a visually pleasing manner for patients, their loved ones and community residents.
don’t feel well, do you want to use a commode or a flushable toilet that looks like a real toilet? The toilets won out.

A.Y.: We had a good working group. We came up with an idea, and then some would validate it and some would ask a question we hadn’t thought about. I may have looked at linen hampers for their style. Then someone else would say, ‘Yes, but how much is that going to weigh when it’s full? That may be a lot for someone to pick up.’

S.T.: The emergency services people—ambulance crews, police and firemen—were brought in, as well. They work 24 hours a day, too. We asked them about parking spaces and they told us what they liked and didn’t like. They measured their largest ambulances and we provided much larger parking spaces compared to what we had.

J.C.: Our patient walk-in area is separate from the ambulance arrival area. This is different than the old ED, where everyone entered through the same door.

A.Y.: I started here as a candy stripper in 1974. This was my fourth ED revision and the biggest and most exciting.

A.Y.: Everything is standard and all the rooms are the same. That makes it better for the patient and the nurses because we don’t have to look for things like we did in the old ED—everything in every room is in the same location.

J.C.: Before we opened, we had scavenger hunts so the staff could become acquainted with the new surroundings. Find the ice machine! Find the Foley catheter!

J.C.: The waiting area is large, but divided into separate spaces for improved comfort and privacy.

S.T.: What we have now is a castle compared to what we had.

Extensive training, including “scavenger hunts” to familiarize staff with the location of life-saving equipment, took place before the new emergency department opened to patients. Clinical staff are photographed training for a “cart call”—cardiac arrest—in the ED’s observation unit.
CPEP Patients Have Environment They Deserve

CPEP has a new home and it couldn't have come at a better time. Since its founding in 1993, its official name has been the Comprehensive Psychiatric Emergency Program, but everyone who knows calls it just plain “CPEP.”

CPEP is verbal shorthand that saves time for the hurried staff that used to take care of 6,000 patients a year in the original space designed for 2,500. CPEP is also quick speak used by law enforcement officers who bring in a third of CPEP patients. CPEP is also a haven for harried families with nowhere else to turn for their loved ones.

Mary Bishop, St. Joseph's behavioral health service line administrator, says its full name helps define its purpose, but says little about the challenges of its former location. CPEP was part of a non-descript three-story building adjacent to the hospital, but separated from the emergency department. It was always more or less anonymous except to those who worked there or brought a broad variety of patients through CPEP’s doors.

“We have had patients 4 or 5 years old, and some of our patients have been their 80s or 90s,” Bishop says. “Many have medical complexities like pulmonary disease, diabetes or high blood pressure as well as mental illness. About a third of patients are brought in by law enforcement agencies under restraint. Some are children who have been abandoned and live in foster homes. Some patients have been living on the streets; others live in mansions.

Some patients are admitted to CPEP following suicide attempts, Bishop says, and just because such patients were reached and treated in time, doesn’t mean they won’t try again—another reason why safety and security at CPEP is so important and why the staff is so dedicated.

“We have sex offenders and violent criminals who obviously can’t mingle with children. We physically have to have a staff member with the children 24 hours a day. The mix of populations made this nearly impossible in such a relatively tiny space. It was a constant juggling act.”

When patients had to be transferred to the emergency department in the main hospital for more advanced medical care, the transfers were by ambulance even though the two facilities were, as the crow flies, no more than 200 yards away. Each ambulance transfer took around 30 minutes and cost as much as $800 per transfer.

Bishop and her staff, including James Marsh, RN, CPEP manager, relished the opportunity to work with engineers and architects to put on paper what it would take to elevate CPEP to what it really should be, given New York regulations and St. Joseph’s own high standards of care. It turned out the new facility would need to almost triple in size—from 6,000 square feet to 17,000 square feet—to handle the anticipated patient volume.

“When we learned how much space we actually needed to provide proper care, we were shocked,” Bishop recalls, “especially in a program that consistently loses money.”

Shock turned to surprise when St. Joseph’s, viewing the CPEP expansion as an important element of its mission, fully funded the triple-sized expansion.

Whereas the vintage, undersized CPEP forced patients of varying ages and ailments to come mingle, the new design offers the kind of separation required in a facility handling young children, teenagers, adults and the aged—some violent, some merely confused, and some physically as well as mentally ill. The number of inpatient rooms has been doubled to 18, including a negative pressure isolation room for patients who enter CPEP with contagious diseases.

The new CPEP has three different waiting areas to segment patients with different needs. A general voluntary adult waiting area serves those coming into the facility of their own volition. A highly secure involuntary pod serves violent patients or those brought in by law enforcement agencies. Then there is a child and family waiting area that, Bishop stresses, is of enormous benefit to the children and their parents.

“You can imagine how scary it can be for children needing mental health care,” Bishop says.

One of the most significant changes to CPEP is its proximity to the new ED. The new CPEP is only a floor above the ED and requires only a 30-second elevator ride to get there. That proximity makes a huge difference when a disoriented patient suddenly admits to having taken an entire bottle of medication.

Even little changes have made great differences. Young patients can now sit in child-sized chairs with an ample supply of toys nearby. And all patients (as well as the staff) now benefit from an abundant amount of natural light—a commodity sorely missing in the old CPEP.

Always primary, Bishop adds, was a single question: “What will make this special group of patients feel better and hasten their recovery?”

That question has finally been answered, according to Mary Brown, St. Joseph’s senior vice president and chief operating officer, who says that patients now have a comfortable space more conducive to healing. The hospital had “done its best” with what it had, but the new facilities are dramatically better.

“Thank the first time,” Brown says, “that we’ve actually had a facility designed for psychiatric emergency services. The most important part is that we’ll be able to separate the children from the adult population, and all patients will have private treatment rooms and the therapeutic environment they deserve.”
Green, Greener, Greenest

Hospitals, despite all the healing and hard work that goes on inside them, have a bad reputation when it comes to energy usage.

They run 24 hours a day without stopping. Air conditioners in the summer and boilers in the winter devour electricity and natural gas in the process. Lights never dim. Thousands of laptop computers and sterilizing equipment slurp electricity like thirsty camels.

It’s no wonder that Kevin Flegal, St. Joseph’s director of maintenance services, calls them “energy hogs.” Well, at least he used to.

St. Joseph’s new emergency department has been designed purposely to be as frugal as possible when it comes to energy usage. The focus on energy efficiency has been so sharp that the hospital expects to earn a coveted silver certification from the U.S. Green Building Council’s LEED (Leadership in Energy and Environmental Design) program. That’s quite a stretch from “energy hog” to “green neighbor.”

“We’ve viewed this project as a real opportunity to reduce our energy usage and take the load off the local electricity grid,” Flegal says. “We spend more than $4 million a year on electricity and natural gas in the main hospital alone. So anything we can do is a plus.”

Edward Grabowski, St. Joseph’s facilities engineer, says the hospital has tried to do everything possible to reduce energy consumption by relying on both large and small improvements. Perhaps the most noticeable, he says, is the use of “daylighting.”

“Our goal,” Grabowski says, “is to bring as much daylight as possible into the ED’s interior spaces. The more daylight we can bring into the building, the less electricity we have to use during the day—and that saves money.

Windows around the perimeter of the treatment areas admit light to patient rooms, but the most spectacular elements are large skylights in the center of the emergency department’s “ballroom” that, on bright days, virtually eliminate the need for electric lights. The windows admit light but at the same time reflect heat. During the winter months, they keep warm air from escaping.

Perhaps the most unique element of the new ED is its 40,000-square-foot vegetative roof. The roof is
a layer-cake of insulation, roof membrane and fabric “frosted” with what engineers have chosen to call an organic growth medium. In plain words, it is a huge garden planted with half a dozen varieties of sedum, a low-growing, flowering shrub whose spongy leaves soak up water—some 134,000 gallons of water. The sedum not only absorbs rainwater from storms and releases it slowly into city storm sewers, but it also helps to cool the roof through evaporative cooling as the water being held by the sedum and soil evaporates. The only part of the roof that does not have vegetation is the portion over the hospital’s new data center, because, as even non-engineers know, water and electricity don’t mix well. The non-vegetated portion of the roof, however, is covered with a bright white reflective material that will repel heat.

The reflective roof is covering what is probably the single most significant energy-saver in the project: St. Joseph’s new data center. Computers use a great deal of energy and create a great deal of heat that has to be dissipated. In the past, large air conditioners have cooled the entire computer room even though only part of it was being used, thereby wasting a lot of electricity. Brian Barboline, director of information technology, says the new data center is using a process called “scalable modular cooling” that delivers cool air directly to the machinery being cooled without cooling the entire room. The cooling system and the system that supplies its power grow along with demand.

Barboline says the new data center also has employed a concept called server virtualization. Instead of having one computer server for each software application within the hospital, the servers can be combined onto larger servers that do the work of many smaller ones.

“In this case,” Barboline says, “we are taking roughly 100 physical servers and ‘virtualizing’ them onto only two servers. Those two servers are larger, but use much less energy.”

A third concept is being implemented in the ED itself. The staff in the ED uses about 300 personal computers or PCs. Each of those 300 desktop computers would usually have its own separate PC tower—about the size of a 24-can case of soft drink—under the user’s desk. Even when the computer is just sitting there, it still uses a significant amount of energy.

“With workstation visualization,” Barboline says, “you take these 300 PCs and run them on two larger servers that are located in the data center. The only equipment on your desk besides the keyboard is what we call a ‘thin client.’ It’s basically nothing more than a little black box about the size of paperback book that is connected to the two servers in the data centers.”

The savings are dramatic. Barboline says it takes 90 percent less energy to run those two larger servers in the data center than it does to operate the ED’s 300 PCs. Others are impressed by it, too. The hospital applied for and received a $90,000 grant from NYSERDA, the New York State Energy Research and Development Authority. Given the fact that St. Joseph’s uses about 4,000 PCs, the potential for additional savings is dramatic.

There is one additional advantage as well, since the user’s data is stored in the data center instead of on the desktop, security is improved. And, there’s far less chance of banging your knee or stubbing your toe on that cumbersome PC tower.
Marya Gendzielewski, MD
Immediate Past-President, St. Joseph’s Medical Staff

Perspective is a wonderful thing. After practicing medicine at St. Joseph’s for 20 years, I can now reflect on my earliest days in what is now St. Joseph’s former emergency department (ED). St. Joseph’s opened its new state-of-the-art Ralph & Christina Nappi Emergency Services Building Feb. 1. The ED it replaced was built in 1972 and expanded in 1992.

When we first moved into the former ED, it seemed somehow grand, but it was still dark and dank. It was a claustrophobic, cramped and chaotic place that existed, in part, because of a growing number of people who were being seen. The need for emergency services was growing astronomically at that time.

When I look at today’s new ED, I am struck most of all by the fact that it is no longer cramped and dark. The new ED has come into the light. There are huge skylights and windows and the care, finally, will be given in the light of day.

I’ve always been impressed with the dedication of the doctors who serve as ED physicians. Emergency medicine is challenging in its own special way. These doctors must be able to tolerate a wide degree of uncertainty when it comes to what their day is going to bring. We’ve seen the faces change over the years, but we are at our goal for the number of full-time ED physicians who are working here. We have a deep bench of part-time physicians, and I think we all can feel assured that we have the capacity to accommodate the patients who need to be seen.

Many of us have been a patient in St. Joseph’s ED. I was a patient a little more than a year ago and when I was asked to comment on my experience, I can say with all honesty that I hope everyone’s ED experience was what mine was. But, I suspect that mine was maybe a little different because I’ve worked here 20 years, and as the president of the medical staff at that time, I may have gotten some degree of special treatment—but not by everyone.

I was surprised at the number of people who didn’t know who I was—not that they should have—since I was not dressed in my doctor’s clothes. I had fallen off a horse and had shattered my leg. It was a two-hour trip to the hospital, but I made it clear I wanted to go to St. Joseph’s. Even though I had broken my leg, I hadn’t taken any medications because I had been lying in a riding arena filled with horse manure, which is not the best place to start an IV. Everyone in St. Joseph’s ED was nice and wanted to make sure that I was well cared for. Clearly, they had a treatment plan and made sure I was comfortable until I really needed something to make the pain go away.

I was struck by the physician assistant, the nurses and the attending physicians, but more than anyone I remember the transport person who was pushing me along on a gurney. I was familiar with the old ED and I knew there was a bump coming up. All I could think was, “Please, please don’t hit that bump at 30 miles an hour! Almost simultaneously he slowed down, looked at me, and said, “Now we’re going to go over this bump, but I’m going to take it slow, so I don’t hurt you.” I relaxed because I knew he was thinking about me. It was a little thing, but it meant a lot.

The people who came with me were not from the medical world, and my riding instructor commented on how pleasant everyone was. She was taken to another ED in Syracuse for her own injuries a few months later, and when she spoke about it she said she wished her experience had been closer to mine because she had watched the way people at St. Joseph’s took care of others.

We’ve tried to do that and to do it well. I think that the new Nappi Emergency Services Building will let us do it even better because, due to thoughtful design, we’ll now spend less time running around with wasted steps and have more time to take care of patients.

Patients tend to diminish how important these little things are when they look back at the whole ED experience. But the fact is I still remember the transporter not wanting the take the bump too fast. And the others: “Have we given you enough for your pain? Do you understand what we’re going to do now?” They weren’t doing this because I was a doctor. They were doing it because that’s what they ordinarily do. My physician assistant and attending physician went out of the way for one of their colleagues, but I know that’s the work they do every day for every patient. I just got to experience it. They couldn’t make their work better just because I was a doctor. That day I felt how special it was to be a member of the St. Joseph’s family.
Musculoskeletal services will never be the same as St. Joseph’s Hospital Health Center moves steadily toward the creation of a surgery and rehabilitation facility that will be the Central New York focal point for all those seeking joint replacement along with other orthopedic and spinal surgeries.

The move to create this reality has already begun. Anyone who underwent joint replacement, fracture or spinal surgery a few months ago at St. Joseph’s began their recovery in a fourth floor room along with 35 other patients. Those patients were recovering from a variety of illnesses or other surgery, but they shared one thing in common: There were 36 of them in 18 rooms.

If those same patients were to return now to have their other knee or hip replaced (or just visit) they wouldn’t recognize the place.

With the migration of additional orthopedic surgeons from the former Community General Hospital to St. Joseph’s in February (see related article on page 18), renovations are underway on the fourth floor to accommodate these surgeons’ joint replacement, fracture and spine patients. When finished, the number of patient beds will more than double. Plans also are underway to make the floor a “one-stop shopping” experience, with patients being admitted directly to the fourth floor instead of first going to a preoperative unit before surgery. A designated family waiting room as well as a dining room where patients and their families may eat together also are planned.

Renovations have already been made to the total joint replacement area of the fourth floor to further enhance the healing atmosphere. Instead of everyone sharing their room with another patient, there are now 14 private rooms and only six semi-private rooms. In addition, there are 30 patient beds dedicated to those who require fracture or spine care. It is a brighter place with new paint and wall finishes. Each room has mini-refrigerators for personalized ice packs to help control swelling and to assist with comfort. Each room has its own TV.

There is also a large, open family/patient lounge with chairs and a fully stocked refrigerator to encourage patients to help themselves, share meals with their family, and walk around to stimulate healing. Family members also are encouraged to serve as coaches during twice-daily physical therapy sessions. A family member may also stay overnight with the patient in the private rooms.

But perhaps the greatest significance, according to Jennifer Johnstone, RN, director of medical/continued on page 16
surgical services, is that everyone in the private and semi-private rooms are total joint replacement patients instead of a mixture of those being treated for illnesses or other surgeries.

“Dedicating one area to a specific patient population,” Johnstone says, “is a remarkable benefit in terms of minimizing the risk of infection.”

The fact is, Johnstone says, that patients entering the hospital for joint replacement surgery are generally healthy people whose only complaint is bone-on-bone arthritis pain in a joint or two. Because of that they are free to choose their orthopedic surgeon as well as where they want to have their surgery performed and where they want to recover. Everything else being equal, Johnstone says, they are liable to be looking for the hospital with the largest “Wow!” factor—the hospital that provides the highest degree of comfort.

“Besides having the best surgeons, today’s orthopedic surgery patients are seeking hospitals that are going to give them the best overall experience,” says Johnstone. “When patients have a choice, we want them all to choose St. Joseph’s.”

These changes to musculoskeletal services on the fourth floor of the hospital are aimed at enhancing the patient and family experience, but the fact is, they are what one of Johnstone’s colleagues, Kim Murray, RN, MS, CNOR, describes as a face lift when compared with the improvements slated for the next two years as Phase 2B of the hospital’s ambitious building program gains speed.

Murray, who is the service line administrator for orthopedics and spine services, says the new home for orthopedics and spine will occupy two floors instead of one and provide 55 or more single patient rooms. There also will be a larger family/patient lounge that will include a separate dining area so patients can feast on hot, plated meals with their families. The lounge also will be equipped with ultraviolet lighting because of the instruments also is a must for infection control, and the physical therapy area will be within the new orthopedic wing instead of down the hall.

The relationship-based care model already in place at St. Joseph’s will be further enhanced by using a process improvement tool developed by Anthony M. DiGioia III, MD, an orthopedic surgeon practicing at the University of Pittsburgh Medical Center.

“Dr. DiGioia’s patient- and family-centered model is unique in that it was developed specifically for orthopedics,” Murray says. “It is based on the premise that every person on the orthopedics staff who interacts with a patient and family members approaches every action through the patient’s point of view, whether it be the surgery itself or merely having their car parked. The important thing about this approach is that it correlates with exceptional clinical outcomes and is a natural progression for the relationship-based care model currently in existence.

Besides having the best surgeons, today’s orthopedic surgery patients are seeking hospitals that are going to give them the best overall experience. When patients have a choice, we want them all to choose St. Joseph’s.”

—JENNIFER JOHNSTONE, RN
DIRECTOR OF MEDICAL/SURGICAL SERVICES

Tied into this, of course, is the brand new surgery center that is part of St. Joseph’s current facility expansion project scheduled for completion in 2013. The existing suite of operating rooms takes up 19,000 square feet—an adequate space back in 1992 when the current operating rooms were built, but not nearly enough to meet the need today or in the future.

The new operating room suite and peri-anesthesia care unit (PACU) will cover 40,000 square feet. There are 12 existing operating rooms that will be replaced with as many as 17 completely new ones projected for 2013. Three of these rooms are “roughed in” and ready for completion as needs continue to grow, Murray says. Several orthopedic surgeons served on the design team.

“All the operating rooms are designed as multispecialty rooms,” Murray adds. “But eight of them have been clustered together and will have enhanced features to make them especially compatible for orthopedic surgeries. Too many hospitals ‘pigeon hole’ themselves with single purpose operating rooms, but ours are designed for the greatest flexibility.”

The rooms also are larger than those built in the ‘90s. “Orthopedic surgery requires a significantly larger supply of tools and instruments than other surgeries,” says Murray. “When you have an operating room that is small, it’s much easier to contaminate those instruments and the sterile field, so adequately sized rooms like the ones we’ve designed allow for traffic patterns that minimize infection risk.”

In addition to their size, each orthopedic room will be equipped with ultraviolet lighting because of its germ-killing ability. Sterilization of equipment and instruments also is a must for infection control, and the operating room suite will be equipped with the most powerful equipment available. As Murray says, “it looks like a high power car wash and is nothing like we had 10 years ago. The instruments used in orthopedic surgery are particularly difficult to clean and sterilize. Because this one meets the rigors of orthopedics, it will more than meet the needs of any other specialty.”

There is another added benefit, as well. Right now, central sterile, the service that cleans and sterilizes instruments used in the operating rooms, is located about as far away from the current operating rooms as is possible. The new one will be adjacent to the operating room suite.
Reassuring a patient after joint replacement surgery in Kathmandu, Nepal, is St. Joseph’s surgical nurse Shelly Eicholzer, RN. Eicholzer as well as surgeons and other members of the Operation Walk Syracuse team traveled to Nepal in November 2011 where they performed free hip and knee replacement surgeries on more than 60 patients. Operation Walk Syracuse was founded by St. Joseph’s orthopedic surgeons, Brett Greenky, MD, and Seth Greenky, MD. The organization and St. Joseph’s Hospital Health Center later partnered to provide free orthopedic surgery to qualifying Central New York residents who otherwise would have been unable to afford the procedures. A not-for-profit volunteer medical service, Operation Walk provides free joint replacements to those with disabling bone and joint conditions in order to enable them to live their lives as contributing members of society. Follow Operation Walk on http://operationwalksyracuse.blogspot.com.

Everything has been thought of for the patients, but the patients’ families haven’t been forgotten either. There will be a bright two-story surgical waiting room with plenty of glass and consultation rooms for privacy. There also will be an upper level overlooking the city’s North Side. Quiet areas will be separated from areas in which computers may be used. The surgical staff hasn’t been overlooked either. There will be a “sleep center” that allows surgeons, anesthesiologists and other staff members to catch “40 winks” when they are on call.

The final design of the surgical center will be the result of nearly two years of consultation among surgeons, anesthesiologists, physician assistants, nurses, the housekeeping staff, those who transport patients to and from their surgeries—everyone with a stake in making sure the operating rooms meet the needs of patients and staff. Several operating rooms will be connected to remote classroom sites for teaching purposes, so nurses and other disciplines can familiarize themselves with the operating suite without contamination or privacy issues.

“We’re doing our best to think of everything that will benefit our patients and enhance their experience,” Johnstone says. “We are accomplishing this through listening closely to our patients and our colleagues’ ideas, especially the front line staff that is providing hands-on care.”

adds Murray, “Regardless of what we call it—a regional orthopedic referral center, a mobility center or an orthopedic institute—we want Central New Yorkers who have orthopedic or spine problems to know that this is the place to come. There is no other choice.”

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More SOS Surgeons Join St. Joseph’s Staff

There are new faces at St. Joseph’s Hospital Health Center. More than 10 orthopedic surgeons from SOS (Syracuse Orthopedic Specialists) transitioned permanently to St. Joseph’s medical staff in February. Previously practicing at the former Community General Hospital, they joined eight other SOS surgeons already in place at St. Joseph’s. This will significantly increase the volume of orthopedic surgeries—particularly joint replacements, complex spine surgeries and fracture repairs—performed in St. Joseph’s operating rooms.

SOS President C. Perry Cooke, MD, says the group’s decision to concentrate inpatient surgeries in a single location had only one goal in mind: to raise quality of care and bolster patient outcomes.

“We made the decision to concentrate more surgical volume at St. Joseph’s, increasing the number of joint and spine surgeries performed in one location,” Dr. Cooke says. “The industry has known for a long time that hospitals doing a high volume of a particular procedure tend to do it better. The quality of care is better and that means that the experiences for the patient, the doctor and the institution are more satisfying and lead to better outcomes.”

The decision was not made lightly. SOS had talked with local hospitals for about three years to gauge interest in such an alliance. St. Joseph’s, Dr. Cooke says, expressed the greatest interest and was the most willing to dedicate people, resources, operating room modifications and new equipment to the orthopedic surgery “service line.” A complete floor of the hospital will soon be dedicated to those recovering from orthopedic surgery, for example.

St. Joseph’s also has another attribute, Dr. Cooke says, that has taken years to develop—a dedicated staff of nurses specially trained and experienced in orthopedic surgery.

Part of the practice model that Dr. Cooke foresees will be data driven. It will be fueled by objective measurements that prove the St. Joseph’s/SOS affiliation handles thousands of cases annually and is good at what it does.

“We think that patients and whoever is paying for their care—whether government or private insurance companies—should be interested in knowing that their patients’ care will be delivered at a high volume institution with proven first quality outcomes,” Dr. Cooke says.

The key to supplying that data is called a “joint registry.”

“registries are a scientific way of keeping track of everything we do,” says Seth Greenky, MD, medical director for the orthopedic service line and section chair for orthopedic surgery. “They also are labor-intensive to create.”

Dr. Greenky, an SOS surgeon at St. Joseph’s who specializes in total hip and knee replacement, says registries collect a mass of data both before and after the surgery, including degree of motion (extension or flexing of the joint), length of hospital stay, readmissions to the hospital, infection rates and revision rates. SOS has three full-time employees compiling information in the registry and will hire more as other orthopedic procedures are tracked.

“It’s both time consuming and costly,” Dr. Greenky says, “but it’s worthwhile. The registries not only gauge accurately and objectively how well we and our patients are doing, but may also prove, or disprove, how a potential new technique can improve our protocols.”

There will be other methods aimed at gauging patient satisfaction, as well. The group plans to measure patient feedback and improve the hospital experience by allowing a trained, but impartial, observer to shadow a patient during his or her hospital stay.

Expanding the orthopedic service at St. Joseph’s, in essence, will be like creating a dedicated orthopedic hospital within a multispecialty hospital, explains Dr. Greenky.

“Our goals have always been clear,” Dr. Greenky says. “We are striving for quality of care, operational efficiency, cost control, and, most importantly, patient satisfaction. When you bring a large volume of orthopedic surgery into a hospital, you are far more likely to achieve those goals. And that’s not just Seth Greenky’s opinion. It’s been proven time after time in study after study.”

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A number of SOS (Syracuse Orthopedic Specialists) physicians recently joined other members of St. Joseph’s medical staff and now will perform inpatient orthopedic surgery at the hospital. The following SOS physicians (listed with their respective specialties) practice at St. Joseph’s Hospital Health Center:

**Spine**
- Richard DiStefano, MD
- Thomas Hafer, MD
- Colin Harris, MD
- Stephen Robinson, MD
- Warren Wulff, MD
- Richard Zogby, MD

**Hand**
- John Fatti, MD
- J. Alan Lemley, MD
- Daniel Murphy Jr., MD
- Michael Nancollas, MD
- Walter Short, MD

**Total Joint**
- Stephen Bogosian, MD
- Michael Clarke, MD
- Brett Greenky, MD
- Seth Greenky, MD
- Timothy Izant, MD
- I. Michael Vella, MD

**Sports Injuries, Shoulders & General Orthopedics**
- Glenn Axelrod, MD
- Todd Battaglia, MD
- John Cambareri, MD

**Foot and Ankle**
- Frederick Lemley, MD

**Podiatry**
- Christopher Fatti, DPM

SOS surgeons now practicing at St. Joseph’s Hospital Health Center are (standing, left to right) John Fatti, MD; L. Ryan Smart, MD; P. James Newman, MD; John Cambareri, MD; Warren Wulff, MD; Michael Nancollas, MD; Richard DiStefano, MD; Thomas Hafer, MD; Stephen Robinson, MD; John Parker, MD; Glenn Axelrod, MD; (sitting, left to right) J. Alan Lemley, MD; Frederick Lemley, MD; Seth Greenky, MD; Todd Battaglia, MD; I. Michael Vella, MD; C. Perry Cooke, MD; Timothy Izant, MD; Brett Greenky, MD; and Colin Harris, MD. Not photographed are Stephen Bogosian, MD; Michael Clarke, MD; Christopher Fatti, DPM; Norman Lasda, MD; Daniel Murphy Jr., MD; Walter Short, MD; Daniel Wnorowski, MD; and Richard Zogby, MD.
“Whatever you do or dream you can do, begin it. Boldness has genius and power and magic in it.”
—Johann Wolfgang von Goethe

Dear Friend of St. Joseph’s,

Spring is a season for rebirth and renewal—a time that denotes new growth and new beginnings. Much like the majestic eagle steadfastly gathers materials to prepare the nest for a new generation of offspring, St. Joseph’s has been working diligently over the past two years to bring a new medical and psychiatric emergency facility into creation. This amazing state-of-the-art facility, which also includes a “green” primary data center, clinical observation unit/chest pain center and imaging suite, opened on Feb. 1 complete with a new name: the Ralph & Christina Nappi Emergency Services Building. This naming opportunity was a gift from Samuel and Carol Nappi and was made as a way to recognize the lives and life lessons of Sam’s parents, as well as a way of honoring the quality care the elder couple received from St. Joseph’s physicians and nurses over the years.

Another St. Joseph’s location that will don a new name is the bridge that connects the hospital to the Medical Office Centre and parking garage. To be named after a physician who has dedicated his career of nearly 50 years to the belief that health care should be provided where people live, this pathway will be adorned with the message: Dr. A. John Merola Bridge—Connecting the Community to Health Care. Speaking to Dr. Merola’s commitment to bridge care across Syracuse and its surrounding communities, the bridge symbolizes the connecting of community residents to quality care across the St. Joseph’s Hospital network.

Additional growth on the hospital campus this year will include the start of a new patient tower. Complete with 110 private patient rooms, medical and surgical intensive care units, a new 14-bed surgical suite and several green initiatives, this building will provide for quality-based health care while supporting a highly skilled provider base and accommodating room for today’s modern medical technology.

Helping to raise funds for St. Joseph’s facility expansion, the Generations Capital Campaign has now reached more than $15.2 million, providing the St. Joseph’s Hospital Foundation with a new figure to shoot for: the overall $30 million campaign goal. It is through the generous support of our donors that we can now announce that the Generations campaign is at 51 percent of its mark.

To find out more about the capital campaign, visit the Generations website (www.generationscampaign.org) or call the Foundation office at 315-703-2137.

Spring brings with it the sweetness of new beginnings and endless possibilities. Here at St. Joseph’s, we are thrilled to share in the magic of this season with you.

Best wishes and thank you for your continued support,

Margaret Martin
Vice President

Margaret Martin
The welcoming pedestrian bridge that shelters patients, families, nurses, physicians—everyone—as they cross from St. Joseph’s Medical Office Centre/parking garage to St. Joseph’s Hospital Health Center finally has a name: Dr. A. John Merola Bridge—Connecting the Community to Health Care.

It is, Dr. Merola adds, a symbolic bridge. As a primary care physician—one of a handful who planted the seeds of St. Joseph’s Family Medicine Program back in 1965—Dr. Merola sees the bridge as a symbol of the hundreds of thousands of patients who have sought care at St. Joseph’s over more than four decades.

Dr. Merola’s $1 million gift is significant, but, he says, small when compared to what the hospital has given back to him and the community in terms of caring, compassion and commitment. Those attributes, he says, are far more important assets than brick and mortar, lasers, robots and other “fancy machinery.” He cites a recent, very personal example.

“My brother died at St. Joseph’s in November,” Dr. Merola says, “and I saw that compassion on a firsthand basis—from the nuns, the nurses, the medical staff, everyone.

“The nuns were always there, in the background, perhaps, but they were there for him, and our entire family. They set the tone of leadership that is followed by everyone in the hospital, and that’s what makes St. Joseph’s different.”

From the time he joined the hospital staff as a physician in 1964, Dr. Merola has had ample time to experience St. Joseph’s higher level of care.

He was born in Syracuse and describes himself as an “inner city kid.” He walked to North High School every day and was admitted to Syracuse University. He earned his medical degree from the University of California, Irvine in 1963 and completed his residency at UCLA. His father, the first son of Italian immigrants to go to college, was a physician, as well, but back then didn’t have a car and had to borrow his secretary’s to make house calls. The current Dr. Merola also scraped for money as a medical student and hired himself out as a laboratory technician in California for $2.50 a night for being on call, and $7.50 if he actually had to go into work, for a total of $10.00.

“I took the bad hours no one wanted,” Dr. Merola smiles. “Easter Sunday, Christmas Day, New Year’s Day….” His business sense would eventually play an important role in his life.

When Dr. Merola returned to Syracuse and joined St. Joseph’s, he and about 10 other physicians were recruited in 1965 to begin the Syracuse area’s first program for family medicine. All the faculty members were volunteers. Within 10 years a full-time paid faculty was required while Dr. Merola and others moved on to strengthen other St. Joseph’s programs. Dr. Merola also remembered being on the team that developed St. Joseph’s coronary surgery program.

“The death rate for open heart surgery in those days was 30 percent to 40 percent,” Dr. Merola recalls. “We decided we needed a Roger Staubach or Joe Montana—a top quarterback to build the program, so we coaxed Dr. Donald Effler to come from the Cleveland Clinic to head the department. He was an incredible surgeon and once we got the program going we did 495 consecutive successful open heart surgeries before the first death. It was unheard of.”

But Dr. Merola’s first love has always been family practice. He was the chairman of St. Joseph’s department of family medicine for 18 years, and he remains a senior attending physician in the department. Nevertheless, his interests continue to be broad.

He developed the North Medical Center in Liverpool beginning in 1970 and expanded it into a five-story, 200,000-square-foot ambulatory health care center in 1989 with more than 180 physicians. From 1990 to 1996 he added four other medical buildings to the campus.

“When I began the North Medical Center, the area was a cornfield,” Dr. Merola smiles. “I also had trouble getting loans from local banks. They called me a ‘pioneer’ and were a little shy about lending money to pioneers.”

With the North Medical Center completed, he began development of the Northeast Medical Center in Fayetteville in 1995. The 202,000-square-foot center was opened in 1998 providing primary care, women’s medicine, urgent care, a 23-hour surgery center, an imaging center, kidney dialysis, and a wide variety of other specialties.

Despite his success in business, Dr. Merola’s conversations eventually all turn back to St. Joseph’s and the effect it has on its patients and on him. He says he has worked in other larger hospitals, but none have combined St. Joseph’s drive for academic excellence in medicine along with a commitment to the personal touches that patients continue to comment about.

“St. Joseph’s practices good medicine, but it’s also the people who make such a difference,” Dr. Merola says. “It is a culture that started a long time before us and will continue a long time after we’re gone.”

A. John Merola, MD: Dedicated to Connecting the Community to Health Care
Honored

St. Joseph’s Hospital Health Center Foundation paid tribute to supporters at the 22nd annual St. Joseph’s Day Appreciation Breakfast held March 19 at The Genesee Grande Hotel. St. Joseph’s hosts the breakfast annually to recognize major supporters and advocates of the hospital. At this year’s event, St. Joseph’s President and Chief Executive Officer, Kathryn Ruscitto, presented St. Joseph the Worker Awards to Ara Madonian, MD, Samuel and Carol Nappi, and Theodore Pasinski.

Having performed thousands of surgeries since beginning his career at St. Joseph’s in 1966, Dr. Madonian has watched the hospital grow from 300 beds to 431 beds. Leading by example, Dr. Madonian is known as a quiet, compassionate, skilled general surgeon. In 2006, he won the Sister Patricia Ann Lifetime Achievement Award for Excellence for his dedication to his patients and their families.

Samuel and Carol Nappi live a life that embraces all that’s good in helping others—a life lesson taught and modeled by Samuel’s parents, Ralph and Christina Nappi. The idea of doing for others without expecting anything in return is a value that the Nappis humbly follow both as a couple and as members of the Nappi family. As a gift to both St. Joseph’s and the residents of this community, Samuel and Carol Nappi recently named the new Ralph & Christina Nappi Emergency Services Building after Samuel Nappi’s parents.

Serving as president and chief executive officer at St. Joseph’s Hospital Health Center from 1994 through 2010, Pasinski has been a member of the St. Joseph’s family since 1974. During his 17-year tenure as president, Pasinski effectively led a world-class team of hospital administrators, physicians, nurses and staff in the daily delivery of high-quality health care to a 16-county region of Central New York. Under his guidance, St. Joseph’s received numerous awards, recognitions and benchmarking accolades. In his role as Foundation chair, he coupled his successful leadership acumen with his desire to actively raise funds for state-of-the-art, innovative medical care.

St. Joseph’s President Kathryn Ruscitto presents the St. Joseph the Worker Award to Ara Madonian, MD.

Accepting the St. Joseph the Worker Award from St. Joseph’s current president, Kathryn Ruscitto, is her predecessor Theodore Pasinski.

Carol and Samuel Nappi (center), recipients of the St. Joseph the Worker Award, are congratulated by Monsignor J. Robert Yeazel and Margaret Martin (far right), St. Joseph’s vice president for marketing, communications and development.

We invite you to Be a Part

To learn more about the GENERATIONS Capital Campaign or to discuss naming opportunities, we invite you to call 315-703-2137.

To make a pledge or credit card donation, call 315-703-2137 or give online at www.generationscampaign.org.

Thank you.
this rendering depicts St. Joseph’s phase 2B expansion, which will include a 110-bed patient tower. Ground recently was broken at St. Joseph’s Hospital Health Center, as the hospital begins Phase 2B of its facility master plan. Enhancing patient care, a new North Tower will house 110 private patient rooms (72 medical/surgical beds and 38 critical care beds). With double the space of existing rooms at the hospital, private patient rooms are designed to contribute to patient comfort, reduce noise, and provide more space for families, greater privacy and better infection control.

NYSERDA issued a $150,000 grant award to partially fund St Joseph’s Transportation Demand Management (TDM) Program. The hospital, in conjunction with C&S Engineers Inc., will be undertaking this employer-based TDM Program as a way to shift transportation demand from single-occupant vehicles (SOVs) to alternatives such as carpools, vanpools or other energy-efficient transportation alternatives. The reduction in SOVs will reduce parking demand on campus while contributing to a reduction in greenhouse gas emissions in the region.

St. Joseph’s has been awarded $42,016 through the New York State Health Workforce Retraining Initiative to develop and implement a Critical Event Core Competency Program for registered nurses working in critical care, emergency and surgical units to refresh and review their skills in managing high-risk critical events—patient crises that can lead to death or disability. The program will use simulation scenarios to enhance nurses’ skills in critical thinking and decision-making during crisis events such as lethal arrhythmias and heart attacks.

An award of $17,500 from the Flora Bernice Smith Foundation will provide bedside mobile workstations for the perianesthesia care unit (PACU). 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.

The Auer Family Foundation has awarded $3,750 to purchase life-like neonatal, pregnancy and childbirth as well as ostomy models and simulation equipment for the Clinical Learning Lab at St. Joseph’s College of Nursing. This equipment will not only help the college expand and modernize its Clinical Learning Lab but will also provide students and staff with the ability to gain hands-on experience and be prepared when faced with real patients in the clinical setting.

Price Chopper’s Golub Foundation awarded $5,000 over two years toward construction of St. Joseph’s new Emergency Services Building. Complete with medical and psychiatric emergency departments, a clinical observation unit and “green” primary data center, this state-of-the-art facility opened in February 2012 and is considered one of the largest green health care construction projects in Upstate New York.

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

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St. Joseph’s Awarded $2.5 Million Grant
St. Joseph’s Hospital Health Center was awarded $2.5 million in economic development grant funding from New York state through the Empire State Development Corporation. The funding is part of a larger award of more than $103 million to the Central New York region as part of the governor’s Regional Economic Development plan. St. Joseph’s grant will be used toward the next stage—Phase 2B—of the hospital’s expansion. Phase 2B includes a new patient tower with private patient rooms, medical and surgical intensive care units, a state-of-the-art surgical suite with 14 operating rooms and a 25-bed perianesthesia care unit, as well as a greenway corridor to North Side businesses. The facility will also contain space for support services, staff education and family waiting areas. Phase 2B will generate 400 long-term construction jobs and nearly 150 permanent health care jobs, including many in nursing, as well as support positions, including transporters, maintenance, security, housekeeping and admitting personnel.
Help Create a Peaceful Oasis

St. Joseph’s three Walkways of Caring, located throughout the hospital grounds, are beautiful courtyard settings that offer patients and visitors a peaceful oasis during what may be a stressful time.

Visitors to St. Francis Garden, the Walk of Valor and the College of Nursing’s Caritas Park take comfort in the names and messages on the parks’ bricks and benches. These inscriptions carry messages of hope, love, dignity and caring with words that honor heroes, support the hospital’s mission or express gratitude for a special nurse. They become a part of the healing atmosphere that permeates St. Joseph’s, and their words are read by thousands of people who visit the hospital each year.

To purchase a brick or bench in honor of a loved one, as a memorial to someone special, to express gratitude to a health care provider, or to leave a message for future generations, please contact the Foundation office at 315-703-2137. Additional information is also available online at the Foundation website: www.sjhsyr.org/foundation.

Thanks to Bank of America

Margaret Martin (center), St. Joseph’s vice president of marketing, communications and development, receives a check from Bank of America for the Green Construction Pre-Apprenticeship Job Experience Program. Presenting this $35,000 grant award on behalf of Bank of America are Maureen Heppeler (left), Clinton Square Banking Center, and Michael Smith (right), senior vice president–upstate New York retail banking.

Wine Extravaganza

Mark your calendar for the St. Joseph’s Hospital Health Center Auxiliary’s 16th Annual Holiday Wine Tasting, presented in partnership with Liquor City. Experience an evening of wine, food and friends.

DATE: Fri., Nov. 2
TIME: 6 p.m. – 9 p.m.
LOCATION: Holiday Inn, Liverpool

Watch for more information. To be added to the invitation mailing list, please call 315-448-6100. Proceeds will benefit the Auxiliary’s $1 million pledge to the Phase 2B expansion of St. Joseph’s Hospital Health Center.
Active Alumna Remembers Her Roots

Before Natalie “Nancy” Dickinson became a nurse, she had aspirations of becoming a chemist, psychiatrist or even a history teacher. Nursing was the farthest thing from her mind. But after she and a friend volunteered as nursing aides for the Red Cross, she was hooked.

“I had a friend in high school who just talked nursing, nursing, nursing. I don’t like that stuff!” Dickinson recalls thinking. She was 18 years old and a senior at Assumption School in Syracuse. “I said, ‘I don’t want to do that,’ but I went anyways … and I liked it.” Consequently, Dickinson enrolled in St. Joseph’s College of Nursing (then named St. Joseph’s School of Nursing) and became a high-achieving student, earning scholarships that paid for her entire tuition. She graduated in 1951.

Dickinson continued to pursue higher education at Syracuse University, earning a bachelor of science in nursing in 1960, then nine years later a master’s degree in nursing administration. She spent years working in local hospitals and nursing homes before relocating to Albany. There, Dickinson became a nursing consultant for 20 years with the New York State Department of Health. She retired in 1993.

In addition to her full-time work, Dickinson was also a member of the Army reserves and retired as a colonel after 25 years. Each year, she would fulfill her mandatory two weeks of service, participate in courses to further her education, and work on weekends at the veterans’ hospital in Albany.

After a dedicated career in health care, Dickinson decided last year to donate a considerable portion of her estate to her alma mater, “in honor of the Class of ’51,” she says.

“To have our alumni consider us in their will is just a huge honor,” says Marianne Markowitz, MS, RN, dean of the College of Nursing. “It means a lot to the future growth of the college to be able to help our students in the future via scholarships or by buying new equipment. Regardless of how the fund might be designated, it will certainly help the future education of nursing students.”

Dickinson, now in her early 80s, continues to promote what became her life passion by volunteering each year at a nurses’ booth set up in the Science and Industry Building at the New York State Fair. She assists in handing out literature and provides information to anyone interested in pursuing a nursing career. For the past five years, Dickinson also has found time to volunteer at Assumption Church food pantry in Syracuse every Tuesday with a high school classmate.

Founded by the Sisters of St. Francis, St Joseph’s College of Nursing celebrated its 100th anniversary in 1998. Since its inception, more than 3,500 men and women have graduated from its program.

Newborn Patient Simulator Teaches Valuable Skills

St. Joseph’s Hospital College of Nursing faculty members are able to teach nursing students important clinical skills using a new SimNewB mannequin, which was partially funded by the New York State Health Workforce Retraining Initiative. The newborn simulator features palpable umbilical and brachial pulses, audible heart and lung sounds, and mechanized body movements, including seizure. College of Nursing students Aisha Lubega (far left) and Tracy Florkey (center) practice resuscitation with faculty members (from left to right) Winnie Olmstead, MS, RN, CNE; Loreen Hamann, MS, RN, ANP; and Julie Falkiewicz, MS, RN, BC, ONC.

Has Your Life Been Touched by a Nurse?

To learn how you can help dreams come true by contributing to the nursing programs and infrastructure needs at St. Joseph’s College of Nursing, contact Connie Semel, BS, RN ’74, Director of Development, St. Joseph’s College of Nursing, at 315-448-5303 or Connie.Semel@sjhsyr.org. You may also use the enclosed business reply envelope; just write College of Nursing on your check. Thank you!
Lifeline Helps Keep Mom Safe and Daughter Worry Free

Falls and medication errors are the two biggest threats to independent living. As a nurse, Gina Heitzman recognizes the challenge of her mother, Santa Savoca, living alone. The 87 year old suffered a heart attack three years ago and, while she’s had what her daughter calls “a marvelous recovery,” the experience was eye-opening.

“My mother didn’t like it, but she was vulnerable at the time,” Heitzman says. “It reinforced her sense of age, vulnerability and dependency.”

Savoca had a home health aide upon her release from the hospital. But, as an only child, Heitzman found herself in the role of primary caregiver. She was full of concern and stretched thin.

“It’s a very tough situation for caregivers because we have our own immediate families, our husbands, and we’re raising children,” Heitzman says. “It becomes a very overwhelming responsibility at times. I’m smack right in the middle. And that’s assuming I’ll always be healthy and able to do the things that I’m doing.”

Heitzman decided to have Franciscan Lifeline installed as an added support.

“I told her that I couldn’t live with her the rest of my life,” Heitzman explains. “She is welcome to come and live with us, but she’s comfortable with her schedule and her environment. The best thing I could do as quickly as possible was to get her back in her own environment. She realized Lifeline was a replacement for me, the aides and all the other services.”

Beverly Lawton, executive director of Franciscan Lifeline, works with many caregivers in Heitzman’s situation. “Those in the ‘sandwich generation’ are finding the challenge of caring for their aging parents and their own family to be difficult,” she says. “Our goal is to ease that burden by providing services like Lifeline, which ensures immediate assistance is available in the event of an emergency.”

Lifeline customers wear a lightweight pendant or wristband that weighs less than ½-ounce. It’s waterproof and may be worn in the shower, where falls often occur. With the push of a button, a Lifeline representative is alerted to possible trouble. Not only does the representative contact the wearer, but he or she will also call a family member immediately.

Savoca hasn’t had a fall yet, but, if she does, help is seconds away.

“It gives her a wonderful sense of security. Even if we never ever have to activate the service, the simple fact that it’s available gives us peace of mind,” Heitzman says.

For more information about Franciscan Lifeline, call 315-492-8175.
Embracing Age Is ‘Wonderful’

“It’s almost immeasurable. It’s wonderful.”

These are the words Eileen Littlejohn uses to describe Embracing Age. Seven months since its inception, the elderlife concierge business (part of the Franciscan Companies) has given her father a new purpose.

“It’s exactly what we needed for dad,” Littlejohn says. She and her siblings, including her sister Jane Dorsey, live outside of Central New York. Since their mother’s death in October 2011, their father Larry* had been living alone. “It’s been wonderfully helpful because we all live out of town and it’s hard to leave him there,” she says.

Embracing Age connected Larry with an elderlife specialist, Mary Gualtieri. She acts as a personal assistant of sorts. “She’s a real exceptional lady. She’s very pleasant and she knows her business,” Larry says.

Gualtieri performed an assessment of his home, looking for hidden safety issues and other factors that affect the elder population. She works with Larry and his daughters to coordinate services and create a person-centered plan that meets his unique needs.

“Embracing Age is a proactive program,” Gualtieri says. “People can become members when they are active and healthy. The services will evolve with them over time, providing the support they need as they age.”

One such need is medication management.

“Jane and I were coming up on weekends and filling up pill boxes,” Littlejohn recalls. “But Larry would still sometimes miss a dose or take the incorrect amount. Gualtieri arranged for a Philips medication dispenser, offered by Franciscan.

“The medication dispenser has been a lifesaver. It frees us up so we can visit with dad instead of primarily focusing on handling his medication,” Littlejohn says.

“It’s great,” Dorsey adds. “I didn’t think it would be so seamless. He’s on a more regular schedule with eating and his medications, and I think the medications are working better now.”

Gualtieri is arranging for a contractor to install railings along the stairs, add new lighting, bathroom fixtures and grab bars. Several portable phones were also added as a safety measure.

“These features have helped increase Larry’s independence and ability to stay in his home for as long as possible,” Gualtieri says. “It’s rewarding to see improvements in Larry’s daily functioning, thanks to the supports Embracing Age helped to place in his home.”

Socialization is an important part of Embracing Age. Gualtieri brought Larry for a lunch visit to St. Francis’ day program for seniors. He now attends five days a week.

“It’s just me and my cat,” Larry says. “Although my cat likes me very much—I’m the man who gives her food—I enjoy going to St. Francis. I make friends with everybody. It’s quid pro quo. You’re friendly to them and they’re friendly to you.”

In fact, as soon as Larry arrives at the center on Court Street in Syracuse, he heads to the gentlemen’s table, sits down and starts talking. “As a veteran of the U.S. Navy, he’s a world traveler and has great experiences to share. He’s a wonderful conversationalist, but he is also a great listener,” says program administrator Sister Barbara Jean Donovan.

“They’re helpful and the program gives me a sense of purpose,” Larry adds.

“The social aspects of it cannot be overvalued,” Dorsey says. “It’s getting him up and moving out the door. It’s an internal driver and seems to lift his spirits. He hasn’t said to me, ‘Why should I get out of bed today?’ He used to say that in November and December,” Dorsey recalls.

Larry’s quality of life has improved. He is living at home safely and independently. That’s what Embracing Age is all about. It is customized to each member’s needs. Whether someone is concerned about protecting assets or a member wants to learn how to keep up with the grandkids on Facebook, Embracing Age will assist. Future plans include adding a social club, outings, spiritual care and regular educational programs.

“The family is so grateful for finding this service. It’s irreplaceable and wonderful,” Littlejohn says.

For more information about Embracing Age, call 1-855-MYHELP 2 or visit embracingage.org. A free guest pass to St. Francis Social Adult Day Care is available by calling 315-424-1003 or by visiting stfrancisadc.com.

*Last name has been omitted from this article to protect privacy.

Embracing Age Hosts Free Educational Sessions

Franciscan Companies’ Embracing Age hosted its first of many free educational presentations at St. Joseph’s Hospital Health Center in January. Members of the Syracuse City Police Department discussed recent scams that have targeted senior citizens in the area. Officers spoke about ways to avoid becoming the victim of a scam, including never giving personal information over the phone as well as asking many questions and checking references before paying for services not yet rendered. A seminar focusing on protecting assets is planned for Wednesday, May 23, from 10 a.m. to noon, at Holy Cross Church in DeWitt. Call 315-458-3600, ext. 123, to register. Learn more about Embracing Age at 1-855-MY HELP 2 or at www.embracingage.org.
Don’t Keep Parents’ Finances a Family Secret

Most adult children wish their parents would live forever. And, when parents inevitably become ill or frail, it’s easy to ignore financial and legal issues when caregivers are concentrating on preserving their parents’ health.

“Usually I see family members scrambling,” says Cora Alsante, head of the Tax, Trusts & Estates and Elder Law Department at the Hancock Estabrook law firm. “They say ‘I don’t know what mom has, what dad has. . . .’ They are too busy trying to decide where to place their parents, so they receive the best care possible.”

This is what Alsante calls ‘crisis planning.’ It occurs when there is no pre-planning. Something unexpected happens with a parent’s health and the family is thrust into a web of legal, financial and medical issues.

“If it’s all thought out ahead of time, it’s so much easier,” says Alsante. “When you’re in a crisis situation dealing with medical issues, the last thing you want to do is add legal issues on top of it. Determining long-term care plans in advance will give you the comfort of knowing that everything was decided at a time when your loved one was not in crisis and was able to make sound decisions.”

“It’s great to have such a comfort level with your elderlife specialist that you can say, ‘Please help me figure things out for my dad,’” says Alsante.

Alsante can tell many stories of families torn apart by a lack of planning. Some people may try to tackle the task themselves, but Alsante cautions against that. She stresses the importance of seeking out their wishes.

“Determining long-term care plans in advance will give you the comfort of knowing that everything was decided at a time when your loved one was not in crisis and was able to make sound decisions.”

—CORA ALSANTE, HANCOCK ESTABROOK LAW FIRM

Sleep Better at Night—Sooner

St. Joseph’s sleep laboratory is using new software designed to treat patients more quickly. Philips Respironics’ Sleepware G3 sleep diagnostic software is a recording system with web-based data storage. Once the sleep study is complete, the results are sent to a shared computer system, where health care providers can see them. Data is instantly at the doctor’s fingertips.

“When the patient leaves in the morning, the data is all ready for the doctor to review. Everyone is on the same page,” says Neil Widrick, RRT, RPSTG, RPT, manager of the sleep lab.

Historically, it took six to eight weeks from the time of the initial appointment to treatment. Now, it takes about half that long.

“All new patients are doing it and so far it’s going smoothly,” Widrick says. “We wanted to be proactive and improve the process, so that we can continue to meet and exceed our customers’ expectations.”

The sleep lab has been evaluating sleep for more than 25 years. People who wake up more tired than they were the night before or those who have bed partners claiming they’re snoring should talk to their doctors about a sleep study. St. Joseph’s has the largest number of registered sleep technologists and sleep-credentialed physicians in the area. There are two, eight-bed locations, one in Fayetteville, NY, and one on Genesee Street in Syracuse. Call 315-329-7378 for more information.
Don’t Wait Too Long to Get Help for Seniors

When you hear the term “day care,” a child day care program may immediately come to mind. But there’s another type of day care—adult day care. It’s a place for mom or dad to go for socialization, nutritious meals and stimulation, while adult children are at work or taking care of personal needs. Although the official name of St. Francis Social Adult Day Care, located at 1108 Court St., Syracuse, includes the terminology “day care,” Sister Barbara Jean Donovan, the program’s administrator, prefers to call it a “day program for seniors.”

“That’s what it is,” she explains. “Our participants don’t need to be babysat. They are intelligent people with great personalities and life stories to share who need extra assistance.”

The St. Francis program offers compassionate care in a joyful environment. Not only does it keep seniors active physically, it may help to improve their cognitive ability and ward off dementia. Participants benefit from activities, regular meals and personal care.

“If people who are older spend a lot of time by themselves eventually they’ll need a day program,” Donovan says. “They may do OK for a while, but at some point the motivation to get out of bed and plan their day with meaningful activities diminishes.”

Caregivers should look for signs that their loved one could benefit from a social program. They may be forgetful, neglect their medications, not eat or drink, not pay their bills or not clean their house. They may become quieter and listen rather than contribute to the conversation. They may eventually become withdrawn. People who experience a major life change, such as the death or hospitalization of a spouse, could also benefit.

“Caregivers are all in crisis. It’s an uncharted course, and they don’t know the answers,” Donovan says. “Children never want to tell their parent what to do.” Therefore, they often ignore the signs and wait too long to intervene.

“They call us in a state of panic after a diagnosis,” says Laura Dodge, LPN, nurse manager at the program. “Then, a few days later, they think, ‘Oh, she’s fine.’”

“That’s when we’re sad,” Donovan continues. “The sooner people come when they need a structured program, the longer the participant will remain with us because they are comfortable here and we can manage their care.”

The change is gradual, but profound. “Some don’t say anything when they first come into St. Francis,” Dodge says. “They may just sit and watch the others. Then they start to participate and make friends, and before you know it, they’ve developed a routine.”

Instead of sleeping all day or sitting in front of the television, the participants engage in meaningful activities. They work their muscles and their minds, improving their overall health.

“At home, they have something to talk about and can share their day,” Dodge says. “They are even more tired at night.”

How do you approach the subject with a parent? “Once a caregiver decides to get help, they may talk too much about the different options,” Donovan says. “The parent gets overwhelmed and confused.”

Instead, call us and set up a free guest day. Then, just ‘happen’ to come by for lunch and a tour.”

For a free guest day pass or to learn more about the program, contact St. Francis Social Adult Day Care at 315-424-1003 or visit www.stfrancisadc.com.

Patients With Oxygen Can Take Control

Patients who use oxygen may experience more freedom, thanks to advances in medical technology. Franciscan Health Support provides many patients with the option of using Invacare Homefill.

“Over the last seven years, we’ve seen great success with it,” says Daniel Carelli, executive director of operations.

Traditionally, the process of refilling oxygen tanks could be likened to the milkmen of the old days. Patients would leave their empties on the porch, and technicians would come and drop off full oxygen tanks. The Homefill units utilize a compressor whereby oxygen is created from the attached concentrator and gets packed into a portable cylinder. Although Franciscan Health Support prides itself on its quick response times, before Homefill, patients were still dependent on the technicians to meet their needs.

“With Homefill, patients are not waiting at home. They are self-sufficient in managing their therapy needs,” Carelli says. “Having an unlimited supply of oxygen increases their quality of life.”

Most oxygen patients are candidates for Homefill. The proven technology is reimbursed by Medicare.

If you are currently receiving your oxygen equipment from another provider, contact Franciscan Health Support at 315-458-3200.
Giving Back to the Community

Many Central New York organizations had a brighter 2011, thanks to the generosity of Franciscan Companies. In business for nearly 30 years, the health care organization places utmost importance on giving back to its community. To that end, Franciscan Companies committed nearly $300,000 to sponsorships to help local organizations.

“We give back because we care and we want our community to be a better place to live for everyone,” says Frank Smith, president and chief executive officer of Franciscan Companies.

The sponsorships included $55,000 to the St. Joseph’s Hospital gala and $45,000 to the golf classic.

“Frank Smith and Franciscan Companies have been consistent and very generous in their support of all of St. Joseph’s Hospital endeavors,” says Margaret Martin, vice president for marketing, communications and development. “Proceeds from the 2011 gala and golf tournament were used to benefit the comprehensive range of services at St. Joseph’s Hospital, including mission services that provide compassionate care and state-of-the-art technology to address the health care needs of our community.”

Franciscan also contributed greatly to the Sisters of St. Francis Fairway to Heaven Golf Tournament, giving time and money.

“Our sisters are blessed to have the friendship and support of Frank Smith and the Franciscan Companies. Frank’s leadership as chairman of our 2011 Fairway to Heaven Golf Tournament helped to bring the tournament to new heights, bringing in new sponsorships and much-needed support for our retired sisters in the Central New York area,” said Assistant General Minister Sister Marian Rose Mansius.

Franciscan’s devotion is not limited to functions or events. The leadership acknowledges the difficulty some people have paying for much-needed health care services. With that in mind, the company offers financial assistance, depending on income level. In 2011, nearly $140,000 was contributed in charity care.

“A better quality of life should not be off limits to those experiencing financial hardship. At Franciscan, we do what we can to ease the burden of rising health care costs,” Smith says.

On the Move

Franciscan Companies relocated its administrative offices from Janus Park Drive, Liverpool, (on the North Medical Center campus) to the former Agway building adjacent to Shoppingtown Mall in DeWitt in April. Franciscan will join CNY Infusion Services Inc., and Excellus Blue Cross/Blue Shield at the 333 Butter-nut Drive, DeWitt, location.

The move will facilitate a new 16-bed, state-of-the-art St. Joseph’s Hospital Health Center sleep laboratory in Franciscan’s former Janus Park space and give Franciscan Companies room to grow its businesses.

The Janus Park facility will continue to be the home of Franciscan’s licensed agency (home health aides) and customer service center. St. Joseph’s Hospital Health Center’s Certified Home Health Agency, the cardiopulmonary rehabilitation program, diabetic education and smoking cessation programs will all remain in Liverpool, as will Pulmonary Health Physicians’ north office. The move converts the entire Janus Park building into a patient care facility.

Franciscan Companies donated a new electric wheelchair to Jeffrey Masterpol of Mattydale, NY, in December 2011. Masterpol and his brother were trying to assist the victim of a hit-and-run driver in 2006 when the driver returned and ran them down. Jeffrey Masterpol was paralyzed and his brother, Jerry, was killed. Masterpol is photographed with his fiancée, Amanda Holst.
ever taking anything for granted is very important in guarding your own health,” says Joe Nicoletti, RN, RRT, executive director of corporate development at Franciscan Companies. “No one knows their body better than you. You know how you feel.”

Nicoletti firmly believes people with chronic heart failure (CHF) or chronic obstructive pulmonary disease (COPD) should take ownership of their health.

“Take your symptoms and concerns to your doctors,” he says. “Don’t blow things off because, before you know it, the condition could become full blown.”

It is important to note how you feel when you wake from a night’s sleep. When the body is at rest, the heart rate generally slows. People with CHF or COPD have compromised systems, so their hearts may pump blood less effectively, limiting the amount of oxygen that gets to the tissues. When these people wake feeling weak, fatigued or with chronic headaches, it’s a sign they are not getting enough oxygen at night.

Is the oxygen being decreased because of a sleep issue or a cardiac issue? A simple oximetry test can catch both conditions and keep people out of the hospital.

An oximetry test records and reports a person’s pulse rate and the amount of oxygen being carried by arterial blood as a percent of the maximum amount the blood can carry. A clothespin-type probe is taped to the finger before bedtime, and a sensor measures oxygen levels going up and down. Available from Franciscan Companies, Nicoletti says the test is easy, painless and noninvasive.

“I firmly believe that a simple test could catch so many conditions and solve so many problems,” Nicoletti says. A doctor reads the oximetry results and determines if the patient would benefit from overnight oxygen therapy. If so, the patient is fitted with a nasal cannula, a thin plastic tube that rests at the bottom of the nostrils and connects to an oxygen tank.

“People will notice a difference right away and feel refreshed in the morning,” Nicoletti says. “Will it cure their heart ailment? No. But, it is support therapy to increase the quality of their life. It should be part of their overall treatment plan.”

For more information about oximetry, contact Franciscan Health Support at 315-458-3200.
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More hearts are cared for at St. Joseph’s than any other hospital in the region.