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Awareness
Saved Kenny Donnelly’s Heart
You can just feel the energy at St. Joseph’s Hospital Health Center. Our employees, medical staff, board members, auxiliary and volunteers are engaged in initiatives that will position St. Joseph’s as the region’s premier health care provider well into the 21st century. In order to enhance the health care services we provide and our community’s quality of life, we’re working collaboratively with other organizations and government agencies to achieve mutual goals, including the revitalization of Syracuse’s near North Side.

Last year was a productive one. As we celebrated St. Joseph’s 140th anniversary, we dove to our core with a rearticulation of our mission: “We are passionate healers dedicated to honoring the Sacred in our sisters and brothers.”

We developed a neighborhood master plan with the Central New York Regional Planning Board, Metropolitan Development Association and Chan Krieger Associates and are now working in tandem with these organizations as well as Housing Visions, the city of Syracuse, Onondaga County and others to revitalize our neighborhood.

In December, with Phase 1 of the largest expansion in our 140-year history complete, we broke ground on Phase II, beginning construction on our new emergency services building. It will house St. Joseph’s emergency department (including the Comprehensive Psychiatric Emergency Program), a chest pain unit and new data center. Phase II will follow, with private patient rooms, surgical suite and a corridor to North Side businesses.

Ours is the largest “green” health care project in Upstate New York and will be LEED (Leadership in Energy and Environmental Design) “silver” certified, according to U.S. Green Building Council guidelines. There were many clinical accomplishments in 2009 as well. We received Chest Pain Center Accreditation from the Society of Chest Pain Centers, the only hospital in Syracuse to do so. We were designated a “Baby-Friendly” hospital by the World Health Organization. Our intensive care units were recognized with the Beacon Award for Critical Care Excellence from the American Association of Critical-Care Nurses, and Excellus BlueCross BlueShield designated St. Joseph’s a Blue Distinction Center for Knee and Hip Replacement and redesignated the hospital as a Blue Distinction Center for Cardiac Care. We also expanded the emergency department’s (ED’s) Remote Telemetry Program to 19 emergency medical service providers and placed more than 50 modems in outlying areas to transmit 12-lead EKGs from the field to the ED, thereby significantly reducing door-to-wire time for those experiencing a heart attack.

We are utilizing the Malcolm Baldrige National Quality Award process to ensure a consistent and comprehensive approach to planning and Lean Six Sigma initiatives to evaluate and improve existing processes.

The largest capital campaign in the hospital’s history, Generations of Compassion • Healing • Innovation, kicked off. It will support Phase II of our facility master plan and, to date, our employees have donated nearly $1 million. Soon we will extend our efforts to the broader community.

St. Joseph’s Foundation’s signature fund-raising events, the annual Gala, Golf Classic and first-time Art Show and Sale, netted more than $560,000. A record $90 million in grant requests were submitted, resulting in awards in excess of $8.8 million. Of this amount, $6.6 million was from a New York state heal11 grant. Recognizing the symptoms of a heart attack, which he had heard as part of a public service campaign created by St. Joseph’s Hospital Health Center, Kenny Donnelly sought medical treatment in time to avoid damage to his heart muscle. He is photographed at home with his wife, Lisa; daughter, Jenna; son, Casey; and pets Cody (held by Jenna); and Maxx (sitting in front of Casey).

Sincerely,

Theodore M. Pasinski
President
Historic Expansion Is Underway

St. Joseph’s historic $220 million expansion project is underway. The largest in the hospital’s history, the initiative includes a new emergency services facility, operating room suites, intensive care unit, private patient rooms and a new data center. It is the largest “green” health care construction project in Upstate New York.

“As a Franciscan institution, we’re also proud to note that St. Francis is the patron saint of ecology, and we are committed to applying progressive, ‘green’ construction and operating principles throughout this project,” says St. Joseph’s President Theodore Pasinski. St. Joseph’s will seek the U.S. Green Building Council’s LEED (Leadership in Energy and Environmental Design) “silver” rating.

“This expansion represents the second phase of our facility master plan that will propel St. Joseph’s well into the 21st century,” Pasinski says. “The first phase included construction of a new Medical Office Centre and parking garage, linked to a new main entrance and lobby by way of a pedestrian bridge. This second phase is several times larger—both in scope and investment.”

St. Joseph’s expansion will create 600 construction jobs and 200 new, permanent health care jobs.

Starting With Emergency Services

First, St. Joseph’s will construct the new emergency services building, which will house an expanded emergency department, complete with 54 beds and a 15-bed clinical observation unit with a chest pain center. The building also will include the emergency psychiatric program, which will be expanded from 6,500 square feet to 17,000 square feet.

The emergency services building also will include a new data center, equipped to provide for fast recovery and business continuity in the event of a disaster. The emergency services building is expected to be completed by the end of summer 2011.

The next part of St. Joseph’s expansion will construct a new operating room suite; a larger, 38-bed intensive care unit; and private patient rooms. Two new 33,000-square-foot, 36-bed medical/surgical units will be created. Each will consist entirely of private rooms, allowing patients to recover surrounded only by their own family and friends.

Finally, a new kitchen will be constructed that will support a room service model throughout the hospital.

Financing the Project

St. Joseph’s is financing the expansion project in several ways. It has received an inducement of $177 million for tax exempt bonding from the Onondaga Civic Development Corporation, a local development corporation recently formed by Onondaga County Executive Joanie Mahoney. The corporation has the authority under the Onondaga County Legislature to assist not-for-profit organizations that undertake economic development projects. The remainder of the investment will come from hospital reserves, as well as a capital campaign, Generations of Compassion • Healing • Innovation. (For more information about the capital campaign, see Our Foundation Report on page 16.)
Celebrating Our Diversity

St. Joseph’s Hospital Health Center celebrated diversity in February by hosting a week of activities that included an ice carving exhibition by international ice competitor Stan Kolonko, Multicultural Awareness Day, Diversity Expo featuring local food and music, multicultural meals served in the cafeteria, and a prayer service.

“There is an increase in diversity—in our workforce, in our patient population and in our community,” says Frank Panzetta, St. Joseph’s director of human resources.

“So, how do we respond to it and how do we embrace it? The bottom line is that we want people to feel welcome. We want them to feel comfortable. Diversity week simply gave us the opportunity to celebrate diversity in a fun and educational way.”

Dr. Reddy Honored With Dr. Pease Award

Narayana Reddy, MD, was awarded the 2010 St. Joseph’s Hospital Health Center Dr. Pease Award at the hospital’s annual medical staff meeting in January.

Named in memory of Roger W. Pease, MD, who joined St. Joseph’s in 1869 as its first surgeon, the award recognizes physicians for leadership, clinical expertise and social responsibility. Physicians are nominated for the award by their peers.

Dr. Reddy has been a psychiatrist at St. Joseph’s since his appointment to the medical staff in 1996. He began his work at the Comprehensive Psychiatric Emergency Program (CPEP), and since 2005 has served as the medical director of outpatient mental health services.

Graduating from medical school in India, Dr. Reddy completed his residency in psychiatry at SUNY Health Science Center in Syracuse as well as a fellowship at Georgetown University.

Dr. Reddy is board certified in psychiatry and neurology. He also practices psychiatry at a number of charitable agencies, including the Salvation Army’s Chance Program, the Rescue Mission and the Women’s Shelter.
Marya Gendzielewski, MD, was elected president of St. Joseph’s Hospital Health Center’s medical staff at its annual meeting held in January. Dr. Gendzielewski, previously served as vice president and secretary/treasurer of St. Joseph’s Medical Executive Committee.

After receiving her bachelor of science degree from the University of Rochester and her doctorate of medicine from SUNY Health Science Center at Syracuse, Dr. Gendzielewski completed her internship, residency and fellowship in endocrinology and metabolism at SUNY Health Science Center in Syracuse. She currently practices endocrinology.

Also elected officers of St. Joseph’s medical staff were Balasubramaniam Sivakumar, MD, vice president; and Mark Charlamb, MD, secretary/treasurer.

Honored at the St. Joseph’s Day Breakfast

Honored at the 20th annual St. Joseph’s Day Appreciation Breakfast held March 17 at the Genesee Grande Hotel were (from left to right) April Stone, chief executive officer of CNY Infusion Services, LLC; Robert Friedman, MD, St. Joseph’s former vice president of medical affairs and an internist with Eastside Internal Medicine; and Syracuse Orthopedic Specialists, PC, represented by orthopedic surgeons Seth Greenky, MD, and Brett Greenky, MD, who serve as co-directors of St. Joseph’s Joint Replacement Program. Dr. Seth Greenky serves as St. Joseph’s chief of orthopedic surgery. The St. Joseph the Worker Award is given annually for significant contributions and dedication to St. Joseph’s Hospital Health Center.

Caring Connection Has Gone Green

St. Joseph’s Caring Connection has gone “green.” With this issue, the Caring Connection is printed on paper that contains 50 percent recycled content with 30 percent post-consumer waste and is Forest Stewardship Council™ certified. Our printer, in turn, uses eco-conscious soy- and vegetable-based printing inks and is 100 percent wind-powered.
Odd Heart Attack Symptom Gives Donnelly Something To Chew On

When 47-year-old Kenny Donnelly heard a 30-second radio commercial sponsored by St. Joseph’s Hospital Health Center listing a few of the not-so-well-known heart attack symptoms, he unconsciously stored the information in one of those little mental file cabinets we all have up in our heads.

Opening that file several days later may well have saved his life.

On Nov. 9, he developed chest pain, but attributed it to the cold and flu-like symptoms he’d been having. He also wondered why his left jaw was aching like he’d been chewing a wad of gum too long.

“It made me reflect on what I had heard in the commercial,” Donnelly said a few days before Christmas, “but I didn’t really think I was having a heart attack. It was just a chest cold or flu, but I couldn’t really explain the jaw pain.”

“He is literally living proof that even a bit of information can save someone’s life. . . . Familiarize yourself with these symptoms and then listen to what your body is telling you. If you think there’s something wrong, get it checked out immediately.”

— RON CAPUTO, MD

He took a shower, went to bed and the pain disappeared—for three hours. Donnelly woke up about 1 a.m. with even more chest and jaw pain. Denial of the unpleasant is a very common human trait, and he could still write off the chest pain to the stubborn cold, but the radio spot kept repeating itself in his mind until Donnelly finally listened to his jaw and his wife, Lisa, who called 9-1-1.

“Lisa’s my rock and she always makes the right call,” Donnelly smiles. “Once we committed and made the call, I went outside to wait. I figured if I collapsed, it would be a lot easier for them to load me straight into the ambulance.”

Kenny’s sister, who lives next door, arrived to stay with the couple’s two children, 16-year-old Casey and 14-year-old Jenna. Kenny waited, but not very long. The ambulance had no problem finding the house. Casey is a junior firefighter at the Belgium Cold Springs
Fire Department, which is virtually next door to the Donnellys. The address also is known as the house that was struck by lightning the year before and destroyed by fire.

“We’ve had an interesting year and a half,” Lisa Donnelly says with understatement as she recalled the fire and her husband’s illness.

Within minutes Donnelly was in the Baldwinsville ambulance with a nitroglycerine tablet under his tongue being asked which hospital he preferred. His father, Frank, had been treated for a heart attack at St. Joseph’s. Donnelly remembered being impressed with the quality of care he received, so the response was automatic.

“Good choice,” Donnelly remembers the EMT telling him.

Donnelly also remembers thinking vividly about the radio spot that warned listeners about jaw pain and heart attack. At the same time, he says, he was still trying to “write off” the pain to something else more mundane. It wasn’t until he arrived at St. Joseph’s emergency department and had an electrocardiogram that the news started to sink in.

“You may suspect it deep down,” Donnelly says, “but it’s not until you hear a professional say, ‘You’ve had a heart attack,’ that it’s real.”

Donnelly doesn’t remember much after that. He was whisked up three floors to the St. Joseph’s cardiac catheterization lab for an angiogram that would locate the blocked coronary artery at the root of his problem.

Ron Caputo, MD, the interventional cardiologist who was on duty the night Donnelly came in, said he found a 40 to 50 percent narrowing in one cardiac artery, but left it alone. It was the 99 percent blockage in Donnelly’s coronary circumflex artery wrapping around the left side of his heart that required immediate action. Using a balloon catheter—a long flexible tube inserted through a tiny incision in Donnelly’s wrist—Dr. Caputo maneuvered the balloon to the site of the blockage then inflated it pressing the plaque that had

### Heart Attack Warning Signs and Symptoms

**What Is a Heart Attack?**

A heart attack occurs, in most cases, when a vessel supplying the heart muscle with blood and oxygen becomes completely blocked. The vessel has become narrowed by a slow buildup of fatty deposits, made up mostly of cholesterol. When a clot occurs in this narrowed vessel, it completely blocks the supply of blood to the heart muscle. That part of the muscle will begin to die if the individual does not immediately seek medical attention.

**Warning Signs and Symptoms**

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like pressure, squeezing, fullness or pain.

- **Discomfort in other areas of the upper body.** This may include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

- **Shortness of breath occurring with or before discomfort.**

- **Other symptoms.** These may include breaking out in a cold sweat, nausea, light-headedness or unusual fatigue.

Treatments are most effective when they occur in the early stages of a heart attack. If you or someone you know experiences the signs of a heart attack, don’t delay. Call 9-1-1.

Kenny Donnelly credits St. Joseph’s public information campaign about heart attack symptoms with the decision to call an ambulance when he experienced chest and jaw pain. At St. Joseph’s, Donnelly was told he had had a heart attack and was whisked to the cardiac catheterization lab to clear the blockage and have two stents implanted to hold his artery open. Donnelly’s timely response in getting help and St. Joseph’s cardiac care saved his heart muscle from being damaged. St. Joseph’s public information radio spot about heart attack symptoms is available on air and at www.sjhsyr.org/sjhhc/stj_news_5.asp?id=278.

Heart Attack?
Every Second Counts. Call 9-1-1.

But, Donnelly says, there was a drawback to feeling good. Even though his symptoms had disappeared, the realization remained that he had had a life-threatening heart attack that would force him to adjust some elements of his day-to-day life. “Our family physician, Dr. Joseph Augustine, had already told me that I was at the age where I needed to shed some excess tonnage,” Donnelly recalls. “And I’ve taken him seriously. My days of pizza and wings are over. I’m reading every label and paying attention to salt and fat content. Do you realize that a slice or two of pizza may contain your daily limit of salt and fat! And wings—forget it!” The result has been a 25-pound weight loss, so far. At parties, Donnelly heads for the vegetable tray, not the cheese or pepperoni. It is, he says, “not the thought process I had before Nov. 9.”

“People tend to wait when they think they might be having a heart attack, and that’s a mistake,” says Ronald Caputo, MD, cardiologist. “The average patient arrives in the emergency department more than two hours after the onset of symptoms, but what they don’t know is that the sooner a heart attack is treated, the less damage to the heart and the better the outcome.” — RON CAPUTO, MD
St. Joseph’s is the only Syracuse hospital that has achieved Chest Pain Center Accreditation by the Society of Chest Pain Centers. To be accredited, St. Joseph’s undertook a rigorous reevaluation and refinement of heart care processes to integrate the industry’s best practices and newest paradigms into its cardiac care services. The hospital’s state-of-the-art cardiovascular program works seamlessly with area emergency medical services to ensure that patients get the treatment they need during the critical early stages of a heart attack.

“People tend to wait when they think they might be having a heart attack, and that’s a mistake,” says Ronald Caputo, MD, cardiologist. “The average patient arrives in the emergency department more than two hours after the onset of symptoms, but what they don’t know is that the sooner a heart attack is treated, the less damage to the heart and the better the outcome.”

In addition to Chest Pain Center accreditation, St. Joseph’s is the only hospital in Syracuse designated as a Mission Lifeline STEMI hospital by the American Heart Association for its systematic and multidisciplinary approach to treating heart attacks.

There’s been another change, as well. From now on he will pay attention to what his body is telling him, even if it might not make sense, at first. Jaw pain telling us we could be having a heart attack? Believe it.

Dr. Caputo has also become a believer in the power of public information campaigns.

“Donnelly has made a believer out of me,” Dr. Caputo says. “He is literally living proof that even a bit of information can save someone’s life. Public information campaigns like this can be powerful because a significant percentage of people suffering heart attacks do not have the classic symptoms. Familiarize yourself with these symptoms and then listen to what your body is telling you. If you think there’s something wrong, get it checked out immediately.”
St. Joseph’s Turns Up the Heat on Osteoporosis and Fractures

Our bones are tough. They support us throughout our lifetimes, allowing us to run, lift heavy loads, and stand up on a regular basis to forceful falls and blows without damage.

Now imagine a world in which our bones would crack when subjected to no more force than it would take to snap a crisp carrot or a pencil.

That world already exists for the estimated 1.5 million Americans each year who suffer “fragility fractures” as a result of osteoporosis, the most common bone disease. According to a report by the U.S. Surgeon General, 10 million people over the age of 50 already have osteoporosis and an addition 34 million are at risk for developing it and the increased risk of fragility fractures that comes with it.

Because Central New Yorkers are no more resistant to this disease than anyone else, St. Joseph’s Hospital Health Center has launched an interdisciplinary effort aimed at the prevention of these geriatric fracture immediate treatment of those that do occur, and the prevention of any subsequent fractures.

As most of us know, osteoporosis is a disease that causes our bones to become weak and riddled with holes. This loss of bone density makes us vulnerable to fragility fractures, especially of the spine, hip and wrist that would not happen to a person with normal bone density. Imagine fracturing a vertebra in your back just by coughing, or breaking your hip just by tripping on some uneven carpet and then extending your foot to prevent a fall. It happens more often than we think, says Seth Greenky, MD, an orthopedic surgeon at St. Joseph’s who knows better than most the devastation they can cause.

St. Joseph’s orthopedic surgeons repair more than 500 geriatric fractures annually. “The statistics paint a gloomy picture,” Dr. Greenky says. “The risk of suffering a second fracture more than doubles for those who have that first fracture. Twenty-five percent of those who experience a hip fracture because of osteoporosis end up in a nursing home for long-term care, and more than half of them will not be able to get around without a walker. The most sobering statistic is that one out of every four people who experience an osteoporotic hip fracture will die within a year following the fracture.”

It was these undisputed findings that prompted Dr. Greenky and other St. Joseph’s practitioners from various specialties to forward the proposal for the multidisciplinary approach to treating more than just the fractures themselves.

“Several hospitals in Central New York are equipped to successfully treat fragility fractures in aging patients,” says Kim Murray, RN, MS, CNOR, St. Joseph’s director of surgical services, “but it has always been focused on management of the fracture by itself in a vacuum. We are wrapping our arms around all of the critical components in the patient’s care from outright prevention of geriatric fractures in the first place, to managing the fracture episodes that do occur, to preventing any further fractures.”

“It’s a daunting task, but, both believe, it is achievable.

In men and women, our bones become their strongest in the late 20s and early 30s and then begin deteriorating at different rates. Most osteoporosis occurs in white women, especially after menopause, but it also afflicts men and women of all races—and most of those with active osteoporosis don’t know it. According to the surgeon general’s report, four times as many men and three times as many women have osteoporosis than report having it.

The fact is that osteoporosis is preventable, but the process starts in childhood by following diets containing the recommended amount of calcium—the stuff that bones are made of—and vitamin D, the substance that helps our bodies take advantage of the calcium in our diets. Calcium is found in milk, cheese, yogurt, leafy green vegetables and soy. Vitamin D is produced by skin exposure to the sun, and it is found in fortified milk and other foods. Weight-bearing exercise is important, too, in strengthening bones—a recommended 30 minutes a day for adults and 60 minutes a day for children.

Some risk factors for osteoporosis such as aging, a family history of the disease, being Caucasian, the reduced levels of estrogen that come with menopause, and being small boned can’t be controlled, but others—smoking, excessive alcohol consumption and diet—can.

Unfortunately, for many of those with undiagnosed osteoporosis, their first hospitalization may be for a fragility fracture. When that happens, getting them to surgery quickly is especially important.

Osteoporosis is a condition characterized by progressive loss of bone density, thinning of bone tissue and increased vulnerability to fractures. Osteoporosis may result from disease, dietary or hormonal deficiency or advanced age. Regular exercise and vitamin and mineral supplements can reduce and even reverse loss of bone density.

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Unfortunately, for many of those with undiagnosed osteoporosis, their first hospitalization may be for a fragility fracture. When that happens, getting them to surgery quickly is especially important.
“We know from long experience that a person with a fragility fracture who is treated surgically within 24 hours will do a lot better than one who may have to wait 72 hours,” Dr. Greenky says. “We have developed protocols for treating the most common fragility fractures quickly, and we’ve also modified standard surgeries to fit unique sets of circumstances, such as fragility fractures that occur around a prosthesis the patient may already have, like an artificial hip.”

Everything is done to discharge the patients as quickly as possible, since many of them may have other health problems that could cause complications. At St. Joseph’s, however, the patient’s osteoporosis care doesn’t stop at the operating room door, says Kim Murray. The hospital has “geared up” the hospital’s internal systems to simultaneously treat the underlying disease.

“We’ve involved everyone in the hospital who might be a ‘touch point’ for these patients,” Murray explains. Physician “champions” John Parker, MD, orthopedic surgeon; and Omer Sagcan, MD, a hospitalist, were sent for advanced training. “Once the surgery is finished, our hospitalists handle the medical management of our geriatric patients with everything from medications to delirium management to nutritional considerations,” she says.

The geriatric fracture group also creates plans for their patients’ continuing care. Many will be released to a skilled nursing facility; a few will go home. Those who return home will receive detailed instructions about fall-reduction strategies to identify and eliminate hazards in their home. A member of St. Joseph’s home health care team also may conduct an environmental risk assessment. Physical therapists may become involved when weight-bearing exercises are recommended to reduce the likelihood of another fracture. If calcium and vitamin D supplements are recommended, hospital pharmacists will consult with patients to explain and reinforce their importance in reducing the rate of bone loss and further fractures. Referrals to primary care physicians, internists or other specialists may include care recommendations, as well.

As the geriatric fracture program continues to develop, there are plans to create specific patient education materials, community education initiatives, and longer term tracking of patient outcomes after discharge from St. Joseph’s.

“It’s our job,” Dr. Greenky says, “to initiate these plans in the hospital to make sure the treatment to reduce the likelihood of future fractures doesn’t get lost once the patient leaves St. Joseph’s.”

A multidisciplinary St. Joseph’s health care team works not only to treat patients who experience a fragility fracture, but also to help prevent fractures in the first place and, if a fracture does occur, to help prevent another. Laura Lockwood, DTR, a certified nutrition dietician, discusses food preferences that are high in calcium and Vitamin D with a St. Joseph’s patient.
Bariatric Surgery: The One Specialty Where a Big Loss Is a Great Gain

As a surgeon specializing in laparoscopic bariatric surgery for weight loss, William Graber, MD, probably sees greater medical, physical and emotional improvements in his patients than any other surgeon, and that, he says, is why he keeps doing what he does.

Of course, ask any dedicated physician why he or she practices medicine and you’ll probably get a similar answer, but with Dr. Graber’s patients it’s obvious on the surface, since it is common for his patients to lose at least 75 percent of their excess weight, which could be more than 100 pounds. This leads to profound health benefits.

The toll that the morbidly obese pay for carrying that much excess weight is costly. Take diabetes—80 percent of diabetics are overweight or obese. An 11- to 18-pound weight gain doubles a person’s likelihood of developing Type 2 diabetes. The obese often develop high blood pressure and an increased risk for stroke and heart attack. Obesity also tends to bring with it higher levels of lipids—fatty substances like cholesterol and triglycerides—in the blood. Both substances can lead to atherosclerosis or hardening of the arteries and, eventually, heart attacks and stroke. Perhaps the most staggering statistic is that obesity is responsible for an estimated 300,000 premature deaths each year in the United States alone.

The problem is still growing. According to data released in January by the Centers for Disease Control and Prevention, more than 34 percent of Americans are classified as obese (a body mass index greater than 30) and about 4 percent, Dr. Graber says, are morbidly obese with a BMI of 40 or higher.

“Obesity and the health problems that go with it are at record levels in the U.S.,” Dr. Graber says, “and right now bariatric surgery is the only way to help the morbidly obese successfully lose weight, keep it off and improve their overall health.”

Laparoscopic gastric bypass surgery—the kind of weight loss surgery Dr. Graber performs—is a serious procedure and he will not consider it unless the person has a BMI of 40, or 35 if there are serious medical problems related to weight. Prospective patients must also have had unsuccessful attempts at weight loss through dieting and exercise before they can be considered.

Could Your Weight Be Increasing Your Health Risk?

Calculate your body mass index (BMI) on St. Joseph’s Web site at www.sjhsyr.org/sjhhc/hidc07/WellnessTools/20/000001.htm. BMI is a numerical value of your weight in relation to your height. BMIs are good indicators of healthy weights for adult men and women, regardless of body frame size. Higher and lower BMIs are associated with significantly increased health risks in some people.
The success of any surgery depends on many factors, including the highly skilled members of the surgical team. Members of St. Joseph’s bariatric surgical team, photographed in an operating room, include (from left to right) Penny Jemola, RN, Katie Geiss, RN, William Graber, MD, and Ginette Soule, ST.

patient now bypasses the stomach and goes directly to the small intestine. Changing the path the food takes reduces the body’s ability to absorb calories and turns off a person’s appetite. (The lower part of the stomach continues to function, secreting digestive fluids into the upper part of the small intestine. Dr. Graber has reconnected the upper part of the small intestine to the lower part to deliver those digestive fluids, but nothing else.) One drawback to the procedure is that patients also absorb fewer nutrients, so vitamin and mineral supplements are needed.

Besides dramatically reducing the amount of food the patient is capable of consuming, Dr. Graber says the surgery also works to reduce hunger.

“We don’t quite fully understand the actual process that makes this happen,” Dr. Graber says, “but when the food bypasses the stomach it also shuts off the creation of hormones that tell the brain we’re hungry. It lessens our appetite.”

The surgery, however, is not a “green light” for the patient to resume previous eating habits—far from it. “As I tell my patients,” Dr. Graber says, “they still have to pay their taxes. To make it work they have to eat real food three times a day taking tiny bites. They’ll feel full after a few bites and they need to stop. If patients continue to snack all day, the surgery won’t work.”

The surgery’s visual effects are quickly obvious. Dr. Graber says his patients often lose 30 to 40 pounds the month following surgery. The second month they may lose another 30. After that, he says, it tapers off, but most can expect to lose at least 70 percent of their excess weight and some lose it all and keep it off.

“It’s important, however, not to dwell on the numbers or percentages,” Dr. Graber stresses. “The important measurement is having a healthy life.”

The health benefits often start to “kick in,” Dr. Graber says, within days or weeks of surgery. Energy levels rise. Blood pressure drops. Cholesterol levels drop. The effects of Type 2 diabetes are reduced. Cancer risks go down. The changes can be emotional, as well.

“I’ve had cases in which patients have gained a new outlook on life,” Dr. Graber recalls. “They no longer feel crippled, socially isolated by obesity. I feel very lucky to be able to do this operation for these people because it makes such a difference in their lives.”
M ost of us have experienced an acute sinus infection that sometimes occurs during a cold or allergy attack. The symptoms often subside within a few days, and if a bacterial infection (sinusitis) sets in, antibiotics usually help.

When sinus infections occur frequently, however, or become chronic, endoscopic sinus surgery to remove bone and tissue may be needed to clear the nasal passages and drain the blocked sinus fluid. This surgery may lead to postoperative pain, scarring and bleeding.

Now, a fairly new, less invasive treatment, called balloon sinuplasty, is being used by two St. Joseph’s Hospital Health Center otolaryngologists (ear, nose and throat specialists).

Patrick Chiles, MD, and Edward Sall, MD, have found that, for the right patients, this treatment can also open up inflamed, blocked sinus passages without the pain, longer recovery and risks of general anesthesia encountered with traditional endoscopic sinus surgery.

The sinuses—there are four of them on each side of the head—are air-filled cavities that serve a very important role in protecting us from infection. Each sinus is lined with tiny hair-like, mucous-covered cilia waving back and forth like wind-blown grass. The mucous captures pollen, bacteria, dust and other contaminants, and the cilia sweep them to the back of the throat where they travel down to the stomach. When the sinuses themselves are attacked by bacteria and become infected, they can swell and block the passages to the nose, causing face pain and often intensely painful headaches.

When the sinuses do become inflamed and blocked, the balloon catheter used in balloon sinuplasty gives Dr. Chiles and Dr. Sall another treatment option.

The use of balloon catheters to open clogged passageways isn’t new. Interventional cardiologists have been clearing clogged coronary arteries for many years. About the only difference is size. Dr. Chiles views the balloon catheter as just one more tool he can turn to when necessary for the patient.

“It’s a less traumatic procedure that may improve the speed of recovery and decrease the likelihood of a reoperation,” Dr. Chiles says. “The less trauma caused to those openings, the better for the patient. But, I don’t use them in every case. It’s an expensive device, and I don’t want to add expense unnecessarily, so it really has to enhance the outcome or allow me to perform a surgery I wouldn’t have been able to otherwise.”

In simple terms, when the balloon catheter is called for, Dr. Chiles or Dr. Sall first inserts a thin flexible wire into the nose and then into the blocked opening of the
affected sinus, guided by a fiberoptic light source and a tiny video camera that provides a magnified image. The balloon catheter is then slided over the guide wire into position across the blocked sinus passage. The surgeon gradually inflates the balloon, thus restoring the blocked opening to its normal size of about a quarter of an inch. The balloon is then deflated and removed.

The balloon catheter can also be used in conjunction with other procedures. Dr. Chiles recently used the balloon catheter to reduce the trauma associated with the repair of a deviated septum that had bothered an East Syracuse dentist, Keli Hollis, DDS, since her teenage years. The surgery, Dr. Hollis says, was well worth it.

“I’d always had sinus problems,” Dr. Hollis says. “My sinuses weren’t draining and I was constantly having sinus headaches—three or four a week—but I’d never had time to get the problem taken care of.”

Dr. Hollis, who completed her residency at St. Joseph’s last August, took the time between the end of her residency and her state certification to have the procedure done by Dr. Chiles.

“It’s a less traumatic procedure that may improve the speed of recovery and decrease the likelihood of a reoperation. The less trauma caused to those openings, the better for the patient.”

—PATRICK CHILES, MD

“I expected it to be much worse, based on a procedure I had in 2004,” Dr. Hollis says, “but I only needed pain medication for a couple of days and probably could have gone to work within the week. Best of all, I could breathe through both of my nostrils right after the procedure and I have far fewer headaches.”

Dr. Sall notes that balloon sinuplasty has proven to be a safe procedure. “The complication rate is about .01 percent,” he says. “This technique opens up the possibility of helping patients who may not want traditional sinus surgery, but who really need it.”

In his office, Edward Sall, MD, demonstrates the balloon sinuplasty procedure: A thin flexible wire is inserted into the nose and then guided into the blocked sinus cavity. A balloon catheter is then gradually inflated to open the narrowed passage. When the procedure is done, both are removed.
Dear Friend of St. Joseph’s,

In his best-selling book, *The Greatest Generation*, NBC newsman Tom Brokaw described the transformative contributions of the people who grew up during the The Great Depression and came of age during World War II. That generation surmounted enormous challenges, and through personal dedication and sacrifice gave rise to a time of unprecedented growth and prosperity.

Today, another generation—ours—is making its commitment known, and I’m pleased and grateful to report that our Generations capital campaign to support Phase II of our facility master plan is off to a strong start.

Phase II is simply the largest St. Joseph’s project ever; none of us here will again see anything of its scale and impact. As St. Joseph’s Hospital Health Center’s leadership and the Foundation began to organize the capital campaign to support Phase II, we chose to name it Generations of Compassion • Healing • Innovation to recognize both the many generations of people who have supported St. Joseph’s mission since its founding—and the significant opportunity before us to enable St. Joseph’s to provide for our patients’ and our community’s changing needs well into the 21st century.

For this capital campaign, we called on our employees to lead the way, and they’ve done so with distinction. As of Caring Connection press time, St. Joseph’s employees have pledged nearly $1 million to the Generations campaign, demonstrating in a most personal way their dedication to advancing the hospital’s mission!

As a result of our employees’ generosity, the family waiting room area of the north tower’s new surgical suite will be dedicated to Sister Mary Obrist, who stepped down from her position as vice president of support services in 2009 but remains actively engaged with St. Joseph’s following 58 years of service. All employees who pledged a minimum of $4 a paycheck (or $2 per week) for a four-year period will have their names inscribed on a plaque in the waiting room named in Sister Mary’s honor. This area of the new surgical center was of special importance to Sister Mary, who saw having a comfortable space for families and friends to wait for their loved ones as a great priority.

What an inspiring tribute from employees to Sister Mary! And it is in that spirit the Foundation now embarks on outreach to other valued stakeholders for their support of the greatest project of our generation. Our admiration and gratitude is extended to all who make St. Joseph’s healing possible.

Sincerely,

Margaret Martin
Vice President
Generosity Thrives at St. Joseph’s

2009 a Record Year for the Foundation

Generosity is “giving,” whether it’s the giving of time, energy, knowledge, talent or resources. It’s an opening of the heart. It’s giving of self without needing or asking anything in return. In 2009, despite the most severe economic conditions in decades, the St. Joseph’s community proved its generosity in remarkable ways. Indeed, 2009 was a record year for the St. Joseph’s Hospital Health Center Foundation!

Among the achievements made possible by our generous supporters:

- In 2009, the Foundation raised nearly $5 million in revenue (excluding investments), a 70 percent increase over 2008.
- The Foundation’s special events, including the Gala, Golf Classic, and Art Show and Sale, netted $560,000.
- We submitted grant applications totaling nearly $90 million, resulting in awards exceeding $8.8 million for St. Joseph’s Hospital Health Center and Foundation, including a $6.6 million HEAL 11 grant from New York state to establish an integrated primary health/mental health facility for children and youth.
- In late September we began the internal phase of the Generations capital campaign. Our employees led the way with nearly $1 million in pledges, and in December the Auxiliary of St. Joseph’s announced a $1 million gift for the new emergency services building’s lobby and the children’s area of the Comprehensive Psychiatric Emergency Program (CPEP).

A challenging year and a record year, 2009 was a tribute to the generosity of St. Joseph’s caring supporters.

St. Joseph’s Hospital Foundation’s Generations capital campaign to help fund the largest expansion project in the hospital’s 140-year history is underway. For detailed information about how the expansion will help ensure state-of-the-art health care services are available at St. Joseph’s well into the 21st century as well as stimulate nearby neighborhoods and businesses, see page 3 of the Caring Connection.

Generations Capital Campaign Cabinet

Special thanks to these individuals, who are generously providing organizational leadership for the Generations capital campaign.

Honorary Chairs
John and Jody Murphy

Campaign General Chairs
Syed Zaman, MD
Nicholas Trasolini, MD

Distinguished Chair
Bishop Robert Cunningham

Campaign Executive Committee
Margaret Martin (Director of Campaign)
John Murphy
Theodore Pasinski
Kathryn Ruscito
Frank L. Smith Jr.

Cabinet Members
James Abbott
Carl Austin, MD
Mary Bishop
Edward Carsky, MD
Brian Chanatry, MD
Patricia Civil
John D’Addario, MD
Anthony D’Angelo
George Deptula, Esq.
Lucinda Drescher
John Flask
Amelia Greiner
Mary Knepper
Craig Montgomery, MD
Allen Naples
Kim Nugent
Sister Mary Obrist
Nicholas Pirro
Connie Semel
Rabbi Charles Sherman
Pamela Speach
Vince Sweeney
William Watt
Joe Wood

St. Joseph’s new emergency services building will house the emergency department (including the Comprehensive Psychiatric Emergency Program), a chest pain unit and new data center.
St. Joseph’s Auxiliary Pledges $1 Million to Capital Campaign

The Auxiliary of St. Joseph’s Hospital Health Center has a long and accomplished history. It is the first hospital auxiliary established in Syracuse, founded in 1870 by a doctor’s wife, Hannah Pease, to support the Sisters of St. Francis in their health care work. At the Phase II facility master plan groundbreaking Dec. 21, the Auxiliary, now numbering nearly 800 men and women, announced a $1 million gift to establish the new emergency services building’s lobby and the children’s area of the Comprehensive Psychiatric Emergency Program (CPEP).

From sewing hospital linens in the 19th century to funding 21st century health care advances today, the Auxiliary remains a vital force at St. Joseph’s.

“The Auxiliary has always had a special interest in the emergency department, and in the care of children served by mental health services,” says Pamela Speach, the Auxiliary’s president. “Our community needs more capacity in emergency services and particularly in psychiatric emergency services, and we believe this to be an investment of great consequence for Central New York.”

It is not the first seven-figure commitment the Auxiliary has made to St. Joseph’s. In 2003, the Auxiliary donated $1 million to Phase I of the facility master plan, a leadership gift to the Tradition in Excellence campaign that funded the cardiovascular lab expansion and provided long-term financial support for technology across all service lines. The Auxiliary’s second million-dollar commitment six years later to Phase II gives the facility master plan significant momentum.

“We’re a volunteer organization that’s really committed to patients’ needs,” Speach notes. “And we are always looking for new members to join our cause.” The Auxiliary has more than 30 committees overseen by a volunteer board, and sponsors a wide variety of activities and service projects. Anyone who is interested in joining the Auxiliary of St. Joseph’s Hospital Health Center can visit the “About Us” section at the bottom of the hospital’s home page (www.sjhsyr.org), or contact the St. Joseph’s Volunteer Office at 315-448-5186 for membership information.

Auxiliary President Pamela Speach announces the organization’s $1 million gift to the Generations capital campaign at the ceremonial groundbreaking Dec. 21 as St. Joseph’s President Theodore Pasinski looks on.
St. Joseph’s Imaging Associates Names Medical Imaging Suite

To hear Nicholas (Nick) Trasolini, MD, tell it, the reason behind St. Joseph’s Imaging Associates’ gift of $275,000 to name the new medical imaging suite is compellingly simple: “We believe in the mission.”

Basically the only radiology group that St. Joseph’s Hospital Health Center has ever had, St. Joseph’s Imaging Associates has a long tradition that is tightly tied to the hospital and its mission for health care services and the betterment of the Central New York community. The group’s 22 physicians provide a full range of diagnostic and interventional radiology services, from X-rays, MRIs and ultrasounds to invasive, image-directed catheter and needle placements.

“We really view ourselves as a major support service to this hospital,” Dr. Trasolini, chair of the Radiology Committee, says. “We performed 133,000 examinations last year, and provide 24/7 coverage for St. Joseph’s and its emergency department.”

As St. Joseph’s Imaging Associates considered ways to support Phase II of the facility master plan, the physicians unanimously decided—despite the current economic climate—to make a naming gift that would benefit the hospital’s operations, the emergency department and the community at large.

“A lot of what we do relates to the success of the emergency department,” Dr. Trasolini notes. “The current situation there is a bottleneck, which the facility plan will address. Our group realized that we could be a part of enabling ED doctors to be more effective.”

Beyond the obvious patient care benefits of modernizing and upgrading the medical imaging suite, the decision was also based on the doctors’ strong affinity for the work St. Joseph’s does in its neighborhood, and its environmental responsibility as well.

“We have worked with the Sisters of St. Francis for many years, and their work is truly for the greater good of the community,” Dr. Trasolini says. “We’re happy to be engaged in that, and to be able to commit resources to support it.”

He notes that the revitalization of Syracuse’s North Side neighborhood, where the hospital was established in 1869 and still stands, and the “green” aspect of the Phase II construction project make the facility plan both comprehensive and attractive.

“Quality health care is fundamental to successful community development,” he emphasizes. “From a community planning standpoint, what is more important than that? If health care is lacking, businesses and residents will choose some other place.”

St. Joseph’s Imaging Associates has a strong tradition of both professional service and philanthropy with St. Joseph’s. Dr. Trasolini did his residency here after training at Upstate Medical Center, and his mentor was Edward Carsky, MD, (whose planned gift to the College of Nursing was featured in the Fall 2009 Caring Connection). “He was a mentor for me and many other radiologists here,” Dr. Trasolini recalls. “He’s no less than a legend in the radiology profession. So many of us were trained by him and his associates, and have longstanding Central New York connections.

“Dr. Carsky and his colleagues combined a strong service ethic with a strong charitable ethic, and that has been sustained,” Dr. Trasolini explains.

St. Joseph’s Imaging Associates’ $275,000 commitment to Phase II follows $250,000 the group donated in support of Phase I, which moved all outpatient diagnostic imaging procedures from the Physicians Office Building to the 9th floor of the new Medical Office Centre. This allows visitors an “outpatient” experience while still on the St. Joseph’s campus. They can park in the same building where they receive care and never have to enter the hospital proper. Response from patients and physicians as measured through satisfaction surveys has been overwhelmingly positive.

St. Joseph’s Imaging Associates will soon offer digital mammography and bone densitometry (for diagnosis of osteoporosis) testing as it continues to enhance its services.

While he has been chair of the Radiology Committee for 10 years, Dr. Trasolini underscores that the tradition and shared focus of the doctors in St. Joseph’s Imaging Associates is what enables the group’s leadership. “The tradition of giving that our practice has had is special,” he says. “Years ago, the senior members set the standard as a group and as individuals. Today, we continue to believe in St. Joseph’s and want to be part of its success.”

Nicholas Trasolini, MD
Anesthesia Group of Onondaga, PC, Commits $250,000 to New Operating Room

One of the new operating rooms to be constructed in Phase II of St. Joseph’s facility master plan will be named for the Anesthesia Group of Onondaga, PC, thanks to a quarter of a million dollar gift from the group to the Generations capital campaign.

“Everything we do is based here at St. Joseph’s, and the hospital has been very supportive of our practice and always willing to work with us,” says Brian Chanatry, MD, speaking for the group. “We really see this gift as a way to return the respect and recognition we’ve received.”

The Anesthesia Group provides all of St. Joseph’s anesthesia services, supporting surgical services, the emergency department, MRI services, endoscopies, the labor and delivery suite, and the intensive care units. Currently with 19 physicians, 15 certified registered nurse anesthetists (CRNAs), as well as nurse practitioners and support staff, the group was established in the late 1960s. Ralph Firestone, MD, serves as president of the practice, while Dr. Chanatry is a partner as well as chair of St. Joseph’s Anesthesia Department.

Anesthesiology as a specialty “grew up” in the 1960s and 70s, according to Dr. Chanatry, as increasingly physicians were formally trained and board certified in the discipline. Carl Geiger, MD, formed the Anesthesia Group and served as its first president. Ketchum Morrell, MD, followed him, and also became national president of the American Society of Anesthesiologists.

Anthony Ascioti, MD, became the group’s president in the 1980s, as well as chair of the Anesthesia Department, and director of its residency training program, ushering in a period of significant growth. He presided over the group until four years ago, when Dr. Firestone took over. Dr. Chanatry arrived as a resident at St. Joseph’s in 1985, and has been an attending physician at St. Joseph’s since 1987. He took a one year leave in 1992 to complete a critical care fellowship.

The Anesthesia Group’s growth over the years has mirrored St. Joseph’s. “As surgical services have grown at the hospital, ours have as well,” Dr. Chanatry says.

“When the practice was founded more than four decades ago, Dr. Les Austin initiated respiratory care services in the hospital’s intensive care units (ICUs).” He adds that pulmonologists later became more instrumental in ICU medicine on a national level, but that the Anesthesia Department has always maintained a strong presence at St. Joseph’s.

“We’re a bit unusual, as a private-practice, community-based hospital, to have anesthesiologists as involved as we are in ICU work, and that’s been a positive development,” notes Dr. Chanatry. “As a specialty we’re getting some of the best and brightest in the medical profession, who follow their anesthesia training with an ICU fellowship, and this provides growth for our specialty in the long haul.

“Our work goes beyond the OR, although that aspect obviously remains essential to us as new surgical procedures require our involvement, as do new professional concentrations in pain management, and in the future we may become even more involved as intensivists.”

Preparing for its own growth, the Anesthesia Group made a collective decision to pledge $250,000 to the new operating room out of excitement for St. Joseph’s facility master plan. “The new operating suites are certainly most welcome, as the institution continues to evolve and implement the latest and greatest technology,” Dr. Chanatry says. “An opportunity to be a part of that, as well as St. Joseph’s ‘green’ initiatives and community development work, really is exciting.

“There is a substantial vision at St. Joseph’s, and a commitment not to stand still.”

Brian Chanatry, MD
During any telephone conversation, Frances Steve Gibbons, St. Joseph’s College of Nursing Class of 1942, conveys energy and good humor. “Don’t call me old,” she says with a chuckle. “I’ll only be 90 this year.”

Gibbons’ life has been a testament to the values impressed upon her by her parents and by her education at St. Joseph’s. Although it has been 68 years since she graduated from nursing school and went on to an adventuresome military career and marriage to a career Air Force officer with whom she raised a daughter in countries around the world, her connection to St. Joseph’s remains clear and strong. In fact, Gibbons recently made a $20,000 commitment to the Generations capital campaign, designating it for the new emergency department. This follows a $100,000 gift she made in December 2007 to renovate the College of Nursing’s lobby, which is now named in her honor.

“I remember when I was little my mother saying, ‘Before we say our prayers tonight, what have we done today to help others?’” Gibbons recalls. “She always emphasized that when God blesses you, it’s not just for you—it’s for you to share. And she said to make sure, starting with your very first paycheck, to always put some money away for your older years too!”

Both of Gibbons’ parents came to the U.S. from Europe, leaving czarist Russia with stops in Czechoslovakia, Yugoslavia and Poland before settling in Rome, NY, where young Frances Steve was raised. Sadly, her mother passed away when she was 16, but not before she imparted a strong sense of duty and work ethic. “I graduated from high school in 1938, and went right to work taking care of a neighbor’s five children,” Gibbons says. “Then another neighbor’s daughter applied to nursing school at St. Joseph’s and asked me if I’d like to join her, and I did. “It was a new life for me.”

Graduating after the start of World War II, she was determined “to do something my mother would be proud of.” In January 1943 she joined the Navy Nurse Corps, was commissioned as an ensign and in March stationed at the Brooklyn Naval Hospital, attending to casualties from the conflict in the Atlantic. She pursued pediatric training at Cardinal Spellman Foundling Hospital near Hunter College in New York City.

“I always thought preparation was the key to a successful life, and I was going to make sure I was prepared,” Gibbons remarks. That philosophy was put to the test as the Navy moved her to a progression of assignments at the San Diego Naval Hospital; a research facility in Klamath Falls, Oregon; Sampson, NY (near the Finger Lakes); and then one day she received orders to embark for London, England. “This was my calling,” she says. “I was trained to go where the war was. General Eisenhower formulated the plan for the Normandy Invasion in the very building where I worked. I took care of the embassy people.

“Since they saw St. Joseph’s on my record, they knew they could trust me. I remember giving vaccinations to Lady Astor, and the joke at the time was, ‘Look, she really doesn’t have blue blood!’”

She received orders to return to the U.S. after the war, married Joseph Aloysius Gibbons, who was serving in the Army Air Force (later the U.S. Air Force) and had a 55-year military career. Over the years, she did sea duty on a couple of ships, including during the Korean War when injured soldiers were brought aboard ships for treatment. She also served at an Air Force hospital in Wiesbaden, Germany, and eventually moved to the Naval Reserves. The couple’s daughter, Mary Frances, was born in 1952 and is now an attorney with her own practice.

As her life and career progressed, Gibbons never forgot about the difference St. Joseph’s had made for her. “At one point in the Navy, my top boss was Admiral Richard L. Connelly, a man of very few
words. When I was transferred from his command, he took the remarkable step of accepting my orders ‘with regret,’ and commented that ‘you have an excellent nursing background.’ That made quite an impression and was really a tribute to St. Joseph’s.”

Gibbons wrote to various teachers and administrators in the ensuing years, and once made a special trip to Syracuse to visit Sister M. Wilhelmina Fitzgerald, St. Joseph’s president from 1951 to 1969. “Many years ago, I made a contribution of $30,” she says. “I started there, because St. Joseph’s was so important to me.”

The Gibbons family moved around the world with various assignments, spending four years in Greece, among other places, and completing two tours of duty at the Pentagon. Joseph Gibbons passed away in 2005 and is buried at Arlington National Cemetery, where someday he will be joined by his wife. “There is a Women’s Memorial at Arlington,” Gibbons notes with pride: “I’ll be a part of it.”

While the time has stretched over a long period, the connections remain with Gibbons, who now lives in Enon, Ohio, and still keeps in touch with some of her wartime patients. She doesn’t focus so much on all that she has done, as much as she does those whom she has met and served.

“When I think of the people who will be helped [by her contribution to the Generations capital campaign], it’s just like music in my heart,” Gibbons says. Somehow—even over the phone—one can sense her smile.

Foundation Hosts First-Ever Art Show and Sale

St. Joseph’s Foundation hosted its first-ever Art Show and Sale in November at the Wellington House in Fayetteville. The occasion featured original paintings by local artists Fred Fisher and Wendy Harris, and select works by other fine artists. A steady stream of visitors toured the art display and enjoyed refreshments as they pondered hundreds of pieces.

The event was supported by Brian’s Art Gallery of Syracuse. Owner Brian Wood represents a number of noted artists, including the late Fred Fisher, whose versatile work includes impressionistic paintings of Syracuse-area nature scenes, and Cazenovia-based Wendy Harris, who is known for her pastel works and spectacularly colored landscapes. Working closely with the Foundation to plan and staff the event, Wood graciously donated 30 percent of the art sale’s proceeds to the Foundation.

CNY Infusion Services, LLC, joined Brian’s Art Gallery as a major sponsor of the art sale, which netted more than $10,000 for the Foundation. Moreover, the display made for a memorable weekend as patrons of the arts and supporters of St. Joseph’s viewed beautiful works in the lovely setting of the Wellington House.

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

Assemblyman William B. Magnarelli has secured $250,000 from the New York State Capital Projects Program to purchase vital signs monitors for the hospital’s cardiac units. A patient’s blood pressure, temperature and oxygen level are automatically documented by a single piece of equipment. This efficiency will allow nurses to spend about two hours more each day on direct patient care.

An award of $17,272 from the Flora Bernice Smith Foundation will provide a cardiac transport monitor and two patient transfer boards for the emergency department (ED). The transfer boards will allow for safe transfer from the stretcher to the bed, and the cardiac monitor will enhance patient safety during transport from the ED to another part of the hospital.

The J.M. McDonald Foundation has awarded a grant of $70,000 toward a negative pressure room in the new emergency department that is currently under construction. This type of specialized patient room controls transmission of airborne infectious diseases such as tuberculosis, influenza and pneumonia so they are not spread to other patients.

St. Joseph’s Hospital Health Center was awarded $276,468 from the New York State Energy Research & Development Authority (NYSERDA) State Energy Program to replace steam traps in 10 campus buildings. This will reduce natural gas consumption and associated carbon dioxide emissions. This funding is provided through the American Recovery and Reinvestment Act (ARRA).

Susan G. komen for the Cure awarded a $21,000 grant to help fund St. Joseph’s Lymphedema Education and Prevention (LEAP) From Stage 0 Program. The program aims to prevent, delay and reduce the progression of lymphedema that may occur as a result of breast cancer treatment.
What happens when St. Joseph’s College of Nursing faculty, staff and administration, along with staff educators, clinical partners, graduates and some students gets together? If the response is a “boring meeting,” then you could not be further from the truth. On Jan. 8, the 410 Hickory Street Conference Center was rocking to an NCAA theme and to the excitement of what is happening nationally in nursing and nursing education that will contribute to revising St. Joseph’s College of Nursing’s curriculum.

The nursing profession is faced with the enormous challenges of an aging population, new technology, information overload, shortage of nurses and lack of nurse educators—all while trying to preserve the high-level nursing standards necessary to deliver safe, quality patient care. This is an exciting time to be a nurse and an equally exciting time to be a nurse educator.

The college of nursing is challenging itself to create a new vision for its future without compromising the high-quality nursing education for which St. Joseph’s is known. This will aid in preparing and sustaining a nursing workforce with the exceptional skills and knowledge needed to provide patients with a caring, skilled, professional nurse.

Stay tuned. The journey continues.

Has Your Life Been Touched By a Nurse?
The quality of nursing at St. Joseph’s has been recognized as among the best in the nation. If you would like to learn more about ways you can impact the next generation of nurses, 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 donation envelope and write “College of Nursing” on your check.

Save These Dates
Experience the Roaring ‘20s
St. Joseph’s Hospital Health Center Foundation’s 2010 Gala
Friday, June 4, 2010
St. Joseph’s Foundation’s 19th annual Gala Dinner Dance—to be held on Friday, June 4, at the Turning Stone Resort & Casino—will celebrate the time of speakeasies and talkies, flappers, jazz music and the “Golden Age” of sports.

Sponsored by CNY Infusion Services, LLC, the evening will feature sumptuous dining and dancing to live music by Nik and the Nice Guys. Cocktails will begin at 6:45 p.m. in the atrium, with dinner and dancing following at 8 p.m. in the main ballroom. Ticket prices start at $200 per person. Black tie is optional; theme attire is encouraged but not required. Overnight accommodations are available at a discounted rate by calling 1-800-771-7711.

A highlight of the evening will be raffle drawings for the following items: a Greek Peak Resort getaway, summer Mustang Coupe rental, a Michele woman’s watch and a 40” wide-screen TV. Raffle tickets cost $10 each, three for $25 or seven for $50. Individuals do not need to be present at the Gala to win. Winners do, however, need to be 21 years of age at the time of ticket purchase. Some prize restrictions apply.

Gala sponsorship and advertising opportunities also are available. Sponsorship levels begin at $300, and program ads start at just $100.

Try Your Swing On One of Four Unique Courses
St. Joseph’s Hospital Health Center’s 18th Annual Golf Classic
Friday, Sept. 10, 2010
Come test your swing at St. Joseph’s 18th annual Golf Classic, sponsored by Franciscan Management Services Inc. To be held at Turning Stone Resort & Casino on Friday, Sept. 10, the Classic will feature (for the first time) a choice of four outstanding courses: Shenendoah, Kaluhyat, the Sandstone Hollow executive course, and the famed Atunyote, site of Turning Stone’s annual PGA Tournament. (Please note that an additional $125 per person premium will be charged for the Atunyote PGA course, where golfers will play their own ball.) Afternoon tee times only are available, and format will be announced during the event registration period.

Lunch, cocktails, golfer gifts, dinner and an awards ceremony are included. Overnight accommodations are available at a discounted rate by calling 1-800-771-7711.

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

For more information, visit www.sjhsyr.org/foundation, call 315-703-2128, or e-mail Foundation@sjhsyr.org.

All 2010 event proceeds will benefit patient care through St. Joseph’s nationally recognized programs and services, and will advance the hospital’s mission: “We are passionate healers, dedicated to honoring the Sacred in our sisters and brothers.”