IN THIS ISSUE:
The Next Step: Spine Care
In recent issues you’ve read a lot about the physical growth of St. Joseph’s Hospital Health Center. The sparkling new emergency department is in full operation. The next phase of our facility expansion—a patient tower, critical care units and surgical suite—is underway and scheduled for a 2014 opening.

While brick and mortar are exciting, let’s not forget the more than 4,000 employees and affiliates who work quietly in the background watching over the welfare of the more than 26,000 inpatients, 52,000 emergency department patient visits, and 606,000 outpatients treated in home and satellite settings. It’s not easy work, but St. Joseph’s has concentrated on recruiting the very best men and women it can find—those who are right for our culture and who understand the importance of St. Joseph’s mission, vision and values.

Once they are here, we offer many ways in which they can advance their education and their personal development through tuition reimbursement. We’ve also realized that personal advancement means more than just continuing education. In this issue of Caring Connection you’ll read about ways in which several of St. Joseph’s Hospital Health Center’s nurses were encouraged to go beyond their job descriptions as they researched ways in which their colleagues might mitigate the high stress levels often experienced by hospital employees. This “peer defusing” program has spread throughout the hospital.

St. Joseph’s employees also are encouraged to take care of their own health as well as the health of others. We offer a program called MyHealth that includes biometric testing, discounts on the cost of health insurance, along with weight control programs such as Weight Watchers® and Take Shape for Life®.

There are small things, as well. Not far from St. Joseph’s operating room suite, the hospital has provided space for a massage therapist who visits a couple of times a week. For someone who has been bending over an operating table all day, or who has been lifting patients from one bed to another, massage (paid for by the employee) has proven very popular.

There are dozens of learning opportunities for St. Joseph employees, as well. One stands out. Originally developed by airline pilots seeking to reduce catastrophic errors, it’s called Life Wings® and is invaluable to surgeons and operating room nurses as well as patients. Before every flight, the cockpit crew runs through checklists to confirm that every detail necessary for a safe flight has been attended to. The process includes a “time out” during which any member of the cockpit crew (or any member of our operating room staff) may raise questions regardless of her or his position. Last, but not least, we also encourage a work environment in which our employees of any faith may take time to reflect or pray.

Simply put, we have great people who do great things under great stress for St. Joseph’s patients. It’s our obligation to do whatever we can to attend to their needs as they care for others.

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.
Phase 2B Expansion Underway

Preparing for the Future in Surgery
The new surgical suite will include 14 operating rooms (ORs)—two more than the current suite—with space to add several more ORs as needed. Each OR is 50 percent larger to accommodate today's state-of-the-art medical technology and larger surgical teams. The perianesthesia care unit will be expanded from 16 to 25 patient beds and is designed to enhance care for patients just before and right after surgery.

A new central sterile unit will be built that is nearly four times larger than the current, 40-year-old unit. It will be relocated to adjoin the new operating rooms, which will increase safety and efficiency. “Green” instrument washers will save water and electricity.

Intensive Care Units Focus on Patient Safety
The expanded medical and surgical intensive care units will include 38 private rooms. Each room will be larger than the existing semi-private rooms and has been designed with its own in-room comfort station. Because of its direct impact on patient safety and workflow, one ceiling-mounted, articulating arm boom “headwall” will be conveniently mounted near each patient bed, allowing 360-degree access to the patient as well as the maximum flexibility and maneuverability required in a high-acuity critical care environment. A standardized room layout increases patient safety.

Private Patient Rooms Are the Future of Health Care
The project will construct 72 private patient rooms, replacing 36 semi-private rooms currently in use at the hospital. The rooms are 35 percent larger, allowing more space for families and visitors. Larger windows will admit more daylight to speed healing.

Private rooms help to reduce the spread of infection and help to ensure patient privacy. A quiet, private environment is also shown to facilitate faster, healthier recoveries.

Going for Green
St. Joseph’s expansion not only will meet the needs of patients and the community, but also will demonstrate the hospital’s environmental commitment. Consistent with Syracuse’s national identity as one of the 10 top green communities in the nation according to the U.S. Environmental Protection Agency, this project will use sustainable design principles to build a “healthy” hospital while seeking LEED certification. Phase 2A and B together are one of the largest green health care construction projects in New York state.

Working with the New York State Energy Research and Development Authority (NYSERDA), the plan may include solar panels, daylighting views, energy-conserving systems, a greenway park, site drainage, and underground water and storm water infrastructure, all of which will reduce the hospital’s energy costs. Additionally, these features are aimed at maximizing the sustainability of the hospital and ensuring that every impact on current and future generations is a positive one.

Financing the Project
St. Joseph’s is financing the entire expansion project, which includes the recently completed Ralph & Christina Nappi Emergency Services Building, 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 formed by Onondaga County Executive Joanne Mahoney with the assistance of the Onondaga County Legislature. The corporation has the authority to assist not-for-profit organizations that undertake economic development projects. The remainder of the investment will come from hospital reserves, as well as St. Joseph’s Hospital Foundation’s Generations Capital Campaign.

St. Joseph’s Hospital Health Center broke ground on Phase 2B of its expansion project on April 20, and the first beam was erected on July 10.

The second phase, estimated to cost $140 million, is nearly 50 percent larger than the first in terms of investment and includes construction of operating rooms, a perianesthesia care unit, intensive care units, medical-surgical private patient rooms, family waiting areas and a central sterile unit—the area of the hospital responsible for washing, sterilizing and distributing patient care equipment and instruments. In addition, a greenway connection to North Side businesses, green space and campus lighting will be added to the north end of St. Joseph’s Prospect Hill campus.

The second phase of St. Joseph’s expansion will generate 400 long-term construction jobs and 150 new, permanent health care jobs.
St. Joseph’s Westside Family Health Center Earns National Recognition for Patient-Centered Care

The National Committee for Quality Assurance (NCQA) Physician Practice Connections—Patient-Centered Medical Home (PPC-PCMH) program has recognized St. Joseph’s Hospital Health Center for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term participative relationships.

PPC-PCMH identifies practices that promote partnerships between individual patients and their personal clinicians, instead of treating patient care as the sum of several episodic office visits. Each patient’s care is tended to by clinician-led care teams that provide for all the patient’s health care needs and coordinate treatments across the health care system. Medical home clinicians demonstrate the benchmarks of patient-centered care, including open scheduling, expanded hours and appropriate use of proven health information systems. Early evaluations of the PPC-PCMH have shown promising results in improving care quality and lowering costs by increasing access to more efficient, more coordinated care. By avoiding unnecessary hospitalizations and emergency room visits, these early results are producing savings for payers, purchasers and patients.

To receive recognition, which is valid for three years, St. Joseph’s Westside Family Health Center demonstrated the ability to meet the program’s key elements embodying the characteristics of the medical home. The standards are aligned with the joint principles of the Patient-Centered Medical Home established with the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics and the American Osteopathic Association. They include written standards for patient access and enhanced communications, appropriate use of charting tools to track patients and organize clinical information, and responsive care management techniques with an emphasis on preventive care.

St. Joseph’s Westside Family Health Center is at the center of a grant-funded initiative to expand health and human services on Syracuse’s Near West Side. The center will be expanded from 4,000 to 18,000 square feet and will participate in new wellness, nutrition and education programs for neighborhood residents.

The Westside Family Health Center recorded 8,023 patient visits in 2011. Many families come from Cuba, Puerto Rico, Ukraine, Sudan, Bosnia and Burma, and 85 percent of patients do not speak English or have limited English proficiency. Seventy-three percent of patients are Medicaid, Medicare or self-pay.

St. Joseph’s Westside Family Health Center received recognition from the National Committee for Quality Assurance (NCQA) Physician Practice Connections—Patient-Centered Medical Home (PPC-PCMH) program for using evidence-based, patient-centered processes. Photographed with their certificate of recognition is Theresa Canestrare, Westside manager, and Luis Castro, MD, medical director. They are surrounded by the entire Westside team.
St. Joseph’s Wins GHXcellence Award for Achievements in Supply Chain Performance

St. Joseph’s Hospital Health Center has been recognized as one of the “Best 50 Integrated Delivery Networks” in the GHXcellence Awards for leveraging supply chain automation and trading partner collaboration to drive out costs, reduce waste and improve business performance. The winners were announced at the 12th annual GHX Healthcare Supply Chain Summit—the largest event to bring together both the buy and sell sides of the health care supply chain.

The awards were granted to organizations that best met specific criteria during 2011, including increased use of e-commerce solutions throughout the health care supply chain, number of e-commerce trading partners, and percentage of orders and invoices transacted electronically.

“Today’s health care marketplace, marketplace, providers and suppliers are facing tremendous pressure to improve their business performance. Industry experts have predicted only those willing to defy the status quo and create meaningful change will survive,” says Bruce Johnson, president and CEO of GHX, a health care technology and services company that helps reduce the cost of doing business in health care by enabling better supply chain management.

St. Joseph’s RN Benefits From First-Time Homeowner Mortgage Program

Thanks to her determination to make a better life for herself and her two sons, St. Joseph’s registered nurse Brandiss Pearson moved into a new home on Syracuse’s North Side in June. Pearson took advantage of a new Home Headquarters’ First Mortgage Guarantee Program, a collaboration between the housing non-profit, a private financial institution (Alliance Bank), and two local foundations (the Allyn and Resman Foundations). The program was created in response to the challenges first-time homebuyers face acquiring affordable first mortgage financing.

In her mid-20s at the time, Pearson, who then lived in public housing and was barely able to cover the rent, took an assessment of her life. She won a scholarship to Syracuse University that paid for a degree in social work while covering her rent payments. Later, she began working at St. Joseph’s as a licensed practical nurse, continued her education and became a registered nurse. Pearson plans to enroll in a master’s degree program and one day teach.

“When I was a little girl, my mom would always tell me to figure out what I’m passionate about and pursue that with everything in me. I think that’s what I’ve done with my education, with being a parent, being a nurse, and being a homeowner,” says Pearson. “When we actually got the keys and came in, I just went up to my bedroom. I sat on the floor and I quietly whispered a little prayer, saying ‘thank you.’”

Many collaborative initiatives are taking place on Syracuse’s North Side to stabilize and enhance the neighborhood. For example, Home Headquarters has renovated or rebuilt dozens of homes. The Cathedral Academy at Pompei, a school for children in pre-K through 6th grade, offers innovative programs to support the strengths and potential of its student body, which is comprised of children from more than 15 nations. And, St. Joseph’s Hospital, throughout its multiphase expansion, is providing hundreds of jobs as well as investing in “green” construction and environmental initiatives that enhance the neighborhood. For more information about initiatives and happenings on Syracuse’s North Side, visit www.northsideup.org. For information about Home Headquarters’ First Mortgage Guarantee Program, visit www.homehq.org.
TAVR Offers Hope to Patients With Aortic Valve Disease

Thanks to a new program at St. Joseph’s Hospital Health Center, the odds are improving for men and women with severe aortic stenosis, the narrowing and stiffening of the heart’s all important aortic valve that opens and closes millions of times each year to keep oxygen-rich blood pulsing throughout the body.

Although St. Joseph’s cardiac surgeons have successfully replaced or repaired thousands of compromised aortic valves in patients fit enough to withstand the rigors of open heart surgery, the odds remained very much against those patients with other serious illnesses that increased the risk of traditional valve surgery.

But St. Joseph’s is bringing hope to patients in Syracuse and Central New York with a procedure that has been practiced in Europe, parts of Asia, and even nearby Canada for several years. Some large United States heart centers have been allowed to conduct carefully supervised trials using the procedure since 2007, but broader use was approved in the U.S. only last November and then only at carefully screened and selected hospitals around the country. St. Joseph’s is the only Central New York hospital selected to offer this new procedure called transcatheter aortic valve replacement (TAVR).

As with many medical procedures, there’s even a new acronym to identify it: TAVR.

“We recognized that we were the only hospital in Syracuse that could support TAVR procedures because of our expertise in both heart surgery and interventional cardiology, our large patient volumes, and our research background,” says Ronald Caputo, MD, an interventional cardiologist and the de facto team leader. “So, we stepped forward.”

—RONALD CAPUTO, MD

St. Joseph’s valve clinic interventional cardiologists and cardiac surgeons jointly review patient charts. Having the expertise of different specialties helps ensure the comprehensive evaluation of patients with aortic valve disease. Photographed from left to right are Matthew O’Hern, MD; G. Randall Green, MD (standing); Ronald Caputo, MD; Zhandong Zhou, MD (standing); and Ayman Iskander, MD.
Dr. Caputo says St. Joseph’s anticipated the approvals, so he and other St. Joseph’s doctors and nurses have been working on the TAVR implementation for nearly a year. It has been, he says, an exhaustive process because it involves many different parts of the hospital, many different specialties and subspecialties, as well as a solid commitment from hospital administration.

TAVR, says Dr. Caputo, is a restricted technology only being made available to patients who are seriously ill with advanced aortic stenosis and whose risk for standard valve replacement surgery is too high.

In the advanced stage of aortic stenosis, the valve becomes stiff and badly clogged. The aortic valve’s ability to open and close is compromised so not enough blood can be pumped to the rest of the body. That can lead to fatal consequences, including respiratory or kidney failure.

While both cardiac surgeons and interventional cardiologists agree that traditional open heart surgery is the best approach for replacement of the aortic valve, they also agree that about 30 percent of those with aortic stenosis are, for several possible reasons, not good candidates for the surgery. Of those patients, Dr. Caputo says, only half of those who have reached this stage will survive for more than two years.

The TAVR procedure is aimed directly at these patients for whom the traditional surgery carries too much risk.

In many ways, the procedure is very similar to the angioplasties that interventional cardiologists do day in and day out as they clear clogged arteries in the heart by inserting flexible tubes into coronary arteries that have been blocked by the same kind of build-up (called plaque) that also blocks the aortic valve. The catheter is tipped with a small balloon that is inflated to press the built-up plaque against the artery walls. A second catheter carries a wire and fabric mesh that also is expanded and pressed against the artery walls to keep the area from becoming blocked again.

While there may be similarities between these angioplasties and TAVR, there also are some very significant differences, as Matthew O’Hern, MD, points out. Dr. O’Hern, an interventional cardiologist who has performed hundreds of “traditional” heart catheterizations, agrees that only those who can’t withstand cardiac surgery should undergo TAVR.

The procedure sounds simple:

A cardiac surgeon opens an incision in the femoral artery in the upper leg and installs a tube into the artery through which the interventional cardiologist inserts a catheter. A small catheter tipped with a balloon is inserted through the femoral artery into the aorta and threaded to the damaged aortic valve. The fluid-inflated balloon stretches the blocked valve, and then is removed.

In elderly patients, severe aortic stenosis is often caused by the build-up of calcium (mineral deposits) on the aortic valve’s leaflets (flaps of tissue that open and close to regulate the one-way flow of blood through the aortic valve). This build-up of calcium impairs the valve’s ability to fully open and close. As a result, the narrowed valve allows less oxygen-rich blood to flow from the lungs to the brain and the rest of the body. This may cause such symptoms as severe shortness of breath and extreme fatigue.
When a patient with aortic stenosis is referred to St. Joseph’s by a primary care physician, or perhaps a medical cardiologist, Cope gathers a comprehensive dossier on the overall health of each patient, making sure that a team of doctors has all the information it needs—including a complete physical, history, X-rays, echocardiograms and laboratory tests—to make an informed decision. The valve clinic is unique in another way, as well, in that it brings together two cardiac surgeons and three interventional cardiologists for the benefit of the patient.

Ayman Iskander, MD, the third interventional cardiologist besides Drs. Caputo and O’Hern, says this team effort between interventional cardiologists and cardiac surgeons, is somewhat unique.

“We all agree that this is not a one-person show,” Dr. Iskander says. “I need the surgeon because of his skills in opening the artery and backing us up if we have to convert to open surgery. He relies on my skills with the catheters.”

Each of the five doctors on the team, including cardiac surgeons G. Randall Green, MD, and Zhandong Zhou, MD, agree that not everyone seen in the valve clinic will need the TAVR procedure.

“Research has shown that patients with severe aortic stenosis are sometimes denied conventional surgery inappropriately on the assumption that their risk is too high,” Dr. Iskander says. “So by having the team thoroughly examine patients in the valve clinic, we may uncover the fact that they are actually candidates for traditional surgery, not TAVR.”

The valve clinic, Dr. Caputo adds, would benefit the patient, as well, because of its collegiality.

It’s a collaborative clinic,” Dr. Caputo continues. “It’s a chance for both the heart surgeon and the interventional cardiologist to get together with the patient at the same time, providing an opportunity for everyone to share their input.

“I think doctors who refer their aortic stenosis patients to us also should know that if they send someone to the valve clinic they can expect a really good evaluation of their patient in terms of their valvular heart disease and what we really feel is the best approach—whether it be TAVR, open surgery, or medical therapy with continued evaluation.”

Right now, four TAVR patients have been approved, with several more waiting in the wings. After the first few TAVRs are performed, Dr. Caputo expects the program will accelerate. Those in Europe have a six- or seven-year head start on U.S. hospitals and already have had several new iterations and improvements in both the numbers of different aortic valves on the market and improvements in techniques. For instance, as Dr. Iskander says, European surgeons and interventional cardiologists are already using a transapical approach—inserting the valve through an opening in the chest wall and then through the bottom tip of the heart rather than taking the much longer approach from the top of the leg. The valves approved for use in the U.S. are significantly larger than those available now in Europe, meaning that some American TAVR candidates with small arteries are unable to consider the procedure.

But all things start with baby steps. As Joy Cope says, “When someone with aortic stenosis gets a new valve, the improvement in their quality of life goes up dramatically. They now have blood flow and they can breathe. You can go to the grocery store and dress yourself. You can have a life.”
practice makes perfect. That axiom has made St. Joseph’s Hospital Health Center Central New York’s premier venue for those needing total joint replacements. But that’s not all. St. Joseph’s is well along the path to making the same true for our spines.

Those 24 bones or vertebrae that comprise our spine help us stand and move as well as protect the spinal cord—the nerves that carry signals back and forth from our brains to the rest of our bodies. As a complex column of huge importance to our overall health and mobility, it deserves the kind of concentrated attention that St. Joseph’s has long offered to patients’ knee and hip joints.

Spine care is the second largest field of practice for many orthopedists after joint replacement, and also the largest field of practice for most neurosurgeons. Yet, up to now, there has not been a large, highly focused spine care center serving Central New York, according to Warren Wulff, MD, an orthopedic surgeon who specializes in spine care. Dr. Wulff practices with Syracuse Orthopedic Specialists, or SOS, a large orthopedic group in Syracuse. SOS has long operated an outpatient orthopedic practice, including spine surgery, but no dedicated inpatient facility has existed until now.

“St. Joseph’s has put in a lot of effort, work and energy into its total joint replacement program and they’ve had a lot of success,” Dr. Wulff says. “They want to expand that success to the next aspect of orthopedics, which is spine care. It’s the vision not only of the physicians who work here, but also of the administration to create a spine program with the same reputation and the same volume as the joint replacement program.”

The concept isn’t new and it’s been well proven that hospitals—such as St. Joseph’s—that do a high volume of a certain kind of procedure are better, safer, more efficient, more patient-oriented, more cost-effective and have lower complication rates.

“We’re in the infancy, the building state, of combining all of our energy and resources in trying to mold it into a very successful, respected, high-volume regional destination for spine care—just like the joint replacement program is,” says Dr. Wulff.

The initial goal, according to Kim Murray, RN, MS, CNOR, service line administrator for orthopedic and spine services, is to introduce a mixture of spine surgeons with individual ways of working and then homogenizing those work habits as much as possible so there is less variability—variability, she says, that can lead to error. The effort to bring surgeons together will probably take five to six months.

“What we’re doing,” Murray says, “is taking a mixture of orthopedic surgeons and neurosurgeons with different practice patterns and forming a cohesive team. Everyone will be amending their practice a little bit to get to a common ground based on evidence-based best practices.”

—KIM MURRAY, RN, MS, CNOR
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Neurosurgeon David Eng, MD, who is working with Dr. Wulff to coordinate the spine clinic’s opening, agrees with Murray. As he found out during a year-long fellowship at M.D. Anderson Cancer Center in Houston, Texas, “There are many ways to skin a cat.”

“When you have several spine surgeons who have different backgrounds, you need to standardize as much as you can,” Dr. Eng says. “When you standardize, there are fewer things to go wrong and that improves patient care.”

Those involved in the spine care service line are looking forward to establishing quarters in St. Joseph’s new surgery suite now under construction in the final phase of the hospital’s expansion. Discussions already are underway about equipment that might be redundant, as well as new equipment that would move care to a higher level. Dr. Wulff mentions an “O”-arm, a miniature CAT scanner that may be rolled into the operating room when needed. It is, he says, a fairly expensive piece of equipment that could not be justified with only two or three spine surgeons. With a high-volume program, however, its cost might be justified because it allows surgeons to do more complex work, more safely for the patient.

Much of the work preparing for the new spine care program will be invisible to the patient and occur behind the scenes. From the patient’s perspective, Dr. Wulff says, “It should just be a comfortable experience without any hiccups.”

St. Joseph’s also has advantages over some hospitals due to size and existing infrastructure. Dr. Wulff recalled a recent orthopedic case (not involving the spine) in which a patient with a broken hip needed immediate treatment. During the traditional “work up” in the emergency department, nurses discovered that she was in the midst of an active heart attack due to a blocked coronary artery. A heart catheterization located the blockage, and it was repaired. The hip came later.

“If the patient had shown up in a smaller hospital, her case might not have had a good outcome,” Dr. Wulff says. “A high level of consulting services makes it very comfortable to work here. If I’m doing spine surgery on a person’s neck, for example, the approach can be challenging, so it’s comforting to be able to schedule the case with an ear, nose and throat specialist present.”

“With more people under the same roof, you have more cooperation among surgeons,” Dr. Eng adds. “If you have a question about a case, you can bounce it off someone else. It creates an environment of collegiality and cooperation.”

When Dr. Eng or Dr. Wulff mentions collegiality, the question is sometimes asked about how neurosurgeons and orthopedic surgeons can possibly be doing the same type of surgery on the human spine. There is, both physicians say, very little difference.

“We belong to the same professional organizations and go to the same training courses. We read the same trade journals,” Dr. Wulff smiles. “I think the real difference between orthopedic spine surgery and neurosurgery is what else we do. Both of us work on the spine, but Dr. Eng also works inside the skull, on brain tumors, for instance. I don’t. This morning I did a spine surgery like Dr. Eng would have, but then I replaced a patient’s knee joint, which Dr. Eng would not have done.”

In addition to their day jobs, both men are working to assemble the right team of surgeons, nurses, anesthesiologists, radiology technicians, operating room nurses, physician assistants, nurse practitioners and other St. Joseph’s professionals who are anxious to start bringing expanded spine care to Central New York. ●

Get Social

St. Joseph’s Hospital Health Center recently launched a redesigned website with a brand-new mobile version at www.sjhsyr.org. The website features patient-friendly components, including recipes, health tips, online class registration and information about St. Joseph’s services.

An integrated “My St. Joseph’s” component allows visitors to create an account to keep track of the classes they’ve registered for, physicians and other health-related information. It is quick and easy to set up a free “My St. Joseph’s” account. Simply go to www.sjhsyr.org and click on the “My St. Joseph’s” link at the top of the page.

St. Joseph’s also maintains a strong presence on various social media sites—including Twitter, Facebook, YouTube, LinkedIn and Foursquare—with the username “StJosephsHealth.”

“We look forward to connecting with former, current and potential patients, as well as their families, through these new communication channels,” says Nichole Wenderlich, St. Joseph’s digital media specialist. “It is exciting to be able to share valuable health information with new online audiences.”

Individuals also may contact St. Joseph’s in real time by following St. Joseph’s daily health tip on Twitter (@stjosephshealthtip), viewing pictures and sharing comments on Facebook, watching videos on YouTube, connecting on LinkedIn and “checking in” to the hospital through Foursquare.

Get Connected

Website: www.sjhsyr.org
Twitter: @StJosephsHealth
Facebook: St. Joseph’s Hospital Health Center
YouTube Channel: StJosephsHealth
LinkedIn: St. Joseph’s Hospital Health Center
Foursquare: St. Joseph’s Hospital Health Center
Patients and Families Encouraged to Speak Up to Improve Satisfaction

Patient satisfaction has long been a priority at St. Joseph's Hospital Health Center. For more than 10 years, the hospital has tracked patient experiences through randomized patient surveys conducted by Press Ganey, a third-party vendor that specializes in health care performance improvement. Patients may choose to identify themselves or respond anonymously. Feedback indicates St. Joseph's strengths as well as areas that may need improvement.

“Anytime there are concerns or suggestions, everyone is truly concerned,” says Mary Clare Ehde, manager of patient relations. “We’re very passionate about it.”

The Centers for Medicare and Medicaid Services (CMS) as well as the New York State Department of Health regulate how hospitals respond to grievances. All that’s required when responding to a grievance is a letter outlining the hospital’s findings. St. Joseph’s patient relations department, however, typically takes it a step further.

“About 95 percent of the time, we make a phone call to the patient and family explaining our findings,” Ehde says, adding that this personal touch makes a huge impact. “They are just so grateful for the time we took to follow up on their concerns, and they know that we take them seriously. Bringing about resolution for patients and families is very important to us.”

In addition to the survey process, rounding and primary nursing (an important element of relationship-based care) are used to monitor and enhance patient satisfaction. In rounding, each nurse manager is expected to personally speak with all patients on his or her unit to discuss their level of satisfaction with the quality of care and/or any concerns. Patients have an immediate opportunity to comment, and staff members have an opportunity to resolve any concerns. Primary nursing is similar in that the patient’s primary nurse takes the time to engage the patient in short, informal conversation. This process opens the doors of communication and may often aid in customizing patient care and enhancing the patient’s experience.

“We really try to listen to the voice of our customers and respond to their concerns as we develop action plans to continually improve our performance,” says Sandra Sulik, MD, vice president of medical affairs. “The voice of our customers includes the patient, family, medical and nursing providers, as well as hospital support staff.”

When Carrie Fellows was going through a series of hospitalizations with her seriously ill mother, she found that family advocacy was crucial to managing expectations. For Fellows, communication was an invaluable way to work together with St. Joseph’s staff to provide her mother with optimal care. She regularly spoke up and asked questions of multiple departments involved in her mother’s care throughout the duration of her treatments and hospital stays.

“Family members should make certain to talk with people about their concerns,” says Fellows, who urges patients and families to ask questions and advocate for their loved ones. “Don’t stew. Talking is the only thing that helps in the long run.”

The service recovery program is another method used to track and trend patient satisfaction. Inconvenient situations may arise from time to time, such as unavoidable delays or room relocation. When this happens, staff members have tokens of appreciation available, such as bouquets of flowers or coupons for complimentary parking or lunch, to give patients and family members. In this way, not only has the problem been recognized, but Ehde says the department can track and trend how often these occurrences happen for further review.

Eventually, St. Joseph’s would like to add a formal patient and family council, which would meet regularly to give suggestions or feedback on their own experiences.

“Patient relations is actually part of the quality resources department. I think that speaks to the importance of the entire patient feedback process,” says Ehde. “The same department that tracks and trends the quality of the medical and clinical care at St. Joseph’s also tracks and trends patient satisfaction. I think that tells people just how important patient feedback and satisfaction are to us. It’s at the same level as providing the highest quality clinical care.

“I can tell you that everyone— staff, patients and their loved ones—has a role in ensuring the highest possible level of patient satisfaction,” says Ehde.
Device Helps Those With Incontinence

Isolating. Chronic. Embarrassing. These are common descriptions for a condition that Margaret Plocek, MD, specializes in. But it wasn’t the words that her patients used to describe their symptoms that bothered her, it was the fact that she had no good option to offer for her most desperate patients. And then, in November 2011, she was able to recommend a medical intervention for the first time—she was able to combat “chronic” with “manageable” and “embarrassing” with “avoidable.” Dr. Plocek and Colon Rectal Associates of Central New York were the first in Central New York to treat fecal incontinence with the implantation of a sacral nerve stimulator.

Although fecal incontinence affects up to 10 percent of the adult general population, it is a rarely discussed and isolating chronic condition that can cause significant emotional distress. Mainly caused by a miscommunication between the brain and the nerves that control the bowel, the condition occurs in both sexes but is more common in women, especially those who suffered injuries during childbirth. Immediate effects of childbirth, such as a muscle tear, are identified and addressed promptly, but injuries that manifest into fecal incontinence can show up as late as 40 years after the baby is born. It’s this particular group of older women that Dr. Plocek is especially pleased to help. “Older women will be the group that benefits the most,” she predicts. “During pregnancy and childbirth, nerves can be damaged. A woman’s body can compensate for this damage for many years, but then, as they age, the nerves are less able to compensate and you see soiling problems.”

In the past, Dr. Plocek and her peers had limited options to offer their patients. Initial management includes dietary modifications, constipating medications and biofeedback, but there are few good surgical options, which often fail or can worsen the condition, if initial management doesn’t work.

Late last year, the outlook for patients with the worst cases (two or more fecal breakthrough episodes per week despite maximal conservative treatment) was significantly brightened when the FDA approved the sacral nerve stimulator for treatment of bowel incontinence. The stimulator features a stopwatch-size device which emits a continuous, mild electrical pulse through a wire to stimulate sacral nerves. This pulse-stimulation bridge strengthens the pelvic floor muscles and sphincter complex, and corrects the communication flaws between the nerves around the bowel and the brain. The system has a strong history of being safe and effective as it has been a go-to treatment for urinary incontinence and overactive bladder.

One of the most appealing parts of the procedure is the ability to test if it will be effective for the patient before an incision is ever made. Before implantation, the patient goes through a diagnostic screening phase in which the stimulator is placed externally on a belt and connected to an external pulse generator which generates a signal for 14 days. While the doctor manages the initial settings and signals, patients can adjust the stimulator based on their symptoms and fine-tune the device’s settings over the two week trial period.

“This treatment option is low risk, minimally invasive and very effective—a perfect combination,” explains Dr. Plocek. “The trial period determines if the implantation will work and the implantation is an outpatient procedure that leaves just a one-inch incision.”

The exclusions are minimal too. There are some patients who don’t qualify (pelvic radiation patients and those with a chronic neurologic condition, for example). Patients with an implant are restricted to MRIs of their head and need to be hand-scanned at security checkpoints such as an airport.

Exclusions aside, the procedure has statistics that speak for themselves: 83 percent of patients experience a minimum of 50 percent reduction of incontinent episodes per week, with 41 percent having perfect continence.

The sacral nerve stimulator along with its thin wire are implanted under the skin in the lower back where the sacral nerves are located. The treatment may be used when more conservative treatments have failed.

Illustration: Medtronic
Tending to Patients, Families—and Staff

Hospital work often requires coping with some of the most stressful situations found in any workplace. Hospital workers must deal with life-threatening injuries and illnesses complicated by overwork, understaffing, tight schedules, paperwork, intricate or malfunctioning equipment, complex hierarchies of authority and skills, dependent and demanding patients, and patient deaths; all of these contribute to stress.

—OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

The tendency has been to assume, says Kowal, that nurses working in a stressful environment should be able to deliver better care to their patients if stress were removed from the workplace. That appearing to be impossible, the next best thing would be to at least mitigate stress for employees whenever possible. But, Kowal says, very few hospitals around the country have embarked on any such stress reduction programs. Perhaps, he adds, because there is very little research that ties stress reduction, one way or the other, to better patient care.

But despite the lack of any certain evidence, St. Joseph’s has chosen to do its best to reduce the effects of workplace stress wherever it can as protection for both its nurses and patients. As Stacey Raughley, RN, one of the originators of the three-year-old effort, says: “Our ultimate goal is to take care of our patients. We came into nursing with the passion and desire to care for people, so how can we strongly advocate for our patients if we are emotionally distraught after going through a stressful event ourselves?”

Interjects Kowal, “Imagine how much better care we can give to our patients if we’re doing better ourselves!”

The outcome at St. Joseph’s was the formation of the “peer defusing” effort. If it sounds somewhat military, that’s because many of its aspects are similar to stress relief elements used by armed forces and police agencies in several countries, although the stressors are usually different. In hospitals across the United States, the stressors usually revolve around serious illnesses or unexpected patient deaths—a difficult topic for any caregivers or team of caregivers dedicated to prolonging life.

Before the initiation of the peer defusing effort at St. Joseph’s, nurses, physicians and other staff members within the hospital community were essentially “on their own” when something happened to one of their patients. The reality facing them was the overwhelming need to carry on with other patients whose needs were just as serious as any other’s. There was no time to reflect on what had just happened, so it built
up—tucked away in the place we put things we don’t want to think about.

In today’s St. Joseph’s, however, each area has an appointed person or two, usually senior staff members, who have offered to approach any other staff member in times of stress. It often is as simple as a quiet, “Hey, are you OK? Is there anything you want to talk about? Anything I can do to help?”

Raughley has been through the drill many times and knows what it’s like.

“A year ago you were expected to ‘go, go, go’ even if your hands were shaking,” Raughley recalls. “Today we recognize what’s happening. Team members may step in and offer to take over for 10 or 15 minutes to help provide ‘time out’ relief for the bedside nurse.

Taking a time out is not a reflection of the nurse’s ability or dedication, but an acknowledgement of a stressful moment. The time out is unconditional, and it is permission to step off the unit and regroup. A bedside nurse may return to work or, in extreme situations, may be released to go home and be with family. The team pulls together to continue care of the patient.”

It may be as simple, Kowal says, as getting a colleague to talk about whatever upset him in the first place and expose it to the light of day:

“Often, when you verbally express your feelings, when you tell someone else what the problem is, it loses control over you—it stops renting space in your head.”

The facilitator in each unit is also trained to recognize when a quiet peer defusing is insufficient and the skills of a professional counselor are needed. Even when a simple chat is the only thing required, however, the follow-up continues. Within three or four days after the incident, Judy Sokolowski from the employee health office will send a personalized letter to anyone involved in the event offering follow-up with a professional. The letter is not mailed immediately, Sokolowski says, “to make sure they have had time to process the incident, and to let them know again that they’re not alone in this.”

Since the initial planning began for the peer defusing and follow-up efforts, many nurses, and others, have been aided, and it’s not restricted to the intensive care units nor emergency department, according to Sue Lafaver, RNC, the clinical coordinator for the labor and delivery (L&D) unit and one of the original team members. Even though the department is generally dealing with young women in good health, rare incidents may happen and the L&D nurses are just as vulnerable as any, says Lafaver, who continues as the department’s peer defusing facilitator.

“This isn’t 1912—for heaven’s sake, it’s 2012—so you wouldn’t think that a young woman would die in childbirth,” Lafaver says. “But in the very rarest of incidents, it happens, as do stillbirths. And it affects us all—even the ‘old dogs’ among us.

“We didn’t used to talk about stressful situations and now we do. It’s made us a more cohesive group. We want to take care of each other because if we take care of each other we can take care of our patients. That’s what our mission is all about.”

Although most patients recover and have successful outcomes, health care providers may experience “compassion fatigue” as they absorb the emotions of their patients and their loved ones as well as experience situations where their patients are critically ill or dying. St. Joseph’s peer defusing program monitors and assists nurses who have experienced a stressful incident. Taking care of the emotional needs of employees improves patient care. St. Joseph’s nurse Thomas McVicker, RN, checks blood flow to his patient’s lower extremities.
Dear Friend of St. Joseph’s,

It is simple. Relationships are about giving. Being in a relationship indicates a willingness to “give” to someone else—whether in the form of an emotional commitment, or by the giving of time or resources.

Committed to a giving relationship with the residents of this community, St. Joseph’s Hospital Health Center and its Foundation are dedicated to a mission of service. Not only does St. Joseph’s provide quality care at free or reduced costs to the underserved throughout Central New York, but it is also proud to actively work to enhance care for those who live on the Near West Side of Syracuse—one of the poorest neighborhoods in the country. In addition, over the next two years, St. Joseph’s will be working to enhance the health of our community by building a new patient tower that will include an operating room suite, intensive care units and private patient rooms.

As the “people’s choice” for quality health care in Central New York, St. Joseph’s (an 11-time National Research Corp. Consumer Choice Award recipient) provides more than half a million patient encounters every year—often treating several generations within a single family. Clearly, seeking care at St. Joseph’s is a commitment of the heart as much as it is a relationship between provider and patient.

As part of this community, the physicians, nurses and staff of St. Joseph’s understand that giving back is not only good practice but it is the right thing to do. As a result, we are working to make a long-term impact on the health of this region—something we would not be able to accomplish if it were not for the generosity of our many supporters. Their involvement is a crucial part of our success!

For those with a similar commitment to the well-being of our community, St. Joseph’s Hospital Foundation is here to help you identify a charitable gift that best meets your needs. Whether you want to put your contribution to work immediately or design a plan that has benefit for your heirs, we can help you support the hospital’s vital mission for generations to come.

We invite you to create a long-term relationship with St. Joseph’s and its Foundation. Treasuring our relationships wholeheartedly, we offer you best wishes and many thanks for your continued support.

Margaret Martin

Vice President
Pulmonary Health Physicians Donate $100,000 to Capital Campaign

Dr. Thomas Aiello is proud to be one of five colleagues who will donate $100,000 over 10 years to St. Joseph’s capital campaign, *Generations of Compassion - Healing - Innovation*. The other physicians contributing to this gift include Dr. Edward Downing, Dr. Sherif G. El Bayadi, Dr. Michael J. Flintrop and Dr. Xiwu (John) Sun—all physicians of Pulmonary Health Physicians, PC. In recognition of their generosity, the new emergency department’s reception/screening area will be named after the practice. It opened in February 2012.

“We’re very honored to have that area named after us,” says Dr. Aiello, emphasizing the hospital’s role with his practice. “This is where we admit our patients. This is where we see people in consultation.”

“We’ve had a very strong relationship with St. Joseph’s over many years,” he adds, “and we think that St. Joseph’s is the premier pulmonary hospital in this region. We felt it was important to show our support in this manner.”

Dr. Aiello and the other members of Pulmonary Health Physicians are board-certified internists and pulmonologists as well as fellows in the American College of Chest Physicians. Dr. Aiello established the private practice in 1976. First located at St. Joseph’s Physicians Office Building, the practice has since expanded to include practice administrator Marie Pagano, RN, CGRN, MPS, and offices on E. Genesee Street in Syracuse, Janus Park Drive in Liverpool, and Towne Drive in Fayetteville. As for the relationship between St. Joseph’s Hospital Health Center and Pulmonary Health Physicians, Dr. Aiello says its vital.

“We have had a constant presence in terms of inpatient care for pulmonary patients since 1976, and it’s been growing and growing,” says Dr. Aiello. “Why? The population of COPD (chronic obstructive pulmonary disease) patients is growing. The mortality rate for COPD patients has actually gone up more than 100 percent over the last 30 years, where other major diseases are either flat or we’re making some positive impact.”

Dr. Aiello says he expects the mortality rate to become even worse in coming years due to aging baby boomers showing the effects of smoking.

In addition to ongoing programs, new initiatives include the following: Dr. El Bayadi has established a Pulmonary Arterial Hypertension Center within the practice and a cutting-edge research program for medication trials in treating patients with chronic lung disease such as asthma, emphysema and COPD. Drs. Sun and Flintrop have recently added electromagnetic navigational bronchoscopy for biopsy and fiducial marker placement to assist in the treatment of lung cancer. Dr. Aiello works with a multidisciplinary team at St. Joseph’s Hospital managing ventilator patients—a program that has successfully decreased average length of stay from 75 days to 21 days.

Pulmonary Health Physicians also cares for people who have obstructive sleep apnea. The practice directs two sleep laboratories in Syracuse and Fayetteville, while another is being developed at North Medical Center in Liverpool.

“Our extensive involvement makes us very aware of where our loyalties lie and where the institution’s loyalties lie,” says Dr. Aiello.

Dr. Aiello, fellow of the American College of Physicians, has acted as medical director of respiratory therapy at St. Joseph’s Hospital Health Center since 1978. In addition, a physician from the practice also serves as medical director at Franciscan Health Support—a member of the St. Joseph’s Hospital Health Center network—as well as director of the St. Joseph’s sleep laboratories and its cardiopulmonary rehabilitation program.

Dr. Downing is a fellow of the American Board of Allergy and Immunology and the American Board of Sleep Medicine. He joined the practice in 1983 and is the physician responsible for developing the first sleep laboratory at St. Joseph’s.

Dr. El Bayadi, a fellow of the American College of Disability Evaluating Physicians, American College of Physicians and American Board of Sleep Medicine, joined the practice in 1989.

Dr. Flintrop is a fellow of the American Board of Critical Care Medicine and the American Board of Sleep Medicine. He joined the practice in 1992.

Dr. Sun, the most recent addition to the practice in 2006, is a fellow of the American Board of Sleep Medicine and Critical Care Medicine.

The group serves patients stretching from as far north as Alexandria Bay, as far south as Binghamton, as far east as Utica, and as far west as Rochester. Pulmonary Health Physicians, PC, is striving to provide quality patient care, focusing on patient education as well as understanding and involvement in the disease process in order to improve outcomes and quality of life. Efforts to accomplish this goal are ongoing in outpatient endeavors as well as inpatient initiatives in cooperation with St. Joseph’s Hospital Health Center.
This September marks what would have been 50 years together for Sharon and Thomas Cavanaugh. The couple met as young teens, but didn’t court until Thomas returned home from the Marine Corps. “It was late one night,” Mrs. Cavanaugh recalls. “He came to my house and my mom was still up. I think I had already gone to bed, and he asked if I were there. Obviously, I was. I came downstairs and we spent some time talking. The next morning he met me and we went to church together, and that is the beginning of our story.”

The Utica natives married and raised three children: a son, Thomas, and two daughters, Tammy and Colleen. Although they relocated on occasion to accommodate her husband’s flourishing career at UPS, Syracuse remained their home base.

In 1982, Mr. Cavanaugh was diagnosed at age 40 with non-Hodgkin’s lymphoma. After receiving treatment in New Jersey and at Sloan-Kettering, he went into remission for approximately 17 years. The cancer recurred in 2001, but with medical care and a stem cell transplant, he was able to live nearly another decade. He passed away in 2009. “He experienced so much over the course of his life,” says Mrs. Cavanaugh. “He fought so hard.”

Mr. Cavanaugh received the majority of his cancer treatments and care at St. Joseph’s Hospital Health Center, which, for the Cavanaugh family, is the “go-to” hospital in Syracuse.

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“Mr. Cavanaugh received the majority of his cancer treatments and care at St. Joseph’s Hospital Health Center, which, for the Cavanaugh family, is the “go-to” hospital in Syracuse.”

“St. Joseph’s has always been our real special place,” says Mrs. Cavanaugh. “It is a comforting feeling when you enter St. Joseph’s. The staff is equally skilled and gifted in providing great medical care as well as spiritual comfort. Faith is a great healer and we all benefited from the laypeople, nuns and priests who visited us at St. Joseph’s daily.”

Mrs. Cavanaugh describes the staff in the oncology unit as both gentle and loving. “My husband was a jovial person, he would joke around with the staff,” she says. “Whatever they did was fine with him. They, in return, were so good to him.”

About a year prior to his death, Mr. Cavanaugh said he wanted to help fund one of the naming opportunities to benefit St. Joseph’s Generations Capital Campaign; but, at the time, his illness kept him from doing so. His wife, however, remembered. “I knew it was something he wanted to do,” she says. “So I waited for the opportunity, and this one came along.”

Mrs. Cavanaugh is making a generous gift of $50,000 toward the Lights of Hope Oasis—a sculpture of light to be located outside the hospital’s new North Café that will remain lit after dark, serving as “rays of hope.” Named in memory of Mr. Cavanaugh, it will act as a soothing place for prayer and reflection, benefiting patients, their families and passersby as well as the general community. It will also include an area where a flag honoring organ donors will be raised.

“My husband had cancer for over 25 years and he was always hopeful,” says Mrs. Cavanaugh. “He lived with hope that he’d get through another day, another day, another day. And the Lights of Hope… it struck me as ‘that’s my husband.’ I believe if he were here with me … if he had the opportunity, he would choose the same thing.”

Mrs. Cavanaugh said her children and their families are in complete support. “He was a wonderful, wonderful person,” she says. “He was generous, he was kind, he was loving. He was a great dad to his kids and to the grandchildren.”

In the summer of 2008, the Cavanaugh family gathered together for what Mrs. Cavanaugh describes as a celebration of life. In honor of the husband, father and grandfather so loved and adored, the family presented him on his birthday with an oak tree, symbolizing strength and endurance. The entire family helped with the planting, including Mr. Cavanaugh. Within minutes, there was a sprinkling of rain and a beautiful rainbow appeared across the sky. “This life is a wonderful journey,” says Mrs. Cavanaugh. “The people we’ve met along the way just cannot be replaced. You have to have the right outlook on life and try to be positive. And Thomas was, even with all his sickness, the most positive person among us. He was the one who dealt with it. He had such strength. He was a great person.”

Gift Is Given in Memory of Thomas Cavanaugh: Husband, Father, Grandfather

Honoring her husband’s wishes, Sharon Cavanaugh brings Lights of Hope to future generations.

Cavanaugh describes as a celebration of life. In honor of the husband, father and grandfather so loved and adored, the family presented him on his birthday with an oak tree, symbolizing strength and endurance. The entire family helped with the planting, including Mr. Cavanaugh. Within minutes, there was a sprinkling of rain and a beautiful rainbow appeared across the sky. “This life is a wonderful journey,” says Mrs. Cavanaugh. “The people we’ve met along the way just cannot be replaced. You have to have the right outlook on life and try to be positive. And Thomas was, even with all his sickness, the most positive person among us. He was the one who dealt with it. He had such strength. He was a great person.”

Generations of Compassion • Healing • Innovation
Red Carpet Gala, St. Joseph’s Hospital Foundation’s 2012 annual gala, was held June 1 at the Turning Stone Resort & Casino. With more than 850 guest reservations, this year’s vintage Hollywood event netted $330,219 to help support the hospital as it continues its healing mission in our community through projects such as mission-based services and numerous award-winning programs. Central New York Infusion Services, LLC, was the presenting sponsor; Franciscan Companies was the dinner sponsor; co-chairs were G. Randall Green, MD, Meg Green, Pawan Rao, MD, and Susmitha Rao.

Tunes by the jazz combo Jazznik accompanied Gala attendees as they made their way down the red carpet during the event’s cocktail hour. The evening continued with an elegant dinner catered by the Turning Stone after which guests were entertained by Nik and the Nice Guys who did a fantastic job of keeping the spotlight on the dance floor.

A “lights, camera, action” moment occurred when the evening’s winning raffle tickets were drawn. Prizes included a seven-night Caribbean cruise for two, generously donated by Celebrity Cruises. The winner of this prize also received a two-piece set of Olympia luggage, courtesy of AAA. Other raffle prizes included a custom California Closets makeover, donated by California Closets, as well as a 2012 Harvey Ellis collector edition cabinet, provided by Stickley Audi & Company. A separate drawing was held to raffle a Michele Deco Park diamond watch which was contributed by M. Lemp Jewelers.

Through the use of green products such as renewable energy certificates provided by the Gala’s energy sponsor—Hess Corporation—all of the energy used by the Turning Stone Resort can be sourced from renewable projects.

“The success of this year’s gala is a testament to the important work St. Joseph’s does in our Central New York community. It was one of our best yet!” says Margaret Martin, vice president of marketing, communications and development for St. Joseph’s.

Since its inception in 1992, St. Joseph’s Hospital Gala has raised more than $4.1 million to benefit hospital programs, including mission services, cardiac services, medical imaging, the College of Nursing, the operating room, dialysis services and the intensive care nursery. Plans for next year’s gala—to be held May 31, 2013—are already underway.
Valerie and David Capriotti enjoy a moment on the red carpet with Vivien Leigh.

President and CEO of St. Joseph's Hospital Health Center Kathryn Ruscitto, and her husband, Daniel, strike a pose with former Onondaga County Executive Nicholas Pirro and Patti Pirro.

Frank Smith Jr., president and CEO of Franciscan Companies, (back row, far left) joins Karen and Tim Scanlon (back row) for an evening of dinner and dancing. Sharing their table are (front row, left to right) Mary Smith, Nessa DeGirolamo, Arthur DeGirolamo, Mark Murphy and Jenn Ravas.

Judged to have had a very good time, the Hon. Glenn Suddaby, Jane Suddaby, St. Joseph's Vice President Margaret Martin, the Hon. Joseph Fahey and Don Martin take a moment for the camera.

Sister Marian Rose Mansius and Sister Patricia Burkard, general minister of the Sisters of St. Francis of the Neumann Communities, enjoy the Red Carpet Gala with Kathryn Ruscitto, president and CEO of St. Joseph’s Hospital Health Center.

Melissa Brown, MD, and David Brown enjoy the evening.
College Corner

112th Ceremony Celebrates 114 Graduates

The John H. Mulroy Civic Center in Syracuse was the site of St. Joseph’s College of Nursing’s 112th graduation ceremony on May 23. Awarded an associate’s degree in applied science with a major in nursing were 114 students, including those who completed the Weekday Option and those who participated in St. Joseph’s Dual Degree Partnership (DDPN) with Le Moyne College. DDPN students received their associate’s degree in nursing from St. Joseph’s and will continue their studies for one more academic year at Le Moyne to receive their bachelor’s degrees. Also included were 38 graduates who completed Weekend Option requirements in December 2011 and received their pins and degrees at a convocation held in January. These Weekend Option graduates achieved a 100 percent pass rate on the National Council Licensure Examination, which measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse.

Dianne Cooney Miner, PhD, RN, CNS, founding dean, Wegman’s School of Nursing at St. John Fisher College, was the commencement speaker. A Syracuse native who graduated from a hospital-based school of nursing, Dr. Cooney Miner, who teaches at the undergraduate, master’s and doctoral programs at St. John Fisher, spoke about how her career has taken her around the world. Her professional career also includes practice in acute and critical care, as well nursing administration. Dr. Cooney Miner told the graduates:

“…None of this would have been possible if, long ago, I did not complete what was the basic, foundational and most critical element in my life’s work—becoming a nurse…. We come together tonight to celebrate this transformational event in your lives. However, along with your transformation, there is another important element that I want each of you to celebrate and remember and hold dear: you. Be proud not only because you know and do what a nurse does, but also be proud of yourself because you know and do it. So, with and because of this pride, do not forget to have a little moxie—a little courage under fire and personal pride in yourself. Be courageous because, believe me, you will need it—that courage, that healthy dose of moxie that will fuel you to not only advocate for your patients, but also for yourself and for our profession.”

Michael Bilbo was selected by the Weekday Option class to be the student speaker. He encouraged his fellow graduates to embrace the RN to BSN proposal by New York state, which would mandate every RN to have a BSN within 10 years of obtaining licensure in order to practice in the state. He urged the graduates to start their higher education immediately. At the January convocation, December 2011 class representatives Michael Gallo, Aimee Hillman and Kristen Naylor addressed the Weekend Option graduates.

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 envelope; just write College of Nursing on your check. Thank you!

Celebrate at St. Joseph’s 112th graduation ceremony are Gaétane Ladouceur (left) and Christina Trembley.

On the occasion of their parents’ 50th anniversary, the Converse family established the Elizabeth Ann Winter Converse and Paul Herbert Converse Award. Both parents enjoyed long careers in education, and Elizabeth Ann Winter Converse taught LPN students. The first award was presented in January 2012 at the Class of December 2011 convocation to Serda Bazile (center), a weekend student who entered the RN program as an LPN, worked hard and made a positive difference to patients in the hospital setting. Awarded $500, she is photographed with Susan Jachim Converse ’90 (left) and Elizabeth Ann Winter Converse ’53 (right).

...
Upcoming Fundraisers to Benefit the College of Nursing

Bread for Schools Run— Half Marathon and 5K USATF-Certified Courses Sept. 23, 2012

Considered not only one of the most beautiful courses in New York state, but one of the best organized races, the Bread for Schools Run was conceived by alumni who played on the championship Fabius High School basketball team of ’56-’57. In honor of and in memory of their fellow players, team members now volunteer their time, energy and resources to help their alma mater and other schools. To have a portion of your registration fee benefit St. Joseph’s College of Nursing, just designate St. Joseph’s College of Nursing on your registration form. For more information: www.breadrunatfabius.org.

Breakfast With Santa
Dec. 1, 2012

It is not too early to mark your calendar for the 4th Annual Breakfast with Santa on Saturday, Dec. 1. More details will be forthcoming.

For more information about either of these events (including registration forms), contact Connie Semel, College of Nursing director of development, at 315-448-5304 or email Connie.Semel@sjhsyr.org.

It’s a West Side Story

Set in a 1950s ethnic, blue-collar neighborhood on the Upper West Side of New York City, Arthur Laurents’ West Side Story remains one of the most memorable musicals of all time. Instrumental to the course of musical theater, it was described by some critics as “exciting” and “breathtaking” while by others it was noted to have “made points in its description of troubled youth and the devastating effects of poverty and racism.”

On the Near West Side of Syracuse, another West Side story is set to play out.

Working closely with the Near West Side Initiative—a not-for-profit led by Syracuse University and composed of partners from many different agencies and organizations—St. Joseph’s Hospital is currently designing an expansion of the Westside Family Health Center. With the aim of facilitating community cohesiveness while enhancing health care for its patients, the expansion of the center has offered St. Joseph’s an opportunity to work with Nojaim Brothers Supermarket on a neighborhood wellness initiative.

Expecting to reduce health disparities in the neighborhood, this project will bring together nutritional counseling, cooking classes, access to healthful food and preventive health services in one convenient location. This clinical care/wellness outreach strategy will provide unique opportunities to address such health concerns as diabetes, high cholesterol, heart disease and obesity.

Originally a walk-in clinic run by Onondaga County, St. Joseph’s Westside Family Health Center serves a neighborhood in one of the poorest census tracts in the United States. The center offers 24-hour physician coverage seven days a week and even house calls. No one is ever turned away for an inability to pay. Serving a diverse population of refugees and immigrants—many of whom are unemployed—the center provides a variety of services. Committed to providing for their patients’ medical and non-medical needs, the physicians and staff of the Westside Center not only offer health care but they also offer social work services, parenting classes, breastfeeding instruction, nutritional counseling, winter coats and clothing, coloring supplies and children’s books.

“Exciting!”

“Breathtaking!”

Instrumental to helping to reduce the course of poverty on the Near West Side while enhancing the quality of health care for neighborhood residents by providing an innovative health care delivery model complete with a cutting-edge, state-of-the-art facility.

Always thankful for their generosity, the hospital is pleased to share that St. Joseph’s Auxiliary’s upcoming Wine Tasting will benefit the Westside Family Health Center. (See sidebar below.)

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.

To benefit St. Joseph’s Westside Family Health Center

Helping to enhance health care in one of our nation’s poorest neighborhoods—Syracuse’s Near West Side—proceeds from the wine tasting will assist in creating a comfortable, family-friendly atmosphere at Westside by providing patient waiting room furniture, children’s playscapes and wall art.
When the Phase 2 facility expansion is complete, the hospital campus footprint will have increased by 50 percent. The addition of buildings will also require a new “main street” for foot traffic within the hospital walls. This corridor will be the primary link between the main lobby entrance and the new buildings, with stops at the primary elevator lobby, the North Café and respite areas. The corridor will also provide an opportunity for public art, with murals depicting scenic images of the city’s North Side “Little Italy” area.

A Different Kind of Bench-Marking

DON’T MISS AN OPPORTUNITY TO SECURE YOUR SEAT!

In part, benchmarking is the process of establishing a standard of excellence while, at the same time, working to improve service quality. At St. Joseph’s, every detail is important when it comes to quality—for our patients and our staff. This is why we expect the best of ourselves and others. Even the benches that are located around the hospital campus were strategically selected for their eye-catching design and comfortably contoured seating.

As part of the finishing touches to our new facility, beautiful park benches will be located near the emergency services building. The graceful lines of these weather-resistant benches will add a warm element to the building’s environment.

Likewise, benches are still available in front of the College of Nursing and in the area of the skybridge and Medical Office Centre.

Featuring a special plaque for donor recognition, each bench is available for your contribution of just $3,000. Plaques carry personalized inscriptions that can be used to remember a loved one, offer a message of hope, honor a hero or provide encouragement.

Etch your name—or the name of a loved one—in the minds of thousands of people who will use these areas of the St. Joseph’s Hospital campus each day.

Similar benches on the garden Walkway of Caring went quickly. Call 315-703-2137 today to reserve your bench.

WALKWAYS OF CARING PROVIDE INSPIRATION

ST. FRANCIS GARDEN
WALK OF VALOR
CARITAS PARK

The 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 caregiver 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.
The Dorothy and Marshall M. Reisman Foundation is a local foundation committed to using its resources to enhance the quality of life by supporting organizations located primarily in Central New York. Helping to support one of the largest green health care construction projects in Upstate New York, the Reisman Foundation awarded $100,000 toward St. Joseph's Generations Capital Campaign. The Generations campaign raises funds to benefit St. Joseph's Phase 2 facility expansion and renovation project. Phase 2A of the project—a new emergency services building—opened Feb. 2, 2012. Phase 2B—a patient tower complete with operating rooms, perianesthesia care unit, critical care units and private patient rooms—is underway and scheduled for completion in 2014.

St. Joseph’s Lymphedema program has been awarded $21,755 from Susan G. komen for the Cure Central New York Affiliate for the LEAP from Stage 0 program. Lymphedema Education and Prevention from Stage 0 works to prevent, delay and reduce the progression of lymphedema that may occur as a result of breast cancer treatment.

Helping to enhance health care for the residents of this region—including the uninsured and underinsured—Fidelis Care Community Grant Fund awarded $10,100 for patient care equipment to be used in patient exam rooms in the newly opened Fast Track area of St. Joseph’s emergency department. Seen as a portal to health care at all levels, Fast Track offers services to individuals requiring care for a wide assortment of minor conditions.

The pediatric office at St. Joseph’s Maternal Child Health Center (MCHC) promotes childhood literacy through the national Reach Out and Read program which has recently provided $2,475 in sustainability funding to St. Joseph’s children’s reading program. At check-ups, pediatricians give each child a new book to take home. Also in support of child and family literacy, MCHC and St. Joseph’s Family Medicine Center receive generous donations of children’s books from the Ella Fitzgerald Charitable Foundation.

Join Us for a Tee-rific Event!

Don’t waste those great shots on the practice tee! Make your reservations to get in some swing time at St. Joseph’s 20th annual Golf Classic! Highly anticipated and always fun, this year’s golf tournament—to be held Friday, Sept. 7, 2012, at Turning Stone Resort and Casino—will offer participants the opportunity to benefit the hospital’s many award-winning programs and services. To show your support for St. Joseph’s, contact Pam Kennedy at 315-703-2128.
If you were asked to name the people who work at a health care facility, your answer would likely be nurses and doctors. Registered respiratory therapists (RRTs) probably wouldn’t make your top five list unless you have experience with asthma, chronic obstructive pulmonary disease (COPD), or ventilators. RRTs often stand in the shadows.

“What people often do not understand is that a respiratory therapist is a lung specialist who can treat their lung ailments and, hopefully, make their life better,” says Timothy Curtis, RRT, respiratory care manager for Franciscan Health Support. “We teach patients about the disease process and what they need to do to either overcome it or to live with it the best way possible.”

This education is essential to the success of respiratory treatment at home. Given a historically high rate of hospital readmission for these conditions, Franciscan’s RRTs put the utmost importance on the transition from hospital to home.

“We enable patients to go home and continue their care in order to improve their quality of life and activities of daily living,” Curtis says.

Every day, Franciscan’s RRTs work one-on-one with patients. They show parents how to use infant apnea monitors, evaluate people for oxygen devices, set patients up on continuous positive airway pressure (CPAP) machines, fit CPAP masks, and more.

Mary Jane Luke, RRT, works primarily with CPAP and bilevel positive airway pressure (BiPAP) patients—people who sleep poorly and seek treatment. As an obstructed sleep apnea sufferer herself, Luke understands both sides of the condition—as a patient and as a therapist.

“Not only do I educate patients about the machine and fit their masks, but I also explain the outcomes of not using the equipment,” Luke says. “I reassure patients that this treatment will help them sleep better and will improve their quality of life.”

Respiratory problems often cause a domino effect. If you’re not sleeping, for example, you are likely suffering from other issues—such as memory problems—that do not seem to be related to a lack of sleep.

“When I call patients a week or two after they begin using CPAP/BiPAP and they tell me how amazing they feel, I am so rewarded,” Luke explains. “This treatment is not only good for patients, but they actually feel so much better all-around!”

“We enable patients to go home and continue their care in order to improve their quality of life and activities of daily living.”

— TIMOTHY CURTIS, RRT

Franciscan Companies soon will launch a program called TLC (Teach, Learn, Comprehend). The in-home patient education and assessment program will benefit patients by providing them with the tools and support they need to live well at home. For example, respiratory therapists will reinforce the proper techniques for medication use. Physicians will benefit by receiving direct feedback from the therapist regarding how their patients are doing in the home setting and information on additional equipment or services that may improve patients’ health.

“Living with lung disease is not an easy thing, and I believe patients can use all the support they can get to achieve a more comfortable, fulfilling lifestyle,” says Linda Tillson, RRT, who is on the committee spearheading the TLC project. “I am very excited about it because I feel we will be able to more fully utilize our skills as respiratory therapists to help patients live well at home.”

For assistance and information about Franciscan Health Support’s RRTs, call 315-458-3200.

Live Home. Live Well.
A strong love of the arts—specifically theater—has carried through much of David Feldman’s life. Once an artistic director and producer at Armory Square Playhouse and the Contemporary Theatre of Syracuse, his plays have been produced throughout the country. A professor emeritus at Onondaga Community College and a hospice volunteer, Feldman also leads a writer’s workshop at the YMCA. As if that’s not enough to keep his dance card filled, Feldman travels extensively throughout the United States. Being active is important to him, but Feldman recently found himself reflecting on his situation. He has no family in the area.

“Most of us have raised families, had jobs, done the things we had to do, and all of those meant you had a degree of control over what you were going to do the next day or week or month,” he says. “But as you get older, your choices get limited. You don’t want to drive outside in the winter or do some things that may not have bothered you years ago.”

After witnessing a friend’s health problems, Feldman realized that something could easily go wrong.

“I know it doesn’t take a lot to fall and break a hip. All of a sudden, you find yourself in a place you don’t want to be—a rehab facility or a hospital—and there’s no one there who knows you, who can tell you what’s going on. Often enough, you can just end up going downhill,” he explains. “Before I get into a situation where other people are making decisions for me, I want to put myself in the position where I am making decisions for myself.”

So, Feldman joined Franciscan Companies’ Embracing Age program and was assigned an elder life specialist. She assessed his home for possible safety issues, made recommendations and referred Feldman to a professional contractor to make home improvements.

“As you get older, you want to remain in control of your life. Sometimes it seems that everyone else wants to be in control, but you want to be able to make decisions for yourself,” he says. “To know there’s an organization that can count on to take care of things and make it easier for me to stay in my house longer is a wonderful thing. It gives me a sense of independence.”

Although Feldman gets around just fine now, he was curious about Lifeline, the medical alert system that notifies a caregiver if the user falls. His elder life specialist arranged for him to meet with a representative of Franciscan Lifeline, so Feldman could learn about the service for future use.

“There are a lot of single agencies that do one or two things, but there is no one agency like Embracing Age that does a lot of things,” he says.

Not only does Feldman appreciate having a personal relationship with someone who can help him, but Embracing Age comforts his daughter.

“My daughter lives in LA, so there’s only so much I can ask her to do from 2,000 miles away. I’ve talked to her about Embracing Age, and she’s reassured knowing the organization is here to help,” he says. “I have friends in the area, but you don’t want to call up your friends for everything you need.”

To read more of Feldman’s story, visit www.EmbracingAge.org/David or call Embracing Age at 855-MYHELP2. 📞
Home Sleep Testing Available

If you or your doctor suspects you have obstructive sleep apnea (OSA), an overnight sleep study is the best way to confirm it. For a select group of patients, a home sleep study may make sense. St. Joseph’s Hospital Health Center’s sleep laboratory is now accredited to provide out of center sleep testing.

To date, more than 40,000 people are sleeping better thanks to the sleep lab. The addition of home sleep study testing will allow the lab to help even more people. Home sleep tests are used to diagnose OSA. Patients meeting the clinical criteria listed below and who are eligible through their insurance coverage may choose between having their test done in the laboratory or having it done at home.

Who Is Eligible?

Home tests aren’t for everyone. Even if you don’t want to go to a sleep lab, it’s still important to have an evaluation directed by a certified sleep specialist. The American Academy of Sleep Medicine (AASM) supports the use of home tests if you meet the following criteria:

- **You are at least 18 years of age.**
  Home sleep tests are not recommended for children or some older adults.

- **You have a high risk of moderate to severe sleep apnea.**
  Key risk factors include loud and frequent snoring, daytime sleepiness, obesity and observed pauses in breathing during sleep.

- **You have no other major medical problems.**
  Other medical problems can affect the results of a home sleep test, including severe pulmonary diseases (cystic fibrosis, pulmonary fibrosis, active asthma, chronic obstructive pulmonary disease), neuromuscular diseases (amyotrophic lateral sclerosis, multiple sclerosis, Parkinson’s Disease), and congestive heart failure.

- **You have no other sleep disorders.**
  Other sleep disorders also can affect the results of a home sleep test. Examples of these include central sleep apnea, periodic limb movements, insomnia, parasomnias, circadian rhythm sleep disorders and narcolepsy.

You also may be eligible for a home sleep test if health or safety concerns prevent you from being able to leave home for a night. In addition, a home sleep test may be used to evaluate your response to some sleep apnea treatments, including oral appliances, surgery and weight loss. You may need to go to a sleep center for an overnight study if you do not meet the criteria listed above.

Equipment used for home sleep studies does not record all of the vital signs—such as eye and limb movements that may indicate a neurological disorder—that a complete in-lab sleep study would. There is increasing evidence, however, that suggests in-home studies are effective in diagnosing obstructive sleep apnea, and the information they collect may include:

- airflow
- breathing effort
- blood oxygen
- snoring sounds
- body position

Ideally, patients are referred for an evaluation and fill out a questionnaire that is reviewed by a sleep specialist who can decide if a patient is appropriate for a home sleep study. If appropriate, the patient is given a device during a visit to the laboratory and is instructed how to use it by one of the sleep technologists. The patient returns or mails the device back to the laboratory the following day. The study is scored and interpreted by one of the sleep specialists who then makes recommendations for further follow-up or treatment.

For more information about sleep testing, call 315-4SLEEPSY.

Franciscan Companies Seeks to Expand Services in Northern New York

More people living in rural areas may have access to health care products and services, thanks to Franciscan Companies. Currently, Franciscan serves 14 New York state counties, partnering with regional hospitals to operate Oneida Health Support in Oneida, St. Elizabeth Health Support Services in Utica, Lourdes Health Support Services in Binghamton and Auburn Health Support Services in Auburn. The company is now exploring relationships with other hospitals in Northern New York.

“Franciscan Companies’ motto—Live Home. Live Well.—says it all. Partnering with hospitals and medical staff in smaller communities allows us to bring high-quality home medical products and services to people in outlying areas,” says Franciscan Companies’ Vice President of Corporate Development Keith Cuttler. “At the same time, we provide financial support for their hospitals.”

“Just because you live in a rural area doesn’t mean you shouldn’t have access to the same services people have in Onondaga County,” adds Franciscan Companies’ President and CEO Frank Smith Jr.

Franciscan’s goals are to prevent unnecessary hospital admissions, reduce length of stay, promote good physician and community relations, and generate new sources of revenue. This mission-based expansion will do just that, while providing much-needed services to communities.
Mom and dad want to live in their home for as long as possible. Who would blame them? But, there are serious concerns if they have difficulty getting out of bed, neglect personal care, or fall behind on household chores. Nursing homes in New York state average $110,000 a year, and assisted living may cost nearly $38,000.

Have you considered hiring a home health aide?

“People assume that having a home health aide is expensive and out of reach,” says Megan Hollister, executive director of Franciscan Companies’ licensed home care services agency. “But, it’s a very affordable option. Home health aides may be very helpful and often become an instrumental part of the family dynamic.”

Home health aides often provide the support people need to stay in the comfort of their own home. They offer companionship and help ensure loved ones are safe. They relieve family members from their role as caregivers. “Caregivers can easily become overwhelmed,” Hollister explains. “It’s extremely difficult to handle that level of responsibility. An aide can give the family member much-needed respite.”

Hollister says most people don’t realize the full extent of what a home health aide can do around the house. Not only do they assist with personal care, they prepare meals, do light housekeeping and can run errands.

“Some clients hire a home health aide to come in one or two hours a week to do laundry and meal preparation,” Hollister says. “Some patients only require an aide to assist with getting in and out of bed and taking showers.”

Such assistance reduces the likelihood of falls, which occur in one out of three adults age 65 and older annually. In fact, falls are the leading cause of injury and death among people 65 and over.

“Franciscan’s aides truly enjoy enriching the lives of their patients,” Hollister says. “They form bonds and we do our best to keep the same home health aide with the same patient. It’s good for the patient and good for the aide. They know what to expect and can help detect changes in the patient.”

Franciscan Companies implements a highly sought after home health aide training program, and all aides are held to strict standards. The agency is accredited by The Joint Commission. For more information about home health services, call Franciscan Companies at 315-458-3200.

Telemonitoring: The Future of Health Care

Telemonitoring: It’s considered a solution for effective patient monitoring and improved outcomes. But, do you know what it is? Helping people stay on track with their treatment, telemonitoring is the daily remote management of disease symptoms and signs. It can also detect early warning signs of a worsening medical condition. Simply put, telemonitoring allows you to record information—including blood pressure, weight, blood sugar, medication use and pulse rate—at home using electronic methods. The information is then tracked by medical professionals who may note changes and concerns.

Telemonitoring fits into the goals of chronic disease management by improving the patient’s quality of life and reducing the need for emergency department and doctor visits. It’s especially helpful in the treatment of people with chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF) and diabetes, as well as those who have suffered from an acute myocardial infarction.

One important component of telemonitoring is the medication dispenser. Medication non-adherence is the number one reason why seniors take a trip to the emergency department, and it’s responsible for up to 40 percent of nursing home admissions. Medication dispensers, such as the Philips medication dispenser, help ensure the user is getting the right medication at the right time.

“With the medication dispenser, family members can enjoy their visit with a loved one. They don’t have to be the ‘pill police,’” says Beverly Lawton, executive director of Franciscan Lifeline. “Research shows that regular compliance with prescribed medications leads to better health outcomes. In several cases, it has led to decreased medication dosages, since the problem wasn’t the medication, it was how regularly it was taken.”

The medication dispenser is easy to use; with the push of a button, the correct dosage is dispensed.

“It’s great,” says Jane Dorsey who signed her father up for a medication dispenser through Franciscan Companies. “My father is on a more regular schedule now with eating and taking his medication, and I notice a difference in his behavior. I think the medication is working better because it’s being taken correctly.”

The change Dorsey sees is fairly common. The positive impact of the medication dispenser is a small example of the benefit telemonitoring can play in the reduction of chronic disease complications. Telemonitoring as a whole provides better follow-up as well as reduces patient travel time, hospitalizations and costs. And, the sky is the limit. In fact, Philips Corp., a world leader in health care, has asked Franciscan Companies to partner in a pilot program to keep people in their homes longer using advanced technology. The project is currently underway.

For more information about the Philips medication dispenser, call 315-492-8175.
For patients who can’t have open heart surgery, TAVR is more than a procedure.

It’s hope.

For years, inoperable patients with aortic valve disease have had no other treatment options — until now. St. Joseph’s is proud to be the first and only Central New York hospital to provide hope in the form of the new Transcatheter Aortic Valve Replacement (TAVR) procedure — a less invasive alternative to open heart valve replacement surgery. To learn more, visit www.sjhsyr.org/TAVR, or call 315-703-2138.