Bypassing Open-Heart Surgery

Revolutionary CoreValve system offers new hope for minimally invasive aortic valve replacement

Plus:

- U.S. News Ranks St. Francis Among the Best for Fourth Consecutive Year
- New Advances in Treating Back Pain
- SFH Nurses Rated among Top 10 Percent in Nation
Healing Patients Today, Finding Better Treatments Tomorrow

St. Francis Hospital's ranking by U.S. News & World Report as one of the best hospitals in America is based on several factors. Chief among them are the large number of patients who come to us for cardiac care and our low mortality rates. One of the benefits of this scope of experience is that it makes St. Francis an ideal setting for cardiac research. Our staff of nationally renowned experts leverage the power of a full complement of state-of-the-art cardiac imaging modalities to pursue their own research to better understand the underlying mechanisms of heart disease.

Our staff also participates in national clinical trials to assess the effectiveness of innovative new procedures and devices. This issue's cover article focuses on our participation in one of the latest and most promising studies of this kind, the Medtronic CoreValve National Trial. The study is assessing the CoreValve system for catheter-based implantation of aortic valve replacement. It is intended for patients who have symptomatic, severe aortic valve stenosis or narrowing, and who are at high risk or ineligible for open-heart surgery. St. Francis was one of the first sites to be activated in the trial, and our medical team has recently begun the process identifying and implanting the device in patients.

This trial is noteworthy because it brings together a first-rate team of cardiac surgeons, interventional cardiologists, research and nursing staff, and offers a glimpse of the future where the cardiac ORs and the catheterization labs move closer together, both literally and figuratively. The trend toward less-invasive treatments – sparing more patients the rigors of traditional open-heart surgery – is unmistakable. It is further reflected in the current renovations to our cardiac ORs, one of which will be outfitted as a high-tech hybrid room where complex surgical and interventional procedures can be performed simultaneously.

This is just one remarkable example of how the work being done in research and practice at St. Francis is translating into better outcomes for our patients. We would like to thank the friends of the Hospital for their generous support of our efforts, and for helping us to provide the highest quality care today and even better treatments tomorrow.

Best wishes,

Alan D. Guerci, M.D.
President and CEO
St. Francis Brings Nationally Renowned Open-Heart Surgery Program to Good Samaritan

The New York State Health Commissioner has given Good Samaritan Hospital Medical Center the go-ahead to begin an open-heart surgery program that will have a vital connection to St. Francis Hospital, The Heart Center®. The approval allows St. Francis to bring its nationally recognized and award-winning open-heart surgery program to residents of Suffolk County.

As members of Catholic Health Services, Good Samaritan and St. Francis have a long history of collaboration. The two hospitals have been recognized for performing a high level of cardiac procedures, while achieving the highest level of care and patient safety available, with superior clinical outcomes. Both hospitals also hold the coveted Magnet Award for nursing excellence.

“As a premier heart institution, St. Francis seeks opportunities to offer its services to the community. Partnering with another member of Catholic Health Services allows us to reach even more people,” says Alan D. Guerra, M.D., President and CEO.

“We look forward to continuing our collegial partnership with the nationally renowned St. Francis Hospital in the development of our open-heart surgical program,” says Larry Altschul, M.D., Good Samaritan’s Director of Cardiology.

The program is scheduled to open in the fall. For more information on cardiac services at St. Francis, call (516) 705-6657. To find out more about Good Samaritan’s new open-heart surgery program, call (631) 376-4444.

In the News

SFH Takes Part in NFL’s “Know Your Stats” Prostate Screening Program

St. Francis Hospital held a free prostate screening program in conjunction with the NFL’s “Know Your Stats” national prostate cancer awareness campaign. Led by Pro Football Hall of Fame player and prostate cancer survivor Mike Haynes, the nationwide program is designed to educate men and their loved ones about the importance of prostate health.

Keith Bloom, M.D., urological surgeon, and Robert Spina, prostate cancer survivor and robotic surgery patient, were available to answer questions during the screening event at the DeMatteis Center. The American Urological Association co-sponsored the highly publicized campaign, which ran during Prostate Awareness Month.

Enhancing Treatment for Stroke Patients:
The late Nancy Kostel-Donlon, R.N., BC/CEN/CPAN/CCRN (pictured with Paul Wright, M.D., Director of the Stroke Center) was instrumental in helping the Center win its latest award for excellence.

St. Francis Hospital’s Stroke Center Receives Silver Plus Award

St. Francis Hospital, The Heart Center® has received the American Heart Association/American Stroke Association’s Get With The Guidelines® Stroke Silver Plus Performance Achievement Award. The award recognizes the Hospital’s commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.
In the News

U.S. News & World Report Ranks St. Francis One of the Nation’s Best Hospitals for Fourth Year in a Row

For the fourth consecutive year, St. Francis Hospital, The Heart Center® has been recognized by U.S. News & World Report as one of the best hospitals in the nation and the only hospital on Long Island to be ranked in more than one of the magazine’s 12 adult medical and surgical specialty categories. The magazine’s prestigious annual ranking of medical institutions honored St. Francis once again as a leader in heart and heart surgery, geriatrics and for the first time, neurology and neurosurgery.

“To receive this recognition for four years in a row is truly a great testament to the physicians, nurses and staff who have worked tirelessly to make us among the very best medical institutions in the nation, not only for cardiac but non-cardiac care,” said Alan D. Guerci, M.D., President and CEO of St. Francis Hospital. “Their continued pursuit of excellence has helped us to reach another first, to be top ranked nationally for neurology and neurosurgery.”

According to U.S. News, the mission of its annual Best Hospitals rankings has not changed in 21 years. Its purpose is to guide patients who need an unusually high level of hospital care. While other “best” lists factor in routine procedures and unthreatening conditions, Best Hospitals judges medical centers on their competence in complex, demanding situations, often with high risk patients.

Of the 4,852 hospitals surveyed in 16 different specialties, St. Francis Hospital was one of only 152 medical centers to be honored. The ranking in heart care places St. Francis among the top four medical centers in New York State. St. Francis was also one of only a dozen hospitals in the state to be ranked in any specialty rating overall.

St. Francis M.D.s Top-Ranked for Cardiac Care on LI in Latest New York Magazine Best Doctors List

St. Francis Hospital, The Heart Center® has more top doctors for cardiac care than any other hospital on Long Island in this year’s New York Magazine Best Doctors list. Nine St. Francis physicians made the list, six of them in the cardiac specialty category.

The popular, yearly list is generated by Castle Connolly, the publisher of America’s Top Doctors, which is widely recognized as one of the most authoritative guides to the best physicians in the nation. The magazine’s complete list can be accessed at www.newyorkmetro.com/bestdoctors.

Congratulations to all of the doctors who made the 2010 list in both cardiac and noncardiac specialties:

- Sean Levchuck, M.D. (Pediatric Cardiology)
- Joseph Levine, M.D. (Cardiac Electrophysiology)
- George Petrossian, M.D. (Interventional Cardiology)
- Newell Robinson, M.D. (Thoracic Surgery)
- Steve Rucker, M.D. (Internal Medicine)
- Michael Setzen, M.D. (Otolaryngology)
- Richard Shlomfritz, M.D. (Cardiovascular Disease)
- James Taylor, M.D. (Thoracic Surgery)
- Michael Ziegelbaum, M.D. (Urology)
St. Francis Nurses Ranked among the Top 10 Percent in the Nation by U.S. News & World Report

St. Francis Hospital has not only been ranked as one of the top hospitals in the country by U.S. News & World Report, it has also been rated one of the best hospitals in the nation for nursing care. Among the elite medical centers cited on the U.S. News “America’s Best Hospitals” website, St. Francis was ranked among the top 10 percent for patient satisfaction.

Based on the findings of a nationwide survey, St. Francis had one of the highest percentages of patients who said their nurses were “always” courteous, listened carefully and gave clear explanations. The Hospital was the only medical center in New York and one of only 17 in the U.S. to receive the prestigious ranking for nursing care.

“Our nurses continually strive for excellence in patient care,” says Ann Cella, R.N., Senior V.P. of Patient Care Services and CNO (pictured). “Their level of dedication and professionalism is unsurpassed and their U.S. News ranking is a reflection of this fact.”

The top rating is just one of many recent accolades for the department. Its highly recognized nursing staff holds the prestigious Magnet Award, earned by only five percent of hospitals in the U.S.

To read more about the U.S. News rankings, log on to www.usnews.com/besthospitals.

Modern Healthcare Magazine Rates St. Francis Hospital One of the Best Places to Work in the U.S. for the Second Year in a Row

St. Francis Hospital has been recognized as one of the nation’s best places to work in healthcare by Modern Healthcare, the leading industry magazine. It is the second consecutive year that the Hospital made the select list, and again it was the only hospital in New York State to be recognized.

“To receive this national recognition for the second year in a row is a tribute to our highly dedicated physicians, nurses and staff who work hard to create an environment that emphasizes teamwork, professionalism and respect,” said Alan D. Guerci, M.D., President and CEO. “It is also gratifying because providing high quality medical care depends on our ability to attract and retain the best healthcare professionals in our region.”

Modern Healthcare partnered with Best Companies Group, a PA-based firm that administers “best places to work” programs nationwide. The program collected information from both employers and employees and was open to companies with at least 25 employees. Winners were recognized by industry segment (provider, payer and vendor) as well as the number of employees.

According to the magazine, “from economic development to employee retention, being named one of the Best Places to Work in Healthcare benefits individuals, organizations and the healthcare industry.”

For more information, visit www.modernhealthcare.com/bestplaces.

For a consultation with any of the physicians in this publication, or any other member of the St. Francis Hospital medical staff, please call 1-888-432-7869.
In the News

JAMA Study Shows Value of Coronary Calcium Score in Improving Risk Assessment for Heart Disease

Including a coronary artery calcium score in a risk assessment for future heart disease events, such as heart attacks, provides a better estimate in some populations than a standard coronary risk factors assessment, according to research published by the Journal of the American Medical Association (JAMA) and supported by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health. The findings were based on data from a study coauthored by Alan D. Guerci, M.D., President and CEO of St. Francis Hospital, The Heart Center.

A coronary artery calcium score was most helpful for people considered to be at intermediate risk of a heart disease event—defined as those with a 3 to 10 percent chance of developing heart disease over the next five years—according to the report in JAMA.

In the Multi-Ethnic Study of Atherosclerosis (MESA), researchers used cardiac CT scans, which detect specks of calcium in the walls of the coronary arteries. These specks, indicating calcifications, are an early sign of coronary artery disease. Coronary artery disease is the cause of angina (exertional chest pain) and heart attacks, and it kills about 25 percent of Americans every year.

“This latest study reinforces the message that if you are at intermediate risk of cardiac disease based on the standard measures, your risk can be better assessed if you also have a calcium score,” says Dr. Guerci. “Based on results of this test, doctors can better determine appropriate treatment and the necessity of cholesterol-lowering medications.”

The study drew from 5,878 MESA participants, ages 45 to 84, who initially did not have known cardiovascular disease, and included both men and women who were white, African-American, Hispanic, or of Chinese heritage. Interviewers telephoned participants or a family member at intervals of nine to 12 months to inquire about interim hospital admissions, diagnoses of cardiovascular disease, and deaths.

Participants were followed for almost six years. Over the follow-up period, 209 participants experienced a heart disease event, such as heart attack, death from heart disease, or cardiac arrest.

Using the coronary artery calcium score in addition to standard risk factors, a remarkable 55 percent of intermediate risk study participants were reclassified, with 39 percent reclassified into the low-risk category and 16 percent into the high risk category.

Straight from the Heart: Melinda Murray (third from left), who lost her 17-year-old son Dominic to sudden cardiac arrest, joins Sean Levchuck, M.D., Chairman of Pediatric Cardiology, at a recent Student Athlete Cardiac Screening at The DeMatteis Center in Greenvale. Family members, fellow classmates, and friends of the SUNY Farmingdale basketball player participated in the St. Francis program to help raise awareness about the importance of early cardiac screening.
St. Francis Hospital Offers a New, MILD® Procedure for Treating Chronic Back Pain

It may be hard for some of us to imagine being able to walk only a half a block without feeling chronic pain. But it’s an ordeal patients who suffer from spinal stenosis experience every day. The debilitating condition is caused by an abnormal narrowing of the spine that can make every step a nightmare. Now, St. Francis Hospital is offering a new procedure called Minimally Invasive Lumbar Decompression or MILD®, that’s anything but, when it comes to relieving the pain.

Patrick Annello, M.D., recently performed the first MILD® procedures at St. Francis, with amazing results. The procedure is performed under a mild local anesthetic with light sedation. Using an image-guided probe the size of a pen, doctors can locate and remove a small portion of tissue and bone that pinch your spinal cord and cause pain.

“Traditional back surgery can involve a three to four hour procedure with a lot of blood loss,” says Dr. Annello, a board certified anesthesiologist and pain management physician. “A MILD® procedure takes about an hour, requires no sutures, and patients can often be released from the hospital the very same day.”

Dr. Annello says patients typically have a 50-50 chance of feeling relief following back surgery. He recommends MILD® to people who don't want to face those odds or who have underlying medical conditions that put them at risk for surgery. For 74-year-old Clayton Johnson, an insurance sales executive, and 79-year-old Theresa Bova, a retired secretary, the doctor’s recommendation really paid off. They were the first two patients to receive MILD® surgery at St. Francis and said they felt almost instantaneous relief.

“I’ve tried everything from chiropractors to physical therapy to epidural steroid injections, with no relief,” says Mr. Johnson. “Now, I’ve gone from extreme pain to no pain at all. I look forward to being able to walk the neighborhood school track where I used to run.”

“It’s a miracle. I feel like a new person,” says Mrs. Bova. “The thought of spinal surgery scared me, but this was remarkable. I am actually able to walk without pain.”

For more information on the procedure, please call 1-888-432-7869.

St. Francis Hospital’s DeMatteis Center Wins National Top Performer Award

Press Ganey Associates, Inc. has named The DeMatteis Center for Cardiac Research and Education a 2010 Summit Award Winner. The company currently partners with more than 10,000 health care facilities including 50 percent of U.S. hospitals to measure and improve the quality of their care.

The company’s databases are the largest in the industry, and allow facilities nationwide to benchmark their results against peer organizations. The Summit Award recognizes top performing facilities that sustain the highest level of customer satisfaction for three or more consecutive years. The DeMatteis Center in Greenvale is one of 80 Press Ganey client facilities to receive this honor in 2010.

Richard B. Siegrist Jr., CEO of Press Ganey, noted, “We are proud partners of St. Francis Hospital. Its DeMatteis Center continues to maintain a high level of patient satisfaction over the past three years. Their efforts benefit the Long Island community and lead to improved delivery of health care.”

“This honor reflects the hard work and dedication of the staff at the DeMatteis Center and their unwavering focus on high quality patient care,” says Alan J. Guerci, M.D., President and CEO of St. Francis Hospital.

“It is gratifying to see their efforts reflected in these excellent results.”

The DeMatteis Center of St. Francis Hospital is located approximately four miles east of the main campus of the Hospital in a beautiful, park-like environment. The Center is home to Cardiac Research and Education, Cardiac Imaging, the Women’s Center, Cardiac and Pulmonary Rehabilitation, the Congestive Heart Failure Program, the Diabetes Care Center, Conference Management and many other community programs.
The Minimalist

Newell Robinson, M.D., Chairman of Cardiothoracic and Vascular Surgery, talks about the evolution of minimally invasive surgery and other exciting developments in cardiac surgery at St. Francis Hospital

He is one of the country’s leading experts in minimally invasive cardiac surgery, including heart valve repair, and has been a top researcher on a number of national clinical trials at St. Francis Hospital. So it’s no wonder that Newell Robinson, M.D., Chairman of the Department of Cardiothoracic and Vascular Surgery, is one hard person to catch up with. But when we finally managed to get on his extremely busy schedule, it was well worth it. Dr. Robinson spoke to us about the development of minimally invasive surgery, the benefits of cardiac assist devices and how the expertise of the staff at St. Francis Hospital speaks volumes about excellence in patient care.

Newell Robinson, M.D., Chairman of Cardiothoracic and Vascular Surgery

Heartbeat: Can you talk to us about the evolution of minimally invasive heart surgery at St. Francis Hospital?

Dr. Robinson: Minimally invasive heart surgery as a concept has been around for some time. It has evolved from work that took place in the early 1990s, which was designed to perform the standard operations through smaller incisions with the same or better results. Today, we are performing somewhere in the neighborhood 20 to 30 percent of our valvular heart procedures in a minimally invasive approach. The principal advantage of minimally invasive surgery is that the cosmetic outcome is better. Also, the recovery is generally faster and less debilitating. That combination of factors works together to give patients a better sense of their well being, and they’re disconnected from their normal lifestyle for a shorter period of time.

Heartbeat: Tell us about the new hybrid operating room that St. Francis will have soon. What new capabilities will the Hospital have as a result of having this new OR?

Dr. Robinson: The hybrid OR, which will be available later this year, will allow us to extend the utility of minimally invasive techniques into more complex procedures because we can treat many more facets of a patient’s problem. For example, a valvular problem can be treated with a minimally invasive operation. Then, if that patient has concomitant coronary artery disease, that condition can be treated simultaneously with less invasive techniques including stent therapy. The room will be appropriate for TEVAR or thoracic endovascular aortic replacement, and EVAR, which is endovascular aortic replacement, because the hybrid room will allow for more complex procedures to be performed in a shorter period of time with better visualization, and therefore better outcomes. Also, the hybrid room is well suited to percutaneous, or through the skin, catheter-delivered valve replacements that we are currently exploring, as well applications relevant to arrhythmia surgery. There are also advantages in imaging in a hybrid OR for the treatment of lung cancer.

Heartbeat: You will be working on the national CoreValve clinical trial. How will this trial benefit patients at St. Francis?

Dr. Robinson: CoreValve is a self-expanding aortic valve that is used to treat aortic valve disease in very high risk patients who are otherwise not candidates for surgical valve replacement. This product has been used extensively in Europe. The expectation is that we will be able to treat many patients that otherwise we could not have treated, and be able to improve their lifestyles so they can stay out of heart failure for a longer period of time even though they aren’t a candidate for surgery. It’s a percutaneous procedure and the device is implanted using a catheter, so in most cases, it doesn’t require surgery or implantation.

Heartbeat: How would you describe the significance of the CoreValve trial?

Dr. Robinson: It’s going to be a very significant study because it will be the first U.S. trial for a self-expanding percutaneous valve. And we are one of over 40 centers selected to participate in the trial which will result in
FDA approval of this device for treatment of patients with aortic valve disease. We are very excited because we believe it is a major advance in the treatment of heart disease and a sign of things to come.

**Heartbeat:** Let’s talk about cardiac assist devices. You have been a proponent of the use of devices such as the Impella Heart®. How do you view these devices in the evolution of the program here at St. Francis?

**Dr. Robinson:** We currently have both an inpatient and outpatient program for treatment of chronic and acute congestive heart failure. Impella Heart® and the Impella device are certainly less invasive stepping stones in the treatment of patients with both acute and chronic end-stage heart failure. They are also stepping stones and bridge devices to more complex therapy such as permanently implanted assist devices, and for patients under consideration as a bridge to transplantation. Over the next year, we are pursuing expansion of our program so that we can permanently implant assist devices for both bridge transplant as well as destination therapy. This would be an important adjunct to the expansion of our program and treatment of congestive heart failure over the next 12 to 24 months.

**Heartbeat:** So how exactly do these devices work?

**Dr. Robinson:** They consist of small pumping mechanisms that mechanically assist the circulation of blood through the main chamber of the heart that has lost its ability to function normally. The implanted long-term devices are self-contained and allow for patient portability. These are for patients who are not considered to be candidates for heart transplantation, but are candidates for continued support using that device. Those patients are characterized as ‘patients for destination therapy,’ meaning they can live with the device for an extended period of time. The other use is as a temporary measure to bridge the patient to heart transplantation, where the device is then removed and a new heart is transplanted.

**Heartbeat:** What makes the cardiac surgery program at St. Francis such a success?

**Dr. Robinson:** It’s the team effort that brings together the expertise of multiple disciplines across the spectrum of the Hospital. We have outstanding physicians and staff and tremendous support from ancillary services, including the nursing staff and administration. In addition to the collaborative team approach, there is a skilled team of surgeons who, in over a decade of experience together, has perfumed over 20,000 operations – coupled with outstanding outcomes that are annually the best in New York State. The final element is our ability to quickly master and adapt to leading-edge technology and better outcomes and treatment options. We’re increasing our footprint by expanding to other areas of service other than cardiovascular care and by helping to promote the St. Francis brand of care in other areas of surgery. We’re also expanding our geography by facilitating the growth of a new program for cardiovascular services and cardiac surgery in Suffolk County at the Good Samaritan Hospital. These are exciting developments for St. Francis Hospital and for Catholic Health Services.
Research Team: (clockwise) Andrew Berke, M.D., Newell Robinson, M.D., Roberto Colangelo, M.D., and George Petrossian, M.D., are looking forward to the possibilities the new CoreValve device (inset) will bring to St. Francis Hospital and its patients.
St. Francis Takes Part in Major Nationwide Study on Minimally Invasive Aortic Valve Replacement

New CoreValve system gives patients promising alternative to open-heart surgery

St. Francis Hospital, The Heart Center® has been selected as one of 40 centers nationwide to test a device that may offer new hope for patients with symptomatic, severe aortic stenosis. The Medtronic CoreValve system for transcatheter aortic valve implantation (TAVI) has recently received conditional approval from the FDA for clinical trials. St. Francis is one of the first hospitals in the U.S. to be activated as a site and cardiologists have begun the process of implating it in patients who are at high risk, or are ineligible, for open-heart surgery.

Approximately 300,000 people worldwide (100,000 in the U.S.) have been diagnosed with the condition, which prevents the valve from opening completely, thereby preventing healthy blood flow from the aorta to the rest of the body. But about one third of these patients are deemed to be too high a risk for open heart surgery, the only therapy with significant clinical effect that is currently available in the United States. Although the CoreValve system has been implanted in 12,000 patients worldwide, it has not been available to patients in the U.S., until now.

The new valve replacement procedure channels a tube called a catheter with a prosthetic valve through the femoral artery to reach the heart. The CoreValve system is designed with self-expandable technology, deploying the new valve inside the diseased aortic valve without open-heart surgery or surgical removal of the native valve.

“This is the most revolutionary device I’ve seen in my more than 20 years of being a cardiologist. Nothing that I have witnessed in the past can change the way we practice interventional cardiology in such a dramatic way,” says George Petrossian, M.D., Director of Interventional Cardiovascular Procedures. He is part of a four member clinical team that includes: Newell Robinson, M.D., Chairman of the Department of Cardiothoracic & Vascular Surgery; Andrew Berke, M.D., interventional cardiologist; and Roberto Colangelo, M.D., cardiothoracic surgeon.

“CoreValve has been used extensively in Europe. The expectation is that we will be able to treat patients that otherwise we could not have treated, and be able to improve their lifestyles so they can stay out of heart failure for a longer period of time even though they aren’t a candidate for surgery,” says Dr. Robinson.

The Hospital’s Chairman of Cardiology, Richard Shlofmitz, M.D., was instrumental in bringing the study to St. Francis. He sees a time in the future when the benefits of these innovative devices will be available to a broader segment of patients who are not a high risk for surgery. “This new approach is likely to have the same impact on the treatment of valvular disease as stenting did on coronary artery disease.”

For more information about the study, log on to www.clinicaltrials.gov. For more information about enrolling in the study, call (516) 562-6790.
New Developments in Neurosurgery at St. Francis

Richard Johnson, M.D., the new Director of Neurosurgery, discusses the latest advances in brain and spine surgery

When Richard Johnson, M.D., hears the popular expression, “This isn’t brain surgery,” he can’t help but smile. For Dr. Johnson, it actually is. The highly regarded St. Francis physician directs a team of more than 15 neurosurgeons who specialize in treating debilitating conditions that affect the brain and spine.

Under Dr. Johnson’s leadership, St. Francis was recently recognized by U.S. News & World Report as one of the nation’s top hospitals for neurology and neurosurgery. “We were ecstatic to hear the news,”
says Dr. Johnson. He credits his team of top-notch neurologists and surgeons, the Hospital’s Magnet Award-winning nurses, and the acquisition of leading edge technology for helping to make St. Francis a choice destination for brain and spine surgery.

“The most common problem we see are patients suffering from dislocated discs in the neck and lower back,” says Dr. Johnson. “It’s a very common ailment that affects people of all ages and socioeconomic classes. Our mission is to work in tandem with our pain management physicians, neurologists and physical therapists to provide the best level of care.”

For patients dreading the thought of undergoing traditional spinal surgery, Dr. Johnson and his team are offering some new, minimally invasive alternatives. X-STOP has been introduced at St. Francis for patients suffering from lumbar spinal stenosis (LSS). The condition is caused by a narrowing of the spinal canal that can result in pinched nerves that cause pain, tingling or numbness in the lower back and into the legs. Through a small implant known as an X-STOP Spacer, doctors can reopen the space to “unpinch” the nerve, helping to relieve the pain when a patient stands up and walks.

The department is also offering newer, minimally invasive therapies that can decompress and fuse the spine for patients suffering from chronic back pain and herniated disks. For patients with cervical myelopathy or a compression of the cervical spine, St. Francis surgeons can now operate through the front of the neck to remove bone, ligaments or discs that press against the spine. Using pieces of bone or a carbon fiber composite, they can reconstruct and stabilize the spine.

Dr. Johnson also credits Jack Soterakis, M.D., VP of Medical Affairs, and hospital administration for helping to bring the latest technology to his department. The new equipment includes a microscope and brain navigational system that uses a stereotactic apparatus with MRI to localize brain tumors. Lee Tessler, M.D., has recently begun using the high tech probe that’s been dubbed the “magic wand” of neurosurgery for its pinpoint accuracy.

According to Dr. Johnson, cases have increased twenty-fold in his department from last year alone. “Our goal is to let the community and local physicians know that we can take care of their patient’s spinal and cranial problems at St. Francis and that they don’t have to send them to the city to get the same level of care. It’s right here in their own backyard,” says Dr. Johnson.

For more information, or a physician consultation, please call 1-888-432-7869.
Giving Back

Meet the Gallatins

A Second Chance to Live – and Give

Why have Ron Gallatin and his wife Meryl been donating to St. Francis Hospital for the past 13 years? It’s very simple. “Because St. Francis saved my life,” says the former Lehman Brothers managing director. And one of Ron’s closest and dearest friends, Fred DeMatteis, played a central role as well. In 1997, the DeMatteis Center for Research and Education in Greenvile installed a new ultra-fast CT scanner for cardiac imaging. Fred, who served as Chairman of the Hospital’s Board from 1985 through 1987 and was a longtime St. Francis friend and benefactor, encouraged all of his pals to take the test. Ron, an avid runner, was in tip-top shape and believed that the test was not necessary. But because of Fred’s insistence, Ron obliged. And it was a good thing he did. The test revealed that nothing was wrong with Ron’s heart, but a smudge picked up during the test turned out to be Stage-3b lung cancer.

“I was totally asymptomatic. The chance of my taking a chest x-ray or anything like it would have been zero because nothing appeared wrong with me,” remembers Ron. “And based upon what the oncologist told me afterwards, had I not taken that test exactly when I took it, by the time I became symptomatic, which would have been a matter of months, I would have been dying.” Ron went in for surgery shortly afterwards and fully recovered. He credits St. Francis and his dear friend “Freddy” for the fact that he is alive today.

So ever since, Ron and Meryl have been dedicated supporters of the Hospital, annually sponsoring the cocktail reception and/or dinner at the Golf Classic in memory of Fred and in honor of Alan D. Guerci, M.D., St. Francis Hospital President and CEO. They recently pledged $3 per square foot of the Master Facilities Plan (a $150,000 pledge) in memory of Fred DeMatteis, longtime Chairman of The DeMatteis Organizations and visionary of the St. Francis expansion project. Ron mused at the time of his pledge that he matched the gift amount to the square footage of the project because Fred would have appreciated its significance.

The couple, who permanently relocated from Lattingtown, New York, to Boca Raton, Florida, five years ago, flew in just for the day to attend the DeMatteis Pavilion opening in July 2008. Ron and Meryl were very pleased with the renovations at St. Francis. “I wouldn’t have missed the DeMatteis Pavilion opening for the world. The renovations are magnificent and the Hospital is in a class of its own,” he says. “The people are a credit to Dr. Guerci and the organization he put together – top cardiologists, caring nurses and the new wing, which will continue saving many, many lives.”

Ron has spent most of his life giving to charities. “A friend made an interesting statement at his retirement party. Quoting his father, he said, ‘A person should spend one third of their life learning, one third of their life earning, and spend the last third of their life returning.’ So when I heard those words, I decided that that worked for me. I graduated school at an early age and retired early, so I changed the math a little. I made it a quarter, quarter, half.”

Currently, Ron is a director at RTI International Metals, but also finds time to serve on the executive committee of three other charitable organizations, including one (Hands On Tzedakah) that he founded and chairs. While both Meryl and Ron spend countless hours and dollars as philanthropists, prior to his bout with cancer, Meryl and Ron had never donated to a hospital, but they are definitely glad that St. Francis is now a part of their lives. According to Ron, it was necessary for St. Francis to expand and build the Pavilion, but he doesn’t want to see the Hospital grow for the purpose of growing. “I believe that under Alan Guerci’s leadership, St. Francis will find its right size. Many think of St. Francis only as a heart hospital, but it is far more than that. It is a full service hospital with a very, very strong cardiology department whose mission is to have strong noncardiac areas in addition to a super strong cardiology area.”

Master Facilities Plan Update

Bet ty a part of something transformational
Ensuring the future. There are many reasons why donors to St. Francis Hospital’s capital campaign become involved. And now, more than ever before, friends of the Hospital are realizing that this is their chance to shape the future of health care in a meaningful way.

Gifts totaling over $63 million already have enabled us to build the new DeMatteis Pavilion with 14 new operating rooms, 124 new patient rooms, and a new cardiac imaging center with the latest noninvasive imaging technologies such as a Cardiac PET/CT scanner.

By making a gift now in support of our ongoing Master Facilities Plan, you will be part of the effort to address overcrowding in the Emergency Department. Over the next 18 months, this area will be doubled in size and include examination rooms with solid walls and privacy glass.

Other giving opportunities are linked directly to St. Francis Hospital’s nationally recognized cardiac specialty, such as the renovation of six cardiothoracic operating rooms, a new recovery unit for patients emerging from cardiac surgery, and an expansion of the cardiology catheterization lab. An additional $7 million is urgently needed to complete these projects by the end of 2011.

Considering the hundreds of patients and visitors who find new hope at St. Francis each day, donors are making an investment in much more than bricks and mortar. A gift to St. Francis Hospital means that the best options in care are always available, less invasive tests help get answers quicker, and patients and visitors find comfort in the home-like surroundings of our hospital.

It could be a gift in honor of a special occasion or a major pledge over several years that you might consider. Please know that it will be making a difference for many years to come.

For information on various ways to give, please call (516) 795-6655 or visit our website at www.stfrancisheartcenter.com.
Tom Huller
The giver that keeps on giving

After a long and exciting career with the New York City Police Department (NYPD), it wasn’t police work that put Lieutenant Thomas P. Huller at risk—it was his own heart.

Tom was 64 years old and experiencing difficulty with his breathing—even while taking a casual walk through his neighborhood. So he wisely used his detective skills and determined that a trip to his doctor was in order. His doctor sent him straight to the emergency room at St. Francis Hospital.

Tom says, “The decision to go to St. Francis was a godsend.” To this day, Tom remembers that experience and credits the team of dedicated doctors at St. Francis Hospital with saving his life.

As his career choice suggests, Tom has always placed a great deal of value in giving back to his community. Tom’s giving, however, didn’t end when he retired from the NYPD. In fact, shortly after his cardiac surgery, Tom made his first donation to St. Francis Hospital, and over the years, he has continued to give—even including St. Francis Hospital in his will. Recently, Tom learned that St. Francis Hospital offers charitable gift annuities. He read the material sent to him by the Planned Giving Department and then consulted with his financial advisors who agreed that the gift annuity was a sound idea. Tom then called St. Francis Hospital and the gift planners helped him make the gift a reality.

Tom always felt it would be great to be in a financial position to support the causes that are closest to his heart. “I think there are many people who want to support the things they care about, but don’t know that they have the means to make it happen,” he says. “I’m glad I’ve found an easy way to make a meaningful gift that supports something as worthwhile as St. Francis Hospital.”

Meet Edna Pascale
Port Washington Mom Found the Cure to Empty Nest Syndrome

When Edna Pascale’s twin daughter and son left home for college back in 1959, she looked for something to fill the void. Edna quickly found the answer by becoming a volunteer at St. Francis and has been volunteering ever since.

The veteran volunteer has logged five decades of dedicated service and more than 8,500 hours. She was recently honored at the Hospital's Annual Volunteer Luncheon for her selfless and continued mission to help others.

The grandmother of six and great-grandmother of six says volunteering has definitely changed over the years. “I had no prior training. When they first assigned me to the information desk, it was just me, a small desk, a phone and some visitor passes,” says the now 91-year-old volunteer.

She also says that all of the nurses were nuns at the time. “They were pretty strict,” says Edna. “One day I got a call from a sister who told me that there were three visitors in a certain room and that I better get up there quickly because it was over the limit.”

The energetic Port Washington resident still volunteers every Friday from 4 p.m. to 8 p.m.—a time many would prefer to have to themselves. She says she’s gotten lots of medals, pins, and even a necklace and bracelet for all her decades of dedicated service, but it can’t compare to the memories she has. “I’ve made so many friends from volunteering and still have many of them today.”

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Five Decades of Dedicated Service: Alan D. Guerci, M.D., President & CEO, (l.), and Ruth Hennessy, EVP & Chief Administrative Officer, (c.), congratulate veteran volunteer Edna Pasquale for donating so many well spent hours to the Hospital.
Everyone has heard of pacemakers, and many have heard about their cousins, implantable defibrillators. Both are mainstays in the treatment of heart rhythm disorders. But unless you are a physician or a patient, you probably don’t know that it takes thin wires called leads to make them work.

If the pacemaker is the orchestra conductor, then the leads are his hands, maintaining the rhythm of life. Clinically, leads are special wires that deliver energy from a pacemaker or implantable cardioverter defibrillator (ICD) to the heart muscle. Because cardiac devices can last for a long time—sometimes over 20 years—these thin wires are subject to wear and tear and occasional malfunction, requiring a procedure called lead extraction.

Since 1989, Lawrence Durban, M.D., Director of Thoracic Surgery, has been performing lead extraction surgery at St. Francis Hospital. It’s a very precise and strategic procedure that requires a great deal of experience and patience. Not many physicians do it, and Dr. Durban often takes referrals and transfers from other hospitals.

“There are very few people that have devoted a lot of time and attention to lead extraction. Most places that perform the procedure, only do a few and do them very selectively because there’s a lot of fear,” explains Dr. Durban. “If you’re not experienced, you’re not going to have the confidence to really get through the procedure. Many of these operations require several steps and several strategies to both take the leads out and put them in. Plus leads can bind in very difficult ways to other leads and to tissue within the heart, so there has to be a lot of attention to detail.”

Jack Soterakis, M.D., Vice President of Medical Affairs at St. Francis, comments Dr. Durban’s proficiency in performing the procedure. “His expertise in safely performing laser lead extraction, a very complex and high risk procedure, has been recognized nationally because of his very good results and outcomes. Dr. Durban conducts tutorials to teach other physicians how to safely perform this procedure.”

In addition to wear and tear and lead malfunction, Dr. Durban also says he sees a number of patients who have infection problems with their hardware and require the leads to be removed, as well as patients who have difficult access issues because of obstruction of the veins that require upgrades or advanced devices. Lead extraction takes about two hours and the patient is usually able to go home the next day. The primary tool that Dr. Durban uses is called a laser sheath, which goes over the leads to ablate, or separate, binding points and also allows him to open obstructed central veins.

According to Dr. Durban, most physicians who perform lead extraction are electrophysiologists, and that’s because electrophysiologists are usually the implanters of cardiac rhythm management devices. When Dr. Durban first came to St. Francis 20 years ago, he allied himself with Joseph Levine, M.D., Director of the Arrhythmia and Pacemaker Center, who at the time was developing the electrophysiology program at the Hospital. “I became very familiar and experienced early on with regular implantation techniques and as we saw a need to expand to more difficult areas, I was able to provide the surgical support for that, too,” he says.

When it comes to lead extraction, one of the major complications requires immediate surgical attention, which only a surgeon can really provide—but because Dr. Durban is a surgeon he can provide that attention while doing the procedure himself. He says, “because of my experience, I’ve been able to generate protocols and algorithms that can get a patient successfully through the procedure in a very precise and successful way.”

In addition to being a top lead extractor, Dr. Durban performs many procedures related to the diagnosis and treatment of malignancies in the chest, and is very interested in the treatment and care of patients with lung cancer and cancers within the chest. “We’re looking to develop a cancer program at St. Francis. Oncology is definitely an area that could see more growth, but I think we have the technology and expertise to do it and as we’re more recognized both in general surgery and thoracic surgery, we’re going to be able to serve more patients. Patients from other institutions are now viewing us as a major center that has demonstrated excellence in approaching these problems.”
Experienced Hands: 
Roberto Colangelo, M.D., Cardiac Surgeon

He has one of the highest patient outcome rates in the New York metropolitan area. The State Department of Health has given Roberto Colangelo, M.D., a two star rating (its highest rating) for coronary artery bypass surgery based on mortality rates compiled over a three year period.

The highly regarded surgeon attributes his stellar success rates to being a stickler for perfection. “I expect the utmost from myself and everyone else in the OR at all times,” says Dr. Colangelo. He also says he treats each and every patient as if they were a member of his family.

Dr. Colangelo emigrated to the U.S. at the age of three from Italy with his parents. He says he decided to specialize in heart surgery while he was a student at the New York University School of Medicine. “I was undergoing training at Bellevue and saw so many people from underprivileged countries suffering from acute cardiac conditions that could have been treated before they became so sick,” says the St. Francis surgeon. “It was so rewarding to see them being brought back to health. I just wanted to be able to give back to others in the same way.”

The meticulous physician, whose office is filled with cards and letters from grateful patients, has been a surgeon at St. Francis since 1997. He says the most rewarding aspect of his job is being able to take a patient with an acute heart attack and turn the situation around. “It’s an unbelievable feeling to make a heart beat again and save a life.”

South Bay Cardiovascular Joins St. Francis Hospital to Extend Excellence in Cardiac Care

Saint Francis is pleased to announce that one of the leading cardiology practices in western Suffolk County has joined the Hospital. St. Francis Hospital – South Bay Cardiovascular, formerly known as South Bay Cardiovascular Associates, is based in West Islip. The facility offers a broad range of expertise in the diagnosis, treatment and prevention of all types of cardiovascular disease.

“We are extremely enthusiastic about this latest step in our continuing mission to provide the very best cardiac care in the region,” says Ruth Hennessy, EVP and Chief Administrative Officer of St. Francis Hospital. “It will help to connect outstanding heart specialists from the North and South shores of Long Island for a seamless delivery of quality care.”

“Given the changing landscape of healthcare delivery, the time was right for this alignment of hospitals and providers,” says Larry M. Altschul, M.D., FACC, FASE, Senior Partner of South Bay. “Luckily, we have been given the opportunity to join a nationally recognized hospital system that shares our mission, our passion, and our respect for the human element of our profession.”

The thriving practice, founded in 1989, has 16 physicians on staff and has 83,000 patient visits a year. It prides itself on providing leading-edge cardiac care to the community regardless of one’s ability to pay. The practice also offers state-of-the-art echocardiography, nuclear stress tests, and pacemaker and defibrillator device checks. Its interventional cardiologists perform cardiac catheterization procedures at St. Francis as well as Good Samaritan Hospital Medical Center. Members of its arrhythmia department also perform procedures at Good Samaritan.

For more information or to schedule an appointment, call (631) 669-2555.
Jeffrey Wolf, M.D., says he can never forget the devastating images he saw on his TV screen. The St. Francis Pulmonary and Critical Care physician remembers watching a telethon for earthquake ravaged Haiti with his two young sons, when tears came to eyes. The graphic video showed severely injured children the same age as his kids. The doctor promised his sons he would try to help and he did. He embarked on a two week mission to Haiti to provide much needed emergency care to patients desperately waiting for medical attention.

Through the efforts of the International Medical Corps, Dr. Wolf was able to make the trip. The organization was looking for ICU and ER doctors to work at the State University Hospital of Haiti in Port-au-Prince and it sounded like a perfect fit. The doctor knew it would be hard, but said nothing could prepare him for what he would find—a daunting lack of resources and so many survivors clinging to life.

“People were showing up at the hospital, dying from treatable illnesses such as diabetes and asthma, because of a lack of medication, resources or supplies,” says Dr. Wolf. “I thought if these patients were at St. Francis, they would all be fine. I learned how to improvise and was able to practice my specialty—Pulmonary and Critical Care Medicine—without any other distractions.”

The doctor studied French in college, but practiced speaking Creole with Haitian staff members at St. Francis before making the trip. He says he was amazed by the deep sense of faith and indomitable resilience of the Haitian people. “Despite all the adversity, people rarely complained,” says Dr. Wolf. “When I asked a patient ‘how are you doing?’ the universal response that I got from almost everyone, everyday, no matter how ill, was ‘pas plus mal’ which in Creole roughly translates to ‘not too bad.’”

Dr. Wolf says his mission to Haiti was a life-altering experience to say the least. “For the first four months following the earthquake, the hospital operated out of tents. Doctors and nurses had not been paid for months but continued to work,” says the St. Francis physician. “During the earthquake, the nursing school building collapsed, killing the entire second year class of 120 students.”

The doctor says, “My experience has certainly changed the way I look at the world. It’s given me a new perspective on what is really important and what’s not. When I think about any of the problems that I may have, I realize that I have little to complain about. I used to take so much for granted, but now I have a better understanding of just how fortunate we are to live in this country.”
Cultivating Leadership for Tomorrow’s Nurses

St. Francis Hospital’s nursing department has launched a follow-up to its successful Tomorrow’s Nurses program. The new Tomorrow’s Nurse Leaders program, also founded by Ann Cella, MA, MEd, RN-BC, NEA, Chief Nursing Officer and Senior Vice President of Patient Care Services, invites those interested in the field of nursing management and administration to expand their leadership skills.

Prospective nurses can spend a day with St. Francis nurse managers, clinical experts and nurse executives for a first-hand look at the rewards and challenges of nursing leadership. With more than 3 million members, the nursing profession is the largest segment of the nation’s health care workforce. “The professional nurse must be able to deliver high quality patient care in a rapidly changing health care environment,” says Cella. “The Tomorrow’s Nurse Leaders program assures that St. Francis Hospital nurses are well prepared to lead change, and I believe it will also be an important contribution to the nursing profession.”

The goal of the program is to give prospective nurse leaders an inside look at human resource management and fiduciary responsibility, as well as how to create the ideal patient experience, apply evidence-based practice, and how to effectively utilize decision-making tools in the practice of nursing at St. Francis. “With this program, I hope to mentor and engage nurses as transformational leaders and prepare those who can best lead other nurses as managers, educators, administrators, and advanced practice nurses,” says Cella.
St. Francis Hospital Events

Tuesday, May 3

The Guild of St. Francis Hospital’s Spring Luncheon, “An Afternoon on Broadway.”

Americana Manhasset will be sponsoring this popular annual event.

Monday, June 6

St. Francis Hospital’s 37th Annual Golf Classic at Meadow Brook Club, The Creek and Nassau Country Club.

Men, women and foursomes are welcome. Golf reservations will be assigned on a first come, first served basis.

For more information or tickets, call (516) 705-6655