St. Francis Hospital strives to be a regional leader in the prevention, diagnosis and treatment of heart disease while making the health care of tomorrow better through research and education. The Hospital seeks to provide an environment in which excellence in its totality is emphasized, incorporating the scientific, technical, psychosocial and spiritual components of health care. It offers high quality cardiac care and noncardiac services to the community regardless of race, creed, ethnic origin, or ability to pay. As a Catholic health facility, St. Francis Hospital embraces the tradition, values and charism of its founders, the Franciscan Missionaries of Mary, emphasizing respect for the dignity of individuals and compassionate treatment for all.

St. Francis Hospital, The Heart Center® 2012 Annual Report is published by St. Francis Hospital, The Heart Center®. Questions or comments can be directed to St. Francis Hospital, Office of Development and Public Affairs, 100 Port Washington Blvd., Ronkonkoma, New York 11779. (516) 705-6655. Copyright © 2013. All Rights Reserved. St. Francis Hospital is a member of Catholic Health Services of Long Island, the healthcare ministry of the Diocese of Rockville Centre. Writers: Paul Barry, Rosemary Gomez, LaSheka Hunter, Suzanne Stallone • Editorial Assistant: Debra Tischler • Photographers: Steve Moors, Steve Moors Photography • Contributing Photographers: William Bakar and Chris Thaler • Designer: Roger Gorman, Reiner Design.

CONTENTS

5 Catholic Health Services of Long Island: A Message from the President and CEO

6 St. Francis Hospital, The Heart Center A Message from the President and CEO

9 Healing Power

27 The St. Francis Research and Educational Corporation

33 The St. Francis Hospital Foundation

35 Volunteer Organizations: Paying it Forward

36 Officers and Boards of Directors/Trustees

37 Hospital Statistics

38 Medical Staff

41 Mid-Level Practitioners

Long Beach 2012

Last year, so many of our friends and neighbors were devastated by Superstorm Sandy. Instead of hosting our Annual Gala, St. Francis provided a special early Thanksgiving dinner on Saturday, November 17, 2012, to feed 2,500 residents of Long Beach.

Save the Date: Top Hats & Tiaras, Saturday, November 2, 2013, Carlyle on the Green

Gifts to St. Francis Hospital

St. Francis Hospital's commitment to the highest quality cardiac care and medical services has been made possible by a tradition of generous private support. Your contribution, for either general or specific purposes, helps us fulfill our commitment to excellence. The Development staff at St. Francis Hospital is prepared to assist you in planning gifts that provide substantial benefits to both you and the Hospital. For further information on outright gifts, trusts, bequests, and other donations, please call.

Sherry J. Friedman
Vice President for Development and Public Affairs
(516) 705-6653
After years of enduring chronic pain and taking a multitude of medications, Kevin Boris became the first patient at St. Francis to receive a spinal stimulator from Patrick Annello, M.D., Co-Director of Pain Management. The minimally invasive device is implanted below the skin and generates an electric impulse that produces a tingling sensation to alter the brain’s perception of pain. Kevin’s subsequent relief was so remarkable, his mother Eileen, who suffered from chronic back pain and was confined to a wheelchair, underwent the same procedure. Now, both mother and son can pose for a family portrait without being in constant pain.

Amazing Recovery
Looking back on 2011, we reflected upon the power of the CHS family as expressed at St. Francis Hospital in the face of a momentous hurricane. Today, as we assess 2012, who would have predicted that our prospect would include an even greater, destructive force—“Sandy.” A storm that flooded our homes, destroyed our property, blew down thousands of trees, and paralyzed Long Island for weeks. Happily, even in the lee of such destructive forces, the healing power wielded by the people of Catholic Health Services as manifested at St. Francis was able to mitigate, sooth, and help reassure many. Once again, our St. Francis family stood, empowered by its healing mission, to reach out to the displaced and shocked residents on the South Shore, and bring hot food and a semblance of Thanksgiving to those who had lost so much. In itself a small thing, in effect a powerful witness to help heal.

Yet other challenges, different in scope, remained for St. Francis and all CHS: discerning the appropriate adaptation for our Ministry to survive and thrive in this changing world. That adaptation, which would enable us to continue to spread the benefit of “Christ’s healing mission” through St. Francis, was self-evident; like our Sandy response, we must harness our community of feeling, our common strengths, and apply then to the new reality.

Consequently, we have focused at St. Francis and throughout this Ministry to align our strengths across the system. Thus, we are pursuing clinical integration throughout CHS, with St. Francis taking the lead in the cardiac area, both coordinating the work at other campuses, and in some cases, transplanting its special medical charism to other CHS venues. A prime example of the latter is the establishment of St. Francis “Open Heart” at Good Samaritan. While some personnel issues may have delayed it, today we survey two brand new state-of-the-art operating suites at Good Samaritan with a skillful chief surgeon in the wings so he can locally leverage the healing power of St. Francis Hospital.

We are also harnessing the power of the digital age—Electronic Medical Records System (Epic)—to spread our healing mission. Launched at St. Francis in December, earlier at St. Catherine’s, and now available at Good Samaritan and soon at all the CHS hospitals and physician’s offices, CHS eHealth through Epic will connect all of us to a common information platform which will leverage our intellectual/medical capital throughout our Ministry, enhancing our ability to assert our mission of “Excellence in Care” throughout Long Island.

Thus, we have continued, deepened, and broadened Christ’s healing mission by sharing his healing power in numerous ways to those who are hurt, sick, or broken. From solidarity shown in a flooded, inundated town after Sandy, to spreading our clinical expertise to wider audiences, to enlivening communication among St. Francis, her sister facilities, and among all our physicians through CHS eHealth, with each dissimilar but linked step we took in 2012, we continue to move forward, extending the “Healing Power” of this great institution to a wider and wider public. So as St. Francis prayed, the people of St. Francis Hospital continue to show: “For it is in giving that we receive.”
A Message from the President and CEO

Last year, the men and women at St. Francis Hospital continued to do what they do best: practice the highest quality medical science to save and improve lives. At the same time, they also worked hard to excel at the art of medicine, those aspects of care such as thoroughness, compassion, and personal attention that are less tangible but no less important in a person’s health and well-being. This is why we chose “healing power” as the theme of this report, and I invite you to read in these pages the stories of patients and their families who have felt its lasting effect.

In 2012 our work was also recognized more widely than perhaps any time in our history. We were ranked one of the best hospitals in America by U.S. News & World Report for the sixth year in a row, placing 11th in the nation for cardiology and heart surgery. We received top ratings from Consumer Reports and the Leapfrog Group for patient safety, and we earned the highest patient satisfaction scores on Long Island from the federal Centers for Medicare and Medicaid Services (CMS). Recently, our nurses were honored by the American Nurses Association with its prestigious NDNQI Award for Outstanding Nursing Quality, and we were one of only six hospitals in the country to be honored with this distinction.

At the same time as we were earning these honors and distinctions, however, St. Francis was also facing serious fiscal challenges. An historic restructuring of the business of healthcare was well under way, and we experienced significant declines in reimbursement and patient volume. Through the Recovery Audit Contractor (RAC) Program we felt the burden of government clawbacks of funds reimbursed for services rendered as much as three years in the past. We also witnessed a rapid shift of reimbursements from inpatient to outpatient services, which had a substantial impact on the Hospital’s budget in 2012.

Of course we did not stand still as these trends unfolded. We remain committed to quality and growth, and as a result we continued to recruit outstanding physicians to join St. Francis. Our orthopedic surgery program made major strides and in an exciting development in December, we opened the doors of our new Cancer Institute, with plans for continuing our expansion in oncology. In recent months we have also welcomed new cardiologists, primary care physicians, and other specialists to our family.

As the capstone, in October we took the wraps off our new Emergency Department, adding 6,000 square feet of space, state-of-the art enhancements, and an environmentally-friendly setting for emergency care, and everything was completely paid for by our generous benefactors. All of these developments will help us meet the growing and changing healthcare needs of our community, and we expect that they will have a positive impact on our bottom line.

I want to thank our friends and benefactors for all their support in 2012, and for standing with us now and in the years ahead. I am also deeply grateful to the Sisters of the Franciscan Missionaries of Mary who still live and work among us and are shining examples of dedication and purpose. I want to thank our physicians, nurses, staff, and volunteers, for their hard work over the past year delivering St. Francis Hospital’s special brand of healthcare. I am also grateful to our Board of Trustees and their Chair, Peter Quick, for their leadership, and acknowledge Richard J.J. Sullivan, CHS President and CEO, for his stewardship of the CHS system. Finally, I would like to thank our Bishop, the Most Reverend William F. Murphy, for his tireless efforts to bring hope and healing to all the residents of Long Island.
At first, avid runner Andrea Kantor found it hard to believe that her heart could be beating too slowly—about half of the average heart rate. But after being diagnosed with an arrhythmia called bradycardia and receiving a pacemaker from Vinni Jayam, M.D., one of St. Francis’ leading electrophysiologists, the 49-year-old school psychologist set a new personal record. She ran up the stairs of the Empire State Building (all 86 floors) after winning a lottery to participate in the annual contest. Andrea clocked in at 19 minutes and 14 seconds, finishing first in her age category and the third female overall.
By most measures, 2012 was an outstanding year in terms of clinical performance for the staff of St. Francis Hospital. Employing the most advanced treatments, state-of-the-art technology, and its signature brand of compassionate care, the Hospital marshaled its healing power in the service of thousands of patients from Long Island, the wider region, and from around the world. Even as the Hospital felt the forces of change in the business of healthcare, St. Francis earned unprecedented recognition for excellence in cardiac and noncardiac care, nursing, patient satisfaction, and patient safety:

- For the sixth consecutive year, *U.S. News & World Report* named St. Francis one of America’s best hospitals. It was the only hospital on Long Island to be ranked in cardiology and heart surgery, and the only one to be ranked in three adult medical and surgical specialties. In addition to cardiology and heart surgery, the magazine honored St. Francis once again as a leader in gastroenterology, geriatrics, and neurology and neurosurgery.
- *St. Francis Hospital* the safest hospital in the New York City metropolitan area.
- The Cardiothoracic Intensive Care Unit (CTICU) at St. Francis Hospital received a gold-level Beacon award for Excellence from the American Association of Critical-Care Nurses, the only CTICU in New York State to win the award.
- The DeMatteis Center for Cardiac Research and Education at St. Francis Hospital received the Summit Award from Press Ganey for outstanding patient satisfaction.
The American Nurses Association honored St. Francis with its NDNQI Award for Outstanding Nursing Quality®. St. Francis Hospital was one of the only six hospitals in the U.S. to achieve the prestigious recognition for enhancing the quality of nursing services that affect patient outcomes.

The Leapfrog Group, a nonprofit organization that promotes patient safety, gave St. Francis a top score of “A” on a new safety score that assesses hospitals nationwide on the quality of their care.

One of the Nation’s Best Cardiac Surgical Teams

St. Francis Hospital’s highly skilled team of cardiothoracic surgeons performed 1,337 open heart surgeries in 2012 – one of the busiest caseloads in the region. Their recognized expertise in a wide array of procedures including cardiac bypass surgery and valve replacement helped to boost the Hospital’s U.S. News ranking to #11 nationwide for cardiology and heart surgery.

Led by Newell Robinson, M.D., Chairman of Cardiothoracic and Vascular Surgery, the department’s highly versatile hybrid OR experienced increasing demand in 2012. The state-of-the-art operating room allows cardiac surgeons and interventional cardiologists to perform procedures along side each other on the same patient giving patients the “best of both worlds.”

Procedures such as coronary artery stenting, normally performed in the cardiac catheterization laboratory, can be performed in the hybrid OR along with surgeries such as valve replacements. This all-in-one approach helps save time and eliminates the need to transport patients from room to room. It also keeps patients from having to undergo anesthesia twice. The hybrid OR is also ideally suited for treating patients in national clinical trials such as the CoreValve aortic valve replacement trial. In addition, the room’s configuration and advanced imaging technology makes it ideal for surgeons such as Richard Matano, M.D., Director of Vascular Surgery, to perform a wide range of procedures.

“We are constantly looking for new advances in technology Revolutionizing the Treatment of Heart Disease: Newell Robinson, M.D., Chairman of Cardiothoracic and Vascular Surgery, was instrumental in bringing the multi-versatile hybrid OR to St. Francis Hospital. He is also one of the lead investigators for the CoreValve clinical trial, a national study that could change the face of aortic valve replacement.
The day before she turned three, Kristen Murphy was diagnosed with a hole in her heart. But after receiving a minimally invasive procedure from Sean Levchuck, M.D., Chairman of Pediatric Cardiology, Kristin – now 14 – bounced back in a big way. The dancer-singer-gymnast or so-called “triple threat” has performed at the Westbury Music Fair and the Alvin Ailey American Dance Theater in New York City. One day she hopes to see her name up in lights on the “Great White Way,” Broadway.
and treatments to provide our patients with the best heart surgery in the country. Our hybrid OR is a reflection of our ongoing dedication and commitment to provide topnotch cardiac care in a state-of-the-art setting,” says Dr. Robinson.

Superior clinical outcomes are the result not only of the experience and expertise of surgeons, but the overall excellence of the surgical team, including nurses, anesthesiologists, perfusionists, and others. In 2012, St. Francis Hospital’s Cardiothoracic Intensive Care Unit (CTICU) received a gold-level Beacon Award for Excellence from the American Association of Critical-Nurses (AACN). St. Francis was the only hospital in New York State to receive this prestigious recognition, which signifies excellent and sustained unit performance and patient outcomes.

Interventional Cardiology

The Cardiac Catheterization Lab of St. Francis Hospital continued to be one of the busiest and safest facilities of its kind in the region. More than 10,000 cardiac catheterizations were performed in 2012 including over 2,700 percutaneous coronary interventions (PCIs or angioplasties with stents), and other cardiac and peripheral vascular interventions.

In 2012, the Hospital’s Cath Lab, led by Thomas Pappas M.D., was recognized once again by the New York State Department of Health (NYSDOH) for excellence in cardiac care. The comprehensive cardiac report identified St. Francis as having one of the highest volumes and lowest mortality rates in the state for PCI procedures.

St. Francis was one of just four hospitals in the state and the only hospital on Long Island with risk-adjusted mortality rates significantly below the statewide average, and its cardiologists performed the highest volume on Long Island and the second largest caseload in the state. One St. Francis cardiologist, Andrew Lituchy, M.D., was recognized for having a risk-adjusted mortality rate significantly below the statewide average for non-emergency stent procedures.

“The statewide findings reflect our highly regarded reputation as one of the most experienced and safest medical centers in the nation for performing PCIs,” says Dr. Pappas.

The Cath Lab was also the center of several major nationwide studies that could change the face of treating heart disease. They
include the Symplicity HTN-3, which relies on a catheter-based device to treat patients with stubbornly high blood pressure.

“These are exciting times for our interventional cardiologists,” says George Petrossian, M.D., Director of Interventional Cardiovascular Procedures and a lead investigator in both trials. “We are at the forefront of testing new procedures that can offer patients an alternative to traditional cardiac surgery.”

Recently, Dr. Petrossian collaborated with Andrew Berke, M.D., Director of Interventional Cardiology Research, and Joseph Levine, M.D., Director of the Arrhythmia Center, on a new non-surgical procedure aimed at reducing the risk of stroke for patients with atrial fibrillation. The minimally invasive approach, called left atrial ligation, involves tying a suture around a small “out pouching” outside the of the heart’s left atrium, where blood can stagnate and form clots in patients with this form of arrhythmia. The procedure offers new hope for patients who are not able to take blood thinners to prevent clots or who are concerned about bleeding risks associated with these medications.

Under the leadership of Richard Shlofmitz, M.D., Chairman of Cardiology, the department remained at the forefront of new investigative approaches that could change PCI protocols and the standard of care for stent patients. In 2012, Dr. Shlofmitz released the findings of a research study he conducted on patients who have a genetic resistance to the popular blood thinner Plavix.

By using a simple blood test called VerifyNow, Dr. Shlofmitz is able to immediately determine if a patient’s platelets are responding to the drug. If they are not, he prescribes an alternative blood thinner called Effient. After studying the alternative drug’s effects through his research, the top-ranked interventional cardiologist says he now uses it for most patients, “because it works all the time.”

Arrhythmia and Pacemaker Center

In 2012, physicians at the Arrhythmia and Pacemaker Center of St. Francis Hospital performed more than 3,600 cardiac arrhythmia procedures including ablations and implantations of pacemakers and AICDs (implantable defibrillators). Led by Joseph Levine, M.D., Director of the Arrhythmia Center, this nationally and internationally renowned center remained a recognized leader in treating abnormal heart rhythms with nearly perfect safety and success rates.

Dr. Levine and his team are pioneers in shaping developments in electrophysiology. They were among the first to offer implantable defibrillators as a tool to prevent sudden cardiac death and are the leaders in the use of radiofrequency cardiac
Ninety-year-old Oswaldo Tonarelli suffered from aortic valve stenosis and frequently found himself out of breath. But after taking part in a major nationwide research study and receiving a minimally invasive device called CoreValve from George Petrossian, M.D., Director of Interventional Cardiovascular Procedures, Mr. Tonarelli’s valve was repaired. Now the retired restaurant owner is breathing a lot easier thanks to his favorite doctor and nurses, Lyn Santiago, R.N., (l) and Dawn Zioba, R.N., (r).
Ablation to permanently cure atrial fibrillation (AF), the most common form of arrhythmia which affects 2.2 million people in the U.S. AF is associated with a stroke rate that is five to eight times higher than average.

Today, the center performs one of the largest volumes of arrhythmia procedures in the U.S., and this extensive experience allows the medical team to diagnose with accuracy, recommend and perform the appropriate treatment with the best results, and provide substantial follow-up in every case. At the same time, proved in Europe, but has not yet received FDA approval.

According to Dr. Levine, blood-thinning medications such as warfarin are used to reduce the risk of stroke, but they can be difficult for some people to tolerate, and may carry a risk of serious complications, such as bleeding. “We are always looking for new ways to best treat our patients, and patients need to know they are at a center that is able to offer all of the options.”

The Arrhythmia Center’s highly skilled team of electrophysiologists are noted experts in diagnosing and treating a wide range of arrhythmias including fibrillation (fast, unsynchronized beats), tachycardia (fast heart rate), and bradycardia (slow heart rate). The team includes David Hoch, M.D., Vinni Jayam, M.D., Stuart Schecter, M.D., and William Shin, M.D.

Quality Imaging, Better Outcomes

At St. Francis Hospital, diagnostic imaging is central to the Hospital’s ability to provide the highest quality patient care. It is
the department’s breakthrough technological advances in radiology and the expertise of our radiologists that consistently deliver excellent service.

Led by Kenneth Goodman, M.D., Chairman, the radiology department performed 190 oncology positron emission tomography (PET)/Computerized Tomography (CT) procedures in 2012. The department anticipates PET/CT procedural growth in 2013 as a result of the development of the Oncology Department. The department continues to offer patients the ability to receive a copy of their radiology report seven days after it is interpreted, allowing sufficient time for the referring physician to receive the report before the patient.

In 2012, the department continued its focus on reducing radiation dose to patients receiving CT scan procedures. This was accomplished by the installation of Adaptive Statistical Intuitive Reconstruction (ASIR) software in 2010. The ASIR technology has the ability to reduce patient dose by 40 percent and when joined with the snapshot pulse software on the CT scanner, the radiation dose to the patient can be reduced up to 83 percent for patients undergoing cardiac computed tomography angiography (CTA) procedures.

Along with this technology, the department installed Dose Check software on the Emergency Department CT and PET/CT scanner in 2011. These features include a dose notification screen, which alerts the technologist to unusual variations in radiation dose. In order for the technologist to proceed, he or she must indicate a reason and input a password that is tracked and reviewed for compliance.

In 2013, the radiology department is expecting to install an additional CAT scanner that will enhance workflow by setting the benchmark for advanced cardiovascular imaging while simultaneously improving diagnostic accuracy and lowering dose in all exams.

Clinical Update

In 2012, three of St. Francis’ noncardiac specialties were once again ranked among the best in the nation by U.S. News &
St. Francis chaplains play a vitally important role in the healing process, ministering to patients of every faith. Whether it is holding a hand, having a laugh, listening, or praying in an hour of need, they are the best company and offer strong medicine for the soul. Here, St. Francis Chaplain, Sister Stella Slonski, CSJ, visits with Infusion Center patient, Virginia Burlin.
Healing Power

Leaders in Surgery: (from l. to r.) Gary Gecelter, M.D., Chairman of the Department of Surgery, has enhanced the Hospital’s reputation for excellence in noncardiac care through leading edge procedures and innovative medical programs. Richard Johnson, M.D., Director of Neurosurgery, has helped make St. Francis a national leader in this growing noncardiac specialty.

World Report, further enhancing the Hospital's reputation as a leader in both cardiac and noncardiac care. St. Francis was not only rated one of the best hospitals in the country for geriatrics, neurology and neurosurgery, and gastroenterology, it was also ranked regionally by U.S. News as high performing in six specialties including cancer, ear-nose-throat, nephrology, orthopedics, pulmonology, and urology.

Having established a robust cancer surgery program over the past four years under the leadership of Gary Gecelter, M.D., Chairman of the Department of Surgery, St. Francis was able to recruit Bhoomi Mehrotra, M.D., as Director of Oncology and The Cancer Institute. The appointment, along with redesigning existing space at the Hospital for a 12-chair outpatient infusion center, marked the first step in developing a world-class, state-of-the-art medical oncology center at St. Francis.

“We are putting our ‘heart’ into cancer care,” says Dr. Gecelter, who has been working with Richard Shlofmitz, M.D., Chairman of Cardiology, and Dr. Mehrotra to develop a comprehensive cancer program that is as compassionate and excellent as the Hospital’s reputation for heart care.

“Our goal is to give the best cancer care in our own community and do whatever we can to facilitate interactions and cooperation between different caregivers so that the care our patients need can be delivered in a high-quality, personalized way right here in their backyard,” says Dr. Mehrotra.

Led by Richard D’Agostino, M.D., the Hospital also continued to expand its Department of Orthopedic Surgery and increase the volume of elective procedures performed at St. Francis. It also introduced a procedure that is new to the Hospital. In 2012, Bruce A. Seideman, M.D., Chief of Joint Replacement Surgery, began performing anterior hip replacements, an alternative to the traditional posterior hip replacements more commonly performed in the United States. The procedure, performed on a HANA table, offers patients quicker recovery times and less pain, and helps them avoid certain precautions they would have to take after traditional hip replacement.

In addition, four members of the ISK Orthopedic Group brought a unique addition to St. Francis when they joined the Hospital – a fellowship program. The program specializes in
sports medicine and hip and knee replacement with a main focus on knee surgery, says orthopedic surgeon William Long, M.D. Besides bringing a research focus to St. Francis, Dr. Long feels the ISK fellowship elevates the already stellar patient care at St. Francis. “Patients often have two orthopedic surgeons now looking after them, rather than one,” he adds.

The First Green ER on Long Island

After years of careful planning, St. Francis Hospital took the wraps off the first “green emergency room” on Long Island. Like many hospitals across the region, increasing demand for emergency medical care prompted the Hospital to expand and upgrade its emergency department. However, when the time came for St. Francis to renovate its ER, in addition to creating a facility with an eye on comfort, care, and state-of-the-art life-saving tools, the Hospital also saw an opportunity for environmental stewardship.

St. Francis expects to obtain Silver LEED Certification – a step above the standard certification for green spaces—now that the renovation is complete. LEED, which stands for the Leadership in Energy and Environmental Design, provides a Green Building Rating System™ that is a third-party certification program. It serves as a benchmark for organizations, such as St. Francis, seeking to design, construct, and operate high-performance green facilities.

“We place a great deal of emphasis on the environment of care, and going green is just a natural reflection of our commitment to the community, our patients, and the heritage of St. Francis,” says Alan D. Guerci, M.D., President and CEO.

This new facility represents another milestone – the Hospital’s first construction project fully funded by philanthropy. Donors contributed more than $8 million in support of the expansion. Many were inspired by the opportunity to give back to the community as well as to honor the caregivers who made a difference in their lives.

The new renovation dramatically improves the interior of the Hospital’s emergency department, which saw a nearly 21 percent increase in visitors in the last five years. Featuring an
Roberto Colangelo, M.D., one of St. Francis Hospital’s most distinguished cardiothoracic surgeons, stands in front of one of four walls in his office covered with multitudes of thank you cards and letters of appreciation from his grateful patients. Dr. Colangelo has been recognized many times for his outstanding risk-adjusted mortality rates for valve, bypass, and valve/bypass surgery. He also continues to be active in the CoreValve research taking place at St. Francis.
increase of over 6,000-square-feet, negative pressure private and semi-private rooms, and electrically opaquing “privacy glass,” the new construction provides state-of-the-art treatment space. The eco-conscious design also includes using environmentally sustainable materials for walls and floors, expanding the Hospital’s recycling program, and implementing a series of energy conserving measures to reduce demand for water and electricity.

“This leading edge, eco-friendly facility enables us to provide our patients with architecture and space that are as good as our medical care,” says Mark Hoornstra, M.D., Chairman of Emergency Medicine.

Nursing Excellence at St. Francis

Nursing is at the heart of the patient care that is provided at St. Francis, and the Hospital has a longstanding tradition of nationally recognized nursing excellence. In 2012, St. Francis Hospital received the American Nurses Association (ANA) NDNQI Award for Outstanding Nursing Quality. The award recognizes hospitals for achieving overall excellence in nursing-sensitive quality measures, such as R.N. satisfaction, patient outcomes, and patient satisfaction. St. Francis was one of only six hospitals in the U.S. to achieve the award because of its notable reduction in hospital-acquired pressure ulcers and patient fall rates – consistently beating the national mean on both measures.

On February 6, 2013, Ann Cella, R.N., Senior Vice President of Patient Care Services and Chief Nursing Officer, accepted the award at the NDNQI conference in Atlanta. “It was a huge honor for me to be there. It was a humbling experience,” says Cella. “I accepted the award on behalf of every nurse at St. Francis Hospital.”

Also last year, the Cardiothoracic Intensive Care Unit (CTICU) at St. Francis Hospital, received a gold-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). The award recognizes hospital unit caregivers who successfully improve patient outcomes and align practices with AACN’s six standards for a healthy work environment.
environment. Units that achieve this three-year, three-level award with gold, silver, and bronze designations meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award, and the National Quality Healthcare Award. St. Francis is the only hospital in New York State to receive this recognition.

Last summer, the Hospital received an "A" on a new safety score that rates hospitals on the quality of their care. The letter-based rating system was devised by The Leapfrog Group, a nonprofit organization that ranks hospitals nationwide. St. Francis was one of only two hospitals in Nassau County to receive the highest score. The nursing department played an instrumental role in the Hospital achieving this excellent result.

“Our clinical outcomes far exceed those in the nation, hence the reason for the Leapfrog recognition,” says Cella. “And this is because of the interdisciplinary collaboration and cooperation from everyone at St. Francis, from the medical staff to security.”

In May of 2012, St. Francis and its nursing department once again received the American Heart Association/American Stroke Association’s Get With The Guidelines® Stroke Gold Plus Quality Achievement Award, which recognizes the Hospital’s commitment and success in implementing excellent care for stroke patients, according to evidence-based guidelines.

In 2010, St. Francis Hospital earned Magnet designation for nursing excellence for the second consecutive time, an honor awarded to only 7 percent of American hospitals. In the spring of 2013, the nursing department will be submitting an interim report for Magnet designation and is working toward achieving redesignation in 2015. This fall, Cella will attend the annual Magnet conference in Orlando, Florida, and give a presentation with Donna Rebolo, Assistant Vice President of Nursing.

“This is an exciting time for the nurses here at St. Francis and I appreciate their dedication, commitment, and hard work to earn all of the accolades we received,” says Cella.

Education and Outreach

St. Francis Hospital’s mission of offering education and outreach to a wide range of communities and patients continued in 2012. Its mobile clinic provided cardiovascular health screening and counseling to nearly 5,000 people throughout Long Is-
The Cardiothoracic Intensive Care Unit (CTICU) at St. Francis Hospital received a gold-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN) in 2012. St. Francis was the only hospital in New York State to receive this prestigious national nursing recognition, which signifies excellent and sustained unit performance and patient outcomes. While our nurses continually achieve the highest honors including Magnet designation, our patients are the real winners when it comes to getting the very best in patient care. Members of the outstanding team are (l. to r.) Joan Wallace, R.N., Nurse Manager; Margaret Raylman, R.N.; Bernadette Semenick, R.N.; Emily Sorvillo, R.N.; and Patricia O’Connor, R.N.

Heart of Gold
land and Queens, including victims of Superstorm Sandy. It also screened almost 800 more patients and provided flu shots through the Hospital’s affiliation with Catholic Health Services’ Healthy Sundays initiative.

Uninsured mobile clinic patients with serious underlying heart conditions were referred to the Hospital’s Cardiac Outreach Department, directed by Louise Spadaro, M.D., one of Long Island’s leading cardiologists. Dr. Spadaro and her medical team also treated patients without health insurance who were referred to them by the Bishop McHugh Health Center and South Bay Cardiovascular – two St. Francis satellite facilities – and by RotaCare, a charitable organization that provides free health care to people in need.

During that same year, our Cardiac Fitness & Rehabilitation Center remained one of the busiest facilities of its kind in our region, receiving more than 60,000 annual patient visits. Based at the award-winning DeMatteis Center for Cardiac Research & Education in Greenvale, it continues to be the largest hospital-based program of its kind on Long Island. In addition to Cardiac and Pulmonary Rehabilitation, the Center offers workshops in yoga, tai chi, and exercise for employees.

Our cardiac prevention programs reached generations of patients in our ongoing fight against heart disease. In an effort to prevent sudden cardiac death, our Student Athlete Screening Program screened nearly 350 high school students for potentially dangerous heart conditions. We also trained almost 7,000 people from all walks of life in CPR, as well as Advanced Cardiac and Pediatric Life Support.

St. Francis Hospital’s efforts extended not only regionally but globally. The Hospital provided lifesaving cardiac procedures to children from around the world, including countries such as Russia, Kosovo, and Haiti. Through our longstanding partnership with Gift of Life International, children who could not receive these procedures at home were successfully treated here.

The Hospital’s work in the community carries on a tradition of caring established by our founders, The Sisters of the Franciscan Missionaries of Mary, and the Hospital remains committed to their original vision of providing care for those in need, whether they are in the local community, the wider region, or from around the world.
(From left to right) Elizabeth Haag, R.N.; Research Nurse Manager; Nathaniel Reichek, M.D., Director of Research; Kathleen Rapelje, Chief Technologist CT; and Jie Jane Cao, M.D., Clinical Director of Cardiac CT and MRI, have been actively involved in conducting coronary artery angiograms (CTAs) for researching protocols on transcatheter aortic valve insertion (TAVI), which will offer new hope for patients with severe aortic stenosis who cannot safely have surgery.
Research has played a crucial role in the development of new cardiovascular diagnostic and treatment modalities at St. Francis Hospital. The Research Institute is located at The DeMatteis Center for Cardiac Research and Education in Greenvale. The 14,500-square-foot facility is the home of research programs using some of the most advanced and technologically leading-edge cardiac imaging methods, including magnetic resonance imaging (MRI), computed tomography (CT), and 3-D echocardiography. With Nathaniel Reichek, M.D., a renowned cardiac imaging expert, as its leader, and its experienced, world-class staff, the Research Institute is a premier center for improving cardiac care through research, education, and prevention.

The opening of St. Francis Hospital’s Cancer Institute in December 2012, has allowed the Research Institute to develop a focused research program in detecting adverse effects on the heart, such as cancer, chemotherapy, and radiation, more proficiently. The group will work closely with Bhoomi Mehrotra, M.D., Director of the Cancer Institute and the Hospital’s Director of Oncology, to assist him in recruitment of staff and organization of clinical studies.

The research group is also planning a new imaging initiative to develop better ways to detect any adverse effects of chemotherapy on the heart, a long-standing challenge. “But now we have much better techniques available and getting a program started in that area is very exciting,” says Dr. Reichek. Haoyi Zheng, M.D., a recently recruited member of the imaging group and formerly a cardiologist at New York University, has research expertise in cardiac effects of cancer chemotherapy and has developed a research protocol to evaluate potentially preventive medication that may protect the heart if given at the outset of chemotherapy. “It’s been used to reduce heart muscle damage that’s already present but whether it can be given earlier is the question,” says Dr. Reichek. “Does treating very early do a better job? It’s a very active area of concern and I’m really pleased that we have an opportunity to contribute, especially since there are some new imaging methods for early detection that I think are going to be very useful.”

In 2012, St. Francis participated in further expansion of research protocols on transcatheter aortic valve insertion (TAVI), a form of treatment that can offer new hope for patients with symptomatic, severe aortic stenosis who cannot safely have surgery. Elizabeth Haag, R.N., Research Nurse Manager, and her team are now screening patients daily for eligibility for TAVI. Given their experience in working with these types of patients on research protocols, Haag’s group is also helping to evaluate patients who are candidates for a form of TAVI that is already FDA
approved and in clinical use, called the Sapien prosthesis.

Since the Hospital’s upgrade of the DeMatteis Center MRI scanner to a 32-channel system (the first of its kind on Long Island), researchers like Jie Jane Cao, M.D., Clinical Director of Cardiac CT and MRI, can now obtain much faster and sharper cardiac images. Last year, Dr. Cao published several important papers in major journals such as the American Heart Association’s *Circulation Cardiovascular Imaging*, on new ways to assess the effectiveness of the heart in circulating blood around the body, as well as on evaluation of blood flow in the lungs and the effects of heart disease on lung blood flow.

James Goldfarb, Ph.D., a physicist and biomedical engineer in the St. Francis Cardiac MRI program, has been doing innovative work developing new methods for detection of hemorrhage into heart muscle during heart attacks. “This is one of the potential problems that can occur when you relieve coronary artery blockage because the blood vessels in the heart muscle have been damaged and can leak when you restore blood flow with a stent,” explains Dr. Reichek. “Patients who experience such bleeding have bigger heart attacks and do worse over time than those who don’t. Dr. Goldfarb’s new methods for this and many other problems in cardiac imaging have been very widely adopted by other centers.”

Andrew Van Tosh, M.D., Clinical Director of Nuclear Cardiology, is working with Kenneth Nichols, Ph.D., a leading investigator in nuclear cardiology, to develop new methods for evaluating the coordination, or synchrony, of heart contraction using radionuclide techniques. In the past, this problem has been evaluated largely with echocardiography, but the methods used have some limitations and nuclear imaging may improve such evaluation. “This is important because many of the hearts that go into heart failure because they don’t pump strongly enough not only have weaker pumping function, but they lose coordination of the different parts of the heart walls. That’s what asynchrony really is,” says Dr. Reichek. “You can actually restore synchronous contraction using a multi-lead pacemaker, and Dr. Van Tosh and Dr. Nichols have shown that computerized nuclear imaging techniques can create very reproducible and reliable results that may benefit patients in the future.”

**Evolving Echocardiography**

Dennis Mihalatos, M.D., Director of Clinical Echocardiography, has been working on better ways to use echocardiography to evaluate narrowing of the aortic valve in aortic stenosis. Using state-of-the-art three-dimensional imaging technology, he is evaluating the shape of the left ventricular outflow tract (LVOT), which plays a critical role in determination of aortic valve area (AVA) and the degree of aortic stenosis. After analyzing over 300 CT angiograms with Michael Passick, R.D.C.S. (registered diagnostic cardiac sonographer), preliminary results revealed that the LVOT is actually an elliptical structure. Currently, Dr. Mihalatos has expanded his research to include patients who have had TAVI, and is using CTA data along with two and three-dimensional echocardiographic data to compare findings between the different leading-edge methods and to assess how they relate to the determination of aortic stenosis severity.

Eddy Barasch, M.D., Co-Director of Echocardiography is pursuing still another line of research on aortic stenosis. He has shed new light on the risk of the disease to patients in which the disease appears to be mild because there is not a big pressure drop across the valve, even though the size of the opening in the valve appears to be small. Dr. Barasch has been able to show that such patients are at substantial risk of adverse outcomes and benefit from valve replacement just like patients with big pressure drops across the valve.

Aasha Gopal, M.D., Director of Advanced Echo Technology, has been working with new three-dimensional echocardiography
techniques that look at heart muscle contraction abnormalities. She has shown that the 3-D approach is more powerful than the ordinary two dimensional imaging approaches for looking at the heart wall. “One of the things that this may lead to is doing stress testing with less stress,” says Dr. Reichek. “It looks as if you can detect abnormal contraction within the wall of the heart due to a narrowed artery with less stress, whether it’s with exercise or giving medication than it takes if you’re just looking at how well that portion of the heart wall is pumping blood. It looks like it’s going to be a more sensitive technique that will simplify stress testing in the future.”

Richard Shlofmitz, M.D., Chairman of Cardiology, presented studies at several cardiology meetings comparing the effectiveness of drugs used during stenting procedures. He also published an abstract titled “Optimal Same-Day Platelet Inhibition in Patients Receiving Drug-Eluting Stents With or Without Prior Maintenance Thienopyridine Therapy,” which described a new way to assure that patients had optimal blockade of blood clot formation on the day of stenting.

Looking Forward

George Petrossian, M.D., Director of Interventional Cardi-vascular Procedures, and Joseph Levine, M.D., Director of Electrophysiology, are beginning studies on new ways of preventing blood clots in patients with atrial fibrillation that do not require lifelong treatment with anticoagulants. In atrial fibrillation, the upper chambers of the heart stop beating in a coordinated way. Normally, the upper chambers work as a pump primer for the more powerful lower chambers, contracting before the lower chambers and filling them with additional blood.

However, in atrial fibrillation, the coordination of atrial contraction is lost. This permits blood clots to form in the upper chambers, usually in the left atrial “appendage,” and not the main chamber of the left atrium. Such clots can be pumped out of the heart and cause strokes or damage to other body organs besides the brain. To prevent this, the standard treatment has been to give medications that block coagulation of blood, but these medications bring some risk of bleeding as well as the risk of more clotting if patients forget to take them or stop taking them. “There are now several different kinds of devices that can be introduced either by catheter or using a needle puncture directly through the chest wall that can block off this ‘appendage’ so that blood doesn't flow in or out of it,” says Dr. Reichek. “This approach can be as effective as anti-coagulant medication in preventing blood clots and preventing strokes.”

In 2012, St. Francis researchers presented over 40 original research papers at scientific meetings of organizations such as the American Heart Association Scientific Sessions, Society of Cardiovascular Magnetic Resonance, International Society of Magnetic Resonance in Medicine, American College of Cardiology, American Society of Nuclear Medicine, and American Society of Echocardiography, 14 of which were published as full-length articles in major journals such as *Journal of Cardiovascular Magnetic Resonance, Journal of American College of Cardiology, Circulation Heart Failure, Journal of the American College of Cardiology*, and *Texas Heart Institute Journal*.

Out of the 75 clinical protocols monitored by the Institutional Review Board (IRB) in 2012, 23 were sponsored by the Research Institute. They included seven clinical trials that were initiated and are actively enrolling patients. An additional 10 clinical trials are slated to undergo IRB submission and begin enrollment in the second quarter of 2013. This level of activity promised to reinforce and expand the Hospital’s reputation nationally and internationally as an important contributor to cardiac research.
As the St. Francis Hospital community celebrated the opening of its new Emergency Department in October 2012, its unique construction proved to be notable in more ways than one. Lauded as Long Island’s first “green” ER, its use of eco-friendly features and sustainable materials qualify the space for LEED (Leadership in Energy and Environmental Design) certification.

The spacious new Emergency Department is also unique because it was built with gratitude – $8 million worth to be exact. This was the first time in St. Francis Hospital’s history that a construction project had been funded entirely by philanthropic support.

For many donors, it was an opportunity to give back and honor the caregivers who made a difference in their lives.

Just two weeks later, as Hurricane Sandy hit, this community support became a lifeline. St. Francis Hospital quickly jumped into action to accept patients from hospitals and nursing homes evacuating on the South Shore of Long Island.

As the extent of storm damage across the area became apparent, the Hospital mobilized to transform its annual black-tie gala into an early Thanksgiving dinner in Long Beach for 2,500 displaced residents. Nurses from the St. Francis Hospital Community Health Program were also on-site to offer free health screenings and flu shots. Event honorees Tanja and James Dixon, as well as hundreds of other donors who had previously planned to attend the Gala, readily shifted their support to assist with these efforts.

The St. Francis Hospital Foundation also hosted a successful Golf Classic in June, honoring Peter Striano and chaired by John C. Doscas. In 2012, funds raised for the St. Francis Hospital Foundation totaled $3.9 million in new cash and pledges, including major gifts, planned gifts and support for the annual fund, and special events.
St. Francis Hospital’s Green ER — the first of its kind on Long Island — was fully funded by donations. The recently renovated, eco-friendly facility features state-of-the-art lifesaving tools. Bishop William F. Murphy (r.) of the Diocese of Rockville Centre, took a tour after giving the newly redesigned department his blessing.
Twenty-one-year-old Tiffany Rose Miller is one St. Francis Hospital's youngest and most vibrant volunteers. The college junior, seen here with veteran volunteers Paul Rabbiner (l.) and Andy Wainer (r.), gets up at the crack of dawn four days a week to volunteer at the Hospital before going to class. The spirit of giving has been so inspiring that Tiffany says she hopes to one day become the CEO of a hospital.
Volunteer Organizations:

Paying it Forward

You can find them at the information desk, behind the counter in the gift shop, or delivering a warm blanket to a patient. These are the St. Francis Hospital volunteers and since the hospital first opened its doors, they have been an integral part of the patient’s lives, as well as the lives of the doctors, nurses, and staff. In 2012, 613 men and women, ages 14 to 96 years-old donated over 69,000 hours of their time to St. Francis Hospital, totaling $1.5 million for their collective service, based on figures compiled by the U.S. Bureau of Labor Statistics.

The volunteers, in their signature jackets, contribute their services to the Emergency Department, Information Desk, Pastoral Care, PACU, Patient Relations, Admitting, Patient Transport, Dietary, Clerical, gift shop and the Hospital’s Endoscopy Unit, seven days a week, 365 days a year. They also staff the surgical waiting areas in the Heart Center Waiting Room and the DeMatteis Center Waiting room at St. Francis and the cardiac rehabilitation center at the DeMatteis Center.

Before Arlene Miller passed away in May 2013, she was the Hospital’s oldest volunteer at 96 years-old and has donated over 37,000 hours of her time, while Edna Pascal, who retired in early 2012, had been a volunteer at St. Francis for 51 years. Last year, Bill Johnson donated the most hours out of any volunteer, giving 1,325 of his valuable time to St. Francis.

Also in 2012, the Hospital had 163 volunteers under the age of 20. These junior volunteers often transport patients, run errands, and deliver newspapers. Barry Baretela, Director of Volunteers, says that in addition to the Hospital being listed in some of the volunteer directories at local schools, the teenagers hear about the friendly, warm atmosphere and how great it is to volunteer at St. Francis through their peers. “They tell each other, ‘You should volunteer at St. Francis,’” says Baretela.

Many of the older volunteers, at one time or another, have been patients at St. Francis Hospital, and for most of them it’s because of the excellent care they received that they choose to give back their time. “People have been treated so well by the doctors and nursing staff at St. Francis that they want to give something back to the hospital,” says Baretela. “I have a waiting list for volunteers because there are so many people who love this hospital. I’ve heard many say, ‘I was treated with such care by the staff and that’s why I want to volunteer here.’”

According to Baretela, volunteering at St. Francis is also appealing because the Hospital doesn’t have the “business-like” atmosphere that a lot of the bigger hospitals have. “Sometimes volunteers get lost in the shuffle at those places. They want to be able to walk through the lobby, through the halls. They like the feeling of home here,” says Baretela.

Looking forward, Baretela hopes to implement a new program called “Friendly Visitors” where volunteers will visit patients who don’t get visitors, sit and chat with them, or even play cards. He also plans to have the teenage volunteers sit near the front desk to escort some of the older patients and their families to different parts of the Hospital.

With these new programs on the horizon and the long list of volunteers waiting to donate their precious time to St. Francis, the department continues to grow considerably since 1941 when several women volunteers established the The Guild of St. Francis. Nearly seven decades later, the Guild continues to thrive. In 2012, the Guild hosted a number of notable fundraising events, including their Spring Luncheon in May, as well as “A Day at the Races” luncheon in October. Their dedicated efforts, together with proceeds from The St. Francis Hospital Gift Shop, resulted in $125,000 of donations, bringing them one step closer to fulfilling their second $1 million pledge to the Hospital’s Master Facilities Plan.

The Brave Hearts of St. Francis also continued to provide support and information for recovering heart patients. This volunteer group was founded in 1975 by a group of patients who had received lifesaving cardiac care at St. Francis. Their mission is to serve as ambassadors for all open-heart surgery patients, and today the group continues to promote friendship between open-heart patients, their families and the Hospital. In 2012, the Brave Hearts donated $40,000 in support of the Hospital’s renovation of The Heart Center. This gift represents the Brave Hearts’ first payment on their new pledge of $125,000. The group previously donated $100,000 in support of the first phase of the Hospital’s Master Facilities Plan which included the creation of the Nancy and Frederick DeMatteis Pavilion.
Officers and Boards of Directors/Trustees

Catholic Health Services of Long Island –
Corporate Members
Most Rev. William F. Murphy
Msgr. Robert Brennan
Sr. Ann Gray, D.W.
Rev. Msgr. Robert Morrissey
Most Rev. Nelson Perez
Most Rev. John C. Dunne, D.D.
Sr. Lois Ann Pereira, F.M.M.
Sr. Dolores Wisniewski, C.I.J.

Catholic Health Services Board of Directors
Richard J.J. Sullivan, Jr., Chairman
Sr. Elaine Callahan, O.P., Vice Chair
Eugene F. Murphy, Secretary
Thomas E. Christman, Treasurer
Barbara Ellen Black, D.P.S.
Thomas J. Dowling, Jr., M.D.
Virginia Ewen
Sr. Audrey Harsen, O.P.
Sr. Margaret John Kelly, D.C.
Frank L. Kure
Brian R. McGuire
Rev. Msgr. Robert Morrissey
Patricia Nazemetz
Christopher S. Pascucci
Daniel T. Rowe
Joseph Tantillo
Rev. Msgr. James Vlaun
John Wagner

St. Francis Hospital
Board of Trustees
Peter Quick, Chairman
Alan D. Guerci, M.D., President and CEO
Rev. Msgr. Francis J. Caldwell, Secretary
Anthony Celifarco, M.D. ***
Thomas E. Christman
Kevin J. Conway
Peter P. D’Angelo, Treasurer
Rev. Peter Dugandzic
Thomas J. Fanning, Sr.
Joseph A. Grimaldi
Brian P. Hehir
Sr. Betty Keegan, F.M.M.
Herbert J. McCooyey, Jr.
Stephen F. McLoughlin
Eugene F. Murphy
John J. O’Brien
Carole E. O’Sullivan*
Kevin O’Sullivan**
Brian Poissant, Esq.
Susan Powers Schott
Rabbi Barry Dov Schwartz, Ph.D.
Michael N. Vittorio
Sr. Dolores Wisniewski, C.I.J.

*Honorary Member
**Honorary Member, Decased
***President of the Medical Staff of St. Francis Hospital

St. Francis Hospital Foundation and
St. Francis Hospital Research and Educational
Corporation – Board of Directors
Peter Quick, Chairman
Alan D. Guerci, M.D., President and CEO
Rev. Msgr. Francis J. Caldwell, Secretary
Anthony Celifarco, M.D. ***
Thomas E. Christman
Kevin J. Conway
Peter P. D’Angelo, Treasurer
Rev. Peter Dugandzic
Thomas J. Fanning, Sr.
Joseph A. Grimaldi
Brian P. Hehir
Sr. Betty Keegan, F.M.M.
Herbert J. McCooyey, Jr.
Stephen F. McLoughlin
Eugene F. Murphy
John J. O’Brien
Carole E. O’Sullivan*
Kevin O’Sullivan**
Brian Poissant, Esq.
Susan Powers Schott
Rabbi Barry Dov Schwartz, Ph.D.
Michael N. Vittorio
Sr. Dolores Wisniewski, C.I.J.

St. Francis Hospital
Administration
Alan D. Guerci, M.D.
President and Chief Executive Officer

Ruth Hennessey
Executive Vice President and Chief Administrative Officer

William C. Armstrong
Senior Vice President and Chief Financial Officer

Ann Cella, R.N.
Senior Vice President, Patient Care Services/CNO

Jack Soterakis, M.D.
Senior Vice President, Medical Affairs and Medical Director

Patricia E. Daye
Vice President, Ambulatory Services

Barbara Fierro
Vice President, Human Resources

Sherry J. Friedman
Vice President for Development and Public Affairs

George Huryn
Vice President, Facilities
## Hospital Statistics

### Cardiovascular Volume

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-Heart Surgery</td>
<td>1,337</td>
<td>1,477</td>
<td>1,630</td>
<td>1,597</td>
<td>1,568</td>
<td>1,549</td>
</tr>
<tr>
<td>Other Cardiotoracic Surgery</td>
<td>4,003</td>
<td>4,616</td>
<td>4,751</td>
<td>4,674</td>
<td>4,524</td>
<td>4,448</td>
</tr>
<tr>
<td>Cardiac Catheterizations **</td>
<td>10,025</td>
<td>11,005</td>
<td>12,018</td>
<td>12,331</td>
<td>12,303</td>
<td>11,405</td>
</tr>
<tr>
<td>Inpatient Catheterizations</td>
<td>3,427</td>
<td>4,696</td>
<td>5,227</td>
<td>5,413</td>
<td>5,802</td>
<td>5,407</td>
</tr>
<tr>
<td>Outpatient Catheterizations</td>
<td>3,879</td>
<td>3,263</td>
<td>3,366</td>
<td>3,326</td>
<td>2,957</td>
<td>2,877</td>
</tr>
<tr>
<td>Coronary Angioplasty ** and Cardiac and Peripheral Vascular Interventions</td>
<td>2,719</td>
<td>3,046</td>
<td>3,425</td>
<td>3,592</td>
<td>3,544</td>
<td>3,121</td>
</tr>
<tr>
<td>Non-Invasive Cardiac Lab Procedures</td>
<td>13,356</td>
<td>14,008</td>
<td>14,076</td>
<td>13,251</td>
<td>11,896</td>
<td>11,886</td>
</tr>
<tr>
<td>Cardiac Rehabilitation Visits</td>
<td>57,972</td>
<td>60,523</td>
<td>62,271</td>
<td>61,388</td>
<td>60,983</td>
<td>61,094</td>
</tr>
<tr>
<td>Cardiac Arrhythmia Procedures</td>
<td>3,620</td>
<td>3,391</td>
<td>4,107</td>
<td>4,499</td>
<td>4,516</td>
<td>4,626</td>
</tr>
<tr>
<td>AICDS</td>
<td>84</td>
<td>908</td>
<td>1,010</td>
<td>1,087</td>
<td>1,078</td>
<td></td>
</tr>
<tr>
<td>Pacemakers</td>
<td>693</td>
<td>801</td>
<td>757</td>
<td>850</td>
<td>844</td>
<td></td>
</tr>
<tr>
<td>EP Studies</td>
<td>2,086</td>
<td>2,222</td>
<td>2,340</td>
<td>2,562</td>
<td>2,594</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Beds (in service)</td>
<td>306</td>
<td>306</td>
<td>312</td>
<td>314</td>
<td>336</td>
<td>279</td>
</tr>
<tr>
<td>Patient Admissions</td>
<td>15,664</td>
<td>18,003</td>
<td>18,197</td>
<td>18,087</td>
<td>18,433</td>
<td>17,338</td>
</tr>
<tr>
<td>Days of Patient Care</td>
<td>96,733</td>
<td>108,916</td>
<td>104,914</td>
<td>104,295</td>
<td>106,084</td>
<td>97,371</td>
</tr>
<tr>
<td>Average Patient Stay (Days)</td>
<td>6.2</td>
<td>6.1</td>
<td>5.8</td>
<td>5.8</td>
<td>5.8</td>
<td>5.6</td>
</tr>
<tr>
<td>Bed Occupancy Rate</td>
<td>86%</td>
<td>92%</td>
<td>92%</td>
<td>90%</td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td>Emergency Room Visits (Gross)</td>
<td>22,756</td>
<td>22,204</td>
<td>21,677</td>
<td>21,073</td>
<td>19,499</td>
<td>18,806</td>
</tr>
</tbody>
</table>

### Services to Patients

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Room Procedures (Including Cardiac Surgery)</td>
<td>19,051</td>
<td>19,242</td>
<td>17,726</td>
<td>16,892</td>
<td>16,579</td>
<td>16,149</td>
</tr>
<tr>
<td>General Surgery</td>
<td>3,766</td>
<td>4,384</td>
<td>3,841</td>
<td>3,485</td>
<td>3,523</td>
<td>3,494</td>
</tr>
<tr>
<td>Ambulatory Surgery</td>
<td>9,945</td>
<td>8,765</td>
<td>7,504</td>
<td>7,136</td>
<td>6,964</td>
<td>6,658</td>
</tr>
<tr>
<td>EP Study Cases</td>
<td>2,086</td>
<td>2,222</td>
<td>2,340</td>
<td>2,562</td>
<td>2,594</td>
<td>2,756</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>2,339,248</td>
<td>2,496,715</td>
<td>2,304,067</td>
<td>2,205,316</td>
<td>2,144,381</td>
<td>2,006,723</td>
</tr>
<tr>
<td>Electrocardiograms</td>
<td>45,809</td>
<td>48,516</td>
<td>48,525</td>
<td>49,814</td>
<td>48,196</td>
<td>46,638</td>
</tr>
<tr>
<td>Radiology Exams &amp; Special Procedures</td>
<td>88,143</td>
<td>88,767</td>
<td>88,466</td>
<td>87,127</td>
<td>86,510</td>
<td>82,911</td>
</tr>
<tr>
<td>Pharmacy Prescriptions</td>
<td>2,182,597</td>
<td>2,253,854</td>
<td>2,078,448</td>
<td>2,070,906</td>
<td>2,081,399</td>
<td>1,850,428</td>
</tr>
<tr>
<td>Respiratory Therapy Procedures</td>
<td>278,924</td>
<td>302,291</td>
<td>295,593</td>
<td>263,620</td>
<td>219,655</td>
<td>191,032</td>
</tr>
<tr>
<td>Physical Therapy Procedures</td>
<td>24,602</td>
<td>23,196</td>
<td>22,180</td>
<td>21,339</td>
<td>21,050</td>
<td>20,541</td>
</tr>
<tr>
<td>Full-Time Employees</td>
<td>2,027</td>
<td>2,089</td>
<td>1,926</td>
<td>1,863</td>
<td>1,712</td>
<td>1,564</td>
</tr>
<tr>
<td>Part-Time Employees</td>
<td>504</td>
<td>499</td>
<td>466</td>
<td>455</td>
<td>446</td>
<td>371</td>
</tr>
<tr>
<td>Volunteer Members</td>
<td>454</td>
<td>430</td>
<td>494</td>
<td>450</td>
<td>426</td>
<td>427</td>
</tr>
<tr>
<td>Hours of Volunteer Services</td>
<td>69,248</td>
<td>73,038</td>
<td>75,578</td>
<td>68,000</td>
<td>63,422</td>
<td>64,125</td>
</tr>
</tbody>
</table>

**Year Ended December 31 (In Thousands/Audited)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Service Revenue</td>
<td>483,671</td>
<td>484,274</td>
<td>474,449</td>
<td>442,593</td>
<td>405,127</td>
<td>362,265</td>
</tr>
<tr>
<td>Less: Charity Care **</td>
<td>15,579</td>
<td>11,061</td>
<td>9,394</td>
<td>6,830</td>
<td>14,497</td>
<td>17,232</td>
</tr>
<tr>
<td>Less Provision for Bad Debt ***</td>
<td>2,630</td>
<td>2,600</td>
<td>2,913</td>
<td>1,809</td>
<td>1,535</td>
<td>1,923</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>465,462</td>
<td>470,613</td>
<td>462,142</td>
<td>433,954</td>
<td>389,095</td>
<td>343,110</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>21,016</td>
<td>17,696</td>
<td>16,225</td>
<td>13,755</td>
<td>11,671</td>
<td>11,765</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>$486,478</td>
<td>$488,309</td>
<td>$478,367</td>
<td>$447,709</td>
<td>$400,766</td>
<td>$354,875</td>
</tr>
</tbody>
</table>

### Operating Expenses:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>216,274</td>
<td>214,297</td>
<td>203,728</td>
<td>186,511</td>
<td>158,339</td>
<td>140,858</td>
</tr>
<tr>
<td>Supplies, Insurance and Utilities</td>
<td>233,712</td>
<td>225,104</td>
<td>211,018</td>
<td>198,778</td>
<td>176,494</td>
<td>165,697</td>
</tr>
<tr>
<td>Interest Expense</td>
<td>6,141</td>
<td>6,762</td>
<td>6,960</td>
<td>7,446</td>
<td>5,263</td>
<td>3,989</td>
</tr>
<tr>
<td>Depreciation</td>
<td>26,657</td>
<td>24,599</td>
<td>22,989</td>
<td>24,871</td>
<td>18,391</td>
<td>15,016</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>482,784</td>
<td>470,762</td>
<td>444,698</td>
<td>417,606</td>
<td>358,487</td>
<td>325,790</td>
</tr>
<tr>
<td>Income from Operations</td>
<td>$3,694</td>
<td>$17,547</td>
<td>$33,672</td>
<td>$30,103</td>
<td>$42,279</td>
<td>$29,085</td>
</tr>
</tbody>
</table>

### Sources of Revenue 2012

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Services</td>
<td>65%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>31%</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Consumption of Resources 2012

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Plant Assets</td>
<td>4%</td>
</tr>
<tr>
<td>Interest and Depreciation</td>
<td>7%</td>
</tr>
<tr>
<td>Supplies and Services</td>
<td>31%</td>
</tr>
<tr>
<td>Salaries and Employee Benefits</td>
<td>58%</td>
</tr>
</tbody>
</table>
PLASTIC SURGERY
Joseph Feinberg, M.D.

Kenneth Crystal, M.D.

Vice Chair
Patricia Barry, M.D.

Carolyn Birnbaum, M.D.

Vice Chair

Edward Honig, M.D.

Ali A. Kawi, M.D.

Jules Levine, M.D.

Frank Losito, M.D.

Frank Marici, M.D.

Joseph Mollura, M.D.

William J. Noble, M.D.

Alfred B. Randall, M.D.

Milton J. Reitman, M.D.

Riccardo Ricciardi, M.D.

Charles E. Rogers, M.D.*

Joseph Sferrazza, M.D.

Irvin Spira, M.D.

Nathaniel Spier, M.D.

Richard J. Strauss, M.D.

Alex Stone, M.D.

Norman Thomson, M.D.

William R. Wagner, M.D.*

Robert Waldbaum, M.D.

Joseph R. Whelan, M.D.

B. George Wisoff, M.D.

David Wolk, M.D.*

Tibor Zahajsky, M.D.*

*deceased
Mid-Level Practitioners

Edward G. Seiter, PA-C  
Karen Stellato, ANP-C*  
Jaclyn Thoresz, ANP-C*  
Jean B. Torpe, ANP-C*  
Cheryl Ann Ubarra, PA-C  
Craig Weschke, PA-C  
Christopher Yagliyan, PA-C  
Avital Yagudaev, PA-C

MLP SURGERY  
Robert J. Siefring, PA-C  
Coordinator

MLP VASCULAR SURGERY  
Patrick J. Brennan, PA-C  
Coordinator

MLP CARDIOTHORACIC SURGERY  
Maria Ametrano, PA-C

MLP EMPLOYEE HEALTH  
Wendy Bezko-Colligan, PA-C  
Manager

MLP PALLIATIVE CARE  
Maria Vitsentzos, ANP-C

MLP CRITICAL CARE  
Ashish Seth, PA-C  
Coordinator

MLP ORTHOPEDIC SURGERY  
Dvorah Drew, PA-C  
Lisa Horvath, ANP-C*  
Barbara A. Lowell, PA-C  
Susan Martinez, PA-C

MLP CRITICAL CARE  
Ashish Seth, PA-C

MLP CARDIOLOGY  
Christina Avdoulos, PA-C*

MLP ANESTHESIA  
Penelope A. McNicholas, PA-C*

MLP EMERGENCY DEPARTMENT  
Paula Drivas, PA-C*

MLP PRE-ADMISSION TESTING  
Robbin Friedberg, ANP-C  
Coordinator

*denotes private practice
St. Francis Hospital strives to be a regional leader in the prevention, diagnosis and treatment of heart disease while making the health care of tomorrow better through research and education. The Hospital seeks to provide an environment in which excellence in its totality is emphasized, incorporating the scientific, technical, psychosocial and spiritual components of health care. It offers high quality cardiac care and non-cardiac services to the community regardless of race, creed, ethnic origin, or ability to pay. As a Catholic health facility, St. Francis Hospital embraces the tradition, values and charism of its founders, the Franciscan Missionaries of Mary, emphasizing respect for the dignity of individuals and compassionate treatment for all.

St. Francis Hospital, The Heart Center’s 2012 Annual Report is published by St. Francis Hospital, The Heart Center. Questions or comments can be directed to St. Francis Hospital, Office of Development and Public Affairs, 500 Port Washington Blvd, Riverhead, New York 11793. (516) 765-6555. Copyright © 2013. All Rights Reserved. St. Francis Hospital is a member of Catholic Health Services of Long Island, the healthcare ministry of the Diocese of Rockville Centre. Writers: Paul Barry, Rosemary Gomez, LalSheka Hunter, Suzanne Stallone • Editorial Assistant: Debra Tischler • Photographers: Steve Moors, Steve Moors Photography • Contributing Photographers: William Bakur and Chris Thaler • Designer: Roger Gorman, Reiner Design.

CONTENTS

5 Catholic Health Services of Long Island:
A Message from the President and CEO
6 St. Francis Hospital, The Heart Center
A Message from the President and CEO
9 Healing Power
27 The St. Francis Research and Educational Corporation
33 The St. Francis Hospital Foundation
35 Volunteer Organizations: Paying it Forward
36 Officers and Boards of Directors/Trustees
37 Hospital Statistics
38 Medical Staff
41 Mid-Level Practitioners

Long Beach 2012

Last year, so many of our friends and neighbors were devastated by Superstorm Sandy. Instead of hosting our Annual Gala, St. Francis provided a special early Thanksgiving dinner on Saturday, November 17, 2012, to feed 2,500 residents of Long Beach.

Save the Date: Top Hats & Tiaras, Saturday, November 2, 2013, Carlyle on the Green

Gifts to St. Francis Hospital

St. Francis Hospital’s commitment to the highest quality cardiac care and medical services has been made possible by a tradition of generous private support. Your contribution, for either general or specific purposes, helps us fulfill our commitment to excellence. The Development staff at St. Francis Hospital is prepared to assist you in planning gifts that provide substantial benefits to both you and the Hospital. For further information on outright gifts, trusts, bequests, and other donations, please call.

Sherry J. Friedman
Vice President for Development and Public Affairs
(516) 765-6653