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.

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:

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Contents

5 Catholic Health Services of Long Island: A Message from the President and CEO
7 St. Francis Hospital, The Heart Center®: A Message from the President and CEO
10 The Quality of Caring
26 The St. Francis Research and Educational Corporation
30 The St. Francis Hospital Foundation
32 Volunteer Organizations: Caring the St. Francis Way
34 Officers and Boards of Directors/Trustees
35 Hospital Statistics
36 Medical Staff
The members of Catholic Health Services of Long Island (CHS) are the proud stewards of a distinguished tradition of Catholic healthcare that began in 1907 and has brought health, healing, and hope to hundreds of thousands of people on Long Island.

Working in our hospitals, nursing homes, hospice programs, home care services, senior residences, and agencies serving those with developmental needs, our talented and dedicated staff provides high quality, compassionate care that extends from the beginning of life to helping people live their final years in comfort, grace, and dignity.

From caregivers who bring hope to those who are alone, to expert physicians who understand that dignity is medicine for the soul, employees of all CHS institutions are proud to provide programs and services that reflect the spirit of shared humanity. Even as the health services environment has become evermore challenging, the members of CHS continue to fulfill the Gospel message of caring, healing, and charity.

Inspiring examples of faithful ministry abound throughout the system, but three representative stories were recently captured in the documentary, “Faith, Love, and Hope,” which aired on Telecare, the television station of the Diocese of Rockville Centre. The program centers on how CHS members made a crucial difference in the lives of three people:

• Chrissie, a severely handicapped woman who had been virtually abandoned as a child, was cared for by the remarkable staff at Maryhaven, who provide her with a home and a network of support and care. Most importantly, they saw the potential inside her. Today Chrissie has found productive work and lives happily in a group setting.

• Gina Marie DeMasi, “the Miracle baby,” was an extreme case of premature birth because of complications with her mother’s health. Weighing an astonishing one pound when she was born, Gina had a 30 percent chance of survival. But thanks to the physicians, nurses, and staff at Good Samaritan Hospital, today Gina is not only alive but thriving.

• Magali Velasquez, a young Ecuadorian woman, suffered from a potentially fatal heart ailment. Through the efforts of her husband Hugo and the generosity of Catholic Charities and St. Francis Hospital, Magali was flown to the United States where she received life-saving heart surgery at St. Francis at no cost. Today she is healthy and reunited with her daughter back home in Ecuador.

These special stories are only examples to recall for us the inspiring tradition of Church service begun by women religious who founded and continue to nurture our institutions. CHS staff draws guidance and support from these Sisters – Daughters of Wisdom, the Congregation of the Infant Jesus, Franciscan Missionaries of Mary, and Dominicans of Amityville – who have ministered to the people of Long Island for nearly one hundred years.

The men and women of CHS – employees, physicians, volunteers, and board members – continue the work of the Sisters in fulfillment of the Church’s mission of healing and hope for all people. In our work, we are extremely fortunate to have the spiritual direction and tireless encouragement of Bishop William Murphy. Whether he is praying at the bedside with someone gravely ill, or extending appreciation and admiration for staff in a patient unit or in the laundry, or whether he is guiding leadership through some of the most challenging social issues of the day, Bishop Murphy is among us on the “front lines” of CHS.

To the thousands of my colleagues throughout CHS, I convey my gratitude and admiration for all that you do, in the name of the Church, for the people we serve.
There is an old saying that is attributed to our Hospital's namesake, St. Francis of Assisi: “Preach the Gospel at all times and when necessary use words.” This sums up nicely the value of actions over words and of setting a good example when it comes to the principles you espouse.

This maxim has special application to the world of healthcare, where you often hear about “the caring spirit.” I have worked at several of the nation’s finest hospitals, and I believe that very few healthcare providers embody the caring spirit as completely as the men and women who work at St. Francis Hospital, whether they are environmental or food services workers, nurses, pharmacists, physicians, staff or administrators. It is for this reason that our proudest achievement in 2005 was our performance on the objective Press Ganey survey of patient satisfaction. St. Francis consistently earned a 99 percent rating, the highest of any hospital on Long Island.

These hallmarks of care and compassion belong to a tradition that began with the Sisters of the Franciscan Missionaries of Mary in the early part of the 20th century. Known for their selfless devotion to the neediest and most vulnerable among us, that spirit grew and thrived over the years as our Hospital was transformed into a leading heart center. Today, that tradition of caring is alive and well and perhaps best exemplified in the unrivaled skill and compassion of our nursing staff, a fact that is consistently acknowledged by our physicians and patients.

In addition to our achievements in the area of patient care, there were a number of other noteworthy highlights in 2005:

• Physicians at St. Francis Hospital continue to be among the most experienced in the nation. In the latest report from the New York State Department of Health, more cardiac procedures such as angioplasty and coronary bypass surgery were performed at St. Francis than at any other hospital in the State.

• St. Francis continues to maintain the highest level of quality of care. According to the same NYSDOH report, St. Francis was the only hospital in the New York metropolitan area with risk-adjusted mortality rates significantly below the statewide average for heart valve and valve/coronary artery bypass surgery, the most challenging forms of cardiac surgery.

• Our physicians continued their leadership in important specialties. For example, more abdominal aortic aneurysm repairs were performed at St. Francis Hospital than at any hospital in New York State, with risk-adjusted mortality rates significantly lower than the statewide average (Alliance for Quality Health Care, 2004).
• St. Francis Hospital treats more patients with congestive heart failure than any other Long Island hospital and was the only Long Island hospital with risk-adjusted mortality rates lower than the statewide average for the treatment of this condition (Alliance for Quality Health Care, 2004).

• St. Francis maintained its preeminent position in cardiac imaging research with the publication of the results of the St. Francis Heart Study in the *Journal of the American College of Cardiology*. The study found that calcium in the coronary arteries, as measured by a new generation of CT scanners, was a more accurate predictor of heart attacks than standard risk factors such as cholesterol and high blood pressure.

• St. Francis is building for the future. This past year the Hospital broke ground for The Nancy & Fred DeMatteis Pavilion, a major new building for patient care that will expand our clinical space by 40 percent. The new building is the cornerstone of our three-year expansion and renovation project, the largest in the Hospital’s history.

It is a privilege to lead this great institution in these challenging and exciting times. This task would be impossible without the extraordinary guidance and support of our Trustees and our Board Chair, Eugene P. Souther, Esq., for which I am deeply grateful. As always, we look to the Sisters of the Franciscan Missionaries of Mary and our Bishop, the Most Reverend William F. Murphy, for strength and inspiration. I am also grateful to James Harden, President and CEO of Catholic Health Services of Long Island, who has ensured that CHS continues to be a vital and critically important source of health and human services for the residents of Long Island.
Seaworthy: When Bill Phelps discovered that he had prostate cancer, he was referred to Felix L. Badillo, M.D., Chief of Urology at St. Francis Hospital, who performed state-of-the-art minimally invasive surgery using the da Vinci Robot. Bill, a lobsterman in summer and a school bus driver in winter, went home the day after his surgery and was back at work one week later. Now cancer-free, Bill says, “I recommend the procedure to anyone who requires prostate surgery.” Dr. Badillo (inset) performs more robotic prostate surgery than any other surgeon on Long Island.
As the busiest heart center in the Northeast, St. Francis Hospital, The Heart Center® has earned a national reputation as a leader in the prevention, diagnosis and treatment of heart disease. In 2005, the Hospital carried on a 50-year tradition of medical and surgical excellence, achieving positive results in patient outcomes and satisfaction, quality, and efficiency. As an integral part of the Catholic Health Services of Long Island system, St. Francis Hospital brought the healing ministry of the church to thousands of patients of all faiths at critical junctures in their lives.

As in previous years, the quality of the medical staff was central to the hospital’s performance in 2005. St. Francis physicians are not only outstanding clinicians, they are also leading researchers and innovators who have helped to shape modern cardiovascular medicine. They include some of the country’s top specialists in noninvasive imaging, electrophysiology, interventional cardiology, and cardiothoracic surgery. In addition, the hospital has been making strides in a wide range of non-cardiac services. An outstanding program in general surgery includes some of the most advanced technology and minimally invasive techniques available for vascular, prostate, ear-nose-throat, and orthopedic surgery.

Another hallmark of the St. Francis experience is the quality of its nursing staff. A highly skilled cadre of professionals, St. Francis nurses are central to the delivery of every aspect of clinical care, and the nursing program posted important achievements in 2005. Most importantly, the care and compassion of the nursing staff are crucial reasons why St. Francis consistently stands out for its focus on the human touch, what can be described as the quality of caring. In 2005, St. Francis was proud to be ranked in the 99th percentile for its overall rating of care on the Press Ganey patient satisfaction survey, the highest of any hospital on Long Island.

**The Region’s Busiest Cardiac Surgical Program**

St. Francis Hospital operates the busiest cardiac surgical program in New York State and maintains one of the best success rates. It is also home to the most experienced surgeons. The Hospital’s eight cardiothoracic surgeons have the combined experience of over 20,000 open-heart procedures in the last 10 years alone and are expert in all types of heart surgery, from conventional, open-heart bypass to off-pump coronary artery bypass (OPCAB) to the newest, min-
imally invasive valve procedures, including surgical techniques designed to treat certain cardiac arrhythmias or irregular heart rhythms. (OPCAB is performed without stopping the heart or placing the patient on a heart-lung machine.)

Such experience results in superior outcomes in two of the highest surgical risk categories, valve and valve/CABG. No matter the procedure, St. Francis patients and their loved ones can count on “the highest degree of reliability and safety,” according to Paul S. Damus, M.D., Director of Cardiothoracic Surgery.

Among the many innovative surgical procedures performed recently at St. Francis Hospital, treatments for potentially fatal irregular heartbeats such as atrial fibrillation are showing great promise. Patients with atrial fibrillation often require life-long anticoagulation with blood thinners, placing them at increased risk of bleeding. Many other patients can be successfully treated with catheter-based procedures such as radiofrequency ablation in St. Francis Hospital’s renowned Arrhythmia & Pacemaker Center. In selected patients, however, newer surgical treatments utilizing ultrasound or heat can also eliminate the cause of atrial fibrillation.

St. Francis surgeons are pioneering the use of a minimally invasive approach to eliminating atrial fibrillation. The mini-maze procedure, performed through small incisions, uses heat, cold or ultrasound to interrupt the faulty circuits in the heart that are causing the irregular rhythms. St. Francis surgeons are also employing a minimally invasive approach when repairing or replacing faulty valves, procedures that usually result in shorter hospital stays and quicker recovery times.

**Interventional Cardiology: The Mainstay in Cardiac Care**

St. Francis Hospital continues to make significant investments in its cardiac catheterization program, building upon decades of expertise in the non-surgical approach to diagnosing and treating blockages of the coronary arteries and repairing congenital heart defects.

However, this important specialty area is rapidly changing. More private cardiology practices are securing their own
Counting Miracles: Last winter the unthinkable happened to Alicia Pellegrino when early one morning she was involved in a devastating car accident. While she was being treated in the ER of a local hospital, doctors saw troubling signs of problems with her heart. Alicia was rushed by ambulance to St. Francis Hospital. A highly experienced surgical team led by cardiac surgeon Christopher L. La Mendola, M.D. (right) worked over 7 hours to repair Alicia’s heart, which was torn in three places. When she woke up after the operation, she remembers Dr. La Mendola saying, “You are a miracle!” Amazingly, a week later she was released from the hospital, and today she is returning to normal life.
Making a difference: When Regina Eason (right) was a patient at St. Francis Hospital, she learned about the opportunity to participate in a research study of the drug, sildenafil, for the treatment of congestive heart failure. “When I heard that the research study could help find treatment to help others living with heart failure, I knew that was something I wanted to participate in,” Regina says. Every year, hundreds of people like Regina participate in research studies at St. Francis Hospital, helping to advance the frontiers of medical science and gaining access to new diagnostic tools and treatments. Justine S. Lachmann, M.D., (left) is the director of the Congestive Heart Failure Program at St. Francis Hospital. Olakunle Akinboboye, M.D., (center) directed the study.
interventional cardiologists with privileges at several hospitals. Naturally, the centers at which they perform cardiac catheterization procedures have varying levels of experience and support for the specialty. And pending the results of a pilot program in New York State, it is possible that hospitals without cardiac surgical programs will be allowed to offer angioplasty to their patients.

In this respect, the cardiac catheterization program at St. Francis remains distinguished with a core group of dedicated interventional cardiologists, the majority of whom perform between 500 and 2,400 procedures each year. In 2005, this group completed a total of 14,798 cardiac catheterization procedures, one of the highest caseloads in the nation. This includes 4,262 coronary angioplasties, which now commonly involve the use of drug-coated stents to reduce the risk of recurrent blockages.

Under the leadership of Catheterization Lab Chief Richard A. Shlofmitz, M.D., these interventional cardiologists work in tandem with specially trained nurses and nationally renowned colleagues from the Hospital’s cardiac surgery and arrhythmia and pacemaker programs.

In addition to being at the forefront of interventional cardiology for treatment of blocked coronary arteries, St. Francis Hospital also remains a leading center in volumes and safety for device occlusion procedures performed via catheterization to repair congenital heart defects such as patent foramen ovale (PFO) and atrial septal defect (ASD). St. Francis Hospital also has a strong program in peripheral vascular and carotid stenting for treating patients with blockages in arteries outside of the heart. It is a clinical site for several national trials on carotid stenting as an alternative to traditional surgical approaches.

The Arrhythmia & Pacemaker Center

With unrivaled expertise in treating all types of cardiac arrhythmias, the St. Francis Hospital Arrhythmia & Pacemaker Center draws patients from across the country and from around the world. The Center has more than 25 years of experience in a range of approaches for treating irregular heart rhythms. In 2005, more than 4,700 procedures were performed at the Center, including diagnostic electrophysiology studies, cardiac ablations, and pacemaker and defibrillator implants. Under the leadership of Joseph H. Levine, M.D., the Center remains on the forefront of both clinical practice and research, which allows it to offer the latest technology, such as
The Quality of Caring

the special pacemaker used in biventricular resynchronization for patients with congestive heart failure.

Diagnostic Imaging: The Key to Quality Care

Diagnostic imaging is a traditional strength at St. Francis Hospital, both in cardiac and noncardiac applications. Cutting-edge technological advances in radiology and the expertise of our radiologists come together to deliver excellence in patient care.

In 2005, St. Francis Hospital became the first in the region to offer a revolutionary new 64-slice CT scanner for clinical and research purposes. In 2006, the hospital will install a second 64-slice scanner in the emergency department to provide more prompt, detailed diagnostic results that can lead to faster treatment and better outcomes.

In the area of interventional radiology, the uterine fibroid embolization program continues to grow. Uterine fibroid embolization, a non-surgical solution to uterine fibroids, is a minimally invasive alternative to myomectomy and hysterectomy that offers less risk, less pain and a much quicker recovery for the patient.

The Women’s Center of St. Francis Hospital completed an expansion and renovation in 2005, with the dual objective of providing patients with the highest level of imaging services in the most comfortable, reassuring setting. The Women’s Center experienced 22 percent growth in 2005 as a result of expanded technological capabilities such as digital mammography with computer-aided detection, breast MR and MRI-guided breast biopsy.

Breast MR is very helpful in patients with a strong family history of breast cancer, patients in whom mammography is difficult to interpret, and those with multiple findings on their ultrasound. Breast MR also is frequently used to screen for recurrence in breast cancer survivors, as well as to monitor therapeutic response.

The ED: Excellence in Urgent Care

The Emergency Department at St. Francis Hospital consistently received near-perfect patient satisfaction scores in overall emergency care in 2005. This is especially notable because the Hospital’s emergency room treats many very
Back in the swing: When a friend of Ken Doyle’s experienced a serious health problem, he urged Ken (right) to see his own physician for a check-up, just as a precaution. It turned out to be good advice. Ken’s doctor discovered a heart murmur that eventually led to the diagnosis of a serious problem with his aortic valve. Ken was referred to Newell B. Robinson, M.D. (left) who performed state-of-the-art minimally-invasive aortic valve replacement surgery. Ken left the hospital in six days, was back to work in five weeks, and was playing golf and basketball in six months. About St. Francis, he says: “I can’t imagine better care anywhere.”
Home improvement: “Everyone likes to have options,” says John Johnson (center). “Mine was to find an alternative to the medication and limited physical activity that I endured for three years to manage my cardiac arrhythmia.” John was the first patient at St. Francis to undergo cardiac ablation as treatment for atrial fibrillation. The procedure directs radiofrequency energy through a catheter to the faulty electrical pathway in the heart that is the source of the potentially fatal irregular heartbeat. “This new technique let me replace my daily medication regimen with one that includes swimming, running, and doing all those home repairs I couldn’t do before.” Joseph H. Levine, M.D. (right), Chief of Electrophysiology and Director of the Arrhythmia and Pacemaker Center at St. Francis Hospital, performed the procedure. He is pictured here with his colleague, David H. Hoch, M.D.
The Quality of Caring

sick patients. More than 50 percent of the patients who come to the ER are admitted to the Hospital – the highest admission rate by far on Long Island.

In 2005, St. Francis embarked on a project to upgrade its Emergency Department facilities. The work complements the Hospital’s Master Facilities Plan, which is the largest expansion and renovation project in its history. The construction of state-of-the-art facilities will include private rooms and a renovated waiting area that will provide a more efficient layout for improved traffic flow and patient comfort. The new 64-slice CT scanner will also be introduced into emergency care and management, along with the latest in telemetry and arrhythmia recognition equipment.

Advances in Non-Cardiac Care

In addition to its expertise in cardiac care, St. Francis Hospital offers a wide range of high-quality non-cardiac services. In 2005, St. Francis was one of the first hospitals on Long Island to use the da Vinci Robotic Surgical System to treat prostate cancer, one of the latest developments in minimally invasive surgery. Felix L. Badillo, M.D., Chief of Urology at St. Francis Hospital, has performed more of these procedures, called prostatectomies, than any other Long Island surgeon.

Performed laparoscopically, through tiny incisions, this new approach offers the same therapeutic benefits as conventional open surgery but with quicker and easier recoveries. Most patients are able to return to work within three to four weeks following their procedure. Additional benefits include minimal internal scarring and blood loss. Incontinence and loss of sexual function – typical side effects of conventional surgery – are no longer issues for most patients. Dr. Badillo now uses the robotic system in all his prostatectomies, consistent with national trends. “It’s a more precise operation,” Dr. Badillo explains, “and recuperation is amazing.”

Among the state-of-the-art services performed by orthopedic surgeons at St. Francis Hospital is a procedure known as autologous chondrocyte implantation (ACI) – a cartilage transplant procedure that uses a patient’s own cells for repairing damaged cartilage in the knee.

Damage to the cartilage of the knee can cause pain, swelling and disabling joint dysfunction. Traditional treatment
options are not always effective and, when they are, the benefits may not last. If the damage is not repaired, it can lead to progressive degeneration, severely impairing activities of daily living and adversely affecting quality of life. Eventually, the damage will lead to total knee replacement.

Autologous chondrocyte implantation involves harvesting cartilage cells from the patient, growing the cells, and then re-inserting them surgically as a patch to regenerate and repair the damaged cartilage. This procedure is an important treatment option as baby boomers age and develop arthritis. Richard D’Agostino, M.D., Chief of Orthopedics, has performed more ACI procedures than any surgeon on Long Island.

The orthopedic surgeons at St. Francis Hospital perform more than 1,000 orthopedic procedures annually, including total knee and total hip replacements, hand surgery and surgery to rebuild limbs after they have been broken and have not healed correctly.

Sports-related injuries are becoming more numerous every year as more patients age but want to remain active in sports. From amateur athletes to professionals of all levels to former Olympic champions, patients come to St. Francis Hospital for the best in orthopedic care.

Nursing: The Cornerstone of Patient Care

St. Francis Hospital physicians, patients, families, and even nurses at other hospitals agree – the St. Francis nursing staff is exceptionally caring and skilled. Again in 2005, patients consistently rated St. Francis nursing care in the 99th percentile in patient satisfaction surveys. And across the nursing field, St. Francis Hospital’s program is well recognized for its unique position. Despite the current national nursing shortage, it has a near zero vacancy rate and is extremely selective in its hiring of new nurses.

So it’s not surprising to consider that the St. Francis nursing staff was the subject of a recent research study to define attributes of caring. Seeking to explore the less tangible aspects of caring, researchers surveyed the Hospital’s nurse preceptors, who embody the highest standards of nursing practice in their work teaching and mentoring new nursing staff members. The results validated a self-assessment tool that will be used by nursing management during
Stepping up: Kenneth Meyer (left) still recalls the feelings of comfort and assurance he experienced at St. Francis Hospital several years ago when he underwent a relatively new cardiac catheterization procedure to repair a thickened heart muscle that had severely restricted his blood flow. “I knew I was in the right place,” said Ken. He credits the skill and calm demeanor of interventional cardiologist Burak Arkonac, M.D. (right), as well as the nurses who anticipated his every need. Ken now enjoys a level of physical activity that keeps him young at heart.
**Matchpoint:** Helen Driscoll was born with two small holes in her heart, a congenital disorder called patent foramen ovale (PFO). Since her procedure to repair the holes, Helen is fully active. “I used to be so short of breath I couldn’t walk from the car to the front door. Now, I can go out with friends, shop, and lead a normal life.” Formerly an operating room LPN, she is retired and lives on Fire Island with her husband, organizing tennis matches for her vacationing patrons. Her doctor, interventional cardiologist Sean G. Levchuck, M.D. (inset), is the region’s leading expert in treating PFO.
future selection processes. The Hospital also introduced a new educational program, known as “Tomorrow’s Nurses,” which extends the expertise of its staff to others considering the profession.

The nursing staff at St. Francis continued to build upon their successes throughout the year. They implemented new strategic initiatives to enhance medication safety, created a palliative care program, formalized the process for improving communication during shift changes, and devised a new assessment practice that has helped to further reduce the risk for patient falls. A St. Francis clinical nurse specialist also was integral to the creation of a new infusion pump with special safety features for the delivery of intravenous medication, as described in more detail below.

New technology introduced at St. Francis in 2005 created opportunities for nurses to expand their training on the latest techniques for diagnosis and treatment, including the da Vinci Robotic Surgical System and wireless telemetry monitoring in the emergency department. A generous grant from the LuEsther T. Mertz Charitable Trust enabled 90 more nurses to complete a national course in the fundamentals of critical care.

A Special Focus on Patient Safety

Patient safety is more than a goal at St. Francis Hospital - it is an integral part of the culture - and the hospital is leading the way in patient safety innovation.

In 2005, a multidisciplinary team comprised of the nursing and pharmacy departments, and the medical staff, worked with an IV infusion pump manufacturer to create the first customized medication library in the country, an effort that ensures the safety of medication administration.

Medication errors can result from incorrect programming of an IV pump. This has the potential to cause serious harm to a patient, as errors can lead to significant over- or under-dosing.

The team addressed this concern with the development of a dose guard, which allows nurses to set low and high dosage calculations to eliminate the potential for human error. The customized medication library can alert staff to programming errors and covers virtually every formulary drug that is administered via IV infusion at St. Francis.
The Quality of Caring

**Education and Outreach**

Complementing its programs and services to diagnose and treat heart disease, St. Francis Hospital also offers a comprehensive array of prevention programs aimed at encouraging heart-healthy lifestyles. Through the DeMatteis Center for Cardiac Research and Education in Old Brookville, the Hospital offers free health seminars and screenings, the region's longest-established cardiac fitness program, outpatient physical therapy, nutritional counseling and cooking classes, stress management courses and smoking cessation programs.

Reaching out to the community with free cardiac screening, the Hospital's mobile outreach program traveled to several Nassau County locations in 2005 to provide cardiac evaluation and follow-up care to eligible low-income individuals without health insurance. The Hospital also continued its working relationship with Rotary International's Gift of Life Program to provide life-saving cardiac care to children from around the globe.

As St. Francis Hospital approaches the midpoint in its capital expansion and renovation program, the noteworthy results from 2005 provide a strong foundation for the next chapter in its development. With the completion of the Master Facilities Plan in 2008, the Hospital looks forward to solidifying and enhancing its position as the region's premier provider of cardiac care.
Rescue me: Tom Melia is the father of five and a 23-year veteran firefighter at Engine Company 222 in the Bedford-Stuyvesant section of New York. He had no symptoms, but because he has a family history of heart disease, Tom participated in a research study using the 64-slice CT scanner for cardiac imaging. The scan found two 95 percent blockages in one of his coronary arteries, and he had two stents inserted to open the artery. “Having the scan saved my life,” says Tom, who has since referred many of his colleagues for testing. Tom’s doctor was Richard A. Shlofmitz, M.D., (inset) Chief of the Cardiac Cath Lab at St. Francis.
The St. Francis Research and Educational Corporation

At St. Francis Hospital, research is a pivotal part of our work as we develop new cardiovascular diagnostic and treatment modalities. Under the auspices of the St. Francis Cardiac Research Institute, our world-class staff translates cutting-edge research and innovation into therapies that directly benefit patients.

The Foundation’s objective to improve cardiac care through research, education and prevention is achieved through its commitment to technological innovation. Located at the DeMatteis Center for Cardiac Research and Education in Old Brookville, the 14,500-square-foot research facility offers today’s most advanced cardiac imaging methods, including magnetic resonance imaging (MRI), computed tomography (CT), 3-D echocardiography and nuclear cardiology. Led by renowned cardiac MRI expert Nathaniel Reichek, M.D., the Research Institute is a premier center for federally- and industry-funded clinical trials on the applications of MRI, CT and other technologies.

St. Francis Hospital’s status as a heart specialty center creates an ideal setting for cardiac research that offers patients diagnostic testing and therapy not available at other centers. In 2005, St. Francis Hospital became the first in the region to offer a revolutionary new 64-slice scanner for coronary CT angiography and other clinical and research purposes.

The unprecedented clarity and reliability of 64-slice CT is a major step forward in cardiac CT. The St. Francis Heart Study, published in the July 2005 issue of the Journal of the American College of Cardiology found that coronary calcification, measurable by CT scanning, predicts cardiovascular events such as heart attack more accurately than standard risk factors such as elevated cholesterol or hypertension.

An important application of coronary calcification scanning is refining risk stratification and clinical decision-making in the large population of individuals in the U.S. at intermediate risk of developing coronary artery disease—approximately one-third of Americans age 40 to 70. This is especially relevant to women, because the use of traditional risk factors often underestimate their risk of developing significant coronary artery disease.

Previously, the diagnosis and treatment of coronary artery disease has relied on noninvasive tests such as nuclear stress tests, which can often miss significant blockages in the coronary arteries. CT angiography, on the other hand, is close to 100 percent reliable in visualizing the extent and severity of blockages in the coronary arteries.

This changes the way the catheterization laboratory is utilized. Patients who come to the emergency room with chest pain...
Solving the mystery: Mary Capitano’s chest pain was a mystery for years, despite diagnostic tests that showed no coronary artery blockage. Through her participation in a cardiac MRI research study, Mary learned that even though she has no blockages in her large coronary arteries, she had serious abnormalities in the smaller blood vessels in the heart, a condition called microvascular angina that is unique to women. “The MRI found what no other test could detect, and I finally got some answers,” Mary says. Nathaniel Reichek, M.D., Director of Research at St. Francis Hospital, led the study.
but are not having a heart attack have a series of tests (blood, cardiogram, stress) that may not resolve whether the symptoms are due to coronary artery disease, so the patient usually has to undergo catheterization.

CT angiography provides a shortcut to a hard answer; e.g., coronary artery disease is indicated and the patient needs catheterization not for diagnosis but for treatment, or coronary artery disease is not indicated. In fact, a high proportion of these patients don’t have coronary disease; rather, they may have pulmonary embolism or a muscular issue.

The Cardiac MRI Core Laboratory, which features state-of-the-art magnetic resonance imaging equipment, enables researchers to pursue new technologies and improve the diagnosis of disease. In 2005, the Core Lab oversaw networks of 40-60 clinical trial sites around the world and provided standardized, independent measurements of key data collected at the participating sites. MRI imaging techniques have advanced so greatly that a trial that would have required the enrollment of 1,700 patients in the past now can be conducted with only 150 patients because the method is more accurate.

The large, world-class clinical programs in cardiology, electrophysiology and cardiovascular surgery at St. Francis Hospital allow extraordinary access to patient recruitment, creating an optimal environment for conducting research.

The Research Foundation received funding from the American Heart Association and the New York State Department of Health on a study in collaboration with the Arrhythmia and Pacemaker Center, led by electrophysiology chief Joseph Levine, M.D., on using MRI to develop better identification of patients at risk for sudden death or dangerous heart rhythm disorder.

In 2005, results presented at the scientific symposia at the Society for Cardiovascular Magnetic Resonance (SCMR), American Heart Association and American College of Cardiology, suggest cardiac MRI may identify the highest-risk patients better than existing invasive tests by determining the ejection fraction of the left ventricle, a measurement of the heart’s pumping ability.

In the past year, St. Francis Hospital researchers have presented more than 50 original research papers at meetings of organizations such as the American Heart Association, the American College of Cardiology, the International Society for Magnetic Resonance in Medicine, the Society for Cardiovascular Magnetic Resonance, the American Society for Echocardiography and the American Society of Nuclear Cardiology. In addition, these researchers have published more than 20 full-length manuscripts in major journals and received external funding for 19 different projects from the American Heart Association, the American Society of Nuclear Cardiology, the National Institutes of Health, the New York Department of Health and healthcare industry sources.
Steamship owner Carlos Munson’s offer of a house and 15 acres of farmland was more than two Sisters of the Franciscan Missionaries of Mary expected on a visit to sell embroidered linens in 1920. It was this single act of generosity and the Sisters’ diligence that provided the impetus for what would become St. Francis Hospital, The Heart Center®.

Today, as the Hospital embarks upon the largest expansion in its history, friends and benefactors are acting in the same spirit of giving that Mr. Munson inspired from the outset.

In 2005, more than $18 million was raised for the St. Francis Hospital Foundation. This includes a generous outpouring of support from individuals, as well as foundations and corporations, for a capital campaign to fund a new clinical building and renovations of existing infrastructure as part of the Hospital’s Master Facilities Plan. In addition, there were numerous gifts for other programs and services, including research and community health education.

Several pledges, totaling $11.5 million, were among the campaign’s first transformational gifts from current and past members of St. Francis Hospital’s Board of Trustees.

Capital Campaign Co-Chair and Board member Peter Quick made a personal gift to the effort and was also joined by his mother in continuing the family’s longstanding tradition of support for the Hospital. Shortly before her recent death, Regina Quick, wife of the late Leslie C. Quick, Jr., former Chairman of the Board at St. Francis, designated her generous support for the campaign.

A generous pledge from Co-Chair and Board member Christopher Pascucci and his father Michael Pascucci, a former Board member, was made on behalf of their families in support of the new outpatient imaging and surgery facility, where the atrium lobby will be named for them.

Board giving also included a pledge from former Chairman of the Board and current Board member Eugene Murphy and Mary Murphy for a naming opportunity in the new ambulatory surgery center.

For many, philanthropic gifts are inspired by personal gratitude. Yvette and Joel Mallah chose to direct their latest major gift to the expansion of the cardiac catheterization labs in honor of the Hospital’s skilled and compassionate caregivers. Their sons Barry, Darryl, and Sheldon Mallah and their families designated a gift in honor of their father’s 80th birthday with a naming in the new building.

Another major gift from Randi and Clifford Lane will provide for a new 22-bed patient care wing in St. Francis Hospital’s emergency department, where a major renovation is under way to help meet the demand for its services. Liane Ginsberg and Hilary Feshbach also have made a commitment to support this project by pledging funds for an expanded trauma unit.
And, after fulfilling their pledge of $1 million for the emergency department, the Guild of St. Francis Hospital began planning another $1 million gift to name a non-cardiac operating room within the new ambulatory surgery center. This is also the location of state-of-the-art robot technology for minimally invasive prostate surgery, acquired as a result of philanthropy through The Bahnik Foundation, headed by Roger Bahnik, and I. David Pelton on behalf of the Shereta and Charles Seelig Foundation.

Adding to the fundraising efforts were several special events that brought together many members of the St. Francis Hospital community during the year. In June, the annual Golf Classic enjoyed tremendous success under the leadership of Chair Tom Fanning. Later that month, a memorable ceremony marked the groundbreaking of The Nancy & Fred DeMatteis Pavilion, the centerpiece of the current Master Facilities Plan. At the Hospital’s black-tie Challenge Gala in November, jazz great Chuck Mangione entertained hundreds of guests attending in honor of the event’s outstanding chairman, Roger Bahnik.

Looking ahead, the Hospital’s campaign committees and dedicated volunteers are poised to build upon the momentum generated in 2005. Ultimately, their efforts will greatly impact the quality of healthcare in the community.

Just as Mr. Munson’s giving transformed nearly a century of healthcare on Long Island, the kindness and generosity extended today is helping the Hospital make a significant investment in the health of generations to come.
Volunteer Organizations: Caring the St. Francis Way

Hundreds of dedicated volunteers contribute to the comfort and care of patients at St. Francis Hospital and play a vital role in the Hospital’s success as a leading heart center. St. Francis Hospital is fortunate to have an outstanding workforce of volunteers who have logged nearly 50 years of continuous service to the Hospital.

Volunteers assist in transporting patients within the Hospital, distributing room service meals, flowers and newspapers, staffing the gift shop and Hospital information desk, discharging patients, clerical duties and other key responsibilities. In addition, volunteer Eucharistic ministers visit with patients on behalf of the Hospital’s Pastoral Care Department, assisting in the distribution of Communion and support of patients’ spiritual well being.

The multi-talented volunteer workforce of St. Francis Hospital is essential to day-to-day clinical and support operations. As valued members of the Hospital family, 350 men, women and teens were recognized at an awards luncheon for their collective contribution of more than 60,000 hours of service in 2005. The monetary value of this priceless service is estimated at $1,104,600.

Women of the community established the Guild of St. Francis Hospital in 1941 as the Hospital’s fundraising auxiliary. In 2005, the Guild hosted a highly successful Spring Luncheon and Fashion Show, and A Day at the Races at Belmont Raceway, and participated in the prestigious Champions for Charity holiday shopping event at Americana Manhasset. In 2005, the Guild donated $200,000 - of which $50,000 completed their $1 million commitment to the Emergency Department and $150,000 completed their pledge to The Women’s Center. The Guild also announced a pledge of $1 million to the hospital’s Master Facilities Plan for a new outpatient surgery facility. The ambitious fundraising goal will be completed over five years.

The Brave Hearts of St. Francis Hospital provide recovering heart surgery patients with information, support and the camaraderie of others who have experienced cardiac surgery at The Heart Center. Dedicated volunteers staff the Heartline, a telephone network that supports members after they have left the hospital, and distribute a monthly newsletter to inform members of activities and events at St. Francis Hospital. In addition, monthly meetings and social activities such as an annual golf outing, picnic, fishing trip and various day and overnight trips offer its 3,200 members the benefit of shared experiences. In gratitude to the Hospital’s physicians and patient care staff, the Brave Hearts contributed $30,000 in 2005 to St. Francis Hospital to sustain research into the prevention and treatment of heart disease.
A Comforting Presence: ED volunteer Barbara Callan, with patient Meta Bottjer.
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Vice President, Buildings and Grounds
William M. Rennie
Vice President, Finance
## Hospital Statistics

### Heart Center

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<tr>
<td>Open Heart Surgery</td>
<td>1,642</td>
<td>1,907</td>
<td>2,108</td>
<td>2,331</td>
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<tr>
<td>Other Cardiothoracic Surgery</td>
<td>4,240</td>
<td>3,944</td>
<td>3,693</td>
<td>3,951</td>
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<tr>
<td>Cardiac Catheterization Patients</td>
<td>14,798</td>
<td>15,615</td>
<td>16,321</td>
<td>16,346</td>
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<tr>
<td>Inpatient Catheterizations</td>
<td>6,226</td>
<td>6,809</td>
<td>6,775</td>
<td>6,926</td>
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<tr>
<td>Outpatient Catheterizations</td>
<td>4,310</td>
<td>4,571</td>
<td>5,333</td>
<td>5,370</td>
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<tr>
<td>Coronary Angioplasty</td>
<td>4,262</td>
<td>4,235</td>
<td>4,213</td>
<td>4,050</td>
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<tr>
<td>Non-invasive Cardiac Lab Procedures</td>
<td>12,637</td>
<td>12,860</td>
<td>11,499</td>
<td>11,515</td>
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<tr>
<td>Cardiac Rehabilitation Visits</td>
<td>60,315</td>
<td>61,569</td>
<td>62,821</td>
<td>64,200</td>
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### Patient Care

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<tbody>
<tr>
<td>Number of Beds</td>
<td>279</td>
<td>279</td>
<td>279</td>
<td>279</td>
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<tr>
<td>Patient Admissions</td>
<td>17,882</td>
<td>18,641</td>
<td>18,596</td>
<td>18,593</td>
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<tr>
<td>Days of Patient Care</td>
<td>102,279</td>
<td>109,393</td>
<td>113,409</td>
<td>114,870</td>
</tr>
<tr>
<td>Average Patient Stay (days)</td>
<td>5.7</td>
<td>5.9</td>
<td>6.1</td>
<td>6.2</td>
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<tr>
<td>Bed Occupancy Rate</td>
<td>100%</td>
<td>107%</td>
<td>111%</td>
<td>113%</td>
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<tr>
<td>Emergency Room Visits</td>
<td>18,512</td>
<td>18,487</td>
<td>18,117</td>
<td>18,010</td>
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### Services to Patients

<table>
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<tbody>
<tr>
<td>Operating Room Procedures (including cardiac surgery)</td>
<td>16,852</td>
<td>17,604</td>
<td>16,971</td>
<td>18,283</td>
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<tr>
<td>General Surgery</td>
<td>3,406</td>
<td>4,493</td>
<td>4,446</td>
<td>4,398</td>
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<tr>
<td>Ambulatory Surgery</td>
<td>7,564</td>
<td>7,729</td>
<td>7,204</td>
<td>8,037</td>
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<tr>
<td>Laboratory Tests</td>
<td>1,996,519</td>
<td>2,086,800</td>
<td>2,105,165</td>
<td>2,048,762</td>
</tr>
<tr>
<td>Electrocardiograms</td>
<td>50,750</td>
<td>54,237</td>
<td>56,795</td>
<td>58,088</td>
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<tr>
<td>Radiology Exams &amp; Special Procedures</td>
<td>83,189</td>
<td>87,547</td>
<td>85,777</td>
<td>86,144</td>
</tr>
<tr>
<td>Pharmacy Prescriptions</td>
<td>1,999,056</td>
<td>2,059,361</td>
<td>2,056,496</td>
<td>1,923,467</td>
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<tr>
<td>Respiratory Therapy Procedures</td>
<td>222,799</td>
<td>217,675</td>
<td>225,573</td>
<td>203,698</td>
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<tr>
<td>Physical Therapy Procedures</td>
<td>19,665</td>
<td>19,834</td>
<td>19,669</td>
<td>18,842</td>
</tr>
<tr>
<td>Full-time Employees</td>
<td>1,596</td>
<td>1,602</td>
<td>1,550</td>
<td>1,535</td>
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<tr>
<td>Part-time Employees</td>
<td>837</td>
<td>864</td>
<td>874</td>
<td>758</td>
</tr>
<tr>
<td>Volunteer Members</td>
<td>375</td>
<td>449</td>
<td>383</td>
<td>345</td>
</tr>
<tr>
<td>Hours of Volunteer Service</td>
<td>59,600</td>
<td>69,184</td>
<td>62,362</td>
<td>65,854</td>
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### Year Ended December 31 (in thousands/audited)

<table>
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<tr>
<th></th>
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<tr>
<td>Patient Service Revenue</td>
<td>352,432</td>
<td>351,325</td>
<td>327,796</td>
<td>310,323</td>
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<tr>
<td>Less: Charity Care</td>
<td>12,380</td>
<td>11,001</td>
<td>10,292</td>
<td>9,520</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>340,052</td>
<td>340,324</td>
<td>317,504</td>
<td>300,803</td>
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<tr>
<td>Other Operating Revenue</td>
<td>13,776</td>
<td>16,614</td>
<td>15,698</td>
<td>16,903</td>
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<tr>
<td>Total Operating Revenue</td>
<td>353,828</td>
<td>356,938</td>
<td>333,202</td>
<td>317,706</td>
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</table>

### Operating Expenses

<table>
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<tbody>
<tr>
<td>Salaries and Wages</td>
<td>134,296</td>
<td>132,755</td>
<td>126,040</td>
<td>119,325</td>
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<tr>
<td>Supplies, Insurance and Utilities</td>
<td>174,735</td>
<td>168,507</td>
<td>156,290</td>
<td>156,930</td>
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<tr>
<td>Interest Expense</td>
<td>2,638</td>
<td>2,792</td>
<td>2,796</td>
<td>2,757</td>
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<tr>
<td>Depreciation</td>
<td>14,511</td>
<td>15,237</td>
<td>15,244</td>
<td>15,225</td>
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<tr>
<td>Total Operating Expenses</td>
<td>326,180</td>
<td>319,291</td>
<td>300,370</td>
<td>294,237</td>
</tr>
<tr>
<td>Income from Operations</td>
<td>27,648</td>
<td>$37,647</td>
<td>$32,832</td>
<td>$23,469</td>
</tr>
</tbody>
</table>

### SOURCES OF REVENUE 2005

- Inpatient Services: 83%
- Outpatient Services: 13%
- Other operating revenue: 4%

### CONSUMPTION OF RESOURCES 2005

- Purchase of Plant Assets: 14%
- Interest and Depreciation: 5%
- Supplies and Services: 31%
- Salaries and Employee Benefits: 50%
Medical Staff

Compiled May 2006

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Asif Rehman, M.D.