

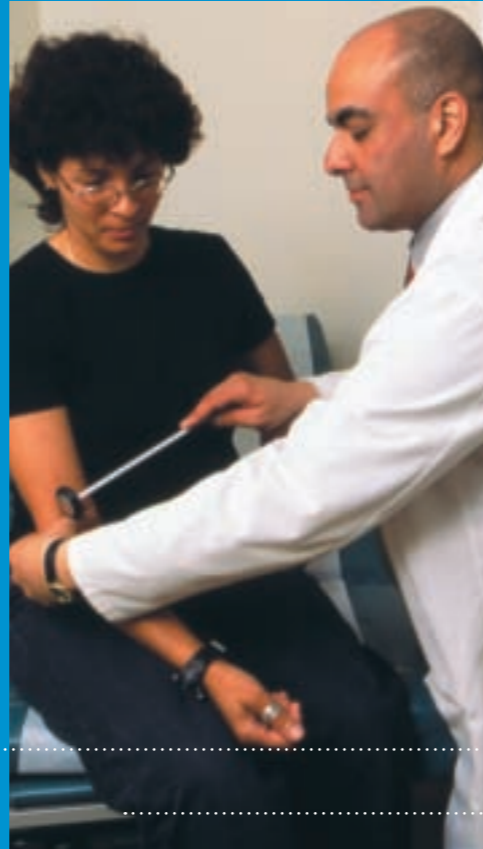


NEW YORK METHODIST HOSPITAL

Member  
NewYork-Presbyterian Healthcare System  
Affiliate: Weill Cornell Medical College



506 Sixth Street  
Brooklyn, New York  
11215  
718.780.3000  
www.nym.org



# NEW YORK METHODIST HOSPITAL



## INNOVATION



## CARE



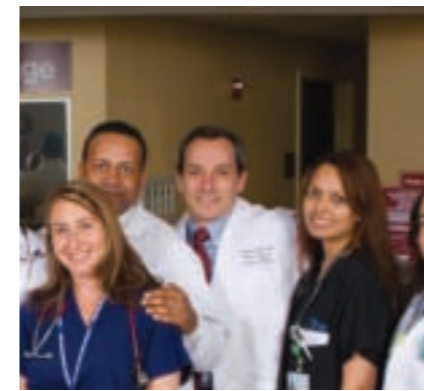
# COMMUNITY



ANNUAL REPORT  
TO THE COMMUNITY  
.....  
2008-2009

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## MESSAGE TO OUR COMMUNITY

FOR MONTHS NOW, we've watched hopefully as our legislators have engaged in heated discussions about the best way to reform the system. Each day, it seemed, new proposals emerged, were revised, debated and sometimes dropped. Ideas appeared to be favored by most members of Congress or the President, only to be abandoned when another interest group or political faction raised objections. It's been an emotional roller coaster.

At this writing, it seems clear that the practice of medicine—as an art, a science, a profession and a business—is about to undergo a major change. Many of us have anticipated this change—with varying degrees of hope and excitement—for a long time. Still, as it begins to look real, we are apprehensive about unexpected compromises that may not be good for patients, doctors or hospitals.

As we move forward to a final bill, we are starting to pay more attention to some of the subtler details. Whatever the final proposal, ways to pay for it will have to be found. Many in the latest round of ideas suggested are directed at making the healthcare system more efficient; that is, both more effective for patients and more cost effective for payors.

Concepts like “reducing readmissions” (a good idea that can be complicated by inner city medical and socio-economic factors), “bundling payments” (paying hospitals and doctors a lump sum for all of the costs related to a patient's care) and increasing the use of “evidence based medicine” (the attempt to move the “art” of medicine closer to a science) have been introduced into the debate. Many of these concepts make sense—at least in theory. But when put into practice with real patients and specific situations, they may not always live up to their promise—and sometimes they may even have unintended negative consequences.

Much of our concern also lies in regulations that bureaucrats will generate to interpret the new law. Here is where we most fear that disadvantages to both doctors and hospitals may emerge.

As a Hospital, there is relatively little we can do to control the debate—or its consequences. But, as you can see in the Report that follows, we are maintaining our efforts to produce new initiatives and strategic program development. And—most important—we are doing everything possible to nurture a culture of patient-centered care.

Our extraordinary staff of doctors, nurses, health professionals, support staff, trustees and volunteers is well aware that we are all here to serve the patient. We have wonderful technology at NYM, and that enables us to provide care very efficiently, but our employees are focused on the needs of the patient. In that way, they continue to uphold the long held mission of New York Methodist Hospital: to provide excellent and compassionate care to the people of Brooklyn.



**MARK J. MUNDY**  
*President and CEO*



**JOHN E. CARRINGTON**  
*Chairman of  
the Board*

Two handwritten signatures in black ink. The signature on the left is 'Mark J. Mundy' and the signature on the right is 'John E. Carrington'.

# INNOVATION AT NEW YORK METHODIST HOSPITAL

LAST YEAR was an exciting one for New York Methodist Hospital. Not only did we cut the ribbon on new facilities and programs, we also announced a number of innovative medical procedures. NYM has been recognized for our work both inside and outside of the hospital. We look forward to another exciting year and to keeping New York Methodist Hospital on the cutting edge of health care.

NYM HAS BEEN  
RECOGNIZED  
*for our work*  
BOTH INSIDE  
AND OUTSIDE  
*of the hospital.*



seeking orthopedic services. The Center also welcomed several new orthopedic surgeons. "The expansion of the Spine Center has allowed us to include experts in orthopedic subspecialties such as osteoporosis and hip arthroscopies," said Henry Tischler, M.D., chief of the Division of Orthopedics. Located across the street from Grand Army Plaza, one of Brooklyn's most famous landmarks, the offices at One Prospect Park West are easily accessible, spacious and comfortable.

In the fall of 2009, NYM's Center for Allied Health Education opened the **School of Diagnostic Medical Sonography**. The program requires two years of coursework, with learning concentrations in general sonography and cardiac sonography. The School of Diagnostic Medical Sonography represents the latest addition to New York Methodist Hospital's allied health education offerings, which include the Bartone School of Radiography, the NYM School of Radiation Therapy Technology, the NYM School of Medical Technology and the NYM EMS Institute/Paramedic Program.

## *New Procedures*

The New York Methodist-Cornell Heart Center now offers a number of new procedures, many of which are minimally invasive. Once such minimally invasive procedure is used to treat **thoracic aortic aneurysms**. During the surgery, an incision is made that allows the surgeon to pass a stent graft into the thoracic aorta. Following the procedure, blood travels through the stent and bypasses the aneurysm, creating a new pathway for blood flow. The procedure requires a team approach because two areas of specialization: cardiac surgery and vascular surgery, are required for the placement of the thoracic stent graft.

A minimally invasive alternative to traditional **mitral valve surgery** is now also available for qualified patients. Traditional procedures, which involve dividing the breastbone in order to reach the heart, are replaced by an alternative procedure where only a four-inch incision is required to repair the faulty valve.

## *New Centers and Programs*

The newly constructed **Park Slope Infusion Center**, located at 342 Fourth Avenue, began accepting patients in October of 2008. In addition to offering treatment for most types of **cancer**, the center offers **infusion therapy for blood disorders, rheumatoid arthritis, Crohn's disease, multiple sclerosis and osteoporosis**. The facility includes 29 private treatment stations, an on-site pharmacy, two laboratories, two nursing stations, physician offices and an examination room.

The Hospital's newly renovated physician offices at **One Prospect Park West** made their debut. The construction of the new site allowed NYM to expand services in **urology, pediatrics, podiatry and orthopedics, and wound care**. The **Brooklyn Spine and Arthritis Center** opened a satellite office at the One Prospect Park facility in order to better serve the growing number of individuals in Brooklyn



The New York Methodist-Cornell Heart Center also initiated **cardiac resynchronization therapy**, which is designed to correct ventricular dyssynchrony—an abnormality in the heart that causes its two lower chambers to stop beating simultaneously, making the heart less efficient. Like a pacemaker, a cardiac resynchronization device sends tiny electrical pulses via soft insulated wires to the lower chambers of the heart to synchronize the contractions of the ventricles. The device also improves the heart's ability to pump blood and oxygen throughout the body. Additionally, the New York Methodist-Cornell Heart Center is now performing "real time" **stress MRI testing**, a new feature of cardiac MRI, which offers physicians an alternative for diagnosing coronary artery disease in patients who are unable to exercise because of health reasons. Stress tests provide doctors with information about how well the heart performs under physical stress. NYM is the only hospital in Brooklyn performing the test.

The Department of Radiology began offering **cryoablation** and **radiofrequency ablation (RFA)**, two minimally invasive treatments for cancer. Cryoablation involves freezing a tumor through the placement of probes that generate an "ice ball" around the cancerous tissue. RFA uses electrodes to transmit radiofrequency energy from the tip of a needle, where it produces heat in the tissues.

Recognizing that a multidisciplinary approach to combating obesity is the most effective way to deal with the complexities of weight loss management, New York Methodist Hospital, initiated a physician supervised **Comprehensive Weight Management Program**. "The program aims to tackle obesity and weight management through a partnership between patients, their families and our health care team," said Alfred Leong, M.D., the program's medical director. In addition, the program offers bariatric surgery, which has been proven to be the most effective way to achieve and maintain significant weight loss, as an option for patients who are deemed morbidly obese. New York Methodist Hospital has been accredited as a Center of Excellence for Bariatric Surgery.

The Division of Otolaryngology at NYM introduced a new surgical procedure that alleviates the pain of sinusitis by clearing blockages in the sinus, allowing the sinus to drain bacteria that can cause infections. The procedure—

called **balloon sinuplasty**—uses a guidewire and catheter to thread a tiny, flexible balloon through the sinus cavities to the site of the obstruction. The balloon is then inflated which widens the sinus and clears the blockage.

NYM's Division of Urology acquired a new high-powered **green light laser** that can be used to treat **benign prostatic hyperplasia (BPH)**. The green light laser uses a specially designed light source and fiber optic delivery system to immediately and gently vaporize the enlarged prostate tissue.

## *Awards and Recognition*

For the fourth year in a row, the National Research Corporation named NYM a **Consumer's Choice Award Winner** for "Best Doctors, Best Nurses, Best Overall Quality and Best Image Reputation," as determined by consumers in the borough of Brooklyn.

The American Stroke Association recently named New York Methodist Hospital a **Get-With-The-Guidelines-Stroke (GWTG Stroke) Silver Performance Achievement Award** winner.

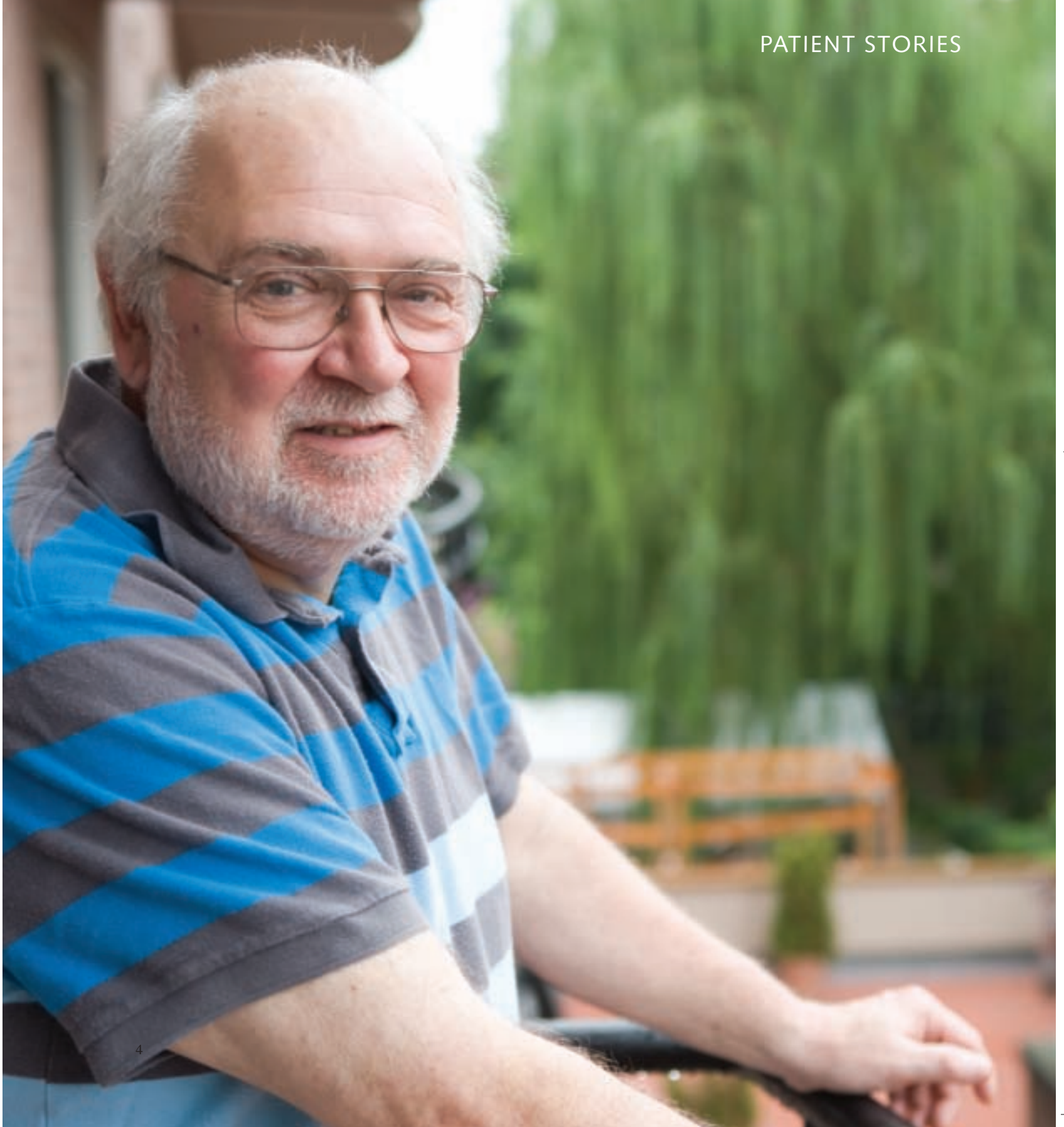
NYM was designated a **UnitedHealth Premium Total Joint Replacement Specialty Center** in recognition of its total joint replacement surgery program.

The Hospital won a **2008 Regional Commuter Choice Innovator Award** for providing commuter benefit programs that encourage employees to make use of environmentally friendly alternatives like carpooling, vanpooling and mass transit instead of single occupancy vehicles.



# CARE AT NEW YORK METHODIST HOSPITAL

PATIENT STORIES





IT WAS A HAPPY TIME, DRIVING HIS daughter back to Brooklyn from Pittsburgh. Joseph Klimko, 62, was thrilled to spend that time with her and to arrive in Brooklyn to see his grandchildren graduate from their schools. But when he woke up on graduation morning and felt familiar pains in his jaw, neck and right arm, he knew he wasn't going to make the graduation ceremonies. He needed to get to a hospital fast. His daughter called 911.

Six years earlier, he had experienced the same set of pains and wound up undergoing a cardiac catheterization and angioplasty. He was sure that his heart was in trouble again, yet because his symptoms were atypical—heart issues don't usually present in the jaw—he was worried that the concerns about his heart would be dismissed. When he arrived at New York Methodist Hospital, he realized that he had nothing to worry about. "What impressed me most was that they listened. I told them about my concerns about my heart and they listened to what I was saying rather than just following a prescribed list of symptoms," says Mr. Klimko.

While in the Emergency Department, Mr. Klimko was evaluated by cardiologist Hajir Dilmanian, M.D. "Here was a man who had high blood pressure, high cholesterol, and diabetes. Because of his previous heart history, I knew that we needed to get his cardiac health evaluated immediately," Dr. Dilmanian recalls.

"I remember Dr. Dilmanian reading my test results and telling me, 'let's go.' He had personally

walked me up to the New York Methodist-Cornell Heart Center EKG/Stress Test lab where testing started right away. Then he walked me to meet with Terrence Sacchi, M.D., chief of cardiology, and arranged for the cardiac catheterization," Mr. Klimko says.


"The catheterization showed that there were significant blockages in a number of Mr. Klimko's arteries. It was clear that he that needed immediate attention" remembers Dr. Sacchi, "and we made sure that it happened."

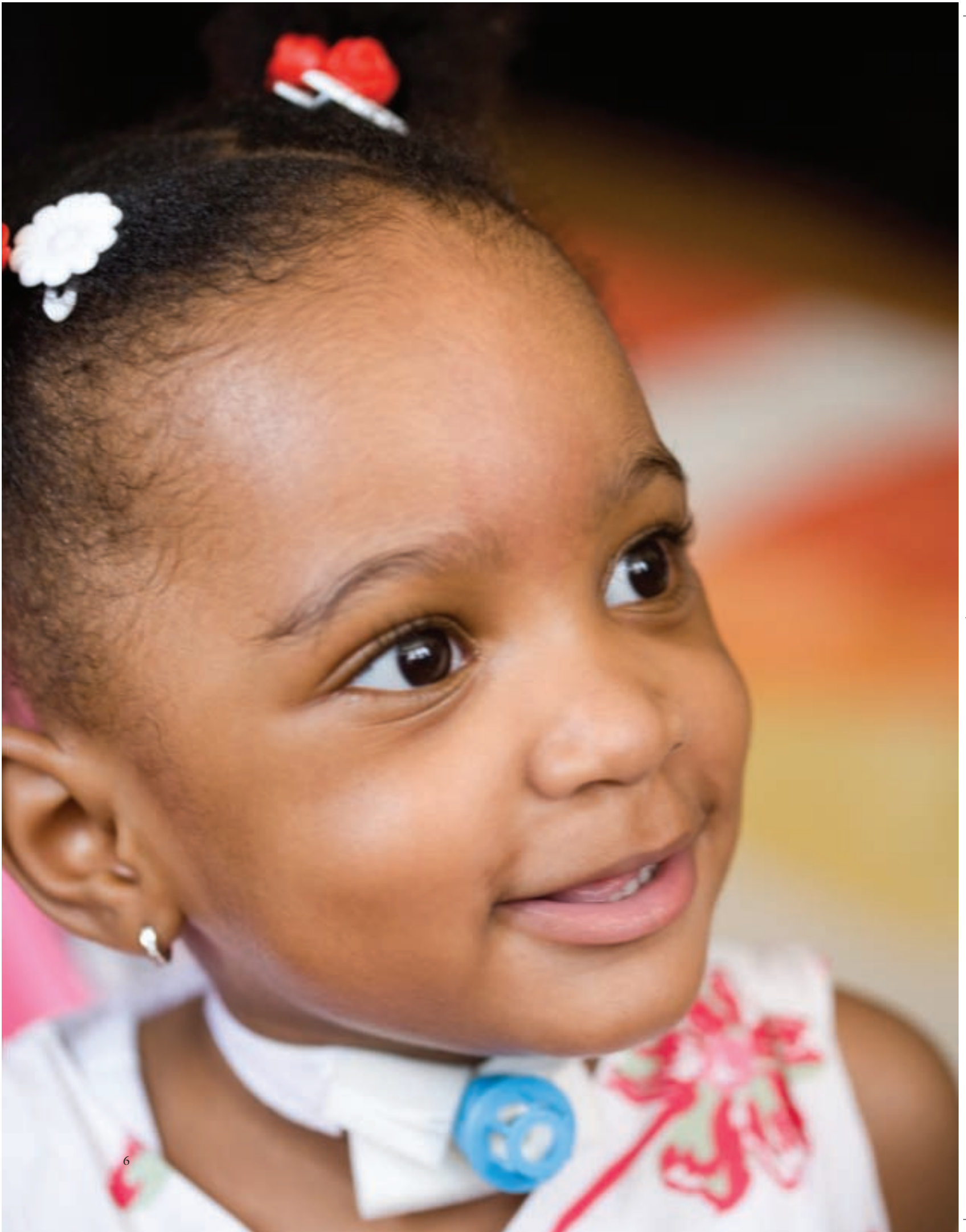
"By that evening, I was in the cardiac catheterization laboratory room with Dr. Sacchi, getting my first set of stents, which open up blood flow in the arteries. I have never experienced such personal and dedicated service," recounts Mr. Klimko. The

following Monday, Dr. Sacchi inserted another set of stents, and shortly thereafter, Mr. Klimko was discharged.

He is now back in Pittsburgh and his health is being monitored by doctors there. But he knows that it is the doctors in Brooklyn who saved his life. "I was amazed at how quickly I was evaluated and treated. Such quick responsiveness is rare. Dr. Sacchi and Dr. Dilmanian provided me with top-notch medical care; and the nurses were amazing. My whole experience at New York Methodist Hospital was terrific—from the Emergency Department to interventional cardiology to the nursing staff. Everyone was courteous and professional. The doctors were a very good team; I just can't say enough."

PATIENT  
**JOSEPH KLIMKO**  
 .....  
 DIAGNOSIS  
*Coronary Heart Disease*  
 AREAS  
*Emergency Department,  
 Cardiology*





WHEN CORETTA AND THEO JOHNSON BROUGHT their two-year-old daughter, Thea, to the Emergency Department (ED) with pneumonia in March, they didn't expect to hear a chorus of "It's Baby Johnson!" But they weren't entirely surprised; they had practically lived at New York Methodist Hospital when Thea was born, very prematurely, at 27 weeks.

From the Emergency Department, Thea was transferred to the Pediatric Intensive Care Unit (PICU), to be treated for her pneumonia, where she was greeted with equal enthusiasm. The staff all knew her from a harrowing five-month stay in the Neonatal Intensive Care Unit (NICU) and the PICU earlier in her short life.

Thea weighed only 2.2 pounds at birth. That, however, was the least of her problems. She had severe respiratory distress and over time, her condition evolved into chronic lung disease. In chronic lung disease, the lungs become very fibrous as damaged tissue is replaced by stiff, less elastic tissue, making breathing difficult. Thea's neonatologist, Nitin Ron, M.D., used increasingly sophisticated therapies to improve the flexibility in her lungs to allow for better ventilation. Nothing worked; her lungs remained too stiff. It didn't look like she was going to make it.

Dr. Ron reached out to Felix Khusid, RRT, director of respiratory therapy, to see what else might be done to help her. Due to the severity of her condition, Mr. Khusid suggested a non-conventional use of the volumetric diffusive respirator (VDR), a life support system that delivers a unique form of ventilation. However, such action was nearly unprecedented and had been utilized on premature infants only in a specialized NICU

in Belgium. But Thea's condition was desperate, and with the approval of Madhu Gudavalli, M.D., chief of the neonatal intensive care unit, they decided to move ahead with this innovative therapy.

The VDR expanded Thea's lungs, where the previous therapies had not. Mr. Khusid remembers, "Finally, after all the preparation, the baby was transitioned to the VDR and she remained on it for the next five days. A respiratory therapist stayed at her bedside around the clock to provide all the necessary advanced ventilatory support.

As of this writing, we are the only hospital in the tri-state area that has this very sophisticated technology."

Although Thea's lungs were now able to expand adequately enough for sufficient ventilation, she received a tracheostomy to ensure successful breathing.

After more than five months in the NICU / PICU, Thea was discharged. Dr. Ron remembers, "Thea was a fighter since day one. The entire experience may have been overwhelming for another premature infant, but not for Thea."

It was her fighting spirit which was so fondly remembered when Thea was admitted to the PICU after her March visit to the ED for pneumonia. Jane Fong, M.D., chief of pediatric critical care, says "It is not uncommon for us to see a child that has such a stormy beginning come back to the hospital on occasion. When we saw Thea, it was so rewarding. She was this wonderful, playful little two-year old, with her own personality and reaching all of her developmental milestones. That she is a thriving, happy child is a true testament to what can be achieved when all of the medical disciplines come together."

PATIENT  
THEA JOHNSON  
.....  
DIAGNOSIS  
*Chronic lung disease*  
AREAS  
*Emergency Department,  
NICU, PICU,  
Respiratory Therapy*



JOSEPH COLLURA SHOOK HIS HEAD as he listened to the story of the man who had been hit by the tractor-trailer truck while crossing Fourth Avenue. This man was in a medically induced coma in the intensive care unit for two weeks and in the hospital for five weeks. Mr. Collura had no recollection that, in fact, he was this man.

“He was in the worst condition that one could be in and still be considered alive,” remembers Alex Guerrero, M.D., who was then chief surgical resident. “When the ambulance arrived, the emergency medicine and surgical staffs just descended upon him—he had an open skull fracture with pieces of bone buried in his brain, a broken collarbone and ribs, punctured lung, damaged liver and spleen, and his broken femur was poking through the skin, obviously badly fractured. He had no neurological signs of life—only a pulse, and a weak one at that.”

Mr. Collura, 57, considers himself incredibly lucky that he doesn’t remember a thing about the accident. He was taken immediately to the operating room where the trauma surgery team worked for five hours to save his life. His lung was re-expanded, and a window was put into his skull, around the fracture. Pieces of broken bone were carefully picked out of his brain tissue. A metal cage was then quickly constructed around the femur, with pins into the bone to hold it in the correct position. All this was done while treating his bleeding spleen and liver. “We were hoping for the best, but expecting the worst” said Dr. Guerrero.

Mr. Collura spent another week in NYM’s intensive care unit on a ventilator before he was stable enough to breathe on his own. From that

time he has smudgy memories of faces and words of care from the nurses. One thing he remembers clearly though is the feeling of devoted care he received, “There wasn’t a time when I didn’t feel safe when they treated me. They spoke to me, touched me, explained what was going on with my care, their facial expressions always showed me their genuine concern, and I was so deeply touched when they visited me after I was transferred to another floor.” And Mr. Collura knows about nursing; he’s been a registered nurse for 35 years, 28 of those years as an intensive care nurse.

He followed an aggressive protocol of physical therapy, and within three weeks, was up and out of bed. “My physical therapists were highly skilled, educated and professional. Because of their motivation, I was able to avoid being transferred to an inpatient rehab facility. By the time I was discharged home, I was walking more than 1000 feet with a cane and could climb two flights of stairs.”

“New York Methodist is truly a healing institution. Paul Issack, M.D., my orthopedic surgeon; Bashar Fahoum, M.D., director of the surgical ICU and Ruben Toribio, M.D., chief of trauma surgery, are not only men of science, they are humanitarians. I have not met a more caring group of physicians. New York Methodist should be proud of its entire staff.

“Everyone at NYM gave me encouragement and constant positive reinforcement. The rehabilitation staff was incredible. They created an experience that never made me feel sorry for myself, and with life-threatening injuries like mine, that is saying a lot. I will always be thankful to them.”

PATIENT  
**JOSEPH COLLURA**  
.....  
DIAGNOSIS  
*Full-body trauma*  
AREAS  
*Emergency Department,  
Surgery, Rehabilitation  
Medicine*



REVEREND HOPE JOHNSON HAD BEEN FEELING sick for a while but just didn't want to give it her attention. She had too much to do: She was busy as a minister for a Unitarian Universalist congregation in Garden City, Long Island. Plus, she traveled around the world, advocating for a number of causes. When it was time for her annual physical, she mentioned to her doctor, Alfred Leong, M.D., that she had been experiencing a little shortness of breath, especially when she climbed the subway stairs.

Dr. Leong suggested that she see Suhail Raof, M.D., chief of pulmonology and critical care medicine at New York Methodist Hospital. Dr. Raof found that Rev. Johnson's x-rays were consistent with sarcoidosis, a disease where tissues become inflamed with granulomas. Often these granulomas, or small growths, can cause permanent damage, resulting in scarring and breathing difficulties. Sometimes other organs such as the eyes, bones, skin, heart and central nervous system may be affected as well.

"Sarcoidosis can burn itself out, but sometimes it leaves scar tissue," said Dr. Raof. "However, in 30 percent of cases, the sarcoidosis progresses and becomes more pervasive. This was the case with Rev. Johnson—a CT scan showed small nodules in the lungs, suggesting that the sarcoidosis was still active."

Although it is rare, sometimes sarcoidosis can also involve the heart. Any scar tissue that builds up in the heart as a result of the disease can negatively affect the way in which electricity is delivered throughout the heart, and may result in irregular heartbeats, which could be sudden and fatal. Because Rev. Johnson travels so extensively,

Dr. Raof didn't want her flying around the world with such a risky condition.

To see if the sarcoidosis had indeed spread to her heart, John Heitner, M.D., director of non-invasive imaging in the department of cardiology, evaluated the condition of her heart using a cardiac MRI, the only imaging modality that reveals the composition of the heart muscle. "Her heart showed the classic features of sarcoidosis: granulomas/fibrosis in the superficial and mid-muscular tissue of the heart," said Dr. Heitner.


"The replacement of Rev. Johnson's normal heart muscle with the fibrosis leaves her open to complications. We are currently further investigating her risk for complications by having an electrical study performed on her heart. She may very well end up needing a defibrillator. "This was a great diagnosis by Dr. Raof; he may very well have saved her life," says Dr. Heitner.

Rev. Johnson says that she feels "blessed" to have met Dr. Raof and Dr. Heitner, and feels totally safe in their hands.

"They know me to be a worrier, so they go the extra mile to make sure that I feel comfortable." In fact, she was admitted for an unrelated surgery, and both doctors were in the operating room to make sure there were no complications.

Reflecting on her experience at NYM, Rev. Johnson says, "I began to study and learn a whole new vocabulary about my condition. While seeing Dr. Raof and Dr. Heitner, I began to really understand about the juxtapositions and interconnectivity between the different fields of medicine at New York Methodist, and saw that the fields worked together towards a common goal, with an integration of values."

PATIENT  
**REVEREND  
 HOPE JOHNSON**  
 .....  
 DIAGNOSIS  
*Sarcoidosis*  
 AREAS  
*Pulmonology,  
 Cardiology*





"I THOUGHT I WAS DOOMED TO A LIFE OF STARING at the ground, of looking at feet instead of faces," recalls Neil Johnson, 59. Mr. Johnson had been diagnosed with Parkinson's disease almost five years earlier, and although everything was being done to retard the disease's progress, his torso muscles continued to constrict and pull him downwards. "It was like there was a big rubber band around my neck that was pulling me down harder and harder." Miran Salgado, M.D., chief of neurosciences at New York Methodist Hospital, had been treating Mr. Johnson's Parkinson's for the last few years. And although he had Mr. Johnson on an increasingly aggressive treatment, Dr. Salgado knew that surgery would be the only way to correct Mr. Johnson's posture.

At Dr. Salgado's suggestion, Mr. Johnson met with Andrew Merola, M.D., a spine surgeon at NYM. Dr. Merola assessed Mr. Johnson's x-rays and concluded that surgery could indeed help him stand up straight, but there were risks; it was a very tricky surgery. Mr. Johnson served as a medic during the Vietnam War and spent the past 35 years working as a registered nurse for special procedures so he was well aware of the risk. Even so, he remembers thinking, "I can't go on the way I am, knowing it was only going to get worse. I have a lot of life ahead of me and I couldn't bear the thought of my head dropping closer and closer to my knees. I knew I had to do the surgery—even with the risks."


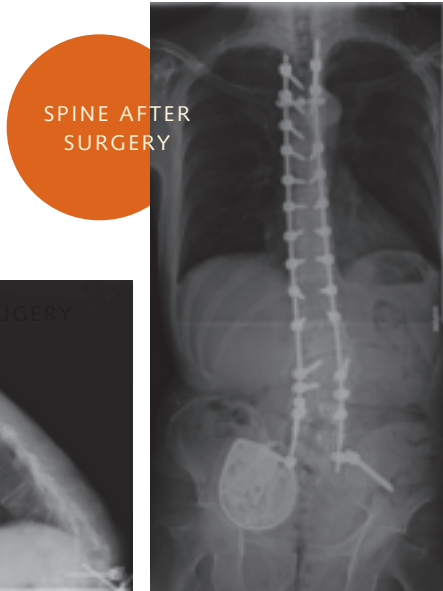
Dr. Merola scheduled him for a pedicle subtraction osteotomy (PSO). "This is a complicated operation, but one that yields such an amazing improvement in the patient's quality of life, it is

almost always worth the risk. Plus, surgery was necessary to correct a previous spinal fusion that had begun to come undone due to the extreme curvature of his spine," said Dr. Merola. In a PSO, the spinal pedicles—the wing-like structures that protrude from the vertebra—are chiseled down and a triangular shape is cut into the vertebra, allowing movement. This procedure was performed on the entirety of Mr. Johnson's lumbar spine, which allowed for the spine to be "snapped" back into a vertical direction again.

The spine will hold its new shape through the use of bone grafts, rods and pins. "It will take almost a full year for the spine to be completely healed, but Mr. Johnson is now standing fully upright and, with the aid of a walker, ambulatory," reports Dr. Merola.

"I am excited about this new lease on life, and to get back into the kitchen and into my garden and to return to the things I love to do. I am so thankful for the care and treatment I received from Dr. Salgado and Dr. Merola and the staff at New York Methodist Hospital. They truly changed my life, and I am looking forward to the future."

PATIENT  
**NEIL JOHNSON**  
 -----  
 DIAGNOSIS  
*Parkinson's Disease*  
 -----  
 AREAS  
*Orthopedic Surgery,  
 Neurology*



WHEN THEY FIRST MOVED TO FLATBUSH, THE Tishcoffs were glad to know there was a good hospital nearby, should they ever need it. Little did they know that New York Methodist Hospital would become such a part of their family's history.

"Twenty years ago, I came to the Emergency Department at Methodist; I needed stitches on my foot," remembers Mrs. Hazel Tishcoff. "I didn't have a family doctor at the time and a friend recommended William Destefano, M.D. He became our family doctor. He took care of my father and to this day, he is still my internist, as well as my husband's, my daughter's and her husband's."

New York Methodist became the family hospital for the Tishcoffs. In 2001, Mrs. Tishcoff's husband was in the Intensive Care Unit at NYM recovering from an emergency colectomy—a surgical removal of part of the colon—as a result of colonic diverticulosis. Colonic diverticulosis occurs when small pouches form on the outside of the colon. Unfortunately, Mr. Tishcoff's emergency occurred right before his daughter Leah's wedding, and due to his condition, he could not attend. Leah remembers, "Not only did the staff hook up a computer so that my father could watch the wedding, in real time, from his bed, they made every accommodation so my husband, our immediate family, and I could come to his bedside and re-create the moment for him. It is that level of personalized care and consideration that makes New York Methodist stand out."

Mr. Tishcoff was admitted to NYM again in 2006 after having a cardiac arrest and was being treated by David Schifter, M.D., a cardiologist. He was in a coma for several days before he recovered. Mrs. Tishcoff remembers, "One day, Dr. Schifter saw me coming off of the elevator, and he saw how worried I was. He took me to one of the Hospital's Family Conference Rooms and gave me a thor-

ough update of my husband's condition. That conference was so comforting; it was a steadying hand when I needed it. And I received the same level of care and consideration while I was in the Hospital three years later. What consistency!"

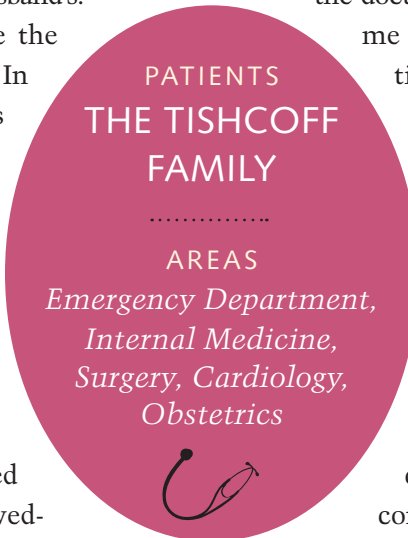
In early 2009, Mrs. Tishcoff was rushed to NYM with a ruptured appendix. Thanks to quick treatment with antibiotics by Dr. Destefano and Prasad Gudavalli, M.D., her surgeon, she was able to avoid an operation. She was pleased with her medical treatment, but even more impressed with how truly cared for she felt. "Everybody—from

the doctors to the nurse technicians treated me so sincerely and with such attentiveness. I was in the hospital for three weeks, and throughout the entire stay, everyone was so nice to me, and so caring."

Leah also had each of her two children here at New York Methodist. "I had seen, first hand, what a top-notch institution this was and knew that Faye Guirguis, M.D., was an excellent obstetrician. I didn't even consider having my children anywhere other than NYM."

Over the years, the Tishcoff family has visited New York Methodist Hospital many times. Mrs. Tishcoff continues, "I have always been made very comfortable and very reassured by the pride the entire staff takes in their work. The medicine is first rate, and so is the care. Dr. Destefano always refers us to other physicians at NYM and confers with them throughout our stay. We always feel like we have a team looking after us, and that is very comforting and reassuring."

"Dr. Gudavalli, Dr. Destefano, Dr. Schifter and other NYM physicians and staff understand us as a family, and consider family needs and dynamics in treating us. Adding this dimension to treatment of our medical issues has helped us through numerous difficult times."





NEW YORK METHODIST is committed to the health of our community. Each year, NYM hosts and takes part in more than 250 outreach events. Our concern extends beyond caring for our patients; we also reach out to Brooklynites with programs that include health fairs, tours, screenings and health education. Here is a sampling of our community outreach activities over the past year.

NYM IS COMMITTED to the HEALTH of our COMMUNITY



### Health Information and Screenings

New York Methodist Hospital offers numerous health screenings, often with a specific focus. For example, in honor of **Diabetes Awareness Day** (▲), the Hospital offered free diabetes screenings, which included vision tests, blood pressure screenings and glucose screenings. To increase community awareness about the debilitating effects of **stroke**, NYM created **Stroke Alert Day** to promote stroke awareness. Free screenings, along with stroke awareness information, were made available to the public. **Memory Screenings** are frequently offered to provide information about Alzheimer's disease.

NYM's Department of Education and Volunteer Resources and NYM's Department of Public Affairs presented a **Back to School Health Fair** (▼) that gave young people an enjoyable opportunity to learn more about the importance of a healthy lifestyle. Representatives from

### Pediatric Dental Awareness

New York Methodist Hospital's **Pediatric Dental Awareness Program** (▼) provides enhanced oral health care for children, ages one to 16 years, through education, counseling and increased clinical services. Education takes place in the waiting rooms of NYM's outpatient pediatric clinics, as well as community health lectures and school workshops and event locations. Recently, Brendan Wheeler, pediatric dental educator, arranged for children from the St. Francis de Sales School for the Deaf to receive free dental screenings and take part in a presentation on dental health. Sabrina Magid, D.M.D., and Euree Choi, D.M.D., from NYM's graduate dental medicine education program, utilized their knowledge of American Sign Language to reach out to this community.





NYM's Department of Infection Control, Center for Sleep Disorders, Department of Adolescent Psychology, Department of Clinical Food and Nutrition and Pediatric Dental Education all provided services and expertise. At Park Slope's popular **Seventh Heaven Street Fair** (▼), the NYM booth offered sleep disorder education, qigong therapy and general health information to the public. An unprecedented number of people also took advantage of the free blood pressure screenings and glucose screenings that were offered.

### *SchoolTours/SchoolTalks*

Throughout the year, the Hospital offers a variety of educational programs to elementary, secondary and adult education programs in the community. The SchoolTours/ SchoolTalks programs offer guided visits to specific NYM areas and units as well as lectures on specific topics. Linda Fox (▲), director of the Spine and Arthritis Center, showed students from P.S. 321 a model of a human vertebra when they visited the hospital this past winter.



### *Health Literacy Program*

The Department of Education and Volunteer Resources facilitates NYM's Health Literacy Program, the goal of which is to empower patients to be more involved in their healthcare decisions. Health Literacy volunteers present health-related information in the waiting room of the Hospital's outpatient pediatric office and volunteers also work, as needed, on a one-on-one basis with patients.

All health literacy volunteers are trained to work with patients on issues such as taking over-the-counter medication, reading drug labels, managing multiple medications and nutrition.

### *Support Groups*

New York Methodist Hospital recognizes that **support groups** can play a significant role in helping patients and family members to manage during a period of illness or even to facilitate healing. Trained leaders and other members of the group provide information, advice and shared experiences. Currently, the Hospital offers **support groups** for people dealing with cancer, obesity, chronic fatigue syndrome or fibromyalgia, bereavement and multiple sclerosis. Breastfeeding support groups are also available for new mothers.

### *Pastors' Clinics*

To honor NYM's heritage as the "Mother Hospital of Methodism," the Hospital offers a Pastors' Clinic for United Methodist ministers and their spouses several times a year. During their four-day stay, clinic participants receive a thorough physical examination as well as follow-up tests that may be needed. They also have a detailed tour of the Hospital and participate in health-education seminars and lectures by physicians, nurses, administrators, social workers, and other Hospital personnel.



# GIVING OPPORTUNITIES

NEW YORK METHODIST HOSPITAL is dedicated to meeting the healthcare needs of our community. The support of friends and neighbors makes a difference in our ability to fulfill our mission. On behalf of those we serve, thank you for your generous support.

For additional information about making a gift to NYM or to inform the Hospital of a bequest, please call the Department of Development at 718.780.5342. Please make checks payable to New York Methodist Hospital and mail them to NYM, Department of Development, 506 Sixth Street, Brooklyn, NY 11215. The Department can also be reached via email at: [development@nym.org](mailto:development@nym.org).

## *Types of Gifts*

**NAMING OPPORTUNITIES ARE AVAILABLE** to recognize a donor's contribution to the Hospital.

Equipment or an area of the Hospital may be named in honor or memory of an individual, or a named fund may be created.

**UNRESTRICTED GIFTS** give the Hospital's trustees the flexibility to support areas where the need is most pressing. Donors who contribute \$1,000 or more in unrestricted gifts in a given year are recognized as members of the George Ingraham Seney Society. For details about these gift clubs, please contact the Development Office at 718.780.5342.

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### THE GIFT OF LIFE

*Your donation of blood is an invaluable gift. For more information, please contact the*

**BLOOD CENTER**  
*at 718.780.3644 or*  
*[donateblood@nym.org](mailto:donateblood@nym.org).*

**RESTRICTED GIFTS** can be made to a wide range of specialty services or programs designated by the Hospital as areas for support, consistent with the donor's personal interests.

**MEMORIAL/HONORARIUM GIFTS** in memory or in honor of an individual may be made in any amount and for any purpose. The Hospital will promptly notify the appropriate party of the memorial or honorarium gift. Donations of \$500 or more can be permanently recognized on the Tree of Life located in the Hospital lobby. The Tree of Life offers the opportunity to celebrate joyous occasions or remember a loved one with an inscribed leaf.

**LIFE INCOME ARRANGEMENTS** vary, but most offer the following benefits: income for life to the donor and/or second beneficiary, a charitable income tax deduction, a higher rate of return than many current investments, reduction or avoidance of capital gains taxes and savings on estate and gift taxes.

**BEQUESTS**, gifts made through a will, allow donors to make substantial donations to the

Hospital. Donors can leave specific dollar amounts or a percentage of their estate. Through a bequest, a donor can make a gift without depleting current assets and can eliminate or reduce federal estate taxes. If you have included NYM in your will, please let us know.

### CORPORATE MATCHING GIFTS

If your company or your spouse's company participates in a matching gift program, the company will match any gift you make, sometimes on a three-to-one basis. If you are not sure whether your company has a matching gift program, please check with your human resources department.

## *Assets to Give*

**A GIFT OF CASH** is the simplest and most immediate way to give to NYM. Cash gifts may be pledged over a period of up to five years and are deductible in accordance with the law. Checks should be made payable to New York Methodist Hospital. We also accept American Express, Visa and MasterCard.

**A GIFT OF LONG-TERM APPRECIATED SECURITIES** is exempt from capital gains taxes. In most cases, a donor can claim a charitable income tax deduction equal to the fair market value of the appreciated securities.

**GIFTS OF REAL ESTATE**, in some cases, can be given to support NYM, and the donor will receive a charitable income tax deduction for the fair market value of the property. Real estate gifts also can be used to fund a life income arrangement.



## \$50,000 +

Estate of Lucille Jackson

## \$25,000+

B&G Electrical Contractors of NY, Inc.  
Drs. Madhu and Prasad Gudavalli  
Midwood Ambulance & Oxygen Service

## \$20,000 +

Aaronson Rappaport Feinstein  
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United Hospital Fund

## \$15,000 +

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## \$10,000 +

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 Anna Strokina, M.D.  
 Rev. Vernon C. Stutzman  
 Elizabeth Szilagyi, M.D.  
 Ms. Susan Tarone  
 The United Methodist Church  
 Tiffany & Co.  
 Mr. Henry Trevor  
 and Mrs. Elizabeth Werter  
 Tri-State Hospital  
 Supply Corporation  
 United Methodist Church of Floral Park,  
 United Methodist Women  
 United Methodist Church of  
 Lake Ronkonkoma  
 United Methodist Women  
 United Methodist Women  
 of South Cairo  
 United Methodist Women  
 of Crown Point  
 Philip Van Hook, Esq.  
 Mr. Dino J. Veronese  
 Mrs. Shpresa Vukaj  
 Wesley UMC United  
 Methodist Women  
 Rev. Wilmert H. Wolf, Jr.  
 Parbati Wong, R.N.  
 Mrs. Harriet E. Woodruff  
 Rev. Susan D. Woodworth  
 Mrs. Faith Wynne  
 Zeldin Family Foundation  
 Mr. Victor Zukowski

*Every effort has been made to ensure the accuracy of this listing for 2008. If your name has been omitted or listed in the wrong category, please accept our apologies and notify the Department of Development at 718.780.5342, so that we may correct our records.*



## 2008 STATISTICAL HIGHLIGHTS

<i>Inpatient care</i>	<i>2007</i>	<i>2008</i>
adult admissions <i>(excluding newborns)</i>	29,246	30,315
newborn admissions	5,051	5,116
<b>total admissions</b>	<b>34,297</b>	<b>35,431</b>
adult patient days	185,102	181,821
newborn patient days	11,580	12,739
<b>total patient days</b>	<b>196,682</b>	<b>194,560</b>
average length of stay <i>(days, excluding psychiatry &amp; rehabilitation)</i>	5.7	5.4
inpatient surgical procedures	5,556	5,576
beds	576	591
bassinets	50	60
 <i>Outpatient Care</i>		
outpatient department visits	75,831	80,504
satellite facilities		
ambulatory care visits	55,112	55,093
emergency department visits	65,772	73,787
referred ambulatory patients	54,269	70,953
ambulatory surgery procedures	17,971	18,200
faculty practice encounters	46,394	51,178
physicians outreach		
laboratory services	264,334	285,756
 <i>Employees</i>		
full-time equivalent	3,012	3,087



# MEDICAL STAFF

## ANESTHESIOLOGY

Joseph Schianodocola, M.D.  
*Chairman*

### Attending Physicians

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Victorya Gershteyn, M.D.  
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Devinder Verma, M.D.

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Olga Epelbaum, M.D.  
David Shabtian, D.O.

### PGY-II

Michael Gabriel, M.D.  
Sangeeta Kumaraswami, M.D.  
Mukesh Wadwa, D.O.  
Elliot Yung, M.D.

### PGY-I

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Sanjeev Dalela, M.D.  
Pankaj Jain, M.D.  
Lakshmi Narasimhulu Kurnutala, M.D.  
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Charles A. Mack, M.D.  
Arash Salemi, M.D.  
Anthony J. Tortolani, M.D.

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Steven H. Silber D.O.  
Theodore Gaeta, D.O.  
*Vice Chairmen*

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### PGY-III

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Jessica Krimmel, M.D.  
Andrew Laudenschach, M.D.  
Shannon Maher, M.D.  
Amisha Parekh, M.D.  
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Angeleta Taylor, M.D.

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*Chief of Neurology*  
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MRI/CT CENTER  
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MULTIPLE SCLEROSIS CENTER  
263 Seventh Avenue  
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NEUROPATHY PROGRAM  
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PAIN MANAGEMENT CENTER  
408 Seventh Avenue  
718.832.0885