

NewYork-Presbyterian

# FORUM

News and Information for the Alumni of NewYork-Presbyterian Hospital Summer 2010

**PATIENT CARE TODAY**

HIGH TECH, HIGH TOUCH



Top Ranked Hospital in New York.  
Ten Years Running.

**NewYork-Presbyterian**

The University Hospital of Columbia and Cornell



# PATIENT CARE TODAY

## HIGH TECH, HIGH TOUCH

*On the cover: John Karwowski, MD (far right), with first-year fellow Francesco Aiello, MD (center), and Michael Wright, RN (far left), perform an endovascular procedure in one of the Hospital's new high-tech ORs. According to Dr. Karwowski, the Artis zeego® OR system can image the entire body with technologies such as fluoroscopy-based intravascular ultrasound very easily and stay out of the physicians' way at the same time. "If you've ever been in the old OR, it's like Jetsons versus the Flintstones," says Dr. Karwowski.*

### HIGH TECH

At NewYork-Presbyterian Hospital, the union of industrial robotics with diagnostic and interventional applications is profoundly altering the delivery of patient care. Thanks to the availability of the Artis zeego® system at both campuses, physicians are able to provide patients with more effective diagnosis and treatment in a shorter amount of time.

At NewYork-Presbyterian/Weill Cornell Medical Center, John K. Karwowski, MD, a vascular surgeon and expert in the diagnosis and treatment of the full spectrum of vascular disease with specialized expertise in minimally invasive interventions, was involved from the beginning of the new OR systems, helping to customize the zeego® for the needs of the Hospital's vascular surgeons to make sure that it suited the types of procedures they were planning to do. "Because of the system's flexibility, it opens up new possibilities for surgical and endovascular approaches," says Dr. Karwowski. "We can do things much more easily than we could before and it enables us to be more creative in terms of devising solutions for patients. If a patient needs a customized procedure, the zeego® room allows us to expand our repertoire of solutions to treat arterial and venous problems from the head to the toes."

Whether suspended from the ceiling or retracted to its minimal footprint, zeego® provides maximum utility in the least possible space. The maneuverability of the robotic multi-axis system, along with the quality of the high resolution, large screen images, provides an incomparable degree

of targeted visualization. Large volume 3-D imaging with coverage equivalent to conventional CT exposes patients and OR personnel to less radiation.

The Artis zeego® system also makes it possible to have multiple information systems integrated in the same room. Pre-intervention screenings and scans can be combined with real-time patient data. The entire team has all the available information for enhanced decision-making right there in the OR. And zeego® brings an unparalleled level of precision and thoroughness to diagnosis and intervention. "Everyone is aware of the progress of the patient," says Beryl Muniz, RN, Vice President, Perioperative Services at NewYork-Presbyterian/Weill Cornell. "That supports greater safety, greater teamwork, and ultimately better care for the patients." Ms. Muniz also noted that as a result of this technology, nurses are acquiring interventional knowledge and skill that ordinarily would not have been within their particular areas of expertise.

### *Minimally Invasive New Technologies Program*

In 2007, NewYork-Presbyterian and Weill Cornell Medical College established the Minimally Invasive New Technologies (MINT) program to tap into the expertise and experience of clinicians as innovators in the development of new devices, tools, and procedures to make surgery less invasive. MINT is led by Jeffrey W. Milsom, MD, Chief of Colon and Rectal Surgery, and Howard A. Riina, MD, Co-Director of Interventional Neuroradiology.

Engineering and Business Development are provided by J. Frederick Cornhill, PhD, Administrative Director, who has more than 30 years experience in the medical device development field and founding Director of the Institute for Biomedical Engineering at Oxford University, and Christopher Dillon, Director of Business Development and Operations. Also part of the MINT leadership team is Emme Deland, Senior Vice President of Strategy at NewYork-Presbyterian. Until her recent retirement, Barbara Pifel, Associate Dean for Sponsored Programs at Weill Cornell, championed this unique relationship between the Hospital and the Medical College.

A donor-funded program, MINT has several projects in the pipeline, including a new catheter-based technology to treat complex cerebral aneurysms; a new endoscopic device platform that vastly improves the effectiveness of endoscopes as diagnostic and surgical tools; and an endovascular device platform that enables treatment of disease and trauma in veins and arteries without open surgery.

“Each project begins with identifying an unmet clinical need and the patient impact of meeting that need. The team then delves into clinical, engineering, and business strategy brainstorming sessions focused on the ultimate goal of bringing game-changing procedures and devices to patients,” says Mr. Dillon. “Clinical development, product development, intellectual property development, and business development all move ahead in lockstep. We want to make sure that when we launch a product it has the best chance of success – solving significant unmet clinical needs for the greatest number patients.”

### *Applying IT to DVT Prevention*

Deep vein thrombosis (DVT) with pulmonary embolism is a leading cause of preventable in-hospital deaths in the country. It is a national patient safety goal and quality indicator being looked at by accreditation bureaus and payors alike. At NewYork-Presbyterian, prevention of DVT through risk assessment is built into the Hospital’s computer-based order entry system, Eclipsis, supporting the importance of DVT prevention as a routine part of delivering care to patients.

“In terms of DVT, perhaps what is most exciting is not necessarily leaps and bounds in treatment, but rather the increased enthusiasm for detecting and preventing it,” says Nicholas J. Morrissey, MD, Director of Clinical Trials, Division of Vascular Surgery, NewYork-Presbyterian/Columbia University Medical Center. “If you look at people who are at risk for DVT worldwide, half of those who should be on prophylaxis are not, and of those who are on a protocol, a significant percentage are not on adequate levels of prophylaxis.”

Over the past two years, Dr. Morrissey and his colleagues have developed a process tied into Eclipsis so that every patient who is admitted will have DVT risk and prevention addressed. “We want to make sure every doctor has the concept of DVT prevention in their mind when they admit a patient. We also have a link on the computer order entry system to the American College of Chest Physicians Guidelines on recommendations based on risk level. We provide a limitless electronic and user friendly resource for people to address DVT, and we have improved the ability to collect data that defines the incidence of this complication.” A comparison of the incidence of DVT (calculated per 1,000 patient hours) before and after the implementation of the risk assessment protocol is now underway.

### **HIGH TOUCH**

“Our effort to improve the patient experience is a robust, data-driven program focused on best practices,” says Jaclyn A. Mucaria, Senior Vice President, Ambulatory Care and Patient Centered Services. “‘High touch’ care is not something that should happen sporadically. We developed a set of performance standards that addresses how we interact with patients, how we enter rooms, explain things, and respond to complaints because those are high touch moments that should be managed thoughtfully and fully by every member of the staff, including residents and fellows. This translates into better quality of care and improved safety and satisfaction for all of our patients and families. It’s the inconsistency of the touch points which is our biggest challenge.”

Each year, for the past several years, NewYork-Presbyterian has improved patient satisfaction across the Hospital as measured by the Press Ganey survey tool.



*Maria Perez, RN, received the Hospital’s Clinical Excellence Award recognizing her commitment to improving the patient experience.*

In 2009, the Hospital's goal was to improve its patient satisfaction rating by 1.2 points to reach 83.6 for the year. By the last quarter of that year, it achieved an overall patient satisfaction score of 84.0. Since then, the Hospital has made significant progress toward its 2010 goal of 85.5.

"Feedback from the Press Ganey survey clearly indicates that the areas our patients felt we could improve were associated with teamwork, communication, and understanding their concerns, needs, and anxieties," says Rick Evans, Vice President, Support Services and Patient Centered Care. "We identified those moments of truth in a patient experience that make a difference and provide training to staff so how we interact with patients is consistent throughout the Hospital."

"Generally, people are pleased with the care that they receive from their physician," adds Ms. Mucaria. "But there are also areas of opportunity where doctors, too, can enhance their communication, information, and teamwork skills. At NewYork-Presbyterian, the patient's experience is everybody's responsibility from the housekeeper to the attending physician."

"For example, when entering a patient's room, we have a step-by-step approach that all staff are expected to follow," notes Mr. Evans. "You knock, you introduce yourself, you tell the patient and/or family members why you are there, then you walk them through whatever you are doing. At the end of the encounter you ask if there's anything else you can do. Make sure their needs are met right then and there. This is true for everyone — clinical staff, residents, nurses, housekeepers."

Many of these efforts focus on housestaff, who may not be familiar or experienced with the nuances that make a difference when interacting with patients. "We've actually stopped residents and explained 'the way we do this here is we knock and we ask if we can enter the room.' This may be a new expectation for many of them; not all hospitals focus

on these behaviors," says Ms. Mucaria. Housestaff are provided with training in these areas during their orientation. The process includes role-playing exercises with residents in various clinical situations, such as how do you give somebody difficult news, but also in customer service. "We are fortunate to be partnering with Dr. Richard Liebowitz and the Medical Staff Office to develop a program specifically for the housestaff," adds Ms. Mucaria. "And an increasing number of housestaff are involved in our patient satisfaction initiatives throughout the Hospital."

### *A Unique Approach to Advancing Patient Safety*

NewYork-Presbyterian is recognized for its pioneering initiatives to ensure the highest quality and safety for the patient. Among these efforts is the Hospital's award-winning Patient Safety Fridays program. Patient Safety Fridays was launched in January 2008 after a thoughtful analysis of the existing structure in operations, coordination, and communication to determine the most effective and visible way to make an impact. Each Friday morning, more than 600 clinical and non-clinical personnel across all Hospital sites convene for a one-hour didactic session on clinical and environmental topics. Following the didactic sessions, over 40 tracer teams visit all clinical areas, enabling staff to quickly and efficiently identify and correct gaps in safety and procedures. Data in 2009 has shown that short- and long-term improvements are being achieved regularly, including major improvements in hand hygiene compliance, which increased from 70 percent to 96 percent; medication reconciliation compliance, which improved from 76 percent to 100 percent; and patient verification compliance, which improved from 78 percent to 100 percent. More importantly, Patient Safety Fridays is reinforcing the Hospital-wide goal of becoming a high-reliability organization.

## **We Put Patients First Best Practices and Tools**

Among the best practices for patient satisfaction being implemented across NewYork-Presbyterian with results that are already outstanding are:

- A Service Recovery Program
- Post-Discharge Phone Calls
- Rewards and Recognition Programs
- Daily Huddles and Regular Staff Meetings
- Quiet Times and Healing Environments
- Hourly Rounding on Patients and Families
- Rounding for Recognition with Staff

Since the "We Put Patients First" effort was launched in 2006, implementation of these best practices has helped NewYork-Presbyterian Hospital to significantly improve its satisfaction scores. Future success depends on these and other practices for patient satisfaction being observed with every patient, every time. "It's pretty simple," notes Ms. Mucaria. "Imagine every patient is one of your own family members and treat them as you would your loved one!"

## NEWS AND NOTES

### 1970s

**Michael A. Bush, MD 1975** *Medical Internship and Residency, Diabetes, Endocrinology and Metabolism, Presbyterian Hospital* "Going through some papers from my daughter's Columbia College graduation last year, I spotted the listing of Award for Excellence in Teaching given to Joseph Tenenbaum, Edgar Leifer Professor of Medicine — and my mind cast back to 1972, when I first met Dr. Leifer. After medical school at the University of Southern California, I was accepted for an externship at Columbia-Presbyterian and assigned to Edgar Leifer's clinic.

"Tall, austere, always in a white coat, Dr. Leifer seemed to tower above most of his associates, as much for the seriousness of his affect as his actual height. He always seemed to lean forward in talking to his patients, both to be at the same level and, perhaps, to be closer to them and their troubles. Dr. Leifer was a staunch defender of the general internist's ability (and responsibility) to see through the maze of conflicting expert consultations and make the final decision of what was right for his patient. This was, I still feel, a signature viewpoint of my training at Presbyterian Hospital.

"It would be a delight to him, I'm sure, that Joseph Tenenbaum would receive a Presidential Award for Excellence in Teaching. As an enthusiastic teacher myself of medical students, house officers, and fellow physicians, I know that the secret joy of teaching is not just what we give, but how much we ourselves learn in the process. I'm sure Ed Leifer knew that as well. He gave to his trainees and to his patients and, in turn, grew into the man we all admired."

**Kenneth L. Edelson, MD, FAACS 1978** *Residency, Dermatology, New York-Hospital-Cornell Medical Center* Dr. Edelson was appointed to the Department of Dermatology at Mount Sinai School of Medicine and is an Attending Physician in the Department of Dermatology at The Mount Sinai Hospital.

### 1980s

**Howard J. Birenbaum, MD 1983** *Residency, Pediatrics, and Fellowship, Neonatal-Perinatal Medicine, New York Hospital-Cornell Medical Center* "Our youngest son, Daniel, was married over Memorial Day to Michele Yuskovitz in Pittsburgh. Daughter, Lauren, lives in LA with her husband and our grandson, Micah Liam. My son, Rob, lives in Alexandria, VA, with his wife, Nira, and our grandchildren, Samantha and Zachary. I continue to reside in Owings Mills, MD, with my wife, Debra, and direct a 30-bed tertiary level (III-B) NICU at Greater Baltimore Medical Center.

**Stephen S. Kamin, MD 1988** *Residency, Internal Medicine, and Fellowship, Neurology, New York Hospital-Cornell Medical Center* "I'm pleased to report that I am just finishing up a five-year stint as Acting Chair of Neurology and Neurosciences at New Jersey Medical School, Newark, New Jersey. I seem to have survived with sanity more-or-less intact. The incoming chair is also a New York Hospital grad — Ken Maiese, who finished his neurology residency there in 1989.

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*NewYork-Presbyterian Forum is published for former residents and fellows of NewYork-Presbyterian Hospital/Columbia University Medical Center and NewYork-Presbyterian Hospital/Weill Cornell Medical Center. Please send your news to: Richard S. Liebowitz, MD, MHSc, Vice President, Medical Affairs, rsl9002@nyp.org*

### 1990s

**Jonathan Mandell, MD 1992** *Residency, General Surgery, New York Hospital-Cornell Medical Center* "I have been in private practice with Andover Surgical Associates in Andover, MA since 1994. My practice includes general and trauma surgery (local hospital level 3 trauma). My oldest daughter just graduated high school and my youngest daughter will enter high school in the fall.

**David M. Rube, MD 1993** *Fellowship, Child and Adolescent Psychiatry, NewYork-Presbyterian Hospital/Columbia University Medical Center/ Psychiatric Institute* "I am the Clinical Director of Queens Children's Psychiatric Center and an Associate Clinical Professor of Psychiatry at Columbia University. I recently completed a course of study through the American College of Physician Executives and have been awarded the title of CPE, Certified Physician Executive. I have also been board certified in Forensic Psychiatry until 2020."

**Moneeka Zaman, MD, FAAP 1998** *Residency, Pediatrics, New York Hospital-Cornell Medical Center* "I'm currently the Director of Pediatric Continuity Clinics at the Maria Fareri Children's Hospital Residency Program, a partner at Children's and Women's Physicians of Westchester, LLP, and an Assistant Professor of Pediatrics at New York Medical College in Valhalla, NY. I also have an 11-year-old son and a 7-year old daughter and am loving life as a fulltime pediatrician/mother.

### 2000s

**Merle Myerson, MD 2001** *Fellowship, Cardiology, NewYork-Presbyterian Hospital/Columbia University Medical Center* Under the direction of Dr. Myerson, the St. Luke's-Roosevelt Hospital Cardiovascular Disease Prevention program is entering its fourth year. The program incorporates a lipid clinic as well as comprehensive cardiovascular risk factor diagnosis and management. New for 2010 is a Pre-Exercise Heart Screening Program for young athletes who may have a congenital cardiac abnormality and older persons who would like to start an exercise program but have risk factors for cardiovascular disease.

**Shahla Siddiqui, MD 2002** *Fellowship, Critical Care in Anesthesia, NewYork-Presbyterian Hospital* "I am currently an Assistant Professor at the Aga Khan University Hospital in Karachi, Pakistan. I have two children. We love to travel, sail, ride horses, and eat great food!"

**Sunil G. Bhandarkar, MD 2005** *Residency, Ophthalmology, NewYork-Presbyterian Hospital/Weill Cornell Medical Center* Dr. Bhandarkar completed a LASIK and Cataract Fellowship with the Sinskey Eye Institute in Santa Monica, California. He is pleased to announce the opening of his practice specializing in cataract and LASIK surgery at Saint John's Health Center in Santa Monica.

### IN MEMORIAM

**Edgar Leifer, MD, PhD**, a longtime devoted physician at NewYork-Presbyterian/Columbia University Medical Center and Professor Emeritus of Clinical Medicine and special lecturer in the Department of Medicine at Columbia University College of Physicians and Surgeons passed away on July 2, 2010. Dr. Leifer was an expert in radiochemistry and evolved into an iconic clinician and clinical educator with a half-century of devoted service to his patients, students, and the Hospital. On behalf of the members of NewYork-Presbyterian/Columbia Society of the Alumni we send sincere condolences and sympathy to Dr. Leifer's family.

**Office of Medical Affairs**

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**SIGN UP FOR CME**

**Continuing Medical Education (CME)** activities are provided through **Columbia University College of Physicians and Surgeons:** www.cumc.columbia.edu/dept/cme or (212) 305-3334 and **Weill Cornell Medical College:** www.med.cornell.edu/education/programs/con\_med\_edu or (212) 746-2631. Both institutions are accredited by the Accreditation Council for Continuing Medical Education (ACCME) to authorize and issue CME credit. Visit nyp.org/pro/events.html for all upcoming educational events through NewYork-Presbyterian Hospital.

**Frontiers in Diabetes Research - Cardiovascular Consequences of Diabetes: The Role(s) of Inflammation**

Date: November 20, 2010  
Location: NewYork-Presbyterian/Columbia  
Russ Berrie Medical Science Pavilion  
1150 St. Nicholas Avenue at West 168th Street

**Second Annual New York Symposium on Parkinson's Disease**

Dates: October 23, 2010  
Location: Weill Cornell Medical College  
Weill Auditorium, Second Floor, Room C-200  
1300 York Avenue (at 69th Street), New York

For information/registration on these programs, visit:  
www.nyp.org/pro or email jeg9059@nyp.org

**SAVE THE DATE**

**NewYork-Presbyterian/Columbia Society of the Alumni Annual Dinner • Tuesday, November 16, 2010**

The annual dinner of the Society of the Alumni will honor two distinguished Hospital alumni: Welton M. Gersony, MD, Alexander S. Nadas Professor of Pediatrics, Pediatric Cardiology, NewYork-Presbyterian/Morgan Stanley Children's Hospital, and Mieczyslaw (Mike) Finster, MD, retired Attending Anesthesiologist, NewYork-Presbyterian/Columbia. The dinner will be held at the Vivian and Seymour Milstein Family Heart Center's Riverview Terrace, located at 173 Fort Washington Avenue, NYC. For ticket information, contact the Development Department at (212) 342-0795.

**IT'S ALL ABOUT ACCESS**

The NewYork-Presbyterian Physician Access Transfer Center will coordinate your patient's transfer to the tertiary services available at NewYork-Presbyterian Hospital.

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For a physician referral to any one of our 5,500 physicians across all specialties, call the **Referral Call Center** at **1-877-NYP-WELL**

**PROFESSIONAL RESOURCES**

**NewYork-Presbyterian Alumni Website – nyp.org/alumni**

The Alumni Association website is a valuable resource for the more than 10,000 physicians who have trained at NewYork-Presbyterian.

**Physician Career Initiative – nypsystem.org/physicians**

The Physician Career Initiative alerts residents, fellows, and alumni trained at NewYork-Presbyterian and NewYork-Presbyterian Healthcare System hospitals to potential employment opportunities within System-affiliated hospitals and regional physician practices. To register, go to www.nypsystem.org/physicians. You will receive e-mail announcements of available positions that match your criteria and career requirements.

**Educational Programs – nyp.org/pro**

- Webcasts
- Medical Presentations
- CME Activities
- Newsletters

For more information about campus-specific Alumni Associations, contact:

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