

LEGACY PARTNERS

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IN THIS ISSUE:

- 1 **VISIONARIES**
Kathleen Hale
- 2 **ADVANCES**
Dr. Joseph P. Underwood
- 3 **WAYS TO GIVE**
Terry Buoninfante
- 4 **LEGACY MINUTE**
Dr. Russell Hibbs
- 8 **INNOVATION**
Morgan Stanley Adult
Emergency Department



VISIONARIES | KATHLEEN HALE

Kathleen Hale is an optimist. While her husband, visionary business journalist John F. Lawrence, was being treated at NewYork-Presbyterian Hospital, she kept a positive attitude. “Through the painful recovery, John and I would try to stay cheerful,” Kathleen says. “His hospital room faced the East River, and I joked that this was a sort of vacation, because we had a room with a view of the water.”

Grateful for the compassionate, expert care John received at the Hospital during his last, precious years, Kathleen turned to NewYork-Presbyterian’s Planned Giving experts to establish a legacy gift. “I have always seen the Hospital as a joyful place,” she says. “This gift is a way to continue the spirit of love we felt here.”

Kathleen and John’s love story began in the 1980s at the

Los Angeles Times. “I worked in every department imaginable—including sports,” Kathleen recounts from her years as a writer and editor. John was a columnist and Assistant Managing

“ I have always seen the Hospital as a joyful place ”

Editor at the *Times*, and is known for creating one of the first separate business sections in a general-interest newspaper—a pioneering idea. At the *Times*, and earlier as Assistant Managing Editor of *The Wall Street Journal*, John advocated responsible business reporting. While serving as Washington bureau chief for the *Times* in 1972 during the Watergate scandal, he was even jailed briefly for refusing to name a source.

WORLD-CLASS EMERGENCY CARE: A DISCUSSION WITH JOSEPH P. UNDERWOOD, III, M.D.



Chief of Emergency Medicine, NewYork-Presbyterian/Columbia University Irving Medical Center

Associate Clinical Professor of Medicine, Columbia University Irving Medical Center

What are the mission and goals of the Morgan Stanley Adult Emergency Department at NewYork-Presbyterian/Columbia Irving?

Our goal is to become the national standard for clinical care, research, and emergency medicine. Every day we work toward this goal by following our mission: to provide compassionate world-class emergency care—no matter the emergency type—for all our patients. We are a quaternary care facility, which means our medical center provides the most advanced level of medical care with the expertise to address the most complex cases. We offer a full spectrum of highly specialized services that are available at only a handful of institutions around the country. Because of this, we're able to recruit

the top physicians and researchers from across the U.S. and around the world.

What are some of the challenges of emergency medicine?

In an emergency department [ED], you can't predict timing, volume, or emergency types. Acute and nonacute emergencies have totally different needs. Our goal is to create models of care to meet the discrete needs of all types of patients—and exceed expectations for care. It's an exciting daily challenge. We leverage all our resources, and then we set the vision and get to work.

What are some of the populations that you serve?

Both the local community and NewYork-Presbyterian/Columbia Irving, in which our ED is located, drive our operations. We deal with many community-based emergencies. We serve our neighbors in Washington Heights, in northern Manhattan, where 30 percent of families live below the poverty line and have associated chronic health issues such as diabetes, high blood pressure, and asthma. The Hospital also cares for cardiac patients through our coronary care center. Our heart failure and transplant program is world-renowned, so we see a lot of transplant patients. And with one of the largest neurology departments in the country, and recently expanded oncology facilities, we also see many patients in these areas.

“The modern ED sits at the epicenter of our healthcare system today”

How does being part of NewYork-Presbyterian/Columbia Irving help the ED meet its goals?

Having a mixture of advanced services and being affiliated with a top-tier medical college make this a very deep program and a rich learning environment for today's physicians and those training the next

TERRY BUONINFANTE MAKES A GIFT FROM HER IRA TO HONOR HER HUSBAND



Terry and Stan Buoninfante

“I always joked with Stan that he married Mod-A-Can in '66 and me in '67,” says Terry Buoninfante, whose husband, Stan Buoninfante, was President and CEO of the avionics components company.

With his co-founders, Stan grew Mod-A-Can into a leading domestic and international supplier of indicator display cases and components that can be found in many of the world's most important commercial and military aircraft.

But Stan wasn't all business. The devoted husband and father of the couple's two children was also artistic and musical, performing in a band and singing in the church choir.

The couple had been married for more than 40 years when Terry noticed that Stan, who had always been very healthy, was breathing heavily when walking upstairs. She knew something was wrong.

What happened next, Terry—a deeply religious person—attributes to divine providence. Stan went to see his internist, but he was out. A pulmonologist was filling in that day.

Stan was diagnosed with pulmonary fibrosis in 2010 and treated by Lori Shah, M.D., Assistant Attending at NewYork-Presbyterian/Columbia University

Irving Medical Center. After exhausting all other treatments, Dr. Shah told the Buoninfantes that a lung transplant was the only option left.

Hearing that news, “Stan was very calm,” Terry remembers. “He was an engineer, focused only on the next steps.” But among the next steps was a huge hurdle. The Hospital had never before performed a transplant on a patient over 65; Stan was 71. Nonetheless, because Stan was so healthy, Dr. Shah and Stan went ahead with rigorous preliminary physical examinations. “He blew through all the tests,” Terry recalls. “Dr. Shah called Stan her star,” and the Hospital agreed to move forward with the planning of the transplant surgery.

Then came the long wait for a lung. Stan continued to work from home, even as his breathing worsened and he was tethered to an oxygen tank. Finally, he received his new lung—and life—by means of a transplant performed by surgeon Frank D'Ovidio, M.D., Surgical Director of the Lung Transplant and Ex-Vivo Lung Perfusion Programs at NewYork-Presbyterian/Columbia Irving. “Stan was the big star at the Hospital once more,” Terry says.

“ Dr. Shah called Stan her star ”

His family was prepared for Stan to endure a lengthy stay in the Hospital, but he defied the odds again when he walked out after only 10 days. “He was perfect,” says Terry. “Dr. Shah and Dr. D'Ovidio were thrilled with the results of the operation. Stan felt like he was 40 years old,” she jokes.

The Buoninfantes enjoyed another two wonderful years together after the successful transplant, but sadly, Stan succumbed to another unrelated medical condition. Family and friends mourned Stan, as did Hospital staff who knew him well. “I've never

A LIFE-SAVING BEQUEST THAT WON'T IMPACT YOUR LIFESTYLE

A bequest through your will or living trust is a great way to create a legacy for NewYork-Presbyterian Hospital while remaining in control of your assets.

When creating your estate plan, you can remember the Hospital as a beneficiary of your will or your living trust. A bequest from your estate may take many different forms. For example, you may state your wishes to donate a specific dollar amount, a piece of real estate, or a specific item of property, such as a piece of art or jewelry. You may also choose to give all or a percentage of the residuary of your estate—that is, the amount left after taxes and expenses are paid and all specific gifts are distributed.

To include a bequest to NewYork-Presbyterian Hospital in your will or living trust, we suggest you use the following language:

“I give, devise, and bequeath to New York-Presbyterian Fund, Inc., a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, (the sum of \$___ or ___% of my residuary estate) to be used for the general corporate purposes of New York-Presbyterian Hospital as its Board of Trustees shall determine.”

(New York-Presbyterian Fund, Inc., exclusively supports NewYork-Presbyterian Hospital. The Tax Identification Number for New York-Presbyterian Fund, Inc., is 13-3160356.)

Thank you for your consideration and for helping us provide the best, most compassionate healthcare available anywhere.

LEGACY MINUTE

The long history of scoliosis treatment includes methods such as the Hippocratic board, mechanical traction, casting, and bracing—all aimed at alleviating human suffering caused by spinal deformity.

In 1911, Dr. Russell Hibbs pioneered spinal fusion surgery at NewYork-Presbyterian/Columbia University Irving Medical Center, formerly the New York Orthopaedic Dispensary and Hospital. Three years later, he began applying the operation to his scoliosis correction technique. Prior to Dr. Hibbs’ treatment plan, there was no medical procedure to realign the spine of scoliosis patients.

The Russell A. Hibbs Memorial Library of the New York Orthopaedic Hospital, located at NewYork-Presbyterian/Columbia Irving, was founded with a donation by Dr. Hibbs in 1927, and is one of the oldest orthopaedic libraries in the United States.



Dr. Russell A. Hibbs (left) and other staff (including surgeons, nurses, and an anesthesiologist) preparing for surgery on a child.

(Courtesy of Archives and Special Collections, Columbia University Health Sciences Library; also please see <https://healthmatters.nyp.org/newyork-presbyterian-timeline/>)

VISIONARIES | KATHLEEN HALE continued



John F. Lawrence

In 1987, the couple moved to New York, where John took a fellowship at Columbia University and then went to work for *Fortune* magazine as a Senior Editor. Kathleen became Journalist-in-Residence at Queens College and continues her work as a writer. Over the years, Kathleen, the native Californian, happily became a New Yorker.

In 2001 the couple's fairy-tale marriage was challenged unexpectedly when John, who had never smoked, was diagnosed with lung cancer. John and Kathleen began a battle with the illness that included chemotherapy and surgery. "We were thrown into the deep end," Kathleen says, "but the specialists and surgeons at the Hospital were wonderful." John and Kathleen became even closer during this very difficult period. "In many ways, it was the best four years of our marriage. I feel we were really blessed," Kathleen says.

After John's passing in January 2005, Kathleen couldn't shake the feeling that the Hospital was still a kind of home for her, and so she held his memorial service at the Griffis Faculty Club at NewYork-Presbyterian/Weill Cornell Medical Center. Gathered in remembrance of John were national journalism figures, friends, and many Hospital staff members

who had become like family to the couple. On a cold, blustery day, the service was standing room only.

Kathleen sought other ways to memorialize John and decided she would raise money for lung cancer research. She set a goal of \$100,000 and surpassed it. Today, a plaque outside what was John's hospital "room with a view" commemorates Kathleen's achievement.

A catalyst for good, Kathleen then went beyond fundraising and created a volunteer program at the Hospital specifically to offer caregivers a listening ear, printed reference materials, music, and periodic relaxation programs. The "Comfort Zone" was launched on November 8, 2006, and served 11 caregivers that day. Eleven years later, the program has given support to nearly 50,000 caregivers.

Seven years ago, The Comfort Zone was adopted by the Department of Social Work, making it part of the fabric of the Hospital. The Comfort Zone is staffed by volunteers, social workers, and interns five days a week in a bright atrium, and offers a peaceful respite amid a bustling environment.

As a tribute to The Comfort Zone, her late husband, and the Hospital, Kathleen also created *Add Love and Keep Stirring: The Comfort Zone Cookbook*, which includes recipes from many Hospital staff members. Sales proceeds go toward the purchase of The Comfort Zone blankets and tote bags, providing patients with some of the comforts of home.

“ In a lot of ways, **the Hospital saved my life...** by giving me these opportunities to help so many people ”

Through Kathleen's generosity in her estate plans and her tireless work for the Hospital, the love she and John shared lives on. "In a lot of ways, the Hospital saved my life after my husband died," she says, "by giving me these opportunities to help so many people."

WORLD-CLASS EMERGENCY CARE continued

generation of physicians. Our work includes emergencies that arrive by ambulance and walk-ins, referrals from physicians who don't have the resources to do advanced work-ups, and primary care cases. The modern ED sits at the epicenter of our healthcare system today. Our effectiveness depends on our ability to serve all types of patients.

What has been the impact of the soon-to-be-completed expansion and renovation of the Adult ED at New York Presbyterian/Columbia Irving?

Our new space has brought about transformative change for our programs and our community. We have seen a dramatic increase in patient volume—82,000 in 2014 and approaching 100,000 in 2017—while keeping wait times well below local and national standards. Our patient satisfaction and experience scores have gone up, and we're getting fantastic feedback from our partners in the community. This is a product of our expansion, which has doubled the square footage and the number of treatment bays and beds.

“An 86-year-old patient...said, “I'm so glad I'm seeing the future while I'm here.” ”

So, the new space has had a very positive effect on the care you provide?

Yes, but it's also a result of the more robust models of care the increased space allows for. With the addition of an acute treatment center and a psychiatric center, we've been able to tailor the care we provide around populations of patients with discrete needs. Picture a five-lane highway, and each lane is designed to take care of one unique population. Those patients use that lane and get the type of care they need, efficiently. Philanthropy has been key to our being able to create and leverage spaces like these, spaces that impact not only the ED, but the entire medical center and our communities, in very positive ways.



What do you see in the future for urgent patient care?

We stay on top of national trends to try to predict what the needs will be, based on our community and on the clinical programs within our medical center. In some ways, we're also trying to drive the future through our virtual health programs.

In one particular use of telemedicine technology, our less critical ED patients see a board-certified emergency medicine physician through a digital connection on a screen. This model of digital urgent care has been integrated seamlessly into our ED operations, reducing the length of nonemergency visits and delivering great value to patients and providers. Less critical patients get to talk to their ED doctor in a quiet environment that looks and sounds like a private doctor's office, instead of a noisy ED.

I'll admit, I was skeptical of using telemedicine in the ED at first, but now I'm the strongest proponent of the program. In this virtual model, there are no distractions; I can give each patient my full attention. I've seen patients as young as 10 and as old as 91, and they all love it. An 86-year-old patient of mine came in, thanked me, and said, "I'm so glad I'm seeing the future while I'm here." This is patient-centered care. We put patients first and live by that mantra every day.

TERRY BUONINFANTE continued

seen a doctor cry like that,” Terry says of Dr. Shah’s reaction to her star patient’s death.

Grateful for the compassionate, expert care Stan received from the Hospital, Terry learned from NewYork-Presbyterian’s Planned Giving experts how to make annual charitable gifts from her IRA. She discovered she could increase her annual charitable giving and avoid paying tax on her distributions.

“Honoring my husband isn’t about a plaque here or a cross there,” Terry says. It’s about giving gifts of healing and renewal—body and spirit. On a Saturday in May of this year, from a front pew at St. Patrick’s Cathedral, Terry watched a seminarian she sponsored with a similar gift from her IRA become a priest. That very day would have been Terry and Stan’s 50th wedding anniversary.

“This is a great program,” Terry says of her new charitable arrangement with the Hospital. “I have increased my annual charitable giving and I pay less in taxes.” In this way, Terry honors Stan, his caregivers, and his beloved memory.



Terry and Stan Buoninfante on their wedding day

PUT YOUR IRA TO WORK—SAVE LIVES AND SAVE TAXES

Terry Buoninfante increased her charitable giving while saving on taxes. You can too.

If you are 70.5 years old or older, you can make a tax-free donation to NewYork-Presbyterian Hospital from your traditional or Roth IRA. You can donate up to \$100,000 annually, and the gift will count toward your required minimum distribution. An added benefit is that you pay no taxes on these gifts that are transferred directly from your IRA to the Hospital.

Take full advantage of this great opportunity while helping us provide the very best care to every patient who comes through our doors.

Contact our Planned Giving staff to learn more about how to make a gift from your IRA: Call (646)317-7499, email legacy@nyp.org, or complete and return the attached reply card.

And thank you for your kind support.

NEW MORGAN STANLEY ADULT EMERGENCY DEPARTMENT OPTIMIZES CARE FOR ALL



Emergencies don't conform to a type or schedule, but when the need for urgent healthcare arises, NewYork-Presbyterian/Columbia University Irving Medical Center is here for an ever-increasing number of patients from our neighborhoods in northern Manhattan, Westchester County, and beyond.

The Hospital, with major support from Morgan Stanley, is expanding and renovating our Adult Emergency Department. The multiphase project is expected to be completed in December 2017.

Our new emergency department has double the number of treatment bays and beds and we expect will serve approximately 100,000 patients in 2017, up from 82,000 in 2014. In addition, our enlarged bays provide a more private setting and allow for a family member or friend to be with each patient at all times.

Other major improvements include:

- The Barbara Walters Acute Care Treatment Center, featuring critical care treatment bays, with a cooling bay for patients suffering from stroke and a chest pain unit;
- The Pilar Crespi Robert and Stephen Robert Rapid Medical Evaluation Center, providing prompt evaluation, pain relief, and testing capabilities for patients with nonacute conditions; and
- The doubling of the patient capacity of our Comprehensive Psychiatric Evaluation Program's Extended Observation Unit.

With reduced wait and treatment times and increased patient satisfaction, NewYork-Presbyterian is setting the standard for emergency care—to save lives and return patients to their families as quickly as possible.

For more information, please contact:

Nicholas R. Pitaro

Senior Director of Planned Giving

(646)317-7499 or legacy@nyp.org,

or visit nyp.org/giving/planned-giving

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