We put YOU at the center of care.

Annual Report 2009
Our Mission Statement

We will deliver the highest quality health care in partnership with our community, one person at a time.

Our Core Values

Clinical Excellence  We value our ability to provide the very best results to you, right here in your own community.

Customer Service  We value customer service—as we take care of our patients and their families, in our relationships with our doctors, and in our interactions with colleagues.

People  We value each other as colleagues and mentors, and we value you—our neighbors, friends, and community partners.

Community  We value our partners in the local health and business communities, spanning the spectrum of care from acupuncture to wellness, from prevention to palliation, and from acute care to health and wellness.

Financial Integrity  We value financial integrity while striving to meet community needs through investments in state-of-the-art equipment, renovations to our facilities, and development of new programs and services.

The Center Is You.

Front cover, left to right:  
Dr. Lynn Swisher, cardiologist; Dr. Jonathan Mauser, cardiologist; Sherry Selover, RN, Cardiac Services; Scott Marsland, RN, Emergency Department; Andy Sciarabba, Cayuga Medical Center patient; Dr. Drew Koch, Emergency Department; Linda Burun, RN, Intensive Cardiac Care Unit; Donald House, Environmental Services
I am pleased to report that our strategic planning for cardiac services, both during 2009 and over the past decade, has culminated in a watershed moment for local health care. We learned in April 2010 that the New York State Department of Health has given Cayuga Medical Center approval to offer percutaneous cardiac intervention (PCI) for heart attack victims. PCI is the procedure by which an interventional cardiologist removes a blood clot blocking an artery and restores blood flow to the heart. We are now recruiting an interventional cardiology team to Ithaca with the goal of bringing PCI services on line in late 2010 or early 2011.

The Cayuga Heart Institute at Cayuga Medical Center achieved a number of very significant goals in 2009, to pave the way for PCI. Through the diligent efforts of a multidisciplinary team including doctors, nurses, technologists, support staff, and administrators, our hospital became an Accredited Chest Pain Center, one of only six hospitals in all of upstate New York State to have earned this recognition. We completed a major renovation of our Cardiac Services Department. And we successfully shepherded the Certificate of Need (CON) through the New York State approval process, which enables us to offer PCI, a life-saving service.

This crucial enhancement of our cardiac capabilities serves to underscore the evolution of Cayuga Medical Center from an acute-care hospital to part of an integrated health-care community—with you at the center.

Professional Partners
With each passing day, I am reminded how extraordinarily talented and very committed the medical staff at Cayuga Medical Center is. Our doctors have taken the initiative to become more involved than ever before in the planning of this medical center’s future. Our doctors are invested professionally not only in providing high quality care, but in Cayuga Medical Center itself. They want to ensure that this resource is managed carefully and effectively to best meet the needs of our patients. As members of the medical center’s various clinical departments, our physicians are key participants in the important dialog that drives the thoughtful evolution of services here. Their expertise and loyalty are of utmost significance to Cayuga Medical Center.

In this year’s report to the community, we want to tell you more about how our physicians and staff put you at the center of care. Whether you were born in Tompkins County or have journeyed here from a far-flung corner of the world, Cayuga Medical Center is well equipped to meet your health-care needs throughout your life journey. You can look to us for help when you start your family, when you become ill or injured, when you need surgery and rehabilitation, or when you need help starting an exercise program or losing weight. Whether you are seeking health care or striving to make important lifestyle changes, at Cayuga Medical Center the center is you.

Responsive and Proactive
In 2009 Cayuga Medical Center launched teaching affiliations with both Weill Cornell Medical College and Ithaca College, offering clinical rotations for medical students, medical residents, and doctoral-level physical therapists. A five-year expansion of our imaging capabilities kept us at the leading edge of that technology. And with a number of key community partners, including Cornell University, Ithaca College, the Tompkins County Health Department, and local physicians, we implemented an extremely effective communitywide plan for handling the arrival of the H1N1 influenza, well before H1N1 hit the rest of the state.

We also became part of the national movement to make hospitals safer by identifying patient safety as our highest priority in 2009. Our physicians and employees have taken the lead in this initiative by organizing into “safety cells.” These cells identify safety concerns in their respective areas and develop strategies to alleviate them. They have tackled issues proactively to prevent mistakes and potential accidents from occurring, such as medication errors, patient falls, and skin ulcers.

Rob Mackenzie, MD, President and CEO
Cayuga Medical Center
Who holds your heart?
Nowhere in medicine is patient-centered care more critical than in the diagnosis and treatment of cardiac illness—nor is the delivery of appropriate, timely care more urgent.

The team of cardiac specialists at Cayuga Medical Center is large, multidisciplinary, and experienced. In 2009 they were extraordinarily busy, setting the stage to take local cardiac care to a significantly higher level.

In the spring of 2010, the team’s skill and dedication were rewarded: Cayuga Medical Center received approval from the New York State Department of Health to offer percutaneous cardiac intervention (PCI). This is a minimally invasive procedure during which an interventional cardiologist removes a blockage in the coronary artery to restore normal blood flow to the heart.

PCI saves heart muscle and saves lives. It can be performed on an emergency basis during a heart attack, or when someone with symptoms of angina is found to have a blocked artery, or when a blockage is discovered during the evaluation of troubling symptoms (as happened recently with former president Bill Clinton). Currently, Cayuga Medical Center patients who require PCI are quickly diagnosed, stabilized, and transferred to the Rochester Heart Institute or another nearby tertiary care setting.

By 2011 the majority of area residents requiring PCI will be able to have this life-saving procedure performed locally at the Cayuga Heart Institute.
2002 Cayuga Medical Center opened one of the very first freestanding cardiac catheterization centers in New York State.

2006 Affiliation with the Rochester Heart Institute (RHI) at Rochester General Hospital, a Cleveland Clinic heart surgery center. This relationship expanded clinical capabilities and created a seamless transition to a higher level of care for Cayuga Medical Center patients needing cardiac surgery. RHI has been rated a Top 100 Heart Hospital every year since 1998, one of only two such hospitals in New York State.

2007 Completion of the new critical care wing, housing a state-of-the-art Intensive Cardiac Care Unit and Emergency Department.

2009 Completion of a major renovation of the Cardiac Services Department.

2009 Creation of the Cayuga Medical Center STEMI team, a rapid response team focused on the immediate assessment and treatment of patients with myocardial infarctions (heart attacks).

2009 Cayuga Medical Center became an Accredited Chest Pain Center, one of only six hospitals in all of upstate New York State to have earned this certification.

2009 Accreditation of the Cayuga Medical Center Echocardiography Laboratory by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL).

2009 Initiation of the Heart Lab, a state-of-the-art digital image reporting and storage system that links Cayuga Medical Center directly to the Rochester Heart Institute.

2009 Naming of the new Cayuga Heart Institute to reflect the higher level of cardiac care now available at Cayuga Medical Center.

Deliberate, Careful Planning: Step-by-Step

The creation of a comprehensive cardiac care program requires expertise, team building, and the acquisition of new technology. All of this takes unwavering commitment and a plan for success over time.

PCI: A Deliberate Progression

Invasive cardiologist Dr. Malcolm Brand, FACC, is the director of Cayuga Medical Center’s cardiac catheterization program. He is board certified in internal medicine, cardiovascular disease, and nuclear cardiology and joined the medical staff in 2000 to open the cardiac cath lab. In 2007, he also introduced implantable cardioverter defibrillation surgery at Cayuga Medical Center. Dr. Brand has been instrumental in laying the groundwork for the PCI program here. “The addition of PCI at Cayuga Medical Center is a natural progression in the evolution of our cardiac services,” he says. “We will offer PCI with the same level of professionalism of all our other cardiology services.”

Cardiac services at Cayuga Medical Center have grown strategically and carefully. “There has to be a good balance when you are building a program such as this,” Dr. Brand explains. “You need to enhance the experience of the institution while also providing the best possible care for our cardiac patients. We decide carefully which patients we can care for here and which patients need to be transferred elsewhere.”

Only recently has PCI become available outside of major medical centers. According to Dr. Brand, the procedure has become so much safer in the past ten years that the failure rate is exceedingly low. “The more accessible this procedure is, the better we can care for cardiac patients in smaller communities like ours,” explains Dr. Brand. “The survival rate is higher with emergency PCI during a heart attack than with other treatments.”

Cayuga Medical Center is recruiting a cardiac specialist who is trained in cardiac angioplasty and coronary intervention, says Dr. Brand. “The Rochester Heart Institute has agreed to provide our cardiac nurses with on-site training in coronary intervention. The fact that our cardiac nurses are already very experienced will make this a fast learning curve,” he adds.

“Enhancing local cardiac services has been a high priority at Cayuga Medical Center,” says Dr. Brand, “and satisfied patients
have been our best endorsements. It’s also been very rewarding to hear the acknowledgements of other physicians. Doctors expect a lot from their colleagues, so it’s been nice to hear them say, ‘Wow, you guys are doing a really great job! I’m so glad to have you in the community.’"

**What this Means for YOU:**
**Talking with Your Caregivers**

**BUILDING THE INSTITUTE**

For any medical center, cardiac care is a crucial service because more people die of heart disease each year than from any other cause.

The Cayuga Heart Institute comprises cardiac experts in our Emergency Department, Department of Cardiac Services, Cardiac Catheterization program, Echocardiography Laboratory, Intensive Cardiac Care Unit, and Cayuga Center for Healthy Living, which includes the Cardiovascular Rehabilitation program. These experts work hand-in-glove with colleagues in the Laboratory, Pharmacy, Imaging Services, and Dietary and Nutrition Services to provide comprehensive care for patients with heart problems.

“The Cayuga Heart Institute conveys to the community that there is a systematic approach to cardiac care here and that the departments and doctors at Cayuga Medical Center are working as a team to minimize complications of coronary disease as quickly as possible,” says cardiologist Dr. Jonathan Mauser. Board certified in internal medicine and cardiovascular disease, he joined the medical staff in 1994 and introduced transesophageal echocardiography (TEE) to the community.

“Our hospital has put into place the infrastructure, the doctors, and the teamwork needed to accomplish this. I’ve been proud to be a part of this evolution over the past fifteen years. It’s a continual maturation and evolution of cardiac care in this community and, in another five years, it will be even better.”

**ROCHESTER HEART INSTITUTE AFFILIATION**

Dr. Qutaybeh Maghaydah is board certified in cardiovascular disease and internal medicine. He is a general and invasive cardiologist who performs cardiac catheterization. He came to Cayuga Medical Center five years ago from Rochester General Hospital and the Rochester Heart Institute (RHI).

“Input from the Rochester Heart Institute has been valuable to us as we have developed our services here in Ithaca. RHI has been in this field for a long time and we’ve learned from their experience,” says Dr. Maghaydah. “One of the services I have been involved in developing here has been getting PCI going. We’ll be available 24 hours a day to minimize the need to transport patients to other centers, avoiding delay in their treatment.

“Being able to offer this is a great achievement for Cayuga Medical Center and part of the excellent work of the staff here,” says Dr. Maghaydah. “When patients require procedures such as coronary artery bypass surgery, valve replacement or repair, or other cardiovascular surgery, they are transferred quickly into very good hands, thanks to our affiliation with RHI.”

**ACCREDITED CHEST PAIN CENTER**

Cayuga Medical Center received Chest Pain Center accreditation from the Society of Chest Pain Centers in 2009. Dr. Amit Singh, invasive cardiologist on staff at Cayuga Medical Center, and Dr. Drew Koch, director of the Emergency Department, are co-directors of the Accredited Chest Pain Center. Dr. Singh, FACC, is board certified in internal medicine, cardiovascular disease, and nuclear cardiology. Dr. Koch is board certified in emergency medicine.

“We take care of thousands of patients with chest pain each year,” says Dr. Singh. “By going through this rigorous national accreditation process, we have verified that the care we are providing to chest pain patients at Cayuga Medical Center is of the highest quality. Certification as an Accredited Chest Pain Center has the added benefit of giving our patients confidence in the level of skill and teamwork of our doctors, nurses, laboratory and imaging technologists, and local EMS personnel.”

“Our local EMS crews are very skilled and work closely with the Emergency Department (ED) staff,” adds Dr. Koch. “The EMTs at the scene can send the patient’s EKG to the Emergency Department for immediate interpretation. When the chest pain patient arrives at the medical center, our ED staff is ready and waiting to initiate diagnosis and proper treatment as quickly as possible. We have everything on hand.”
Rapid Response: The STEMI Team

If someone is suspected of having a heart attack, the first diagnostic test is an electrocardiogram, or EKG, which is typically administered both in the field by EMTs who arrive with the ambulance and immediately upon arrival in the Emergency Department. If the ST segment of the EKG is elevated, this means that the blood flow to a portion of the heart is partially or completely blocked—and the patient is having a heart attack.

STEMI stands for ST segment elevated myocardial infarction. “ST elevation on the EKG indicates that immediate action must be taken,” explains Dr. Singh. “We have a coordinated action plan in place that involves multiple layers of the care team, including the ambulance crews, Emergency Department physicians and nurses, the cardiologists and the Cardiac Services Department. The idea of the STEMI Team came out of the interdisciplinary team we established for the Chest Pain Center accreditation process, and in preparation for PCI services.”

“The goal of the STEMI Team is to save heart muscle,” adds Dr. Koch. “Everyone on the team is working together to maximize therapy, whether it is thrombolytic therapy or PCI. We have a checklist to ensure that nothing is missed. Formation of the team has helped us all by raising awareness about what needs to happen quickly and by increasing coordination among EMTs, the Emergency Department, the cardiac cath lab, and the cardiologists.”

E-M-E-R-G-E-N-C-Y

Evelyn Goldsberry, RN, CEN, CPEN is certified both as an emergency nurse and a pediatric emergency nurse. A former army medic, she is also in the process of becoming a certified flight nurse by flying regularly with Mercy Flight of Western New York. She has been with the Cayuga Medical Center Emergency Department for two years.

Goldsberry knows the STEMI Team and Chest Pain Center protocols forwards and backwards and can rattle them off at breakneck speed. She knows the standards of care from the American College of Cardiology for the timing of each step of care. “We collect all of the data we need in a matter of minutes,” she says, “and this determines treatment. We have a really great team and we get this done quickly. The STEMI Team and Chest Pain Center training provided us with the education we needed to be even more proficient.

“A person having a heart attack needs to get somewhere fast for treatment,” says Goldsberry. “Coming to Cayuga Medical Center is a wise choice because we initiate care quickly to diagnose, stabilize, and treat the patient. If a transfer needs to happen, we facilitate that.”

At the Bedside

Sandy Fuller, RN, CCRN, director of Cardiac Services at Cayuga Medical Center since 2005, has played an important role in managing the steady growth of this key medical center service. A cardiac nurse for 27 years, she has made heart-health education a top priority in the community and has worked closely with a team of talented, dedicated cardiac nurses. And as a former nurse educator, she points out that a number of Cayuga Medical Center nurses are certified in critical care or emergency medicine.

“Nurses save lives,” says Fuller. “Cardiac patients can look just fine and then suddenly develop urgent symptoms; it’s the nurse at your bedside who picks up on this and gets you treatment. We’re the ears and eyes of the doctors. Cardiac nursing requires critical thinking skills and an in-depth understanding of symptomatology.

“We’re your advocate when you’re here and we coordinate your care,” Fuller continues. “If you’ve had a heart attack or other serious event, we engage the whole family in learning about the disease process and the steps you can take to get better.” She adds, “The collaboration is great among the Emergency Department, Cardiac Services, and the ICCU. This is very important as we transfer the care of patients from one department to another.”

Nurses treat patients as people, not as “conditions” says Evelyn Goldsberry, RN. “This is why nurses are so important in caring for cardiac patients. Each person’s response to a heart attack is different: some are in denial, some are freaking out, and some are scared to be touched. On top of doing what we need to do
medically, nurses take time to make patients comfortable and calm because anxiety has a huge impact on how you are going to do.”

**ICAEL Accreditation**

Lynn Swisher, MD, FACC, is board certified in cardiovascular disease, echocardiography, and internal medicine. She is a non-invasive cardiologist with special training in echocardiography and pacemaker implantation. Dr. Swisher worked closely with her cardiac services colleagues in 2009 to earn ICAEL accreditation of Cayuga Medical Center’s Echocardiography Laboratory.

“Certification by ICAEL (the Intersocietal Commission for the Accreditation of Echocardiography Laboratories) is a very rigorous process,” says Dr. Swisher. “This is the only accreditation board for echocardiography in the country and this certification denotes that our echocardiography capabilities are very good. Cardiologists make critical decisions based on the anatomical and physiological information we get from echocardiograms, so having excellent sonographers who use good technique is very important.”

Echocardiograms, which are noninvasive and painless, use ultrasound imaging to evaluate heart and lung function, explains Dr. Swisher. “Echo studies are dynamic—meaning they capture images of the heart while it’s moving—and are really integral to cardiac care. When people are short of breath, it’s reassuring to quickly rule out heart problems by taking a look inside the body to see how the heart is functioning.”

“In addition to the ICAEL certification, we converted to a new digitized computer system in 2009,” Dr. Swisher adds. “The image quality is excellent and the images and reports are quickly accessible, which makes it easy to compare previous echo studies.” This reporting system, called the Heart Lab, also links to the Rochester Heart Institute. This enables RHI cardiologists to review studies performed here, prior to surgical intervention done in Rochester.

“We are very excited about the ICAEL accreditation,” agrees Claire Teeter, RN, RDCS. She’s a cardiac nurse and has been a registered diagnostic cardiac sonographer for fifteen years. “A prime emphasis of the accreditation process is the establishment of a comprehensive quality assurance plan. We have a system of peer review where each cardiologist assesses samples of studies and reports generated by their peers. And we also compare the results of echo studies with other diagnostic testing, such as cardiac catheterization, CT scans, and stress testing. This correlation helps us to determine the accuracy of our echo exams.”

“When I first started in cardiac ultrasound, I was told it takes about a year to get the hand-eye coordination to move the transducer to capture the images required,” she says. “Actually, I learn something new nearly every day from our cardiologists and each patient case presents the possibility for new experience. We are so fortunate to have five wonderful cardiologists here,” she adds. “They are experts in the field and we love working with them because they are so interested in sharing their knowledge.”

Teeter does a lot of teaching herself. “During an echo exam, one important thing we do is teach patients about their hearts,” she says. “Many watch during the echo; I give patients a little ‘tour’ of their heart and this often sparks conversations about heart disease and risk factors. It helps them appreciate their heart and may inspire them to make heart-healthy changes.”

**INTENSIVE/CARDIAC CARE UNIT: Newer, Bigger, Better**

Shawn Newvine, RN, director of the Intensive/Cardiac Care Unit and Respiratory Therapy has been a nurse for sixteen years, most of them in ICCU. He was actively involved in designing the medical center’s new critical care facility, including the state-of-the-art Intensive Cardiac Care Unit (ICCU) that opened in December 2007. He says the new monitoring equipment provides information on each patient’s status not only in the ICCU, but also when they leave the unit for another department. Other new capabilities, such as insertion of a balloon pump to assist the heart of a post-cardiac catheterization patient, have enhanced local cardiac care.

“All of our ICCU nurses have Advanced Cardiac Life Support (ACLS) certification and many have gone on for national critical care certification,” says Newvine. “It takes a lot of work to earn it and several hours of continuing education each year to maintain it.”

ICCU nurses share their expertise outside of the unit, as well, when they serve on the hospital’s Critical Assessment Team (CAT). “CAT is our rapid response team,” Newvine explains. “When a patient anywhere in the hospital is in rapid decline and the nurse requires more help, a call goes out and CAT responds immediately with airway equipment and medication. We’ve cut the number of patient codes drastically since we initiated it in 2006 by quickly identifying and aiding patients in decline.”
Cardiac Rehab: A New Lease on Life

“Cardiac rehabilitation impacts recovery in many ways, depending on the patient and the extent of damage to the heart,” explains Dr. Geoff Moore, a nationally known lifestyle management specialist, author, and director of clinical services at the Cayuga Center for Healthy Living. “Data shows that cardiac rehab is as potent a treatment as lipid-lowering therapy and that it reduces mortality. It provides a broad range of benefits that aren’t achieved in any other way.”

Cardiac rehabilitation at the Center for Healthy Living includes an overall assessment of the individual’s needs, medically supervised exercise two or three times a week, and patient education on topics such as diet, medication, physical activity, and stress management. “Very few places have a nurse practitioner as well-equipped as Lisa Proctor running their cardiac rehab program,” notes Dr. Moore.

Traditionally for cardiac rehab services to be covered by health insurance, the patient must have a diagnosis of heart attack, stable angina, heart valve replacement surgery, or heart transplant. “However, if you are a cardiac patient who does not have one of these diagnoses,” says Dr. Moore, “you should still contact us to see if we can work out something and get you enrolled in medically supervised exercise. That way you can exercise safely.”

Cardiac rehab coordinator Lisa Proctor, NP, has a master’s degree in nursing, is certified as an acute care nurse practitioner, has practiced intensive cardiac care nursing for thirty years, and has a certificate in clinical bioethics from Albany Medical College.
There were warning signs but I didn’t pay attention,” says Andy Sciarabba, 66, talking about the heart attack he had last fall. He had been having trouble catching his breath during even a short walk to the car so he finally saw his family doctor. “My doctor did an EKG and didn’t like what he saw, so I went straight to the Emergency Department at Cayuga Medical Center at about five o’clock in the afternoon,” Sciarabba says. “The team was ready to go when I got there. It’s amazing how fast and comprehensive they were—like clockwork. I was impressed.”

Under the direction of Dr. Drew Koch, the Emergency Department team diagnosed and stabilized Sciarabba and a medical helicopter transported him to the Rochester Heart Institute in Rochester, New York. There he underwent immediate angioplasty and had three stents placed in a blocked coronary artery. “It was seamless care,” says Sciarabba. “From the time I saw my family doctor in Ithaca to the time I was back in my room following surgery in Rochester was less than seven hours. There is no damage to my heart.”

Andy Sciarabba has retired from his accounting business but he remains busy, still very much involved in community activities. “I have to be involved, that’s the way I am,” he says. “But now I know I have to live a more balanced life. Moderation is called for.” He smiles, “Now I take a fifteen-minute snooze in the afternoon and I take my medications.” Sciarabba, a patient of cardiologist Dr. Jonathan Mauser, is also in the process of completing cardiac rehabilitation at the Island Health Center.

“This is not a big community,” Sciarabba observes. “To have the health care we’ve got here is unbelievable. We are so fortunate . . . I told Rob Mackenzie that I tested the system and it works great! And it’ll be fantastic when PCI is available locally.”

One more way in which Cayuga Medical Center provides the right care, right away.

She also spent time at the Cleveland Clinic’s Heart Failure Outpatient Clinic and observed their cardiac rehab program. It’s her job to determine a plan of care for each patient that addresses their individual needs during cardiac rehab, and then to help patients determine what they will do to stay healthy once they’ve completed the cardiac rehab program.

“My goals with each patient are to help them understand why exercise is important and to help them establish a habit of making exercise a part of their life. We also work on identifying other changes that will help them live healthier lives, such as losing weight, quitting smoking, and managing stress,” says Proctor. “People arrive here pretty fearful. Once they realize that the pain is muscle soreness from getting up off the couch—once they learn they can do things and be active—the fear diminishes.

“I want to see more women in this program,” Proctor says. “I’d like to see more of a cross-section of ethnic Ithaca, including more African Americans, who are also at a higher risk for heart disease. This program is a good way to help yourself not only recover but to move on to a life with good health.”

Feedback on the program from cardiac rehab patients is extremely positive. “Everyone likes this program,” says Dr. Moore. “They enjoy the social aspects of it and they feel safe exercising. For some people who were in good shape before their heart attack, we have to slow them down a bit.”
A very sick college student, newly arrived in town, was admitted to Cayuga Medical Center through the Emergency Department in late August 2009. He died of complications from H1N1. The flu pandemic had arrived with a vengeance in Tompkins County.

“The H1N1 virus was not different here than anywhere else,” observes Dr. David Evelyn, vice president for medical affairs at Cayuga Medical Center. “The distinction was that it struck here about three weeks ahead of the rest of New York State and coincided with the return of thousands of college students to the community. Because we were seeing it earlier than the rest of the state, we had to gear up ahead of everyone else.”
Cayuga Medical Center and its community partners lost no time in implementing a cohesive plan for handling the arrival of the H1N1 influenza.

“We had been talking and meeting with Cornell University, Ithaca College, and the Tompkins County Health Department for over a year about how we would all deal with a pandemic flu,” Dr. Evelyn continues. “H1N1 had first surfaced in New York City the previous spring. We talked about how we would handle it if it resurfaced. We decided that all community health-care providers needed a common understanding of the H1N1 flu and a common approach to treating it.”

“Cayuga Medical Center plans for the possibility of pandemics,” explains John Turner, the medical center’s vice president of public relations. “Hospitals nationwide have crisis plans in place so that when we are faced with one we can adapt quickly and communicate effectively with many different audiences, including hospital employees, physicians, patients, families, visitors, and our community at large.”

The Inside Story
With the arrival of H1N1, Cayuga Medical Center deployed a patient safety plan on two different fronts: inside the hospital and out in the community at large. “Patient safety is not just about taking care of patients in the hospital. It’s also about protecting our staff and protecting our community,” says Dr. Evelyn. “H1N1 is a good example of a time when most of the care delivered to patients was not in the hospital. Most patients received their care in our Convenient Care Centers, at the student health centers, in doctors’ offices, and at home.”

Sandy Cooley, RN, CIC is a certified infection control nurse and the infection control practitioner for Cayuga Medical Center. “My chief involvement in the medical center’s H1N1 plan related to employee health and patient safety,” Cooley explains. “New York State had mandated that we vaccinate all medical center staff, physicians, and volunteers between early September and the end of October. We ran two immunization clinics a day for five weeks and there was no waiting. It was a huge
initiative and we did it very well.”

Additionally, Cooley and her colleagues zeroed in on preventing the spread of H1N1 among staff and patients in the hospital. This meant educating the various types of caregivers about the different protective equipment they needed to wear while caring for patients with the flu.

“We also focused on patients’ families and visitors,” says Cooley. “We educated them on ‘respiratory etiquette’ in the Emergency Department, at both Convenient Care Centers, and in all outpatient departments.” Anyone with a respiratory illness was required to wear a mask. In addition, signs at the medical center entrances asked that people not visit at all if they were sick. “We went through a lot of masks,” she says. “People were using them.”

The Bigger Picture

Cayuga Medical Center has longstanding alliances with health-care experts at Cornell University, the Tompkins County Health Department (TCHD), and Ithaca College, as well as local community service agencies and organizations. In anticipation of the arrival of H1N1, a core group of health-care leaders met regularly throughout 2009. Chief among them were Dr. Janet Corson-Rikert, executive director of Cornell University Health Services; Dr. Evelyn and Sandy Cooley; Dr. William Klepack, TCHD medical director and Alice Cole, TCHD public health director; and Dr. David Newman, director of Student Health Services at Ithaca College.

“Our response to H1N1 went well because of the collaboration and fluid communication with our community partners,” says John Turner. “We worked closely with Cornell University and Gannett Clinic to determine how the student’s death would be communicated to the community, with consideration of the patient’s family being our top priority. Our second priority was letting people know that we were on top of the situation by providing area residents with information on H1N1, its symptoms and treatment.”

“One of the Health Department’s main roles was in helping to craft a message to the community that would put H1N1 in context. It was important that people understand the unique features of this virus and how it behaves,” says Dr. Klepack. “We worked on a message to area physicians, as well, about how to prepare for the unique circumstances that surround a pandemic and what they should take into account in their own practices. Coordination among institutions and local agencies was important in order to maximize the community response to H1N1.”

“This meant that no matter where you went for treatment—the Emergency Department, the Convenient Care Centers, the doctors’ offices, or either of the campus student health centers—you heard the same message,” emphasizes Dr. Evelyn. “This way, no one provider would be overwhelmed.” He adds, “We had weekly, often daily, conversations to stay on the same page.”

On East and South Hills

Continuity of care for Cornell students who became sick with H1N1 was a high priority for Dr. Janet Corson-Rikert. “Cayuga Medical Center got back to us about students who were seen in the Emergency Department or Convenient Care Center,” she says. “We tracked the students we were taking care of who were living in a residential setting and we were in daily touch with students who were diagnosed with H1N1. Other people on campus and volunteers helped us handle calls to these students.” While approximately 1,800 students with H1N1 were seen at Cornell University’s Gannett Clinic, Dr. Corson-Rikert suspects there were twice as many students affected, perhaps as many as 15 percent of Cornell’s student population.

“The death of our student in August had really heightened the anxiety, which is why we made a special effort to stay in touch with the Cornell community,” Dr. Corson-Rikert continues. “Our web site was an excellent resource for the campus population with links to Cayuga Medical Center and the Health Department, so people knew we were working as a team. We wanted people to take this seriously because we knew some people would be more vulnerable to this flu, although the vast majority of cases were actually mild.

“We had to help students find a reasonable balance of taking care of themselves—but also of not panicking,”
she adds. “Some of our students were away from home for the first time and were brand new at taking care of their own health.”

Addressing the unique characteristics of a college town was a priority for Dr. David Newman, as well. “As an institution, Ithaca College had some major concerns. For example, we had to consider how we would function during a period of protracted absenteeism on the part of students, faculty, and staff. And if the pandemic became severe and widespread enough to close the college, we had to consider how we would handle that logistically. We were very concerned about the health of our students, especially those at risk for complications from H1N1. If we saw a lot of illness, we had to determine how we might adapt to providing a level of care we don’t usually provide.

“At times like this, we deal a lot with the ‘worried well’,” Dr. Newman points out. “That’s why a common message was so important. The different providers in Tompkins County dealt with H1N1 in a consistent manner, presenting the same options to patients. It was very impressive the way the community came together on this. I think our Health Department did an excellent job of keeping the topic as visible as it could be,” he adds. “They were also an unfailing resource.”

**Importance of Teamwork**

Dr. Evelyn and Sandy Cooley acted as consultants to the community on issues of patient safety. They worked with the Health Department to answer questions and to direct people to the appropriate care venue. At the beginning of the H1N1 flu season, Cooley fielded calls from area doctors’ offices about how to handle patients coming into the office with H1N1 symptoms and how long sick staff members should remain at home before they could safely return to work. “Our response to H1N1 required a lot of teamwork—it wasn’t something a few people could manage on their own,” says Cooley. “It was a huge collaborative effort on everyone’s part.”

“The public welfare is first and foremost in our minds,” adds Dr. Klepack. “We try to make the most of the resources we have at our disposal, using multiple modalities (radio, e-mail, web-based outreach) to stay on message consistently . . . But you know the final chapter on this particular strain of flu is yet to be written. We may see a third wave come through the community; so, if you haven’t been vaccinated for H1N1, you should do so.”

“We provided enough educational information to our community that we didn’t have people who were anxious, but well, coming to the doctor,” Dr. Evelyn points out. “We didn’t experience an overwhelming of the health-care system or our capacity to take care of people, though many local health providers had to add extra hours and staff to meet the needs of patients, Gannett Clinic in particular. However, in places like Texas people were very alarmed and tents had to be set up to deal with public care. We saw more patients for flu in our Emergency Department and Convenient Care Centers than ever before but we were able to see them all without creating temporary venues to handle it.”

Collaboration and effective teamwork made a tremendous difference in the local management of H1N1. Cayuga Medical Center and its community partners forged such an effective plan it became a model for other communities. The team was asked to share its experience with the membership of the Hospital Association of New York State.

In this pandemic, as with most matters related to keeping patients safe, the whole was greater than the sum of its parts.
Doctors say it to their patients all the time: “Let’s take a look.” In the world of imaging technology, “let’s take a look” is more literal than in almost any other area of medicine because we actually can take a look inside the body with amazing detail.

Over the past five years, the Imaging Services Department at Cayuga Medical Center has implemented an extensive expansion of its technological capabilities. The single biggest change, according to Rick Kidwell, director of Imaging Services, has been the complete conversion in imaging from analog (film) to digital.
Our technologists and doctors aren’t dealing with film or cassettes anymore,” Kidwell explains. “Our imaging studies now appear on a computer monitor (instead of film) and are sent directly to PACS (picture archiving and communication system). When an imaging study is completed, it automatically pops up on the radiologist’s electronic work list. The doctor brings up that study on the monitor and, with an additional click of the mouse, he can also view previous imaging studies for that patient in different modalities (mammography, CT, or MRI) for that specific problem.” The result is exponentially faster, more comprehensive patient care. For patients awaiting potentially worrisome news, faster care is more compassionate care.

Electronic imaging brings other advantages, explains Kidwell. “Our primary care doctors and specialists can look at their patients’ imaging studies in their offices. They can review the images and the radiologists’ reports as soon as they are completed,” says Kidwell. “Depending on the particular imaging study, the referring doctor can see it the same day, usually within two to four hours of when the study is done. I believe we are better at this than any other hospital in New York State.”

A new voice recognition system for reporting has been a tremendous boon to efficiency, adds Kidwell. “The radiologist pulls the image up on the screen, dictates his findings, and his report appears on the screen next to the images. There is no transcribing. The radiologist reviews the report and then sends it on.”

Radiologist Dr. Kim Hwang served as the medical chairman of Imaging Services through much of the renovation process. He is board certified in diagnostic radiology and has special interest and expertise in abdominal CT (computed body tomography). As part of its renovation Imaging Services acquired expanded CT capabilities at the medical center with a new 64-slice CT scanner, installed new CT scanners at both Convenient Care Centers, and added a 32-slice CT scanner in the Emergency Department in 2009.

“With our new CTs we can scan the entire body in 30 to 40 seconds, with less IV contrast and a lower radiation dose than before,” Dr. Hwang explains. The additional CT scanner in the Emergency Department enables physicians to quickly diagnose or rule out life-threatening problems, such as pulmonary embolism in patients with chest pain. “Pulmonary embolism (which blocks blood flow to the lungs) is one of the most frequent causes of death in the United States and requires emergency treatment,” says Dr. Hwang.

“CT angiography (CTA) is replacing invasive diagnostic angiography, which was a much riskier procedure,” Dr. Hwang continues. “Our neuroradiologist, Dr. Jouandet, uses CTA to look for narrowing of the carotid arteries, which indicates an increased risk of stroke. He also performs brain CTA in our new CT Angiography Suite to evaluate for aneurysm and stroke.

“In 2009 we installed new technology that combines nuclear medicine studies with CT imaging. Our nuclear medicine specialist Dr. Domke is using this for many different types of studies that measure function and metabolic abnormalities,” says Dr. Hwang. “We work very hard to keep current with the most advanced technology.

“Cayuga Medical Center has taken this department to an extraordinary level,” Dr. Hwang says, “and there are even more exciting advances down the road. We’ll have greater abilities to see small musculoskeletal tissues . . . and one of these days physicians will even have the ability to receive secure images on their Blackberry or smart phone.”

It’s All in the Details

Radiologist Dr. Anthony Massi joined the medical staff at Cayuga Medical Center nineteen years ago. He is board certified in diagnostic radiology and has special interest and expertise in MRI (magnetic resonance imaging) and ultrasound.

Our new MRI and ultrasound capabilities have enhanced local breast health care by enabling radiologists to perform MRI-guided and ultrasound-guided breast biopsies. “We have special MRI equipment to screen for breast cancer in women who have been newly diagnosed with breast cancer or are at high risk for developing breast cancer,” says Dr. Massi. “MRI can diagnose breast tumors that are not seen on mammograms or ultrasound studies and can better define the stage of the cancer.”

MRI has many different applications and is commonly used to image the brain and spine, as well as the musculoskeletal system, including extremities and joints. Cayuga Medical Center has three different MRI units now, including a high-field unit at the medical center, an open MRI at East Campus (for people with claustrophobia), and a mobile MRI in Cortland.

“One of the challenges in radiology is managing the data from digital imaging studies, and we do a very good job with this,” says Dr. Massi. “Some CT and MRI data sets from a single study contain over 1,000 images. We look at each of these images but now we have software that organizes the study and summarizes the data. The software also enables us to reconstruct images in 3-D, which is very helpful.”
All of our imaging is digital.
The Imaging Department recently achieved accreditation by the InterSociety Commission for Accreditation of Vascular Laboratories (ICAVL), says Dr. Massi. This accreditation, along with six new ultrasound machines at the medical center’s three imaging sites, ensures leading-edge capabilities in diagnosing carotid artery disease and other circulatory problems.

High-definition Mammography
Dr. Bill Carroll is the director of Women’s Imaging at Cayuga Medical Center. In addition to his medical degree, he has a PhD in physiology. He is board certified in diagnostic radiology, has fellowship training in interventional procedures, and trained with a nationally known expert in mammography. Digital mammography has changed his job, significantly and for the better. “Digital mammography is marvelous,” he says. “I receive the images immediately and I can manipulate them and enlarge them, which means I can read them with more confidence. Our patients go through the mammogram more quickly and they receive a lower dose of radiation. Digital mammography is a great benefit to our patients, in particular those with dense breast tissue.”

Waiting for mammogram results can be extremely stressful. For this reason, women having mammograms at any of Cayuga Medical Center’s three sites receive their test results before they leave their appointment. “I’ve been on the medical staff here for fifteen years and we have been giving women immediate results since I arrived. It’s a priority for us to be patient-focused, service oriented, and very approachable,” says Dr. Carroll. “We are always happy to talk with patients and happy to answer any questions about their results.

“All of us collaborate in the best interests of our patients and we run this department like the very finest breast clinics are run,” adds Dr. Carroll. “Because we are state-of-the-art we provide a lot of services you might not expect to find in a small city.”

Ultrasound technician Tricia Bennett performs an ultrasound on expectant mother, Lacey Jacobsen.

According to the Central New York Business Journal, Cayuga Medical Center offers more comprehensive imaging technology than any other hospital in the region, including Syracuse, Elmira and Binghamton.

Internal medicine specialist Dr. Muhammad Wattoo reviews an imaging study with his patient, during the patient’s office visit.

The Young and the Hip
Dr. Walter Silbert is board certified in diagnostic radiology and has special interest and expertise in musculoskeletal radiology. When he joined the medical staff in 2008, he introduced ultrasound hip screening for newborns. This screening is recommended for breech babies, newborns with a family history of hip dysplasia, and when the pediatrician discovers a hip abnormality during the physical exam following birth. This imaging exam used to require out-of-town travel but is now offered at Cayuga Medical Center.

Dr. Silbert explains that there is a spectrum of hip dysplasia: mild discrepancies that may not be detected until much later and that can lead to early osteoarthritis; moderate forms that may cause pain and delay walking; and gross abnormalities, including dislocated hips at birth. “Ultrasound can assess the newborn’s hip position with no discomfort and without exposing the baby to radiation,” says Dr. Silbert. “Because the hipbones of a newborn have not yet ossified and are still in a plastic state, they are very responsive to nonsurgical therapy with good results.

“We perform this exam while the parent holds the baby, and I discuss the findings with the parent immediately following the exam,” Dr. Silbert continues. “Parents leave that day knowing either there is no abnormality, or there will be a referral for follow-up treatment. Since I’ve been doing hip screening at Cayuga Medical Center, we’ve had a number of positive cases referred to pediatric orthopedists with good outcomes following nonsurgical therapy.” When these problems are discovered after infancy, the treatment is more likely to require surgery.

Dr. Silbert is also interested in chronic hip pain in adolescents and young adults. “Some people suffer joint impingement if the hip cup is too deep or the neck of the femur is too broad, limiting the range of motion of the hip. This can be particularly problematic for athletes who require repeated extreme range of motion,” he explains. There are surgical approaches to reduce impingement, restore function, and decrease risk for secondary osteoarthritis according to Dr. Silbert. The bottom line is, if you have chronic hip pain get it checked out, no matter what your age is.

“We get people visiting Cayuga Medical Center all the time, professionals in the field, as well as salespeople in the business who travel to imaging departments all over the place,” says Rick Kidwell. “They are in awe of what we offer here.”
HOSPITAL DOCTORS:

A New Breed

Interdisciplinary rounds in the Intensive Cardiac Care Unit lead by Dr. Peter Hannon, intensivist and medical director of ICCU. (Clockwise from left to right) Christine Monacelli, RN; Mary Day, RN; Rachel Finver, pharmacist; Dr. Hannon; Kristi Lychalk, RN; and Dr. Robert Hesson, nephrologist.
One of the major recent changes in the delivery of inpatient hospital care, both in the United States and internationally, has been the advent of hospitalist and intensivist medicine. Cayuga Medical Center initiated its hospitalist medicine program in 2000 and hired its first intensivist shortly thereafter.

The current director of hospitalist medicine at Cayuga Medical Center is Dr. Martin Stallone. He explains that hospitalists and intensivists are physicians who are based at the hospital and who specialize in the care of acutely ill hospital patients. “Hospital medicine is a specific portion of the continuum of care,” says Dr. Stallone. “This medicine is different from what happens in doctors’ offices.”
What is a Hospitalist and Where is My Primary Care Doc?

“When patients ask me what a hospitalist is, I tell them I represent their primary care doctor in the hospital,” says Dr. Eric Chanko. He is a hospitalist on the medical staff and one of Dr. Stallone’s colleagues. “I assure my patients that I will let their doctors know they are in the hospital, what is happening, and when they are released.”

As a former primary care physician, Dr. Chanko has a deep appreciation for the role of family doctors in patient care. However, inpatient medicine has become so specialized these days, he explains, it’s become very hard to manage both inpatient and outpatient care well.

“By separating the responsibilities of inpatient and outpatient care, you have each physician do what they do best. Patients are taken care of more efficiently, and we’re providing better health care,” says Dr. Chanko. “I tell patients that, with me located at the hospital, their primary care doctor doesn’t have to cancel office appointments in order to come up here for an admission.” He adds, “And as soon as the results of each patient’s lab tests and imaging studies are done, I’m right here to look at them, start treatment, or order additional tests. This translates into patients getting care more quickly, which helps them get better faster.”

“Doctors who practice hospital-based medicine every day are very good at preventing common problems related to inpatient stays, such as deep vein thrombosis (blood clots),” adds Dr. Stallone. Moreover, strong, collegial working relationships in the hospital contribute to good outcomes. “Because we are here every day, we’re able to establish and maintain in-hospital relationships with specialists and with our nurses, who provide the bulk of patient care.”

Today, with thirteen hospitalists on the Cayuga Medical Center medical staff, many local primary care doctors have relinquished their hospital admitting privileges. They stay informed about their hospitalized patients via the hospitalists and by stopping in to visit their patients, but they no longer direct the care of hospital patients. A smaller number of primary care physicians still retain their admitting privileges, but even they often rely on hospitalists for most emergency patient admissions.

Laura Petry, RN, CHPN, 4th Floor Medical Unit, has worked at the medical center for ten years. She is a certified hospice and palliative care nurse and has a master’s degree in Reiki energy therapy. Petry gives the hospitalist system her seal of approval. “The hospitalist system here has created a bond between the nurses and the doctors,” Petry observes. “We used to have to wait for orders from primary care doctors who were understandably busy with office patients. Now, in an emergency, we use the mobile paging system or the hospital computer network to contact the hospitalist. They respond immediately and we get the answers we need immediately; it’s a safer system for everyone. And if a patient’s pain isn’t controlled well, we can get the doctor’s order right away. The patients are happier and we’re happier.”

According to Petry, the nurses are very supportive of the hospitalists. “Between the doctors and the nurses we’ve got a beautiful team and it’s all working. Our patients know we are comfortable with these doctors and as a result, the patients are more comfortable, too. We get things done, we anticipate needs, and we get physicians’ orders carried out quickly.”

A Dual Perspective

Dr. John-Paul Mead is an internal medicine specialist and president of the medical staff at Cayuga Medical Center. In addition to his practice at Cayuga Medical Associates, he also works as a hospitalist part-time, taking two to three overnight shifts a month. “I do it mainly to keep my skills sharp,” he says. “I don’t want to forget how to work in a hospital setting and I want to stay in touch with other specialists on the medical staff.”

As an adult primary care physician in Ithaca, Dr. Mead is a firm believer in the hospitalist system because it’s good for patient care. “Hospitalists are subspecialists in inpatient medicine and they practice it every day,” Dr. Mead explains. “Inpatient medicine is an increasingly complex and difficult field and people who do it all the time do it with better efficiency and with fewer mistakes. Patients benefit from having a physician in the hospital around the clock. When something urgent happens, the hospitalist can respond right away, as opposed to a private physician who might have to drive in at midnight to see a hospitalized patient who is having trouble breathing,” says Dr. Mead.

“The point of transitioning patient care between the doctor’s office and the hospital has to be carefully coordinated,” says Dr. Mead. “Information on the patient’s background has to be shared with the hospitalist and similarly, the hospitalist has to share information on the patient being discharged. As president of the medical staff, one of my roles is to help integrate this system and help these groups talk to each other.”
From Dr. Mead’s perspective, the hospitalists are the link between the medical center and physicians’ offices. “Hospitalists enable us to recruit better specialists because we have a hospitalist system that can provide backup for their practices. Our hospitalists support the practice of doctors who want to work in this community but who can’t come to the hospital all the time to do urgent admissions. It’s a much more efficient system for specialist and subspecialist care.”

**The Most Intensive Care**

The sickest of the sick are admitted to our Intensive Cardiac Care Unit. These are patients with acutely life-threatening illnesses who require around-the-clock care and monitoring. Care in the ICCU at Cayuga Medical Center is provided under the direction of critical care specialist Dr. Peter Hannon, with the support of his hospitalist colleagues.

Dr. Peter Hannon is the medical director of the intensivist program at Cayuga Medical Center. “I’m the attending physician for the majority of the patients in the ICCU. I quarterback care to bring in appropriate subspecialty consultants as needed. I look at the big picture and make sure we’re all on the same page to optimize patient outcomes,” explains Dr. Hannon. “My very first priority is the patients, making sure that their needs are addressed. My second priority is timely communication with the families to review the patient care plan and to talk about acute changes and possible outcomes.”

Bryan Merry has been a respiratory therapist at Cayuga Medical Center for 26 years. His job takes him all over the medical center, from the Emergency Department to the medical floors to pediatrics and the neonatal special care nursery. Merry spends a fair amount of time in the Intensive Cardiac Care Unit.

“Respiratory therapists are responsible for ventilator care, which takes on the work of breathing for the patient, allowing the person to heal. Ventilator care, and all the management that requires, is a team effort,” says Merry, “and includes our intensivists, hospitalists, nurses, and respiratory therapists.”

“Things can happen in a heartbeat in the ICCU,” says Merry. “We now have an intensivist or a hospitalist here 24 hours a day, seven days a week. It’s easy to get the direction we need for any intervention in the ICCU. We call, and the doctor answers. We have a system in place that is still growing and that benefits the people who come through our doors. It’s the right way to go.”

Shawn Newvine, RN, director of the Intensive Cardiac Care Unit, agrees with Bryan Merry. Newvine talks about the positive impact of having an intensivist on staff in the ICCU. “It makes an incredible difference,” he says. “We have interdisciplinary rounds in the ICCU every day and it’s very educational for all of us. Many of our successes are due to grand rounds. It’s why we won the New York State Patient Safety Award in 2006. It’s also why we were written up in the *March 2010 Consumer Reports* as one of the nation’s few hospitals that went for a full year with no central line infections in our ICCU. Very few hospitals can say that.”

Founded in 1998, the Leapfrog Group is a consortium of businesses whose goal is to improve the quality and safety of health care. Leapfrog has worked with the Institute of Medicine at reducing preventable medical errors in hospitals.

As described on their web site, “Scientific evidence suggests that quality of care in hospital ICUs is strongly influenced by whether intensivists are providing care and the staff organization in the ICU. Mortality rates are significantly lower in hospitals with ICUs managed exclusively by board-certified intensivists. Research has shown that in ICUs where intensivists manage or co-manage all patients [versus low intensity] there is a 30 percent reduction in hospital mortality and a 40 percent reduction in ICU mortality. Intensivists are familiar with the complications that can occur in the ICU and, thus, are better equipped to minimize errors.”

“Dr. Hannon. “We can make an immediate impact on whether a critically ill patient makes a difference in outcomes,” notes Dr. Hannon. “Hospitalists and intensivists work hand-in-hand, providing continuity of care, follow-up on studies, and face-to-face interaction with consultants we bring in. “It’s a privilege to practice this kind of medicine,” says Dr. Hannon. “We can make an immediate impact on whether a critically ill patient lives or dies. There is nothing more gratifying than seeing someone who was desperately ill get well and leave the hospital. The stakes are high, but it is a unique opportunity and with the range of problems, it is constantly challenging and fascinating.”

“The administration at Cayuga Medical Center has embraced this program and recognizes the value of intensivist and hospitalist medicine,” adds Dr. Hannon. “In our ICCU, when someone is entrusted to our care, they are given the respect and dignity and degree of compassion that each of us would want for our own family members. I chose to practice here because this unit has tremendous pride in the way we treat our patients and families and in our commitment to constant learning. We’re a team and we do it right.”
Dr. Martin Stallone, MD, director of hospitalist medicine, discusses a patient in the Intensive Cardiac Care Unit with Weill Cornell medical resident, Dr. Albert Sheih.
Wesley Clark is a fourth year medical student at Weill Cornell Medical College. At age 48, this Brooklyn resident, former actor, and reproductive-health researcher is what you would call a “nontraditional” student. Following graduation from medical school, he plans to enter a residency in emergency medicine at one of the excellent programs available in New York City.

“I initially decided to take the rotation in Ithaca because I like the snow and this is an appealing place to be,” Clark confides. What he found in January, however, was a dearth of snow and a wealth of excellent mentors. “The doctors I am working with here are the best doctors I have ever worked with,” he says. “Their instruction in physical exam puts a huge amount of emphasis on the basics: the doctors here do very thorough and nuanced exams. I can’t tell you how valuable that has been for me.” We met Wesley Clark while he was spending the morning with Dr. Adam Law, an endocrinologist on the medical staff of Cayuga Medical Center and one of the prime movers behind the clinical affiliation with Weill Cornell Medical College. Prior to opening his medical practice in Ithaca, Dr. Law pursued academic medicine.

Dr. Law works with a committee of local physicians on the continuing development of the clinical affiliation with Weill Cornell. His role is to look at the broad picture and to ensure clear communication between the institutions. Dr. Law points out that Dr. David Skorton, Cornell University president and a cardiologist, is keenly interested in the affiliation. “He has been incredibly supportive of the program, offering all kinds of assistance to our doctors to make our lives as teachers and doctors better,” says Dr. Law. “And our colleagues at Weill Cornell have made us feel comfortable and welcome in New York.”

Wesley Clark says he has seen some very interesting patients during his Cayuga Medical Center rotation. “I happened to be in a practice here with a patient who has Huntington’s disease,” he says. “You read about it all the time, and thankfully not many people have it, but I had never seen it before. The people taking care of this patient are doing such a good job.” Clark says home visits have been a highlight of his time in Ithaca; “I met a couple who are Holocaust survivors, which was an emotionally powerful experience for me. I had been told by fellow classmates that the doctors here were great,” adds Clark. “The specifics of how they are great were surprising to me. I didn’t realize what I had been missing until I saw them work.”

Mutually Beneficial

Dr. David Evelyn, vice president of medical affairs at Cayuga Medical Center, says this New York City-Ithaca connection is mutually beneficial. “Our physicians and nurses enjoy having the residents and medical
students here. They are young, inquisitive individuals who ask questions, and in the process of teaching them we are all learning,” Dr. Evelyn explains. “Feedback from the Weill Cornell students tells us they are enjoying experiences here that they cannot get in New York City. They’ve been especially interested in home visits, urgent care experience, and the opportunity to work in local college health centers.”

First-year resident Dr. Ashley Maranino is 26 years old, hails from the Bronx, and says she wants to practice medicine in a smaller community. “In New York I never see anyone in the college age range, so most of my time in Ithaca has been at [Cornell’s] Gannett Clinic,” says Dr. Maranino. “I love this experience because I get to see healthy people with minor health problems.

“In our training at Weill, we see very sick people; 90 percent of my time is spent in inpatient care,” Dr. Maranino continues. “Because there are so many subspecialists available there, we don’t get to see the kinds of problems you’d have to manage in a smaller environment.” She adds, “I saw a case here in Ithaca of something I had never seen before—takotsubo cardiomyopathy.”

“Our patients benefit from having an intellectually curious student who is going to spend time to understand the patient’s disease process as part of their own education,” Dr. Evelyn observes. “These medical residents hit the books and ask questions, and in spending time with their patients they sometimes find new diagnoses.”

Retired obstetrician and gynecologist Dr. Catherine Husa makes up the schedules for the visiting doctors in training, based on their interests. She meets with them when they arrive and stays in touch throughout the rotation over shared meals. While she jokingly refers to herself as “the den mother,” Dr. Husa has very high hopes for this budding New York-Ithaca connection.

“I am interested in helping to create more formal research opportunities among Weill Cornell, Cayuga Medical Center, and Cornell University, particularly the College of Veterinary Medicine,” Dr. Husa explains. “There are individual connections now, but I’d like to see us pursue this more formally. We could do some incredible clinical research together, which would benefit everyone.

“Ultimately through this rotation, we hope to encourage young doctors to go into rural medicine,” Dr. Husa continues. “Out of a class of thirty graduating interns, typically only four or five go into primary care and the rest go into subspecialties. It’s the same with pediatrics. What we need are primary care doctors.”

Mentoring the Next Generation

Internal medicine specialist Ann Costello is one of the Weill Cornell mentors in Ithaca and she has had both residents and medical students at her practice in downtown Ithaca. “They are very interested in the work-up of medical problems,” Dr. Costello says, “but they are also interested in the relationship I have with my patients. I’ve been taking care of some of them for over twenty years. The students told me that they rarely encountered this in their training in New York City.”

Dr. Costello is enjoying her role as teacher and mentor. “Doing this makes me think about what I know and what I can teach someone else,” she says. “New York City medicine is a lot of subspecialty practice, whereas in Ithaca these students get a real sense of what primary care practiced well in a smaller community is all about.” Once a month Dr. Costello gets together with some of her colleagues for a journal club to discuss recent articles, interesting cases, and unusual patients. They meet for about two hours at Costello’s house. “We have a good medical discussion on a small, collegial level and we drink tea and eat. We invite the students to join us,” says Dr. Costello. “They enjoy this a lot—and they get to know us as people.”

While Weill Cornell Medical College students spend most of their time working in physician practices and at Gannett Clinic, the residency physicians can be found at Cayuga Medical Center under the mentorship of Dr. Martin Stallone, director of hospitalist medicine. “We are working with second- and third-year residents, so they take responsibility for their own patients under our supervision,” explains Dr. Stallone. “We know everything they do in advance, but the residents actually deliver the care. It’s a good system and our patients benefit from essentially having two doctors for the price of one.”

Twenty-eight-year-old internal medicine resident Dr. Albert Shieh says he wants to learn more about how medicine works in a smaller community, both in the hospital and in the outpatient setting. The morning we talked with Dr. Shieh, he was working with Dr. Stallone in the Intensive Cardiac Care Unit. “Dr. Stallone is great. He’s been able to integrate a nice mix of clinical responsibility, independent learning, and teaching,” says Dr. Shieh. “This morning he had us present at morning report, which we normally wouldn’t be doing. To give us experience to prepare for this is valuable.”

“It’s helpful to see how the hospitalists work here, and to explore hospital medicine as a career option,” Dr. Shieh continues. “Everyone has been kind and supportive, giving us as much responsibility as possible, while also giving us supervision.” He characterizes the organizational culture at Cayuga Medical Center as an open and friendly interaction between doctors and nurses. “But what strikes me most is the breadth of issues the doctors here are proficient in caring for.
Also, the technology at this medical center is essentially equal to that of Weill Cornell.

“With the Weill Cornell residents, we are dealing with the best of the best,” says Dr. Stallone. “They are among the finest trainees in the country; they are diverse and full of energy. They also come to us from a different medical system and because of that, we learn from them.” Dr. Stallone says he is excited about the potential for faculty exchanges with Weill Cornell, telemedicine conferences, and research opportunities. “There are synergies to realize between our institutions. The possibilities are endless.”

On the Weill Side
Dr. Andrew Schafer is chairman of the Department of Medicine at Weill Cornell Medical College and physician-in-chief at New York-Presbyterian/Weill Cornell Medical Center. “The feedback from Weill Cornell trainees on their Ithaca experience has been uniformly exceptional. This wasn’t unexpected when we set up this program,” says Dr. Schafer, “but it is extremely gratifying to hear.”

“We were interested in expanding to Cayuga Medical Center because our medical students and our post-graduate training residencies in the Department of Medicine have been missing exposure to rural medicine. Having an outstanding community hospital providing this experience adds a dimension to our programs that we can’t offer in Manhattan,” explains Dr. Schafer. “This relationship also offers unique opportunities in student health to our trainees with rotations to Gannett Clinic, which is valuable for those interested in adolescent medicine.”

Like a number of other teaching hospitals, Weill Cornell does not offer residency training in family medicine. “We understand the critical importance of providing family medicine experience to our trainees, however, so we have a required family medicine rotation for our senior medical students,” Dr. Schafer explains. “The family medicine rotation at Cayuga Medical Center is already becoming a key part of that experience.

“From our perspective there is an enormous amount that Cayuga Medical Center offers that is new, important, and different in addition to the clinical training in rural health,” Dr. Schafer continues. “There is no question that the medical staff at Cayuga Medical Center is extraordinary in clinical skills and teaching expertise, and they have a real desire to be involved in teaching. However, we also see potential for all sorts of clinical research opportunities that involve the unique characteristics of Cayuga Medical Center, including health services research, clinical epidemiology, and research on outcomes of health-care delivery in a setting such as yours. It would be invaluable for our students and faculty to collaborate in developing interesting research projects.”

Ithaca may be smaller than New York City but the learning opportunities for medical students and residents are vast indeed.
Cayuga Medical Center serves a vibrant, engaged community. As members of this community, our staff and physicians are actively involved participants in the life of Tompkins and Cortland Counties. In 2009, our community involvement soared as Cayuga Medical Center reached out in many different ways to support and to connect with the people we serve. A partial list of our 2009 community activities, through sponsorships, board membership, and program participation includes:

- American Cancer Society
- American Heart Association
- American Red Cross
- Beechtree Care Center
- BOCES Advisory Board for Technology Education
- Cancer Resource Center of the Finger Lakes
- Cayuga Addiction Recovery Services
- Challenge Industries
- Community Foundation of Tompkins County
- Cortland and Ithaca Relay for Life
- Cortland Chamber of Commerce Business Showcase
- Excellus Regional Advisory Council
- Family and Children’s Services
- Franziska Racker Centers
- History Center of Tompkins County
- Hospicare and Palliative Care Services
- Iroquois Healthcare Association
- Ithaca Youth Hockey
- Kendal at Ithaca
- Leadership Tompkins
- Legacy Foundation
- Lifetime Healthcare Companies
- Medical Society of NYS
- NYS Cardiac Advisory Council
- Paleontological Research Institute
- Rotary Club
- Sciencenter
- Southern Tier Aids Ride for Life
- Taste of the Nation
- Tompkins Cortland Community College
- Tompkins County Air Services
- Tompkins County Chamber of Commerce
- Tompkins County Health Planning Council
- Tompkins County Public Health
- Tompkins County Public Library
- Tompkins County Workforce Development
- United Way of Tompkins County
- Visiting Nurse Service
- Women’s Expo 2009

Women Swimmin’

Ithaca Chili Cook-off

Cancer Resource Center of the Finger Lakes Annual Walk and 5K Run
Cortland Relay for Life

Taste of the Nation

The Ithaca Festival

Southern Tier Aids Ride for Life
For many of us 2009 was a year of cautious optimism as the nation continued to navigate through uncertain economic times. Cayuga Medical Center and the people it serves remained unwavering in their commitment to invest in the health of this community and the continued judicious growth of this medical center.

Cayuga Medical Center maintained its momentum in 2009 with substantial growth in clinical services and important accreditations and institutional achievements.

- Recognition of which we are particularly proud came from the Tompkins County Chamber of Commerce, as Cayuga Medical Center was named Large Employer of the Year. As the fifth largest employer in Tompkins County we are committed to taking care of our citizens while also contributing to the economic vitality of the region. In 2009 our 1,100 skilled and dedicated health-care professionals and 300 affiliated doctors provided compassionate, high-quality care to nearly 200,000 patients.

- Patients acknowledged the considerable talent and empathy of our caregivers in 2009 with the highest scores ever in patient satisfaction.

- Safety remained our highest priority in 2009 with the establishment of a patient safety officer and several important safety initiatives. This program will continue to grow in the coming years as we implement national recommendations from the National Institutes of Health, with input from our staff.

- The Cayuga Medical Center Cancer Program underwent a rigorous survey in June 2009 by the Commission on Cancer. The survey, which examined every aspect of our cancer-care program, was performed by Dr. Katherine Seibert from the Commission on Cancer of the American College of Surgeons. Once again Cayuga Medical Center has received a three-year accreditation with commendation as a Comprehensive Community Hospital Cancer Program.
Our Department of Physical Therapy established a unique Orthopedic Residency Program for licensed physical therapists seeking advanced training in orthopedics, offered in collaboration with Ithaca College, one of the nation’s top schools for physical therapy. We also opened an additional physical therapy location on the Brentwood Campus adjacent to the Convenient Care Center Campus in Ithaca.

With the creation of the Department of Sports Medicine and Athletic Performance, Cayuga Medical Center provides one of the largest, most comprehensive programs in the region.

Our skilled team of weight loss experts continued working toward our goal of creating a Bariatric Center of Excellence to meet the growing demand for weight-loss surgery and lifestyle management modification.

Four internal medicine specialists with Cayuga Medical Associates moved into our new medical office building located just north of the Convenient Care Center at Ithaca on Warren Road. We continue to recruit additional skilled physicians to meet the needs of area residents.

During a tough economic year Cayuga Medical Center maintained a positive operating margin, enabling us to reinvest in the organization and the community. With crucial input from our board of directors and with an experienced leadership team at the helm, Cayuga Medical Center will move into the coming years with confidence. And as we plan future projects, we will remain committed to keeping our patients and our community at the center of everything we do.
<table>
<thead>
<tr>
<th>Category</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patients Served (Inpatient and Outpatient)</strong></td>
<td>195,757</td>
<td>188,072</td>
</tr>
<tr>
<td><strong>Inpatient Discharges:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical-Surgical (Adult and Pediatric)</td>
<td>4,418</td>
<td>4,890</td>
</tr>
<tr>
<td>Obstetrical</td>
<td>873</td>
<td>839</td>
</tr>
<tr>
<td>Newborn</td>
<td>876</td>
<td>826</td>
</tr>
<tr>
<td>Psychiatric (Adult)</td>
<td>680</td>
<td>609</td>
</tr>
<tr>
<td>Psychiatric (Adolescent)</td>
<td>181</td>
<td>197</td>
</tr>
<tr>
<td>Medical Rehabilitation Unit</td>
<td>200</td>
<td>195</td>
</tr>
<tr>
<td>Observation</td>
<td>1,587</td>
<td>1,063</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td>8,815</td>
<td>8,619</td>
</tr>
<tr>
<td><strong>Average Length of Stay (in days)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical-Surgical (Adult and Pediatric)</td>
<td>4.7</td>
<td>4.4</td>
</tr>
<tr>
<td>Obstetrical</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Psychiatric (Adult)</td>
<td>6.4</td>
<td>6.7</td>
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<tr>
<td>Psychiatric (Adolescent)</td>
<td>5.6</td>
<td>6.5</td>
</tr>
<tr>
<td>Medical Rehabilitation Unit</td>
<td>12.8</td>
<td>14.5</td>
</tr>
<tr>
<td><strong>Total Operating Room Procedures</strong></td>
<td>6,569</td>
<td>6,718</td>
</tr>
<tr>
<td>Outpatient %</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Total Endoscopy Procedures</strong></td>
<td>4,737</td>
<td>4,580</td>
</tr>
<tr>
<td>Outpatient %</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Total Imaging Procedures</strong></td>
<td>103,076</td>
<td>104,664</td>
</tr>
<tr>
<td>Outpatient %</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Total Laboratory Tests</strong></td>
<td>632,133</td>
<td>608,850</td>
</tr>
<tr>
<td>Outpatient %</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Total Rehabilitation Treatments</strong></td>
<td>85,295</td>
<td>83,662</td>
</tr>
<tr>
<td>Outpatient %</td>
<td>72%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Total Electrodiagnostics</strong></td>
<td>18,680</td>
<td>19,146</td>
</tr>
<tr>
<td>Outpatient %</td>
<td>64%</td>
<td>61%</td>
</tr>
<tr>
<td><strong>Oncology and Other Outpatient Procedures</strong></td>
<td>2,462</td>
<td>2,805</td>
</tr>
<tr>
<td><strong>Pain Management Procedures</strong></td>
<td>2,727</td>
<td>2,322</td>
</tr>
<tr>
<td><strong>Emergency Department Visits</strong></td>
<td>29,995</td>
<td>28,022</td>
</tr>
<tr>
<td><strong>Convenient Care Center Visits</strong></td>
<td>43,800</td>
<td>41,632</td>
</tr>
<tr>
<td><strong>Occupational Health Visits</strong></td>
<td>931</td>
<td>1,063</td>
</tr>
<tr>
<td><strong>Cardiac Catheterization and Related Procedures</strong></td>
<td>1,889</td>
<td>2,081</td>
</tr>
<tr>
<td><strong>Radiation Therapy Treatments</strong></td>
<td>4,378</td>
<td>4,318</td>
</tr>
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</table>
### Sources and Uses of Operating Funds

**Years Ending December 2009 and 2008**

<table>
<thead>
<tr>
<th>Sources of Operating Funds</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Service Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$45,168,759</td>
<td>$50,187,704</td>
</tr>
<tr>
<td>Outpatient</td>
<td>81,515,153</td>
<td>72,168,138</td>
</tr>
<tr>
<td>Total Patient Service Revenue</td>
<td>126,683,912</td>
<td>122,355,842</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>2,974,854</td>
<td>2,780,727</td>
</tr>
<tr>
<td><strong>Total Sources of Operating Funds</strong></td>
<td>$129,658,766</td>
<td>$125,136,569</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uses of Routine Operating Funds</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$40,181,743</td>
<td>$41,948,429</td>
</tr>
<tr>
<td>Outpatient</td>
<td>68,724,677</td>
<td>66,552,223</td>
</tr>
<tr>
<td>Uncompensated Care</td>
<td>5,976,488</td>
<td>4,864,886</td>
</tr>
<tr>
<td><strong>Total Patient Services</strong></td>
<td>$114,882,908</td>
<td>$113,365,538</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routine Capital Additions</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Systems Upgrades</td>
<td>$1,818,814</td>
<td>$1,120,678</td>
</tr>
<tr>
<td>Diagnostic Imaging Upgrades</td>
<td>1,341,090</td>
<td>3,604,773</td>
</tr>
<tr>
<td>Other Clinical and Support Upgrades</td>
<td>2,599,794</td>
<td>2,827,894</td>
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<tr>
<td><strong>Total Routine Capital Additions</strong></td>
<td>$5,759,698</td>
<td>$7,553,345</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Total Uses of Routine Operating Funds</strong></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$120,642,606</td>
<td>$120,918,884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Capital Renovations and Expansions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Campus Renovations and Other Miscellaneous</td>
</tr>
<tr>
<td>(including Cardiac Services, Emergency Department Imaging)</td>
</tr>
<tr>
<td>Physical Therapy and Sports Medicine at Brentwood Drive</td>
</tr>
<tr>
<td><strong>Total Major Capital Renovations and Expansions</strong></td>
</tr>
</tbody>
</table>

### Sources of Operating Funds

- 63% Inpatient Service Rev.
- 35% Outpatient Service Rev.
- 2% Other Operating Rev.

### Uses of Operating Funds by Payer

- 35% Medicaid
- 30% Commercial
- 18% Medicare
- 1% Self Pay
- 4% Other Govt.

### Uses of Operating Funds by Expense Class

- 52% Personnel
- 5% Uncompensated Care
- 5% Capital Purchases
- 38% Non-Salary
The Cayuga Medical Center Foundation would like to say Thank You for giving!

Thank you again for your generosity and tremendous support!

$20,000 to $35,000
- Estate of Ruth Foote
- Estate of William Anson Grover, Sr.
- Estate of Janet P Harvey
- Marvin and Annette Lee Foundation, Inc.
- Triad Foundation, Inc.

$6,000 to $19,999
- John and Elaine Alexander
- Percy Browning
- Cayuga Anesthesia Assoc. of Ithaca, LLP
- Cayuga Medical Center Physicians
- Cayuga Cardiology Associates
- Cayuga Medical Center Auxiliary
- Cayuga Medical Associates
- Donald Chandler
- Alice Colby-Hall
- Communiqué’ Design & Marketing, Inc.
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- Excellus Health Plan, Inc.
- Charles A. Gaetano Construction Corp.
- Margaret I. Gibson
- Estate of Jean M. Dunlavey
- Estate of Charles A. Gibson
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- HOLT Architects, P.C.
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$500 to $899
- The Baker Foundation
- Bangs Funeral Home
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- Wegmans Food Markets, Inc.

$100 to $499
- M.H. Abrams
- Molly and Barry Adams
- Pete Axin and Connie Ged
- All-Mode Communications, Inc.
- Phyllis Ammons
- Ronald and Jean Anderson
- Robert and Sherry Andree
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The Cayuga Medical Center Foundation was established in 1981 as a not-for-profit fundraising organization. The foundation helps raise money to support Cayuga Medical Center’s ever evolving needs, including the development of new programs and services, and the renovation and expansion of facilities in which to house these services.

In 2009 the foundation raised funds for the Cayuga Heart Institute, which provides critical services in the realm of cardiac care. We also received designated gifts for the Unrestricted Fund, which helps the medical center respond to emerging health-care concerns, and for Charity Care to assist people in the community who cannot afford the cost of their care.

Recognized in the following pages are contributors who made gifts to the Cayuga Medical Center Foundation or directly to Cayuga Medical Center between January 1, 2009 and January 31, 2010. While we have striven to ensure the accuracy of our donor list, it is possible that a name may have been inadvertently omitted or incorrectly listed. If you notice an error, please contact the foundation office at 607-274-4284 and we will correct it.
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