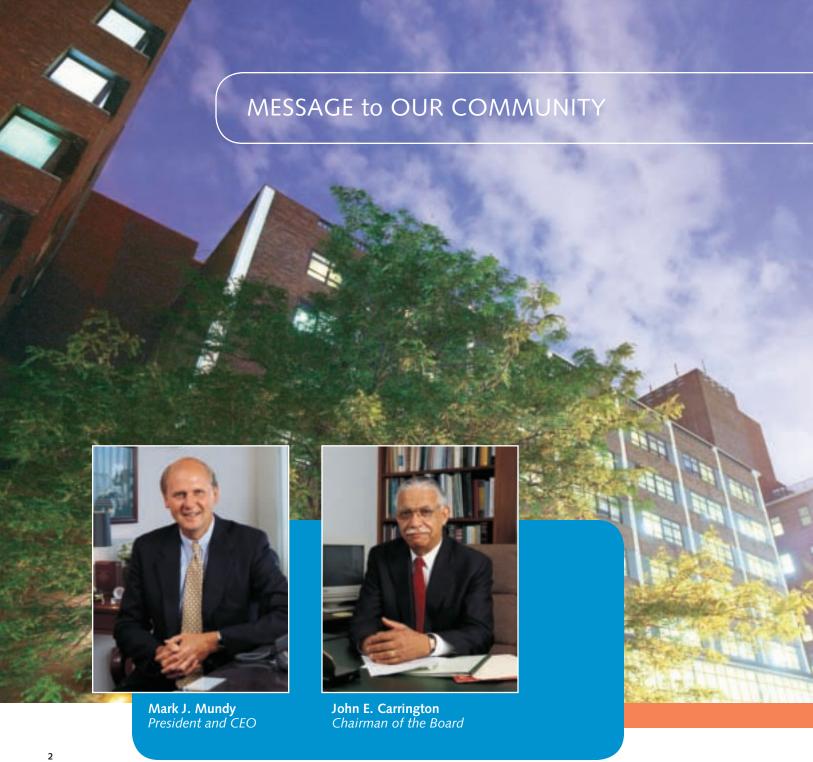




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We have reached the end of a very exciting year at New York Methodist Hospital. In September 2006, we marked the 125th anniversary of the laying of the cornerstone for the first of New York Methodist Hospital's buildings. Simultaneously, we celebrated the completion of our newest building, our state-of-the-art patient care pavilion. The new structure houses sophisticated modern clinical services that our founders could never have anticipated, as well as nearly 150 inpatient beds—most of them in private rooms. Our patients, physicians and staff are enjoying the comfort, spaciousness and beauty of the new building, while our neighbors have praised its attractive façade and landscaping, designed to blend comfortably into the brownstone streetscape of Park Slope.

More recently, we celebrated another grand opening. The front of the Kirkwood Pavilion, located on the corner of Sixth Street and Seventh Avenue, has been expanded and a new entrance was created on the corner of NYM's Hospital campus. Our new "front door" provides access to our clinics and the Emergency Department, as well as a passage to all of the other main campus Hospital buildings. Even more important: the reorganization of our enlarged and renovated Emergency Department has made it possible for patients to be seen and treated more quickly than ever before.

For the time being, we are taking a hiatus from major construction on our campus. But we will continue to grow by increasing and continuously enhancing the services we provide for our

We remain committed to both state of the art technology, and a strong community outreach approach. . .

In E Caring Ton

community. As one of only three Brooklyn hospitals to provide a full spectrum of cardiology and cardiac surgery services, we remain committed to both state-of-the-art technology and a strong community outreach approach to heart disease prevention and education. We have also enhanced our medical programs by introducing new technology, facilities or expert physicians in many other areas, including advanced neurosurgery, radiation oncology, interventional pulmonology and laparoscopic

gynecology. And we have worked to extend services to prevent disease and improve the health of Brooklynites, through our Diabetes Education and Resource Center, our Pediatric Weight Control Programs and our Breastfeeding Support Program.

As thrilling as it was for us to reflect on our history, it is equally exciting to look forward to the bright future that we anticipate for New York Methodist. As always, we owe our success to the doctors, nurses, health professionals, support staff members, trustees and volunteers who keep the Hospital vibrant. It is because of them that we are able to remain steadfast in our 125-year-old mission: to provide excellent and compassionate care to the people of Brooklyn.

We hope that you will enjoy learning more about how we fulfill this mission in the pages that follow.

Expanded SPACES, Extended SERVICES



top: The new Patient Care Pavilion from Seventh Street. bottom: The new pediatric emergency room.

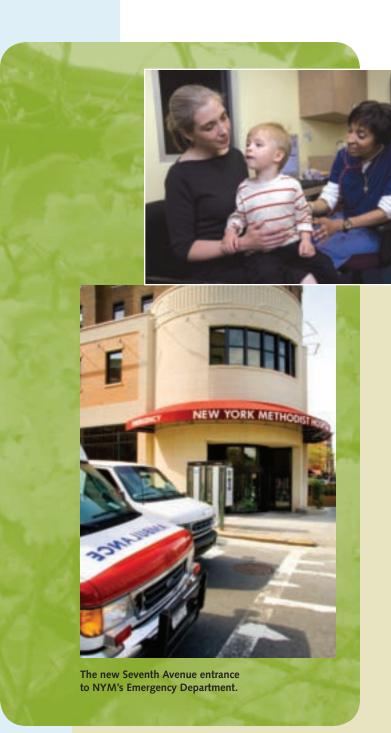
New Patient Care Pavilion

As the Brooklyn population grows, New York Methodist Hospital must grow as well. Last fall NYM completed work on a seven-story, 100,000-square-foot structure that provides space for a greatly enlarged Emergency Department (including a separate pediatric emergency room), an updated pediatrics unit and four medical/surgical units.

The pediatrics unit, on the third floor of the new pavilion, houses private rooms with state-of-the-art equipment and sleeping accommodations for parents. The unit also includes a pediatric intensive care unit, playroom and schoolroom. The medical/surgical inpatient units on the fourth, fifth, sixth and seventh floors of the building also consist largely of private rooms. The seventh floor of the new pavilion includes expanded patient isolation facilities, monitored negative air pressure with appropriate air exchanges and the capacity to operate on 100 percent emergency electrical power.

The Division of Nuclear Medicine and Women's Diagnostic Center have also been relocated to the new building. In addition, the project has freed space within the other Hospital buildings to be used for advanced patient services like cardiology and pulmonology as well as for a significant expansion of the Birthing Center, mother-baby unit, nursery and neonatal intensive care unit.

The project has also had aesthetic benefits. Care was taken to design the façade of the extension so that it blends comfortably with the immediate neighborhood. Throughout the construction, NYM was in contact, and held regular meetings, with residents of Seventh Street, between Seventh and Eighth Avenue, who live across the street from the project. The Hospital worked closely with the Seventh Street block association to minimize inconvenience and disruption to its neighbors.



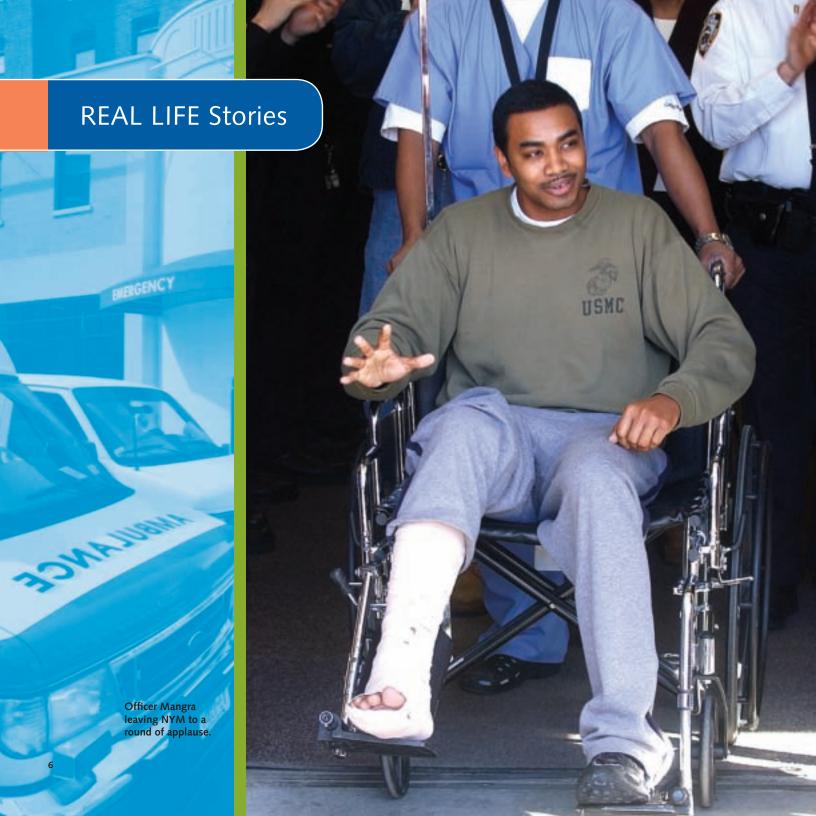
A young patient is examined in the Emergency Department's pediatric triage area.

New Emergency Department

New York Methodist Hospital was delighted to unveil the renovated and expanded Emergency Department (ED) facilities late this spring. The new department features a state-of-the-art 45-bed adult unit and a 10-bed pediatric unit. A new entrance to the ED has opened on the southwest corner of Seventh Avenue and Sixth Street, providing a new "front door" for the Hospital.

Along with separate adult and pediatric waiting rooms, the Hospital's ED is equipped with a pediatric triage room and two adult triage rooms. The triage areas are staffed with a triage nurse and two physician assistants, who are able to begin immediate diagnostic assessments of patients. "All of our additions and renovations were created with the community's needs in mind and I am very thankful for their patience throughout this construction process," said Joseph Bove, M.D., chairman of emergency medicine at NYM.

The new ED has adopted a new triage and evaluation system known as the Simple Medical screening And Rapid Treatment (S.M.A.R.T) program. S.M.A.R.T was created to quickly assess the severity of a patient's illness or injury and promptly treat and discharge patients who do not need admission to the Hospital. NYM is one of only a few institutions in the metropolitan area to use the program. "S.M.A.R.T is a new and innovative program that allows our nurses and physicians to treat patients in the most efficient way possible," said Dr. Bove.



Officer Down

When a police officer is shot in the line of duty—we hear about it. Every media outlet provides up-to-the-minute status reports on the victim, the suspect, the details of the crime. We continue hearing about the condition of the officer, often for days. The front of a hospital building usually forms the backdrop for these reports. But the general public misses much of the drama that takes place behind the hospital doors.

When a patient with a gunshot wound—or any trauma injury—arrives at NYM, the Emergency Department springs into action. Last spring, N.Y.P.D. Officer Rory Mangra, 27, a former Marine and Iraq war veteran, was shot in the leg in the line of duty. The Police Department called the NYM Emergency Department immediately to let the staff know that an ambulance was rushing him in. This was the second local police shooting in as many months; both times the police brought the wounded officer to NYM.

When the ambulance arrived the ED staff was ready: Officer Mangra was immediately transported to the trauma bay. The staff quickly took his vitals and tested his neurological functions. Robert Birkhahn, M.D., assessed the status of Officer Mangra's injuries. "Because the adrenaline is running so high when a person has been shot," Dr. Birkhahn said, "he often does not realize that he has been shot in more than one place. It's essential to check for additional wounds." Thankfully, Dr. Birkhahn found only one bullet wound, and the bullet had not traveled, but Officer Mangra needed immediate surgery.

The ED staff paged Bashar Fahoum, M.D., director of surgical ICU and the division of critical care surgery. Upon hearing that there was a police officer needing immediate surgery, Dr. Fahoum mobilized his critical care team: chief surgical resident Todd Huzor, M.D., and third year surgical resident Whitney Holds, M.D. Dr. Fahoum was able to remove the bullet from Officer Mangra's leg, treat the wound and save the surrounding tissue: the surgery was a success. The police officer was kept overnight for observation and he was discharged shortly thereafter to a hero's fanfare.

While surgery is always complicated, critical care operations can be especially complex, and that is exactly what drew Dr. Fahoum to the field of critical care surgery. "I always knew I wanted to be a surgeon," says Dr. Fahoum, "and I was immediately drawn to the dynamics of trauma and critical care surgery. The surgeries are very challenging, either due to the initial trauma or to life-threatening complications from other surgeries, and because of this, the outcome can be that much more rewarding."

Dr. Fahoum and his team treat each surgical patient with urgency and skill, but when a police officer, like Officer Mangra, needs emergency surgery, he says, "It reaches an extra special place in my heart, because that cop was in the line of duty when he was injured; he was hurt trying to protect us. I want to do everything I can to say 'thank you.' When I saw the pictures in all the papers of Officer Mangra leaving NYM, I knew that we had done everything we could to make sure that photo could be taken, to make sure he was leaving our hospital safe and healthy and to applause."



Todd Huzor, M.D., Whitney Holds, M.D., and Bashar Fahoum, M.D.



Nine Months, Six Doctors, One Baby

WITH HER FOUR-YEAR-OLD GETTING BIGGER EVERY DAY, REVITAL SHARON WAS excited about trying to have another child. Because of her high blood pressure, she knew that it might be a complicated pregnancy, but felt that bringing another child into her family was worth the risk. Growing up in Israel, she was surrounded by brothers and sisters, and knew the joys siblings can bring. To Ms. Sharon's delight, she quickly became pregnant and was placed under the care of Rebecca Shiffman, M.D., director of obstetrics and a specialist in high-risk pregnancies.

At Ms. Sharon's 28 week check up, Dr. Shiffman noticed something unusual in Ms. Sharon's blood test results, and shared them with endocrinologist Farida Khan, M.D. Dr. Khan diagnosed Ms. Sharon with hyperparathyroidism, a condition marked by increased levels of calcium in the blood stream, which can lead to kidney stones and weakening of the bones. A tumor was also found on her parathyroid gland, and it needed to be removed quickly. Although it is rare to perform such a surgery on a pregnant woman, there were significant risks facing the baby, and her surgeon Ernesto Mendoza, M.D., a head and neck specialist, decided to operate right away.

With the surgery a success, Dr. Shiffman felt that she could now order a kidney screening to check for kidney stones. The screening revealed that, on top of everything else, Ms. Sharon had developed a massive kidney stone, which was blocking the ureter. Rather than submit the now very pregnant Ms. Sharon to another procedure, her urologist inserted a stent to relieve the blockage until the kidney stone could be removed, following the birth.

At 34 weeks, Ms. Sharon thought that she was in the home stretch of a difficult pregnancy—but there was more ahead. Her years as a sergeant in the Israeli army during the First Gulf War had built up her tolerance for scary situations, but this pregnancy was testing her limits! Tests revealed that she was now showing signs of preeclampsia—a toxic condition of late pregnancy that signals serious risks for both the baby and the mother. Ms. Sharon was rushed to the Hospital where an emergency cesarean section was performed, saving both her life and the life of her newborn infant. Little Nir Sharon was born weighing only four pounds and spent two weeks in the neonatal intensive care unit, under the care of neonatologist and pediatrician Nitin Ron, M.D.

Today, Nir is a healthy baby boy, who Ms. Sharon considers to be her "personal miracle." Ms. Sharon thanks all of her doctors, "... who, with great intuition and personal concern and attention, made everything possible. I hear so many stories about women with no medical or fertility problems who are unable to finish their pregnancies, while I, with all my complications and pain, was able to have a healthy baby. All thanks to a team of specialists, who with a lot of common sense and knowledge, worked towards a common goal: a healthy mother and baby."





PATIENT:
Revital Sharon

AREAS:
Obstetrics and Gynecology
Endocrinology
Surgery
Urology
Neonatology
Pediatrics

ISSUES:
High-risk pregnancy
Hyperparathyroidism
Tumor on parathyroid gland
Kidney stones
Premature birth

Repeat Customer

"They should just give me an ID card!" Mort Fleischer laughs. As a long-time Park Slope resident, Mr. Fleischer has had plenty of opportunities to spend time at New York Methodist. He first visited NYM as a cardiology patient in 2000, and again to have a major kidney stone removed in 2002.

But it was his third and most recent visit that changed his life. Mr. Fleischer

is pretty sure his left knee had been in decline since he ran track on the concrete course at Erasmus Hall High School in 1952. His knee was now causing him so much pain that it wasn't uncommon for him to have to stop walking down the street twice or three times a block, just to recuperate. Mr. Fleischer was fed up; this was no quality of life. As a trustee and former president of the Park Slope Civic Council, he needed to be able to walk around the neighborhood to keep abreast of issues facing the community. Plus, as a onceavid ballroom dancer, he wanted to be able to dance again.

He consulted with NYM orthopedic surgeon Placido Menezes, M.D., who recommended a total knee replacement. "Let's go for it—I like to dance, and I can't even walk half of the time," thought Mr. Fleischer. In fact, his wife and

long-time dancing partner had been a patient in NYM's Spine and Arthritis Center for debilitating back pain, and was now pain-free, thanks to NYM. The success of her treatment coupled with the prospects of gliding back onto the ballroom floor confirmed his decision to have the surgery.

After the surgery, "people were coming around just to look at the knee, the surgery had been done so well. There was no swelling, no problems. Dr. Menezes did a wonderful job." Upon his transfer to the inpatient rehabilitation unit, Mr. Fleischer realized that surgery was the easy part of the process. "Having Joseph Coletto, O.T., and Christine Spille, P.T.A., come and shove me out of bed was the greatest thing that could have happened. The rehab was painful, but without Joe and Christine, there would have been no recovery. Plus, the icing on the cake was the care and concern shown me by my nurse, Sharon Baoas, R.N."

Mr. and Mrs. Fleischer are now back in the ballroom, a waltzing testament to NYM's Institute for Orthopedic Medicine and Surgery. In fact, he reports, "Recently, we were running late to the theater and were practically jogging to make the curtain. My wife said to me, 'Do you realize how quickly you've just walked?' It felt really good to say 'Yes!'"



PATIENT:
Mort Fleischer

AREAS:
Orthopedic Surgery
Physical and Occupational
Therapy

ISSUE: Total knee replacement





Living a Full Life

ANN-MARIE ANTHONY-WILLIAMS HAS ALWAYS GIVEN HER SICKLE CELL DISEASE A run for its money. She makes sure to keep up on the latest research and does what she can to lead her life to the fullest, including working with Rita Bellevue, M.D., director of NYM's Comprehensive Sickle Cell/Thalassemia Program.

Sickle cell disease is a blood disorder in which red blood cells morph from normal disk-shaped cells into a crescent ("sickle")-shaped cell. These crescent-shaped cells block small blood vessels and make it difficult for blood and oxygen to reach organs and other parts of the body. When the blood vessels become blocked, an occasion known as a sickle cell crisis, it can be very painful.

When she began visiting Dr. Bellevue's clinic, Mrs. Anthony-Williams was living a full life, but there were many complications. In addition to working full-time and raising her daughter, Gizelle, on her own, she was taking classes towards her bachelor's degree. But every so often, she would be knocked flat by the debilitating pain of a sickle cell crisis and wind up in the hospital. Then it would all seem too much; she felt that something had to give.

On those occasions, Mrs. Anthony-Williams remembers, "Dr. Bellevue always insisted that I carry on and stay in college; I needed to be a role model for my child." And she did—with Dr. Bellevue and her staff's support, Mrs. Anthony-Williams stayed strong, persevered and went on to graduate from college, earn her master's degree from New York University and begin a Ph.D program in educational psychology. Today, she is a professor of psychology and English at Medgar Evers College in Brooklyn. And she was a great role model for her daughter, who just graduated with a master's degree in criminal justice from John Jay College of Criminal Justice.

It was just last year, however, that Ms. Anthony-Williams fully came to appreciate the extent to which Dr. Bellevue and the Sickle Cell Program staff had become her second family. While traveling to visit her flancé, Mrs. Anthony-Williams experienced an extreme sickle cell crisis and underwent emergency gall bladder surgery. Upon returning to Brooklyn, her recuperation started to backslide and she became very ill. She was admitted to NYM under Dr. Bellevue's supervision. "Every day, my daughter, Gizelle, would come after school to be with me in the hospital," Mrs. Anthony-Williams recalls "And every day, the nurses kept an eye on my daughter, made sure that she had dinner and that she was doing okay. As a single parent, I was very grateful for their kindness." Ann-Marie has since gotten married, and is back in the classroom, a role model to all.

"Although I have sickle cell disease, thanks to Dr. Bellevue and her staff's continued encouragement, I have not let it prevent me from being the best mother, wife and educator I can be."



PATIENT: Edgar Ostolaza AREAS: Pulmonology Respiratory Therapy ISSUES: Inhalation of toxic fumes Burned airways

the

The patient in a Rotoprone bed and attached to a VDR, an unprecedented pulmonary intervention, which also saved his life.

Radical Intervention

ARTHUR SUNG, M.D., INTERVENTIONAL PULMONOLOGIST AT NYM'S INSTITUTE for Asthma and Lung Diseases, was covering the ICU when he got the call: a patient had inhaled a cloud of toxic fumes; his airways were burned and he could barely breathe. The patient, Edgar Ostolaza, was found by his family, passed out on the bathroom floor. In an effort to drain his stubbornly blocked bathtub, he had emptied both Drano and bleach into the tub—a recipe for disaster, and for dangerous hydrochloric acid fumes. They rushed him to the Hospital, where Dr. Sung immediately admitted him to the ICU.

Using a small camera, Dr. Sung was able to assess the damage to Mr. Ostolaza's lungs: they were severely burned. "Airway injuries such as these require immediate

attention," says Dr. Sung. "The lungs begin to produce so much mucous that no oxygen can be absorbed, and that can be life-threatening." To keep the airways clean, it is necessary to use invasive techniques, which is always difficult, and depending on the extent of the trauma to the airways, sometimes impossible. And Mr. Ostolaza's lungs would need to be cleaned many times each day.

Enter Felix Khusid, R.R.T., director of respiratory therapy and NYM's Pulmonary Physiology Center. Always on the lookout for the newest and most sophisticated technologies in the field, Mr. Khusid had earlier arranged for NYM to test a unique device—the Volumetric Diffusive Respirator (VDR), which ventilates, oxygenates and promotes secretion removal from the lungs, thus eliminating the need for multiple invasive cleanings. "I was very excited to have the VDR on site. It provides amazing new technology, and NYM was the first and only hospital in

the tri-state area to have a VDR," Mr. Khusid explained. Also luckily for Mr. Ostolaza, NYM had acquired a Rotoprone bed, another piece of sophisticated equipment that rotates the patient and enlists gravity in the expulsion of airway secretions.

With these new technologies on site and the severity of Mr. Ostolaza's condition, Dr. Sung immediately thought of combining the VDR and the Rotoprone bed. He suggested to Mr. Khusid that they try it. "To my knowledge, it was a combination that had never been tried before. We were lucky to have the VDR on site, and we had a patient who needed drastic intervention." They quickly situated Mr. Ostolaza on the Rotoprone bed and started him on the VDR. For the first 28 hours of the treatment, Mr. Khusid did not leave Mr. Ostolaza's bedside. To everybody's excitement, the two technologies worked together seamlessly. By the next day it was clear that the combination of therapies was succeeding. By week's end, Mr. Ostolaza's airways were pristine and he was discharged home—a fantastic outcome, thanks to Dr. Sung's and Mr. Khusid's quick action and ability to think outside of the box.

Today, Mr. Ostolaza is doing well and feels "lucky to have his life." Dr. Sung and Mr. Khusid plan on publishing a paper on their experience with the patient and how they used this unprecedented combination of therapies to break new ground in pulmonology and, most importantly, to save a life.





Quality of Life, Quality of Care

"Dr. Harvey Dosik doesn't just think about your current condition, he thinks about your future, about your quality of life." Gary Zurlo would know—he's been coming from the Bronx to see Harry Dosik, M.D., NYM's chairman of medicine and a specialist in hematology, for almost 30 years!

When Mr. Zurlo was nine years old, he was diagnosed with Hodgkin's

disease, a cancer of the lymphatic tissue.

Over the course of those 30 years, Mr. Zurlo underwent many treatments and procedures to tame the cancer: radiation at eleven years old, removal of the spleen and lymph nodes at thirteen, chemotherapy at fourteen. During all this time, Mr. Zurlo remembers, "Dr. Dosik told me, 'I want you to be a kid—go out, have fun. I'll be the doctor; when there is something to worry about, I'll tell you, but until then, be a kid!' He really was concerned about my total quality of life." Mr. Zurlo took Dr. Dosik's advice to heart and jumped into life, growing up to be one of the top salesmen for a leading construction supplier, as well as an active volunteer in his community. He also fell in love, married and became a father, the role in life he values most and is his greatest source of pleasure.

In 2006, at his wife's urging, Mr. Zurlo checked in with Dr. Dosik; he had been feeling a little off. "Dr. Dosik called me and said, 'Gary, you have another cancer that is attacking your liver.'" On top of already having an unusual type of Hodgkin's, Mr. Zurlo had developed an even more unusual non-Hodgkin's lymphoma. In fact, he was only the third person on record to have this type of cancer in the liver.

"I received excellent care at New York Methodist—the doctors recognized that something needed to be done, and quickly. I had a dedicated team attend to every level of my care: Dr.Thayyullathil Bharathan was a diligent internist, Dr. Vincent Notar-Francesco monitored my liver and the entire nursing staff of the ambulatory chemotherapy unit put a smile on my face, even when I was feeling pretty bad." Today, Gary is back, giving 100 percent in all areas of his life: he started a basketball program for his church and just returned from his family's annual water-park adventure.

"The Hospital and the Institute for Cancer Care provided a wonderful family atmosphere in a difficult situation. They really came together and were there for me. I couldn't have even envisioned the life I have today if it wasn't for Dr. Dosik and his colleagues at New York Methodist."



PATIENT: Gary Zurlo AREAS: Hematology/Oncology Ambulatory Chemotherapy Unit Internal Medicine Gastroenterology ISSUES: Hodgkin's disease Non-Hodgkin's lymphoma

Healthy and Sweet

MIGUELINA ORTEGA KNEW SOMETHING WAS VERY WRONG WITH HER SON, RUDY, WHO had come to visit her from the Dominican Republic. He had a high fever, nausea and chest pain. He also has Type 1 diabetes, and these symptoms could not be good. When she brought her son to NYM, " ... we found that his blood sugar levels were grossly elevated and had been so for a number of months," said Jane Fong, M.D., chief of pediatric critical care at NYM.

Rudy had been staying with Miguelina's family in the Dominican Republic, and it was difficult for them to access proper diabetes care. The nearest diabetes doctor was three hours away. Plus, Rudy's home insulin monitoring machine had broken and he had been waiting until he experienced a headache or stomachache to determine that it was time to give himself a shot. "Rudy is an amazing child and was trying his best to manage his illness but when he came to us, he was very close to being in a diabetic ketoacidosis (DKA) state, which can lead to coma or even death," Dr. Fong said.

Rudy was immediately admitted to the Hospital where, over the course of five weeks, his diabetes was brought under control. Although the immediate crisis was contained, Rudy and his family received an intensive education from the Diabetes Education and Resource Center about staying healthy with diabetes. Asjad Kahn, M.D., chief of pediatric endocrinology and physician in the Institute for Diabetes and Other Endocrine Disorders, spent hours with the family, instructing them

on proper nutrition and medication management. Diane Bonet, R.N., a nurse in the pediatric intensive care unit, even went with the family to the grocery store near Miguelina's home to help them pick out foods that were appropriate in planning meals for Rudy.

When faced with the question of Rudy returning to the Dominican Republic, it was clear that staying in the United States, near high-quality diabetes resources and, most importantly, Miguelina, was in Rudy's best interest. His NYM medical team, including members of the Social Work staff, helped Rudy get situated in his neighborhood school and helped support Miguelina so that she felt confident caring for Rudy. Rudy is now staying with his mother full-time in Brooklyn, where he has access to Dr. Khan and the resources he needs to stay healthy.

With his sugar under control, "I can do the things that I love to do, especially play baseball. My life has changed a lot since meeting Dr. Khan," Rudy says. He can now be a typical fourteen-year-old boy: he goes to school, plays with his friends and has fun, but most importantly, he is healthy. And since he continues to check in with Dr. Khan and use the tools he learned at NYM, his diabetes will no longer stand in his way.





PATIENT: Rudy Ortega

AREAS:

Pediatric Critical Care Pediatric Endocrinology

ISSUE:

Type 1 diabetes



CARING for OUR COMMUNITY

At New York Methodist, we combine cutting-edge research and technology with personalized care and compassion. Patient satisfaction is our number one priority but our care extends beyond our campus. We also work hard to provide as many resources as possible to keep the members of our community healthy and health-smart. During the past year, members of our staff performed thousands of blood pressure screenings, cholesterol tests, glucose monitoring tests and other health screenings—all free of charge.

In addition to sponsoring numerous health events throughout the year— Men's and Women's Health Days, Smoking Cessation Day, Stroke Alert Day, Diabetes Awareness Day and Heart-to-Heart lectures, just to name a few. NYM also sent speakers to senior centers, schools and community groups to give talks on a variety of health issues. Our community also came to us: large numbers of visiting school groups—from kindergarten through high school—have toured areas such as the newborn nursery, the laboratories, the radiology unit and other areas that complement the students' studies and interests.



Leonard Y. Lee, M.D., program director for cardiac surgery, addresses Region 8 physical education teachers.



Brooklyn Borough President Marty Markowitz (center) at National Cancer Survivors Day.

To help reduce the high percentage of overweight children in our community, NYM hosted the New York Department of Education's Region 8 for five seminars aimed at teaching physical education teachers the importance of nutrition, physical exercise and the prevention of heart disease.

◀

More than 400 cancer survivors joined NYM in celebrating National Cancer Survivors Day. The celebration included music, picnic fare and a clown and face painting for the children. The event culminated with a parade to show pride and support to all those who have battled cancer.

A school trip to NYM's newborn nursery.





Acorn Community High School students explore the NYM pharmacy with Director of Pharmacy Eric Balmir.

More than fifty sophomores from Acorn Community High School in Brooklyn took a behind-the-scenes tour of the Hospital and learned more about career paths in the health care field, such as radiology, physical therapy, pharmacy and nutrition. A student reports that the trip to NYM, "inspired me to think about my future and what I want to accomplish in my life, and opened my mind about new job opportunities I never thought of before."



Event coordinators and providers at Caregiver Wellness Day.

NYM partnered with Leeza's Place to host a Caregiver Wellness Day at the Park Slope Geriatric Day Center. The event provided support and rejuvenation for caregivers who spend much of their time caring for sick or disables loved ones. The event included workshops in stress reduction and meditation, the Feldenkrais Method. Qigong and nutrition.

NYM participates in many health fairs throughout the year, offering free screenings and health information.

Learning how to detect signs of stroke at Stroke Alert Day.



New York Methodist also offers a variety of support groups, classes and resources, which are available free of charge to members of the community.

Cancer Support Group: 718.780.3593

Look Good...Feel Better (An American Cancer Society Program): 718.780.3593

Surgical Weight Reduction Support Group: 718.780.7797

Breastfeeding Support Group: 718.780.5078

Hepatitis C Support Group: 718.780.5367

NYM Blood Donor Center: 718.780.3644

Gilda's Club New York City **Brooklyn Clubhouse** 502 Eighth Avenue 718.788.1600

Located on the NYM campus, the Brooklyn Clubhouse offers a free program for everyone afflicted by cancer.

GIVING Opportunities

New York Methodist Hospital is dedicated to meeting the health care needs of our community. The generous support of friends and neighbors makes a crucial difference in our ability to fulfill our mission. In 2006, more than \$2 million was raised. On behalf of our patients, physicians, nurses and staff, we thank you for your generous support.

Types of Gifts

Naming Opportunities are available to recognize generous gifts to the Hospital. Although the decision to be recognized publicly is a personal one, many of our donors welcome this acknowledgement with hope that their gift will inspire others to follow their example.

Naming facilities, research funds and medical equipment are just a few of the ways to simultaneously leave a legacy and advance medical knowledge and care. Areas of interest may include the cardiac surgery program, the expansion of the Emergency Department, the new Pediatrics Unit, the expansion of the Birthing Center and many others.

Unrestricted Gifts give the Hospital's trustees the flexibility to support areas where the need is most pressing. These gifts help to ensure that important programs and services are not threatened because of lack of funding. Donors who contribute \$1,000 or more in unrestricted gifts within a calendar year are recognized on a plaque in the Hospital's lobby as members of the George Ingraham Seney Society.

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

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

Capital Donations for building construction, equipment or renovation provide caregivers with efficient facilities to deliver state-of-the-art care to their patients.

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

Bequests, gifts made through a will, allow some donors to make substantial donations to the Hospital. Donors can leave specific dollar amounts or a percentage of their estate. Through a bequest, a donor can make a gift without depleting current assets and eliminate or reduce federal estate taxes. If you have included NYM in your will, please let us know.

Corporate Matching Gifts

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

Assets to Give

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

A Gift of Long-Term Appreciated Securities is exempt from capital gains taxes. In most cases a donor can claim a charitable income tax deduction equal to the fair market value of the appreciated securities.

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Benjamin Gozun, M.D.



Statistical HIGHLIGHTS 2007

Inpatient Care

adult admissions	27,951
newborn admissions	4,830
total admissions	32,781
adult patient days	171,324
newborn patient days	10,558
total patient days	181,882
average length of stay (days, excluding psychiatry	
e) rehabilitation)	5.5
inpatient surgical procedures	5,550
beds	576
bassinets	42

Outpatient Care

outpatient department visits	87,109
family health center visits	59,612
emergency department visits	65,295
referred ambulatory patients	57,547
ambulatory surgery procedures	18,242
physicians outreach	
laboratory services	241,176

Employees

(full-time equivalent) 2,933

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