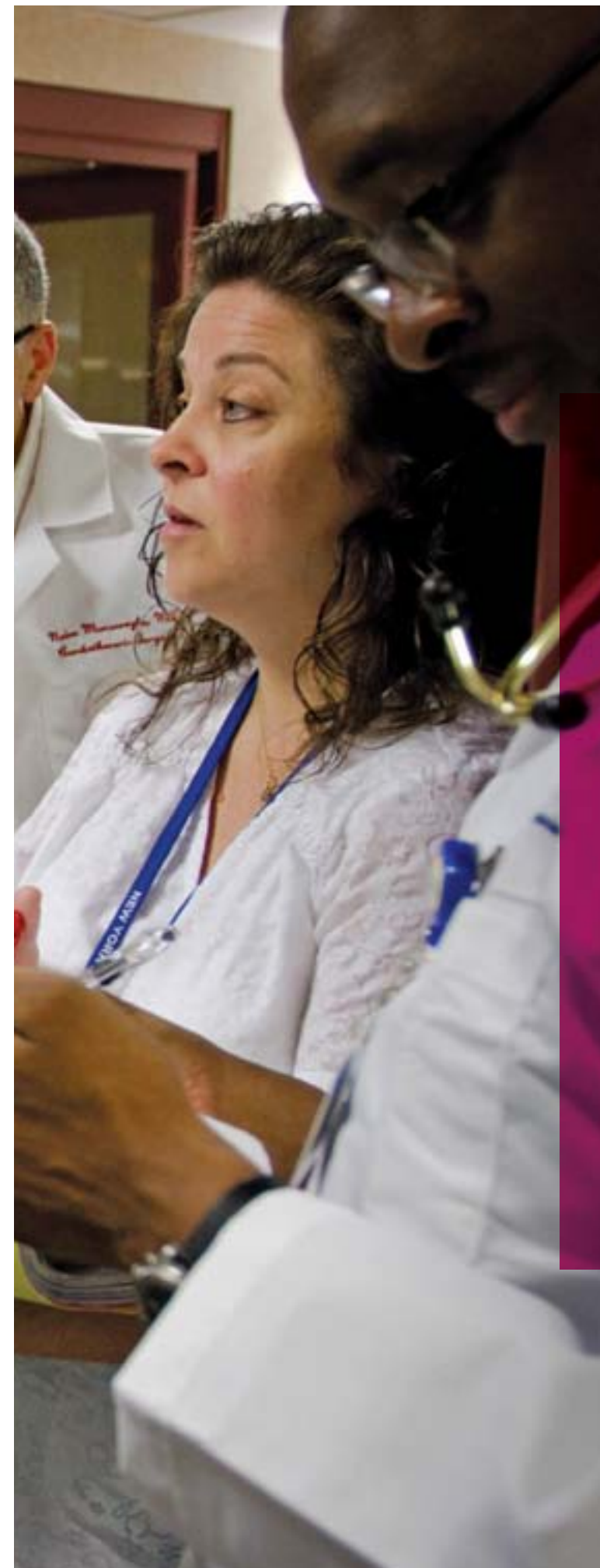


New York Methodist Hospital

Report
to the
Community

2011-2012

nymh



New York Methodist Hospital Report to the Community 2011-2012

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Iosif Gulkarov, M.D., Nancy Rizzuto, CCRN, Naim Mansuroglu, M.D., Carolyn Esposito, R.N., and Adebayo Esan, M.D., meet in the Cardiothoracic Intensive Care Unit.

Cover, from upper left: Oya Seyalioglu, M.D.; Charles Oribabor, M.D. and Anthony Saleh, M.D., in the CTICU; Nicholas Vaccari, M.D., Elizabeth Haines, D.O., and Leonid Brain, R.N., in the pediatric emergency room; Adebayo Esan, M.D., and Nancy Rizzuto, CCRN, in the CTICU; Iosif Gulkarov, M.D., in surgery; Amari Mendez.

Message to the Community

For years, we have talked about healthcare reform. Now, as we anticipate implementation of the Affordable Care Act, we can't fully predict the effects it will have on our patients, doctors, employees or overall operation. But we are determined to embrace the transformation as an opportunity to find new ways to meet community needs.

The legislation is designed to make the delivery of healthcare more accessible and effective, in part by focusing on preventive medicine and outpatient treatment to reduce hospital admissions. Many chronic diseases can be prevented or successfully managed if patients get the counseling, education and proactive treatment they need in an outpatient setting. Inpatient hospital visits can be avoided or kept to a minimum.

NYM has increasingly provided numerous accessible ambulatory care sites for patients throughout the borough, where preventive treatment and primary care is offered. Furthermore, we are devoting more and more on-campus space to outpatient testing and treatment facilities. And recently, we have been expanding our electronic medical record system to outpatient sites to facilitate information exchange.

Still, for the time being, our "core business" remains inpatient care. With highly advanced technologies now available in so many areas of medicine and surgery, this means that a single patient may encounter numerous medical professionals, representing countless areas of specialization during just one visit. The need for carefully coordinated patient-centered care is as important during a single inpatient hospital stay as it is over a period of years in the outpatient environment.

For several years now, each of our annual Reports to the Community has revolved around five or six especially interesting or unusual patient stories. This year, we had a patient whose experience was so extraordinary that we decided it would stand alone as the center of our Report. Numerous Hospital services were involved in the treatment of Amari Mendez and we believe that her story epitomizes the very best type of patient-centered care. We hope that you will find Amari's story as inspiring and exciting as we did.

In the coming year, we look forward to continued expansion and enhancement of our service to the Brooklyn community. As we continue to fulfill our 130-year-old mission—providing excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas—we rely on our skilled and dedicated doctors, nurses, technicians, support staff, administrators, trustees and volunteers who are responsible for miraculous recoveries like Amari's. No matter how healthcare changes in coming years, they will always be our greatest assets.

James J. ... *John E. Carrington*

Amari's Story

- November 22, 2011
- Pediatric Emergency Room
- Point-of-Care Emergency Ultrasound
- Cardiac Catheterization Laboratory
- ECMO: extracorporeal membrane oxygenation
- Cardiothoracic Intensive Care
- Intensive Care Unit
- Bedside Rehabilitative Therapy
- Home Sweet Home





Amari Mendez, 2012.
In her bedroom at home.

“The day started just like any other day.”

November
22.2011

“The day started just like any other day,” remembers Amari Mendez, 16. “I got up, the sky was still dark, and I started getting ready for school. I ate breakfast, kissed my mom good-bye and walked out the door. That is the last thing I remember.”

Though Amari has no recollection of it, she moved on to her school located in Park Slope, Brooklyn, attended classes, and suited up to practice with the basketball team, of which she was a star member. “From what I was told, it was a particularly rigorous practice,” said Rosalia Aponte, Amari’s mother. “Apparently Amari mentioned that she was feeling dizzy—unusually so. Other people could tell something wasn’t right with Amari—she couldn’t pass the ball; it was like her body had forgotten how to do it. The coach knew Amari and could see that something was wrong. She was concerned enough to call an ambulance.

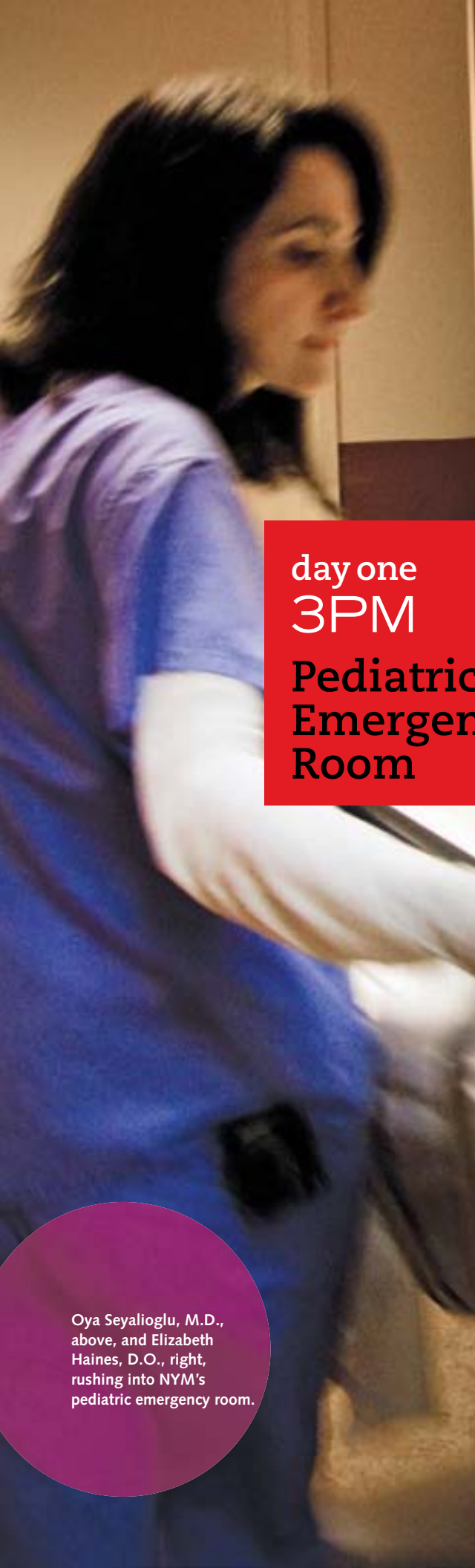
“My husband, Sergio, and I were in the car when we got the call. The coach called me from the ambulance, telling me that they were taking Amari to New York Methodist Hospital. We headed to NYM, but I wasn’t too worried—she has always played sports and has been to the Emergency Department plenty of times. A dislocated jaw here, a broken bone there. I’ve raised six children; it takes a lot to faze me.

It was only when she got the call from Anthony Saleh, M.D, who was with Amari in NYM’s Pediatric Emergency Department, that she realized just how dire her situation was. “He told me her condition was deteriorating quickly and he needed my permission to treat her immediately. ‘Of course,’ I told him. ‘Do what needs to be done!’”

Now Ms. Aponte was worried. “All the way to the Hospital, I remembered how she had kissed me good-bye that morning. Her hair was still wet. It was two days before Thanksgiving—it was cold out. I didn’t want her to get sick. Driving to the Hospital, I could still feel her kiss on my cheek.

“When we arrived, we were met by Dr. Saleh, and when I saw that a social worker and a chaplain were with him, my heart sank into my chest. I will never forget the words he said to us, ‘There is an extreme possibility that Amari will not make it through the night.’”

Rosalia and Sergio were incredulous. How could a healthy, vibrant, 16-year-old girl, whom they had just seen a few hours earlier now be on the brink of death? Dr. Saleh explained, “Amari has experienced sudden cardiac arrest, but we are going to do everything we can to save her life.”



day one
3PM
Pediatric
Emergency
Room

“When the paramedics first brought her in, I did a quick visual assessment,” remembers Elizabeth Haines, D.O., the attending physician on call when Amari was brought to the Pediatric Emergency Room. “I saw that she was very sweaty but awake on the bed. The paramedics told me that she had just been in basketball practice, so I thought the sweat was from that. I was just coming on duty and was reviewing patient records, and when I came back to her bed, no more than five minutes later, her condition had significantly deteriorated. She was noticeably confused and her blood pressure was so low, 70/40, that I thought it was an error and ran it again. When it came back with a blinking underscore, I knew that she was in big trouble. Her diastolic blood pressure was so low, that the machine couldn’t even register it.

“She was able to talk but was becoming increasingly agitated, which is often the body’s way of crying for help. She was very short of breath, her blood pressure was sinking, her oxygenation was way down and she was becoming more and more confused. I was instantly assessing the possibilities for what this might indicate in a healthy 16 year old. Could it be a poison? She said she hadn’t eaten anything unusual or taken any medications. Could it be her heart? She said she had no known heart conditions. But maybe this was an unknown heart condition.

“I immediately ordered an electrocardiogram (EKG), a test that records the electrical activity of the heart, and called for an echocardiogram (ECHO), an ultrasound that creates a moving image of the heart. As Gerardo Chiricolo, M.D., chief of NYM’s Division of Point-of-Care Ultrasound, was entering the room with the ultrasound machine, the results of the EKG were coming out. He and I looked at the results and said to each other, ‘there’s no way an EKG like this came from a girl that young.’ I ran it again—the same. It was the worst heart attack I had ever seen in a patient of that age.” As Dr. Saleh grabbed the EKG result from her hand and sprinted to get Terrence Sacchi, M.D., chief of cardiology, Dr. Chiricolo performed the echocardiogram. The anterior and lateral walls of her heart were not contracting, and fluid was quickly collecting in the lungs. Amari was having a massive heart attack.

They instantly called a STEMI (ST-segment Elevation Myocardial Infarction) code to alert the cardiac catheterization team that there was a patient in cardiac arrest who needed immediate treatment.

Amari’s condition was continuing to deteriorate quickly. “She could no longer speak,” remembers Dr. Haines, “and without speech, there was no way to assess the quality of her airway opening. We needed to intubate her. When we inserted the tubing into her airway, so much excess liquid had built up in her lungs due to the weakened beating of her heart that liquid literally squirted out of her mouth from her lungs. We needed to let the water drain out of her before we could introduce the oxygen.”

The cardiac catheterization team arrived and whisked her off to the Cardiac Catheterization Laboratory.

Oya Seyalioglu, M.D., above, and Elizabeth Haines, D.O., right, rushing into NYM’s pediatric emergency room.



“I knew
she was
in BIG
trouble.”



Gerardo Chiricolo, M.D., performs an ultrasound at a patient’s bedside.

Point-of-Care Emergency Ultrasound at NYM

Although medical ultrasound technology has been in use for over 60 years, it is only within the last decade that technological advances have allowed ultrasound examinations to be utilized in point-of-care (the location where patient care occurs) and emergency situations. Point-of-care ultrasound allows a doctor to get fast, accurate answers to many of the urgent questions that arise in emergencies.

“When a patient is in crisis, quickly getting the answer to a simple diagnostic question can save a patient’s life,” says Gerardo Chiricolo, M.D., chief of NYM’s Division of Point-of-Care Ultrasound. “Does a person clutching her side have a ruptured appendix? Does shortness of breath indicate a collapsed lung?

“The beauty of point of care ultrasound is you can immediately assess a patient,” adds Dr. Chiricolo. “With a traditional ultrasound, the patient is transported to the radiology suite, a technician performs the test, a radiologist reads the results — far away from the patient, and the results are then sent back to the physician who ordered the test. Most emergency patients do not have that kind of time.”

At New York Methodist Hospital, each emergency medicine physician is trained to perform point-of-care ultrasound and interpret the results, significantly cutting down the time to ultimate diagnosis. “The goal of point-of-care ultrasound is not to replace the radiologic workup, but to complement it by providing answers to specific questions that can make a huge difference in the care of a very ill patient,” Dr. Chiricolo continues.

“The success of the expansion of point-of-care ultrasound at NYM is really indicative of the collaborative, collegial atmosphere at this Hospital,” said Steven Garner, M.D., chairman of the Department of Radiology. “At NYM, we’re concerned with doing what’s best for the patient and providing the highest quality of care, period.”



“Her life
was
hanging
in the
balance.”

Iosif Gulkarov, M.D.,
in surgery, with the
ECMO device in the
foreground.

day one
6PM

Cardiac Catheterization Laboratory

“When Amari
arrived in the Cardiac
Catheterization
Laboratory, she was
essentially dead,”

recalls Sorin Brener, M.D., the Laboratory's director. “She had no pulse, no blood pressure and her blood would not oxygenate. We performed cardiopulmonary resuscitation and were able to bring her back.”

“We had never before had this situation—a pediatric patient in the adult lab, but we went into high gear and did what we had to do to get her heart beating again,” adds Terrence Sacchi, M.D., chief of cardiology.

“It was highly unlikely that a 16-year-old athlete had developed the level of heart disease that would result in sudden cardiac arrest like hers, so we began looking for anatomical abnormalities that would cause her heart to stop,” continues Dr. Brener. “John Heitner, M.D., director of non-invasive cardiac imaging, had joined us in the Laboratory in case we needed support. He was able to quickly perform a transesophageal echocardiogram (TEE).” While a traditional echocardiogram is obtained by applying the transducer to the surface of the chest, a TEE places the transducer into the esophagus, which runs next to the heart. Instead of having to transmit ultrasound waves through the entire chest cavity of the traditional echo, a TEE enables the transducer to lie very close to the heart's surface.

The TEE revealed that Amari's left main coronary artery was being held closed by surrounding arteries, blocking blood from getting to the heart. Additionally, the path of that artery ran in an unusual course, a condition called “anomalous origin.”

“It is rare to have an artery of anomalous origin, but it is exceedingly rare for that coronary anomaly to be placed between other major blood vessels. When the pressure rises in the other vessels, as it did when Amari was playing basketball, the coronary artery is squeezed shut, disabling blood flow,” says Dr. Sacchi.

Traditionally, this condition is detected earlier because of symptoms such as shortness of breath or dizziness, or the coronary anomaly is detected during a routine examination. Surgery is then scheduled and performed to reorganize the arteries so that none are being compressed and all vessels are able to work at full capacity.

“However,” Dr. Brener explains, “with Amari, the condition of her arteries was only discovered when she presented in cardiac arrest; she had no previous symptoms. There was no time for surgery—her life was hanging in the balance and we couldn't afford to lose a minute. To get that artery open, we had to insert a stent percutaneously.”

Percutaneous coronary intervention (PCI) is performed when a blocked vessel is accessed via an artery near the groin. A physician guides a catheter up through the artery until the blockage is reached—in Amari's case, the area of the artery that was closed. A stent, mesh tubing that supports the vessel walls and keeps the vessel open, was inserted into her left main coronary artery, restoring blood flow.

The artery was now bolstered by the stent and blood began to flow again, but Amari's body—especially her heart, lungs and brain—had experienced a major trauma. There was still a lot of work and a long night ahead of everyone as she headed into the Cardiothoracic Intensive Care Unit.

ECMO: extracorporeal membrane oxygenation

While the doctors were working to get Amari's heart beating on its own again, the organ on everyone's mind was her brain,” says surgeon Iosif Gulkarov, M.D., a member of NYM's Department of Cardiothoracic Surgery. “The brain is the only organ in the body that needs a constant, uninterrupted flow of oxygen. Without it, brain cells begin to die after four minutes.”

“Because we did not know when Amari's heart attack began, we could not determine how long the brain's supply of oxygen-rich blood had been compromised,” continues Dr. Gulkarov. “Her heart was barely able to keep a pulse, and her lungs were filling with fluid. She needed to get on ECMO right away.”

ECMO refers to extracorporeal membrane oxygenation, a process of supplying oxygenated blood to the body when the heart and lungs are incapable of doing so. A tube is inserted into the patient's femoral vein by a cardiac surgeon. Blood is then extracted and oxygenated via an external device, and that oxygenated blood is reinserted into the femoral artery. The ECMO device acts as a temporary artificial heart and lungs that fuels the body until the heart and lungs regain normal function. A specially trained perfusionist monitors the ECMO device and calibrates it to the patient's needs.

“New York Methodist Hospital is one of only three hospitals in Brooklyn that has the ECMO technology. Because of the Hospital's cardiac surgery experience, and the number of cases that we see in the New York Methodist-Cornell Heart Center, administering ECMO is not uncommon for us,” adds Dr. Gulkarov. “I am thrilled that we were able to help save Amari during a very intense time.”



Nancy Rizzuto, CCRN,
Charles Oribabor, M.D.,
and Anthony Saleh, M.D.,
in the CTICU.

“She is a
very brave
young
woman.”

day two
2AM

Cardiothoracic
Intensive
Care

“We have a closed, cardiac surgery intensive care unit, which means that the eight-bed unit is staffed with dedicated intensivists: physicians board-certified in critical care medicine who provide 24-hour bedside care. The intensivist is the sole doctor responsible for the patient’s care,” explains Charles Oribabor, M.D., director of the cardiothoracic intensive care unit (CTICU). “This significantly cuts down on possible miscommunication and means that a physician is at the

patient’s bedside at all times. For instance, by the time that Amari reached the CTICU, she had already been seen by her primary care physician, Dr. Saleh; her emergency physician, Dr. Haines; and her cardiologist, Dr. Sacchi. If someone were to ask, ‘who is Amari’s doctor?’ they could all raise their hands and say ‘I am!’ But when a patient is in such critical condition, he or she needs consistent bedside monitoring—of oxygenation levels, of signs of infection, of nutritional needs. A clinician who has other duties cannot provide that. The intensivists at New York Methodist Hospital can, and do.”

“Amari is the youngest person to date to arrive in the CTICU on ECMO,” Dr. Oribabor continues. “The entire CTICU team was prepared for Amari’s arrival and her life support management commenced immediately. In her room we had perfusionists, respiratory therapists, surgeons, intensivists and nurses along with a host of other medical personnel. The CTICU has a satellite pharmacy staffed with pharmacists who played a crucial role of co-coordinating medication doses given her young age and avoiding adverse drug interactions.”

There is a two-to-one patient-to-nurse ratio in the CTICU, and at times, a one-to-one ratio, depending on the needs of the patient. Each of the bed areas has a nursing station, making uninterrupted observation and supervision possible. “Our primary goal is to get our patients healthy again, and we work very hard at that,” says Nancy Rizzuto, CCRN, associate director of cardiovascular nursing. “Having such a compact unit allows us to work more efficiently—if patients need something, they don’t even need to ring the bell because we are literally right there. We perform multiple system checks—head to toe. We check the neurological system, the cardiovascular system, the respiratory, gastrointestinal and

urinary systems. We check the skin and continuously check vital signs. We also make sure all of the pieces of equipment attached to a patient are working correctly, because often those machines provide the only communication we can get from the patient.”

This was the case with Amari. Because of the severity of her condition and the fragility of her heart and lungs, Amari was heavily sedated, both to give her body and organs a chance to rest and heal, and to ensure that the life-support machines, like the ECMO device (see sidebar on page 9), could continue uninterrupted.

As Amari was slowly weaned off the ECMO, she transitioned to a conventional ventilator. When she came off of the ventilator, a tracheal tube was inserted into her airway to ensure that sufficient oxygen was being taken in and passing into her blood. As her heart and lungs became stronger, she was slowly weaned off the life support systems, and gradually off the sedation.

“We were thrilled that Amari was getting stronger, but we were extremely cautious as we weaned her from sedation,” remembers Ms. Rizzuto. “We always made it a point to keep the energy up and positive—in fact, it was through laughing that we saw that Amari was coming out of her sedation and communicating. It was when one of the nurses was telling her a funny story about her own children that Amari laughed—and we knew she was back with us. I scheduled the same nurse to be with her as often as possible, to add stability and comfort.

“I think what is important to healing is the little human touches: the hair washing—not with dry shampoo, but a real wash, under warm water with a scalp massage; the lotion rubbed into the skin, and sometimes just sitting with the patient and holding her hand during a scary time.”

“Amari was in the CTICU for three weeks,” Ms. Rizzuto continues. “She is a very brave young woman. We rarely see a person so young in our unit, and the parent in all of us swooped in to care for her. We weren’t going to let her leave until we knew she was good and ready to go!”

Finally, Amari was strong enough to transfer from the CTICU to the medical intensive care unit.

Gone were the life support machines—the ECMO, the ventilator. Gone were the complete sedation and the threat of cardiac arrest. What now lay ahead of Amari was the long road of recuperation and healing.

Upon leaving the CTICU, Amari entered NYM’s 20-bed combined medical/surgical intensive care unit (ICU). “After everything that she had been through, we really needed to focus on rehabilitating her pulmonary system,” said Dr. Saleh. “With all of the devices she had been connected to, and the trauma to her heart and lungs, we needed to nurture her thoracic strength and let her body begin the healing process.”

“Amari was still being weaned from the sedative, and little by little, she was becoming more cognizant of what was going on, but also what she had been through,” remembers Joanna Zanko, R.N., director of critical care nursing. “She was grateful to be alive, but overwhelmed by what lay ahead of her. So we needed to get her body strong, but we also needed to keep her spirits up.”

“I made this big poster of the sun and I hung it on her wall,” recalls one of her nurses, Michelle Thomas, R.N. “I would remind her that she would be out in the world soon, being a teenager living her life, away from the wires and the drips and the monitors. She had been in the Hospital for four weeks now, and a lot of the challenge was mental. We would play spa, and I would wash and braid her hair. I would sing and dance—anything to get her to smile and laugh.”

“Amari was progressing amazing well,” said Dr. Saleh. “Her vocal strength was improving, she was continuing to regain more and more of the cognitive skills that had weakened, such as her vision and some fine motor skills. We were able to remove her tracheal tube. She was ready for the next step: transfer to an inpatient pediatric rehabilitation facility.”



Left: Amari during her stay in the ICU.
Right: Physical therapist Martha Legoun-Khavko, PT, and occupational therapist Anna Choi, OT, work with a patient at the bedside.

day 25
3PM
Intensive
Care Unit



“Simple movements like reaching, grasping, and turning her head, all needed to be relearned.”

Bedside Rehabilitative
Therapy

Although New York Methodist has a top-tier adult inpatient rehabilitation unit, many patients are not medically stable enough to be admitted to it. For those patients who do not have the strength to leave their beds, or whose medical condition requires them to stay in bed, the Division of Rehabilitation Medicine provides bedside physical and occupational therapy.

Rehabilitation therapy is important for all patients, but especially for those who are unable to leave their beds for extended periods of time. Even though they are healing, their muscles are losing strength and can begin to atrophy. And for patients who are sedated like Amari, the lack of consistent movement can cause the skin to break down and pressure ulcers to develop. Therapy is necessary to prevent deterioration and maintain muscle health.

Bedside therapists teach patients ways of moving that are less stressful for the body; for example, after a surgery, a new way of lifting the body may be necessary to avoid disturbing incisions, or if a patient is connected to a number of monitors or drips, different muscles may need to be utilized for movement than those that were used before hospitalization.

Bedside rehabilitation therapists also work to retrain the body to perform basic movements and tasks. Amari had been sedated for nearly four weeks and had lost significant muscle strength. “She had to relearn movements that most of us take for granted,” said Anna Choi, OT, Amari’s occupational therapist in the ICU. “Simple movements like reaching, grasping, and turning her head, all needed to be relearned. Each session included lots of range of motion exercises, balance exercises and core strengthening exercises to prepare Amari to participate in simple daily activities, such as washing her face or reaching for an object like a tissue or a side rail. Rehabilitative therapy is the re-education of the neuro-muscular system.”

“At first, Amari couldn’t even sit up; she had no core strength,” remembers Martha Legoun-Khavko, PT, who also worked with Amari in the ICU. “She couldn’t support her weight. We worked on getting from a supine position to an upright one and on holding that balance, then from upright to getting to the side of the bed, and then from the bed to a chair, and from a chair to standing. Getting from the bed to a chair was a big one—Anna and I needed to work in tandem for most of these exercises, but Amari got there! She worked hard!”

day 150
4PM
April 20, 2012

Home Sweet Home

One hundred and fifty days after she left her house that chilly November morning, Amari returned home. Finishing her long journey through hospitalization and inpatient rehabilitation, she was now back, full circle, to her parents, her siblings, and her cats, Fig and Plum. New to the family is a puppy named Nino, whom Amari asked for from her hospital bed. “We rescued him from the shelter the day before he was going to be put down,” recalls Amari’s dad. “We’re a family of survivors!”

Amari continues to relearn many of the movements that she had taken for granted over the past 16 years and continues with her rehabilitation therapy, but she is moving forward by leaps and bounds—literally. Three months after returning home, she and her family toured Portugal, navigating the many steps, stairs and uneven stones of that ancient country. “The whole trip was physical therapy!” laughs Rosalia.

But perhaps most significantly, Amari has returned to school. “I need to repeat my sophomore year, but it is worth it to be back to living the life of a normal teenager,” Amari says.

“I thank my lucky stars that the ambulance took her to New York Methodist Hospital,” says Rosalia. “It wasn’t just that they had the advanced technology and the expertise that kept her alive—it was the sincere care and love she received that allowed her to thrive.”

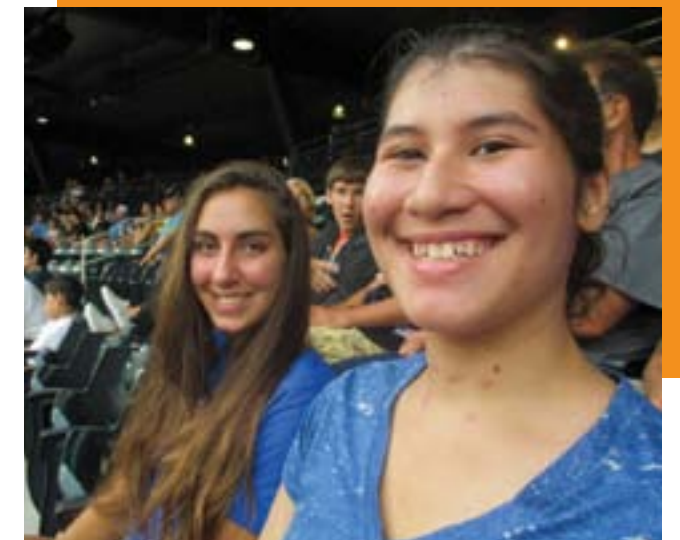


Amari and her mother, Rosalia, prepare a meal together at home.

“It was the sincere care and love she received that allowed her to thrive.”



Amari—back to “living the life of a normal teenager.” From left: posing with her parents at Citi Field; exploring Portugal with her sister; in Portugal with her father; at a Mets game with a friend.





Michael Ayad, M.D., performs a neurointerventional (minimally invasive treatment of conditions within blood vessels in the brain or within the spinal cavity) procedure in the Hospital's biplane suite.



NYM's Stroke Center Gets the Gold

New York Methodist Hospital is a New York State Department of Health designated Stroke Center, which means that there is a team of specialists on call 24 hours a day to respond to stroke emergencies. This year, the Stroke Center was awarded the *Get With The Guidelines—Stroke Gold Plus Performance Achievement Award*, and was also placed on the *Target: Stroke Honor Roll* by the American Heart Association/American Stroke Association (AHA/ASA). NYM is one of only nine New York City hospitals to receive both honors for 2012. To attain this stature, a hospital's stroke program must meet stringent quality measures and demonstrate the ability to provide cutting-edge stroke treatment within a narrow window of time.

NYM's stroke care program also includes a neurointerventional radiology service. Neurointerventional radiology offers the possibility to reverse an ischemic stroke if the window of time during which medication can be used for this purpose has elapsed or if medication has not been successful.

"Even with the advanced technology we have, stroke reversal is still dependent on the amount of time the brain cells have been deprived of oxygen," said Michael J. Ayad, M.D., a neurosurgeon with a Ph.D. in neurophysiology. "But through a collaboration between the Division of Neurology, the Division of Neurosurgery and the Emergency Department, we have created well-informed teams that can mobilize quickly, at all hours of the day, to save brain, and lives."

Minimally Invasive Treatment Options for Bladder Cancer

Expanding its repertoire of robotic surgical procedures, New York Methodist Hospital now offers a minimally invasive treatment option for bladder cancer patients. The treatment involves two surgical procedures, laparoscopic cystectomy and neobladder reconstruction, which are performed using robotic technology. NYM is the first hospital in Brooklyn to offer these treatment options.

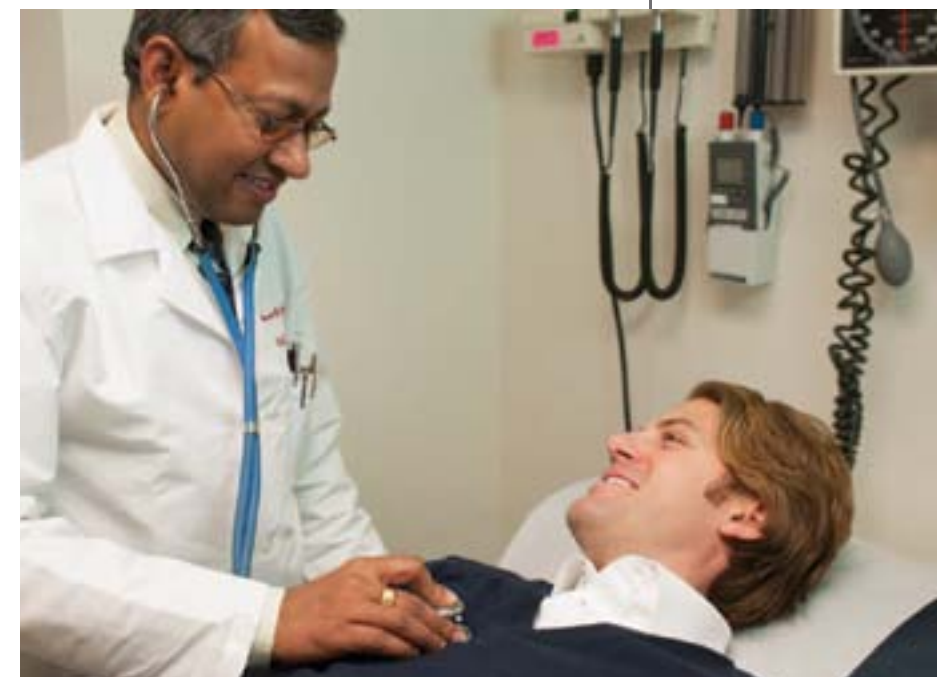
"If a patient is diagnosed with muscle invasive bladder cancer, his or her best option is immediate surgical removal of the bladder (cystectomy)," said Ivan Colón, M.D., attending surgeon, Division of Urology at NYM. "Many patients also need chemotherapy and radiation before and after surgery. These treatments combined with the minimally invasive robotic surgery procedure result in high rates of recovery for patients."

Removal of the bladder poses a need for the creation of a new reservoir for urine in the body. Dr. Colón is able to create a new bladder (neobladder) out of a portion of the small intestine immediately following the cystectomy procedure. Previously, the only option for patients was an external collection device. The neobladder surgery can also be performed robotically, thus giving patients the advantages of a minimally invasive robotic procedure, such as less bleeding and scarring.

"Robotic assisted cystectomy and neobladder reconstruction offer patients a 14 percent higher cancer eradication rate than traditional surgery," said Dr. Colón. "The treatment also enhances chances for a better quality of life for the patient, due to the reduced post-operative recovery time and the precise construction of the neobladder."

Center for Liver Disease

The Institute for Liver and Digestive Disorders opened the Center for Liver Disease—the first center of its kind in Brooklyn. The Center's medical team focuses on three common liver diseases: hepatitis C, cirrhosis and liver cancer, and provides comprehensive, multi-disciplinary care. Health care professionals at the Center work with patients through each stage of their disease—from diagnosis and education to treatment and symptom management.



Smruti R. Mohanty, M.D., chief of gastroenterology and hepatology, examines a Center for Liver Disease patient.

Navigational Bronchoscopy

The Comprehensive Lung Cancer Center at NYM offers navigational bronchoscopy, a minimally invasive diagnostic procedure that provides new options for the diagnosis and treatment of lung disease. Unlike traditional bronchoscopy, navigational bronchoscopy uses GPS-like technology to position small, flexible catheters deep into the lungs, using natural airway access. This allows physicians to take remote tissue samples that can lead to earlier diagnosis of lung conditions. NYM is the only hospital in Brooklyn to offer this technology.

Consumer's Choice Award Winner

For the seventh consecutive year, NYM was named the National Research Corporation's Consumer Choice Award winner for providing the highest quality service in the community. Winners are determined by consumer perceptions on overall quality, reputation, doctors and nurses.

Woman's Imaging: ACR Center of Excellence

New York Methodist Hospital has been designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR). It is one of only two hospitals in Brooklyn to receive this prestigious honor.

Center of Excellence Epicenter for Robotic Thoracic Surgery

NYM was named a "Center of Excellence Epicenter for Robotic Thoracic Surgery," the first such center in the Northeast and the third in the United States. The designation means that the Hospital can train physicians from throughout the United States, who may come to New York Methodist to observe robotic thoracic surgery.



Sorin J. Brener, M.D., director of the cardiac catheterization laboratory, consults with a patient in the "cath lab," where percutaneous ASD repair is performed.

Atrial Septal Defect

NYM's Division of Cardiology performs minimally invasive treatment for atrial septal defect (ASD). This new procedure, called percutaneous ASD repair, allows for shorter hospital stays and a faster recovery time than traditional open-heart surgery. "Treatment with percutaneous ASD repair takes approximately two hours and only requires one night in the hospital."

A patient receives a CT scan, part of the evaluation in the Lung Cancer Screening Program.



Lung Cancer Screening Program

New York Methodist Hospital now offers a Lung Cancer Screening Program for the screening and diagnosis of early lung cancer.

"The best weapon in the fight against lung cancer is an early diagnosis," said Suhail Raoof, M.D., chief of pulmonary and critical care medicine at NYM. "If you are considered at risk for lung cancer, the team at NYM will guide you through the screening process, and in the event of an abnormal test, the team members will direct you to the medically necessary state-of-the-art services."

Lung cancer screening at NYM begins with a thorough evaluation by a program physician, followed by a low-dose, computed tomography (CT) scan of the chest that provides detailed images of the patient's lungs. Recent studies have shown that, compared to chest x-ray, screening with low-dose spiral CT scans reduces lung cancer deaths among older heavy smokers by 20 percent.

"With a one-hour appointment, you may literally add decades to your life," said Dr. Raoof, "And if no evidence of lung cancer is found, you can certainly breathe a little easier." The Lung Cancer Screening Program is a component of NYM's Comprehensive Lung Cancer Center.

Reaching Out TO OUR COMMUNITY

Over the past year, New York Methodist Hospital's physicians, nurses and healthcare professionals have traveled throughout the borough to educate and engage the Brooklyn community. From lectures on stroke in Midwood to spirometry screenings at King's Plaza to support groups in Park Slope, NYM's dynamic Community Outreach Program helps keep Brooklynites healthy.



SchoolTours/ SchoolTalks Programs

The Hospital offers a variety of educational programs to elementary, secondary and adult education programs in the community. The SchoolTours/SchoolTalks Programs provides a “behind the scenes” look at the Hospital and exposed students to the fields of science, medicine and health care.



Senior Lecture Seminars

New York Methodist Hospital hosts a health lecture series for adults over the age of 60. Each month, a different topic is discussed by a physician or specialist practicing in the highlighted field. Not only do the lectures disseminate helpful information, they also provide an opportunity for a social gathering and allow members of the audience to identify and connect with peers who might be confronting similar health issues.

Health Fairs and Free Health Screenings

NYM hosts and takes part in numerous health fairs throughout the year, often offering free health screenings—such as vision tests, blood pressure and glucose screenings and memory screenings—and the opportunity to speak with healthcare professionals.

top photo: Students from the Academy for Social Action spent a day at NYM “scrubbing in,” visiting operating rooms, the ICU, the recovery room and other parts of the Hospital. Pictured: anesthesiologist, Monica Cash, M.D., gave student Kyle Morfa a patient's-eye view of pre-operative preparation.

bottom photo: Eric Storts, D.P.M., performs a podiatry evaluation on a community member.

For additional information about community events at the Hospital or in your neighborhood, please call the Department of Public Affairs at 718.780.5367.



Community Health Lectures and Classes

NYM sends experts from a variety of fields into senior centers, after-school programs, high schools and community centers across Brooklyn. From “Healthy Snack Options” at the Canarsie Childhood Center to “Age and Memory” at the Gravesend Sephardic Center and Smoking Cessation Workshops in Park Slope, NYM health care professionals are there.

Support Groups

New York Methodist Hospital offers a range of support groups, each facilitated by a physician or qualified specialist. All groups meet on the Hospital campus.

- Bereavement Support Group
- Brain Aneurysm Support Group
- Breastfeeding Support Group
- Cancer Support Group
- Hepatitis-C Support Group
- “Look Good...Feel Better”
- Surgical Weight Reduction Support Group
- Multiple Sclerosis (Newly Diagnosed) Support Group
- Peri-Natal Bereavement Support Group
- Pulmonary Hypertension Support Group

Ruchi Bansal, M.D., and Vitaly Koretsky, RRT, at a free community health screening.

Teen Nutrition Wins the Battle at New York Methodist Hospital

With physical activity and nutrition identified as a health priority in New York Methodist Hospital's Community Service Plan, the Hospital partnered with Councilman Brad Lander to produce Teen Battle Chef, a program created with the goal of reshaping teens' approach to food and nutrition, while teaching them culinary skills.

The eight-week Teen Battle Chef program, based in the former John Jay High School building, located just north of the NYM campus, included hands-on training in the kitchen as well as cooking competitions. The students, who competed in two teams, were selectively chosen from the schools housed at the John Jay building. Each of the weekly contests featured a different “all-star” judging panel composed of community leaders, local restaurant owners, former Battle Chef contestants and New York Methodist employees.

At the end of April, students from Park Slope Collegiate, Millennium/Brooklyn and the Secondary School for Law, gathered in NYM's cafeteria for the program's final competition. The students' enthusiasm for cooking shone through in the delicious, healthy dishes they prepared, and as judges heaped praise on all competitors, it was clear that the program had been a great success.



Student chefs Liliana Garita and John Carter from “Team Numero Uno.”

New York Methodist Hospital is dedicated to meeting the healthcare needs of our community. Your donations and philanthropic gifts help us fulfill our mission: to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas. On behalf of those we serve, thank you for your generous support

Donations can now be made online at **DONATE.NYM.ORG**. You may select the amount you wish to contribute and the program you would like your pledge to benefit. Your pledge can be made securely using a credit card.

For additional information about making a gift to NYM or to inform the Hospital of a bequest, please call the Department of Development at 718.780.5343. Please make checks payable to New York Methodist Hospital and mail them to NYM, Department of Development, 506 Sixth Street, Brooklyn, NY 11215. The Department can also be reached at development@nym.org.

The Gift of Life

Your donation of blood is an invaluable gift. For more information, please contact the Blood Center at 718.780.3644 or donateblood@nym.org.

Types of Gifts

NAMING OPPORTUNITIES are available to recognize a donor's contribution to the Hospital. Equipment or an area of the Hospital may be named in honor or memory of an individual, or a named fund may be created.

UNRESTRICTED GIFTS give the Hospital the flexibility to support areas where the need is most pressing. Donors who contribute \$1,500 or more in unrestricted, non-event related gifts in a given year are recognized as members of the George Ingraham Seney Society. For details about this giving club, please contact the Development Department at 718.780.5343.

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

MEMORIAL/HONORARIUM GIFTS in memory or in honor of an individual can 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 or stone.

Donations of \$50 or more can be used to nominate a doctor, nurse or staff member and donations of \$100 or more can be used to nominate a Hospital department for induction into our annual Healers' Hall of Fame. **THE HEALERS' HALL OF FAME** program recognizes and thanks healthcare professionals for their outstanding work. Nominees receive a Healers' Hall of Fame certificate and pin, and a message of thanks letting them know who made the nomination. The list is also published annually in our Hospital's newsletter and on our website.

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

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

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

Assets to Give

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

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

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



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\$75,000+

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\$35,000+

Midwood Ambulance & Oxygen Service

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The ECMO (extracorporeal membrane oxygenation) device in action.

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the newborn nursery
on the mother/baby unit.

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Every effort has been made to
ensure the accuracy of this listing
for 2011. If your name has been
omitted please accept our apologies
and notify the Department of
Development at 718.780.5343, so
that we may correct our records.

Statistical HIGHLIGHTS 2011

Inpatient Care

adult admissions	33,433
newborn admissions	5,439
total admissions	38,872
adult patient days	187,089
newborn patient days	11,325
total patient days	198,414
average length of stay (days, excluding psychiatry & rehabilitation)	5.0
surgical procedures	24,193
number of beds	591
number of bassinets	60

Outpatient Care

outpatient department visits	198,056
emergency department visits	100,604
referred ambulatory patients	85,169
total outpatient visits	383,829
physicians outreach laboratory services	205,865
full-time equivalent employees	3,175

Sandra Pollak, R.N.,
meets with a patient.

Medical Staff LISTINGS 2011-2012

Anesthesiology

Joseph Schianodicola, M.D.
Chairman
Devasena Manchikalapati, M.D.
Vice Chairperson

Attending Physicians

Khaja Y. Ahmed, D.O.
Kalpana Arya-Gupta, M.D.
Andrew Beyzman, M.D.
Emil Nikolaev Bogdanov, M.D.
Monica Anne Cash, M.D.
Amy E. Crane, M.D.
Lakshmi Sireesha Eluri, M.D.
Olga Epelbaum, M.D.
Meghann M. Fitzgerald, M.D.
Wayne Fong, M.D.
Victorya Gershteyn, M.D.
Mehrdad Hedayatnia, M.D.
Shanna Sykes Hill, M.D.
Natalia S. Ivascu, M.D.
Ismael Holipas, M.D.
Soheila Jafari-Kermanshahi, M.D.
Rajammal Jayakumar, M.D.
Allison Irene Kalstein, D.O.
Hattiyangadi Sangeetha
Kamath, M.D.
Gregory E. Kerr, M.D.
Mathew Lefkowitz, M.D.
Mark Liang, D.O.
Adam David Lichtman, M.D.
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Devasena Manchikalapati, M.D.
Chaim Mandelbaum, M.D.
James A. Osorio, M.D.
Vijaya Padala, M.D.
Vijaya Faith Panday, M.D.
Palagnat Radhakrishnan, M.D.
Stanley Santorelli, M.D.
Joseph Schianodicola, M.D.
Nikolaos Skubas, M.D.
Ralph Lee Slepian, M.D.
Gary P. Thomas, M.D.
Vincent Tropeano, M.D.
Jayme Uy, M.D.
Devinder Verma, M.D.
Jonathan Weinberg, M.D.
Joel Yarmush, M.D.
Elliot Yung, M.D.

Community Affiliated
Physician
Grzegorz P. Kozikowski, M.D.

House Physicians
Vishnu Babu Alapati, M.D.
Bret R. Edelman, M.D.
Imtiaz H. Syed, M.D.

Resident Physicians PGY-III

Sanjeev Dalela, M.D.
Pakaj Jain, M.D.
Lakshmi Kurnutala, M.D.
Simon Mardakh, M.D.

PGY-III

Pradeep Balasubramaniam, M.D.
Minal Joshi, M.D.
Arun Kalava, M.D.
Sapna Ravindranath, M.D.
Joshua Farthing, M.D.
Elvis Rodriguez, M.D.

PGY-I

Prameela Konda, M.D.
Chanchal Mangla, M.D.
Putta Shankar, M.D.
Sunitha Vavilathota, M.D.

Cardiothoracic Surgery

O. Wayne Isom, M.D.
*Chairman, Weill-Cornell
Medical Center/New York-
Presbyterian Hospital*
Anthony J. Tortolani, M.D.
Chairman
Anthony J. Acinapura, M.D.
Vice Chairman

Attending Physicians

Anthony J. Acinapura, M.D.
Iosif M. Gulkarov, M.D.
O. Wayne Isom, M.D.
Charles A. Mack, M.D.
Arash Salemi, M.D.
Anthony J. Tortolani, M.D.
Berhane Worku, M.D.

Emergency Medicine

Joseph J. Bove, M.D.
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Lawrence Melniker, M.D.
Steven H. Silber, D.O.
Vice Chairmen

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Robert Birkhahn, M.D.
Joseph J. Bove, M.D.
Michael Cabezon, M.D.
Silvia Cardenas, M.D.
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Robert M. Gorski, M.D.

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Reda Hadpawat, M.D.
Elizabeth J. Haines, D.O.
Theresa Marie Hawkins, M.D.
Katherine Jahnes, M.D.

Christopher Paul Kelly, M.D.
Aric Sean Kupper, M.D.
Alexis Palley Langsfeld, M.D.
Paul Leo, D.O.

Olivia Ann Lopez, M.D.
Laura Diane Melville, M.D.
Athena Mihailos, M.D.
Timothy B. Mooney, M.D.
Anthony Moretta, M.D.
Todd A. Mundy, M.D.
Melissa Nelson-Perron, M.D.
Kevin G. O'Rourke, M.D.

Amisha Dipak Parekh, M.D.
Melissa Faith Ralston, M.D.
Ilya Saltykov, M.D.
Lucia Santiago, M.D.

Josef Schenker, M.D.
Steven H. Silber, D.O.
George H. Taylor, D.O.
Holly Thompson, M.D.
Nicholas Justin Vaccari, M.D.
Robert Van Amerongen, M.D.
Jessica Brown van Voorhees, M.D.
Annette M. Visconti, M.D.
Jeffrey Wuhantu, D.O.
Christine Yang-Kauh, M.D.
Sharon Yellin, M.D.

Resident Physicians PGY-III

Jamak Almasi, D.O.
Adam Berman, M.D.
Liqi Fan, M.D.
Michael Felicetta, D.O.
James Jackson, M.D.
Maya Lin, M.D.
Heather Marino, D.O.
Amanda Stephenson, M.D.
Adam Vytakac, M.D.
Wendy Wen, M.D.
Christopher Wilbert, M.D.

PGY-II

Mehruha Anwar, M.D.
Tanya Bajaj, D.O.
Lindsey Bohrer-Yrdley, M.D.
Bethany Byrd, D.O.
John Reed Caldwell, M.D.
Jordan Chanler-Berat, M.D.
Robert Ellsperman, M.D.
Kei Kikuhara, M.D.
Michael McMahon, M.D.

Joseph Moss, M.D.	Ijaz Ahmad, M.D.	Steven David Colby, M.D.	Edouard Guillaume, M.D.	Paula Lewis, M.D.	John Romanelli, M.D.	David Trauber, M.D.	Yuri S. Fink, M.D.
PGY-I	Tauqeer Ahmad, M.D.	David S. P. Conner, M.D.	George Gusset, M.D.	Gerard Lombardo, M.D.	Peter Rouvelas, M.D.	Mark Tsinker, M.D.	Irina Fuchs, D.O.
Ryan Giorgetti, M.D.	Nadeem Ahmed, M.D.	Hiram Cortes, M.D.	Rizwanullah Hameed, M.D.	Clark Lopez, M.D.	Gerald Rube, M.D.	Gioia Turitto, M.D.	Michael Fuchs, M.D.
Laura Hall, M.D.	Ofem Ajah, M.D.	Stephen Danziger, M.D.	Salman Adeel Haq, M.D.	Anming Luo, M.D.	Olusanya A. Rufai, M.D.	Jody Tutino, M.D.	Irina Gekker, M.D.
Grant Hubsher, M.D.	Elisabeth Immanuel Alexis, M.D.	Jean D’Augustine, M.D.	Patricia Hart, M.D.	Barry Maizel, M.D.	Mark Russell, M.D.	Robert Vaccarino, M.D.	Mark Gelfand, M.D.
Jennifer Jaquint, M.D.	Adina R. Alport, M.D.	Karen L. David, M.D.	Tarek Hegazi, M.D.	Abdul Malik, M.D.	Thomas J. Russi, M.D.	Deepak Vadhan, M.D.	Chaudhry M.S. Ghumman, M.D.
Jason Long, M.D.	Hossam Amin, M.D.	Andrew J. L. R. Dawson, M.D.	John F. Heitner, M.D.	Asim Malik, M.D.	Terrence J. Sacchi, M.D.	Emmanuel Valery, M.D.	Tatyana Girshin, M.D.
Melanie McCarroll, M.D.	Khalid Irfan Amin, M.D.	Rami Daya, M.D.	Pierre Hindy, M.D.	Igor Mamkin, M.D.	Salama Salama, M.D.	Pompeiu Vlad Vladutiu, M.D.	Eric Goldberg, M.D.
Brian Morgan, M.D.	Peter Apeakorang, M.D.	William Destefano, M.D.	Leslie Honikman, M.D.	Mohamed Mansour, M.D.	Anthony Saleh, M.D.	Maureen Z. Wang, M.D.	Richard Goldberg, M.D.
Laura Pendergast, D.O.	Ganna Arapaki, M.D.	Perminder Dhillon, M.D.	Wissam Hoyek, M.D.	Naim Mansuroglu, M.D.	Miran Salgado, M.D.	Jeremy A. Weingarten, M.D.	Benjamin Gozun, M.D.
Andrew Sweeny, M.D.	Vignendra Ariyarajah, M.D.	Hajir Dilmanian, M.D.	Pwint Nyo Htwe, M.D.	Buddhadev Manvar, M.D.	Mirela Sam, M.D.	Lily Weinstein, M.D.	Muhammad F. Hasan, M.D.
Bess Tortolani, M.D.	Rabia Arshad, M.D.	Iftikhar Din, M.D.	Fedir Ilnitsky, M.D.	John Marino, M.D.	Allan Santiago, M.D.	Sam Weissman, M.D.	Khalid K. Hassan, M.D.
Emergency Medicine Pediatric Fellows	Mukul Arya, M.D.	Alvaro Dominguez, M.D.	Erik Ilyayev, M.D.	Hartman Martin, M.D.	Barry Saul, M.D.	Tilak W. Wikramanayake, M.D.	Arlene A. Henry, M.D.
PGY-V	Ghassan Ashkar, M.D.	Alan Dosik, M.D.	Eli Inzlicht-Sprei, M.D.	Valeriy Matatov, M.D.	John Sayad, M.D.	Sabrina L. Wilbur, M.D.	Syed Z. Hussaini, M.D.
PGY-IV	John Antonios Ashkar, M.D.	David C. Dosik, M.D.	Pervaiz Iqbal, M.D.	Parag H. Mehta, M.D.	David Schifter, M.D.	Claudia Wilson, M.D.	Phyllis Hyde, M.D.
Sara Barth Cortes, M.D.	Ahmad Kamal Aslam, M.D.	Harvey Dosik, M.D.	Bhanu Iyer, M.D.	Alexander Merson, M.D.	Frances Schmidt, M.D.	Brian Christopher Wong, M.D.	Hillel N. Isseroff, M.D.
PGY-IV	Mary Z. Awad, M.D.	Jerome Dubroff, M.D.	Albert Izmaylov, M.D.	Rameen M. Miarrostami, M.D.	Eliot Paul Schuster, M.D.	Sidharth Yadav, D.O.	Boris Itskovich, M.D.
Adetunbi T. Ayeni, M.D.	Mark Azbel, M.D.	Babu Duddempudi, M.D.	Arkadiy Izrailov, M.D.	Smruti R. Mohanty, M.D.	Raul Alejandro Schwartzman, M.D.	Amy Zarrin, M.D.	Gerald Jahng, M.D.
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	Emil Baccash, M.D.	Joseph Durzieh, M.D.	Razia Jayman-Aristide, M.D.	Mojdeh Momeni, M.D.	Ankur Raju Shah, M.D.	Augusto A. Zevallos, M.D.	Michael Josovitz, M.D.
Internal Medicine	Oluyemi O. Badero, M.D.	Ali El Atat, M.D.	Eric Louis Jerome, M.D.	Donald Moore, M.D.	Mariyum A. Shakir, M.D.	Mohammad H. Zgheib, M.D.	Eldar Kadymoff, D.O.
Harvey Dosik, M.D.	Adolfo R. Badillo, Jr., M.D.	Wael Eldarawy, M.D.	Sabu John, M.D.	Placido A. Morano, M.D.	Alexander Shaknovich, M.D.		Aleksey Kamenetsky, M.D.
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Smruti R. Mohanty, M.D.	Ghanshyam Bhambhani, M.D.	Faraj Gadee, M.D.	Ratesh Khillan, M.D.	Lalit Popatlal Patel, M.D.	Steven M. Simons, M.D.	Marie Azer Bentsianov, M.D.	Oleg Lushpenko, D.O.
<i>Chief of Gastroenterology and Hepatology</i>	Thayyullathil Bharathan, M.D.	Boris Gambarin, M.D.	Margarita Khotsyna, M.D.	Vinod Patel, M.D.	Pushplata Siroya, M.D.	Harry Berkowitz, M.D.	Bhavani Mahankali, M.D.
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<i>Chief of Infectious Disease</i>	Marc Bowen, M.D.	Jeremiah Gelles, M.D.	Sudarsanam Konka, M.D.	Isabella Peluso, M.D.	Joshua Avram Socolow, M.D.	Anthony Bertelle, M.D.	Jeffrey Marc, M.D.
Karen David, M.D.	Sorin J. Brener, M.D.	Liziamma George, M.D.	Dmitry Konsky, D.O.	Eugene Perlov, M.D.	Won Sohn, M.D.	Jodumutt G. Bhat, M.D.	Ray C. Miranda, M.D.
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Kotresha Neelakantappa, M.D.	Desmond S. Browne, D.O.	Swaminathan Giridharan, M.D.	Yanina Kovler, M.D.	Kam Choi Poon, M.D.	Bruce Sosler, M.D.	Akua Boah, M.D.	George Moskowitz, M.D.
<i>Chief of Nephrology</i>	Cary Buckner, M.D.	David Goddard, M.D.	Leonid Kozer, M.D.	Fernando Pujol-Morato, M.D.	Amrita Srivastava, M.D.	Carmen G. Cardona, M.D.	Brigitte Mueller-Morel, M.D.
Miran Salgado, M.D.	Barry Buls, M.D.	Victor C. Goldbetter, M.D.	Anna Kozlovskaya, M.D.	Mohammed Hamed	Sudhesh Kumar Srivastava, M.D.	Ralph Carmel, M.D.	Bhim Sen Nangia, M.D.
<i>Chief of Neurology</i>	Javier P. Burgos, D.O.	Grigoriy Goldenberg, M.D.	Ranga C. Krishna, M.D.	H. Qaisar, M.D.	Lawrence Stam, M.D.	Pradeep Chandra, M.D.	Anahid Jaquelline Nisanian, M.D.
Placido Morano, M.D.	David Byrnes, M.D.	Alan Goldman, M.D.	Valery Kuznetsov, M.D.	Rummana Rahman, M.D.	Marek Stawiarski, M.D.	Tsega Denneke, M.D.	Fernando Pacifico, M.D.
<i>Chief of Rheumatology</i>	Gerard Casale, M.D.	Natalya Goldshteyn, M.D.	Hamid Lalani, M.D.	Shafiqur Rahman, M.D.	Yacov Ronald Stollman, M.D.	Lakhbir S. Dhillon, M.D.	Arnold Packer, D.O.
Attending Physicians	Man Shing Chan, M.D.	Manuel O. Gonzalez, M.D.	Eustace Lashley, M.D.	Ramya Ramakrishnan, M.D.	Anna Strokina, M.D.	Alan Ditchek, M.D.	Michael Patin, M.D.
Zurab Abayev, M.D.	Raginii Chari, M.D.	Chitra Gopa, M.D.	Amir Latifi-M-Tehrani, M.D.	Suhail Raoof, M.D.	Anna Suponya, M.D.	Evelyn Dooley, M.D.	Lev Paukman, M.D.
Michael Abott, M.D.	Cascy-Arnoux Charlot, M.D.	Democleia Gottesman, M.D.	Jae Yoon Lee, M.D.	Bharath M. Reddy, M.D.	Kala Sury, M.D.	Anzhela Dvorkina, M.D.	John Pellegrini, M.D.
Michael Abramov, M.D.	Roosevelt Cherubin, M.D.	Maria Goudouna, M.D.	Jennifer S. Lee, M.D.	Shafiq U. Rehman, M.D.	Hesham M. Taha, M.D.	Laila Farhat, M.D.	James Peri, M.D.
Niraj Acharya, M.D.	Atul B. Chokshi, M.D.	Chitoor Govindaraj, M.D.	Eulysses Noel Leid, M.D.	Laurence Rezkalla, M.D.	Reynaldo G. Tan, M.D.	Mayya Fasolya, D.O.	Svetlana Pertsovsky, M.D.
Ernest Afflu, M.D.	Suneetha Chowdary, M.D.	Horiana B. Grosu, M.D.	Robolge A. Lenora, M.D.	Sadia Riaz, D.O.	Michael Tavdy, M.D.	Roseann Fazio, D.O.	Yuriy Pertsovsky, M.D.
Jahid Ahamed, M.D.	Carmen Co, M.D.	Madhav A. Gudi, M.D.	Alfred Ba Tun Leong, M.D.	Daniel D. Ricciardi, M.D.	Steven Tawil, M.D.	Howard M. Feldman, M.D.	Manana Petrov, M.D.
				Roberto H. Q. Robinson, M.D.			



Yilan Huang, P.A.,
Lorraine Hutchinson, R.N.,
and James Lam, P.A., in
the cardiothoracic intensive
care unit.

Rimma Pichkar, D.O.
Marcel Pinteá, M.D.
Hari Kishnan Polavarapu, M.D.
Maryam Poursartip, M.D.
Ankineedu N. Prasad, M.D.
Angeliki Psimoulis, M.D.
Urszula B. Pustelak, M.D.
Vi T. Quach, M.D.
Maya Rankova, M.D.
Aleksandra Raykher, M.D.
Madhavi Reddy, M.D.
Sarath Reddy, M.D.
Vidya Mettu Reddy, M.D.
George Rezk, M.D.
Michael Richheimer, M.D.
Hugo Rosero, D.O.
Vincent Rovito, M.D.
Ali Sabrkesh, M.D.
Iffat Sadique, M.D.
Thomas Savino, M.D.
Philip Schmidt, M.D.
Arlene Schneider, M.D.
Sazia Setaruddin, M.D.
Mohammad Sheikhai, M.D.
Stanley Sherbell, M.D.
Rimma Shnaydman, D.O.

Zukhra Shukurova, M.D.
Yefim Sosonkin, M.D.
Elena Starosta, M.D.
Zalman Starosta, M.D.
Iwona Stawiariski, M.D.
Alan J. Stein, M.D.
Pamela Stimler-Sacker, M.D.
Sharmeen Sultana, M.D.
Chennareddy Swaminathan, M.D.
Fouzia Syed, M.D.
Errol Thompson, M.D.
Milo F. Vassallo, M.D.
Saimamba Veeramachaneni, M.D.
Joseph T. Vento, M.D.
Joseph Vitiello, M.D.
Abdul Wahid, M.D.
Jerzy Wawerski, M.D.
Robert Weiner, M.D.
Murray Joseph Werzberger, M.D.
Ching Wong, M.D.
Javid Yadegar, M.D.
Yuriy Yagudin, D.O.
Naser Yazigi, M.D.
Yury Zamdborg, M.D.
Aleksandr Zasyppkin, M.D.
Dmitry Zhukovski, D.O.

Health Professional Affiliates
Boris Dubrovsky, Ph.D.
Arthur Spielman, Ph.D.
Resident Physicians
PGY-IV
Ainul Asif, M.D.
Gennadiy Grutman, M.D.
Luis Hernandez, M.D.
PGY-III
Atefeh Azad, M.D.
Harith Adnan Baharith, M.D.
Maria Christina Caga-anan, M.D.
Leyda Callejas, M.D.
Wassem Chaudhry, M.D.
Christopher Cortes, M.D.
Amelia Damse, D.O.
Judith Ann Giunta, M.D.
Newaz Hossain, M.D.
Jahrul Islam, M.D.
Anil Prem Jotwani, M.D.
Beata Kaczowska, M.D.
Navjeet Kaur, M.D.
Ramya Korapati, M.D.
Shaun Madahar, M.D.
Phillip Maresca, M.D.
Rohit Marwaha, M.D.
Karim Mina, M.D.

Tara Mudambi, M.D.
Varsha Nair, M.D.
Atish Patel, M.D.
Cynthia Pie, M.D.
Sophia Rahman, M.D.
Khurram Rashid, M.D.
Marina Ravich, M.D.
Giovanna Rodriguez, M.D.
Jenny So, M.D.
Jordan Taillon, M.D.
Rebecca Thomas, M.D.
Paul Weissblatt, M.D.
Shahzad Zia, M.D.
PGY-III
Sami Ali, M.D.
Abdul Raheem Alshangiti, M.D.
Max Mashiac Benson, M.D.
Shivanti Bhatia M.D.
Jeffrey Bui, M.D.
Victor Calvo, M.D.
Sweta Chekuri, M.D.
Divya Chode M.D.
Ammaar El-Sergany, M.D.
Vala Hamidi, M.D.
Safal Hathiramani, M.D.
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Michael Johnson, M.D.

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Ali Mahjoub, M.D.
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Anthony Morelli, D.O.
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Amreen Quadir, M.D.
Kelly Reynolds, M.D.
Ami Vaidya, M.D.
Mohammad Vaziri, M.D.
Kendall Webb, M.D.
Sung Rak Yun, M.D.
Michael Zablow, M.D.
Kamran Zafar, M.D.
Musaab Zaid, M.D.
Bijan Zisman, M.D.

PGY-I
Ashwad Afzal, M.D.
Sultan Alandijani, M.D.
Paloma Alejandro, M.D.
Emdad Ali, M.D.
Mohammed Almanasif, M.D.
Dexter Angeles, M.D.
Anna Avaliani, M.D.
Jeffrey Bergman, M.D.
Mangesh Bhatta, M.D.
Nga Cheung, M.D.
Garen Derhartunian, M.D.
Carmen Garcia, M.D.
Anna Goehring, M.D.
Raul Herrera, M.D.
Aurell Horing, M.D.
Chandra Molly Jain, M.D.
Siddharth Joshi, M.D.
Gurpreet Kaur, M.D.
Satinder Kaur, M.D.
Aveena Kochar, M.D.
Mark Larralde, M.D.
Kiet Le, M.D.

Lelia Logue, M.D.
Joshua Martin, M.D.
Lyudmila Mikhno, M.D.
Stephen Neabore, M.D.
Dung Nguyen, M.D.
Mayson Pacheco, M.D.
Neeraj Patel, M.D.
Vrajesh Patel, M.D.
Christina Pentlow, D.O.
Vincent Phan, M.D.
Waqas Qamar, M.D.
Yelliann Ruiz Irizarry, M.D.
Latif Salam, M.D.

Kayur Shah, M.D.
Vivek Shah, M.D.
David Siegel, M.D.
Ravish Singhal, M.D.
Gautam Verma, M.D.
Ivan Verma, M.D.
Mikhail Yakubov, M.D.
Alexey Yanilshtein, M.D.

Cardiology Fellows
PGY-VI
Geetha Bhumireddy, M.D.
Ghaith Mamoun Nahlawi, M.D.
Morteza Tavakol, M.D.

PGY-V
Ali Ahmad, M.D.
Santhosh Devarapally, M.D.
Rahul Gagliani, M.D.
Leela Kumar Lella, M.D.
Vikrum Malhotra, M.D.

PGY-IV
Devindra Dabiesingh, M.D.
Nripen Dontineni, M.D.
Aleksandr Korniyenko, M.D.
Michael Sood, M.D.

Interventional Cardiology Fellows
PGY-VII
Muhammad Salman
Ali Ashraf, M.D.
Anthony Vincent Songco, M.D.

Electrophysiology Fellow
PGY-II
Lawrence Upkong, M.D.

Gastroenterology Fellows
PGY-VII
Nizar Hallak, M.D.
Prashant Sharma, M.D.

PGY-VI
Yeshitila Mengesha, M.D.

PGY-V
A. Olosunde, M.D.
Eric Frey, M.D.

Pulmonary/Pulmonary Critical Care Fellows
PGY-VI
Lavanya Kodali, M.D.
Emile Klada, M.D.

PGY-V
Praveen Bondalapati, M.D.
Keerthana Keshava, M.D.

PGY-IV
Ruchi Bansal, M.D.
Parmeet Saini, M.D.
Pramil Vaghasia, M.D.

Geriatrics Fellows
PGY-IV
Anna Gorelik M.D.

Hematology/Oncology Fellows
PGY-V
Hashem Hazin, M.D.
Amina Naqvi, M.D.

PGY-IV
Nevena Lucic, M.D.

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Raquel G. Haynes, C.N.M.
Shelby Alexandria Hughes, C.N.M.
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Elisabeth Markus-Sullivan, C.N.M.
Donna Pynn, C.N.M.
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Trinisha C. Williams, C.M.

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Nadia Quadri, D.O.

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Amir Fazeli, M.D.
Frida Fridman, M.D.
Kathryn Keaty, M.D.
Anna Neystat, D.O.

PGY-II
Matthew Manfredini-Lowery, M.D.
Michelle Pacis, M.D.
Mary Park, M.D.
Genevieve von Walstrom, M.D.

PGY-I
Ashley Bartalot, M.D.
Brandon Bell, D.O.
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J'Leise Sosa, M.D.

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Chief of Pediatric Pulmonology

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Babrak Carvan, M.D.
Cascy-Arnoux Charlot, M.D.
Manjula Chatterjee, M.D.
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Roosevelt Cherubin, M.D.
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Liziamma George, M.D.
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Tibor Gershkovich, M.D.
Teresita Alo Go, M.D.
Eva Gomolinski, M.D.
Surender Gorukanti, M.D.
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Tarek Hegazi, M.D.
Dyan Hes, M.D.
Danthanh Hoang, M.D.
Galina Ibragimova, M.D.
Rosemary M. Jackson, M.D.
Vellore Jayakrishnan, M.D.
Abraham Jelin, M.D.
Minnie John, M.D.
Christopher Anthony Kacin, M.D.
Muhammad T. Kamran, M.D.
Fawzia Kazmi, M.D.
Eric L. Keller, D.O.
Rafik Khaimov, M.D.

Abdul J. Khan, M.D.
Ferdousi A. Khan, M.D.
Seong Ja Kim, M.D.
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Natalya Kofman, D.O.
Boris Kogan, M.D.
Tatyana Kotlyarevsky, M.D.
Andreas K. Koutras, M.D.
Lev Kovarsky, M.D.
Victor Krupitsky, M.D.
Jolanta Kulpa, M.D.
Seth D. Kurtz, M.D.
Jennifer S. Lee, M.D.
Bogdan Lekan, M.D.
Marie Laura Leon, M.D.
Natela Levi, M.D.
Mark Lew, M.D.
Magalie Limage, M.D.
Sheldon Lippman, M.D.
Abhijit Lohe, M.D.
Gerard Lombardo, M.D.
Clark Lopez, M.D.
Anna Lutz, M.D.
Tamar E. Magnas, M.D.
Rekha Mahale, M.D.
Boris Marshalik, M.D.
Hartman Martin, M.D.
Binu K. Mathew, M.D.
Leonore Max, M.D.
Michael Anthony Mazza, M.D.
Brian McCarthy, M.D.
Alexandra Dawn McCollum, M.D.
Yvonne McFarlane-Ferreira, M.D.
Karine Mednik, M.D.
Francine S. Melodia, M.D.
Enza D. Montesana, D.O.
Jordan Meyers, M.D.
Eleonora Mezheritsky, M.D.
Nahed A. Mikhael, M.D.
Alisa S. Minkin, M.D.
Demetra Mitsotakis, M.D.
Anthony Moretta, M.D.
Ali Mohd Nadroo, M.D.
Rachelle E. Namm, M.D.
Bhim Sen Nangia, M.D.
Pramod Narula, M.D.
Reenal Patel, M.D.
Danielle Marie Phillips, M.D.
Louisdon Pierre, M.D.
Thomas Powers, M.D.
Oded Preis, M.D.
Shahed Ahmed Quraishi, M.D.
Esperanza C. Ragon, M.D.
Dilara Rakhman, M.D.
Yalamanchi Rao, M.D.

Suhail Raoof, M.D.
Theodoros Raptis, M.D.
Boris Ripa, M.D.
Roberto H. Q. Robinson, M.D.
Nitin Pralhad Ron, M.D.
Shirley Ruby, M.D.
Ali Sabrkesh, M.D.
Swayam Sadanandan, M.D.
Romaine Schubert, M.D.
Ronald Seminara, M.D.
Harry G. Sergiou, M.D.
Madhu Sharma, M.D.
Branda Shrivastava, M.D.
Steven M. Simons, M.D.
Katie Sionov, M.D.
Adeola Sofola, M.D.
Moshe Steier, M.D.
Debbie Suk, M.D.
Amena Sultana, M.D.
Revathy Sundaram, M.D.
Lyudmila Sverkunova, M.D.
Elizabeth Szilagyi, M.D.
Tauqeer Ahmad, M.D.
Willeatha M. Taylor, M.D.
Meseret M. Tena, M.D.
Grigory Valdborg, M.D.
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Rica Vizarra-Villongco, M.D.
Azra Wasti, M.D.
Jeremy A. Weingarten, M.D.
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Hanna Zielnik, M.D.

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Martha Anthony, M.D.
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Lyudmila Cavalier, M.D.
Albina Chua, M.D.
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Ella Zavolunova, M.D.

Psychologist
Leona M. Jaglom, Ph.D.

Resident Physicians PGY-III
Katusca Acosta, M.D.
Roxana Adriana Baba, M.D.



Iosif Gulkarov, M.D., performing cardiothoracic surgery.

Pradeepkumar Charlagorla, M.D.
Cynthia Chase, M.D.
Simona Dragos, M.D.
Tatyana Groysman, M.D.
Ashok Thomas Kottarathara, M.D.
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PGY-II

Kandie George, M.D.
Aamisha Gupta, M.D.
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Judit Sasvari, M.D.
Meenu Sood, M.D
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Nelson Jose Valencia Eslao, M.D.

PGY-I

Hussain Alhamdani, M.D.
Hadeel Alfaysale, M.D.
Zainab Burhanpurwala, M.D.
Rawan Omar Daghistani, M.D.
David Healey, M.D.
Michael Medapally Henry, M.D.
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PGY-IV

Amir Lavaf, M.D.
Ajay Tejwani, M.D.

PGY-III

Malcolm Mattes, M.D.

PGY-I

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Michael Joseph Ayad, M.D.
Norman Bakshandeh, M.D.
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Simone A. Betchen, M.D.
Michael Bezuevsky, D.O.
Srino Bharam, M.D.
Rajendra D. Bhayani, M.D.
Alan Bienstock, M.D.
John A. Boockvar, M.D.
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Gregory R. Brevetti, M.D.
Robert Calciano, M.D.
Craig M. Capeci, M.D.
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Alok Aggarwal, M.D.
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Joseph Yu, D.D.S.

PGY-I

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PGY-III

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Joseph Santi, D.P.M.

PGY-II

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