

COMMUNITY HEALTHLINE

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LASER TREATMENT Light-Years Ahead of BPH Therapy

AN ESTIMATED 50% of men over the age of 50 will experience symptoms of benign prostatic hyperplasia (BPH). These symptoms, which include urinary frequency, urgency, weak or intermittent urinary stream, inability to completely empty the bladder, and the need to urinate frequently throughout the night, struck **Andrew Lanzaro**

with a vengeance when he was in his early 50s. Fifteen years later, after medication failed to improve Mr. Lanzaro's symptoms, he finally found relief with a minimally invasive surgery that uses a Holmium laser instead of a scalpel to remove the enlarged prostate gland.

After his wor-

sening symptoms, which included blood in the urine, caused him to be hospitalized twice, Mr. Lanzaro was referred to attending urologist **Christopher DiBlasio, MD**, who is highly experienced in a specialized laser procedure that can both vaporize and remove prostate tissue using the Holmium laser system.

"Surgery is usually a last resort for patients who do not find relief of their symptoms with medication," said Dr. DiBlasio. "While most patients do not look forward to the prospect of surgery, the minimally-invasive nature of the HOLEP (Holmium laser enucleation of the prostate) technique makes the procedure more palatable to patients."



The High Watt Holmium Laser equipment is the only multipurpose Holmium laser that is used for prostate and stone management procedures.



Christopher DiBlasio, MD

The procedure is performed in the operating room under spinal or general anesthesia. The urologist inserts a cystoscope into the urethra so that he can see the bladder and prostate gland. A thin, flexible laser fiber is then inserted into the cystoscope. Using a painting motion, the urologist precisely directs the laser energy, either vaporizing or cutting and removing the prostate gland. The Holmium laser allows a predictable depth of tissue penetration, so that tissue can be safely removed in sections. This results in more significant improvement in symptoms for a longer period of time. (CONTINUED ON PAGE 10)

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A MESSAGE FROM KEVIN F. LAWLOR

Huntington Hospital's President & CEO

THE END OF THE YEAR is the perfect opportunity to look back at our accomplishments and evaluate our progress.

It is also the right time to look ahead, set our goals and objectives, and solidify our plans for the future.

The past year has been marked by a number of significant milestones. Among them, in August our ICU celebrated

two years without a single central line catheter associated infection, a remarkable achievement of which we are all justifiably proud. Four months after that celebration, I am pleased to report that the record still stands. The physicians and nurses who care for our hospital's most critical patients are dedicated to maintaining an infection-free environment.

In 2011 we began offering new surgical techniques in the treatment of benign prostate hyperplasia. With our purchase of the Holmium laser, men suffering from this common condition have a new option for symptom relief.

This year our medical staff has welcomed practitioners who bring a new level subspecialty care to our community. On page 3 you will read about a pediatric orthopedist who has relocated his practice here in Huntington, the community where he was born and raised.

As we turn the calendar, we can anticipate that the year ahead will undoubtedly present new challenges for many of us. We know that healthcare will undergo

transformation brought about (CONTINUED ON PAGE 12)



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Pediatric Orthopedist Adds to Level of Subspecialty Care Available in Huntington



HEN A BABY is born with hip dysplasia, a club foot or any congenital orthopedic abnormality, the Huntington Hospital nursery staff calls in a specialist who has been visiting the hospital his entire life — literally. Pediatric orthopedist Ronald Lewis, MD, was born at Huntington. He recently returned to the community where he was born and raised, relocating his practice from Nassau County to bring a new level of subspecialty care to the Huntington community.

Dr. Lewis treats a wide range of orthopedic problems in children, ranging from congenital defects to sports injuries to trauma to scoliosis.

Many congenital problems can be managed locally by Dr. Lewis. In cases where problems are detected prior to birth, he meets with parents to discuss treatment options. His expertise often prevents babies from having to be transferred to other hospitals to have common

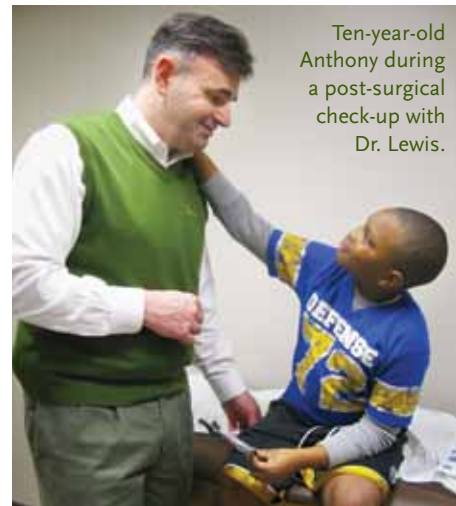
congenital problems such as dislocated hips or foot abnormalities corrected.

“Often we can put them in a brace or harness and avoid surgery,” he said.

He similarly advocates a conservative approach to treating scoliosis.

“I don’t recommend operating unless it is completely necessary,” he said.

In cases of mild spinal curvature, Dr. Lewis offers a genetic test that can help determine which patients will ultimately require bracing and which will never progress beyond a certain point. The test, called the ScolioScore, examines a sample of the child’s saliva and compares the genetic makeup to a profile of 10,000 individuals with severe scoliosis. Fifty-three genes are associated with scoliosis, some in a protective manner and others that predispose an individual to developing the disorder. A mathematical formula assigns a low, intermediate or high score to each child, which is used to determine the



Ten-year-old Anthony during a post-surgical check-up with Dr. Lewis.

probability that the curve will eventually become severe enough to require bracing.

“This information enables us to begin bracing earlier to prevent a severe curve,” Dr. Lewis explained.

Fractures on the sports field are common, and the treatment is uncomplicated for most of these. However, Dr. Lewis noted (CONTINUED ON PAGE 11)



Supporting a New Cancer Unit

Helen and Charles Reichert (third and fourth from left) hold an architect’s rendering of the Don Monti Oncology Unit, scheduled to undergo renovation in the near future. Mr. and Mrs. Reichert made a generous donation to support the Outpatient Infusion Room, where patients receive chemotherapy, transfusions and other cancer therapy. They were thanked by (left to right) Lynn Cohen, Account Executive, Development Office; Marie Brennan, RN, Nurse Manager, Don Monti Oncology Unit; and Gail Probst, RN, AOCN, Director of Cancer Services.



Thanksgiving Bounty for Dolan Patients

Dolan Family Health Center pediatric department staff members (left to right) **Indera Samara, RN**, **Roberto Blando, MD**, **Cathy Nola, RN**, Medical Assistants **McKenzie Lindo** and **Carmen Montero**, Medical Director **William Gehrhardt, MD**, and **Carolyn Licata**, Social Worker, display some of the items from the 100 bags of groceries that were collected for Dolan patients just before the Thanksgiving holiday. For the second consecutive year, the food drive was spearheaded by the **Huntington Community First Aid Squad Explorer Post 215**. In addition to helping Dolan patients enjoy the holiday, the Squad also donated groceries to other local agencies.

NATIONAL PAY-FOR-PERFORMANCE PROJECT RECOGNIZES QUALITY

HUNTINGTON HOSPITAL was one of nine hospitals of the North Shore-LIJ Health System to be recognized for its performance in delivering high-quality care in a national pay-for-performance Hospital Quality Incentive Demonstration project™ (HQID) conducted by the US Centers for Medicare & Medicaid Services and the Premier Healthcare Alliance.

HQID, in its sixth and final year, is the first national project of its kind designed to determine if economic incentives to hospitals are effective at improving the quality of patient care.

“Earning this recognition is gratifying to our clinical and administrative staff who work diligently to ensure that our patients receive the right care at the right time, every time,” said **Kevin F. Lawlor**, Huntington Hospital President and CEO.

Through the HQID project, Premier collects a set of more than 30 evidence-based clinical quality measures from 216 hospitals across the country. The project includes financial incentives for the top 20 percent of hospitals in each of six clinical areas: acute myocardial infarction (heart attack); coronary artery bypass graft; heart failure; pneumonia; hip and knee replacement and the surgical care improvement project. Examples of the measures include properly giving patients aspirin, beta blockers and antibiotics; and readmission and mortality rates. According to a Premier analysis at participating hospitals, improvements in quality of care

prevented an estimated 8,500 heart attacks in six years.

This year, Huntington’s pay-for-performance award amounted to \$85,084. Other North Shore-LIJ hospitals that received awards were North Shore University Hospital, Staten Island University Hospital, Glen Cove Hospital, Southside Hospital, LIJ Medical Center, Plainview Hospital, Franklin Hospital and Forest Hills Hospital. According to Premier, North Shore-LIJ’s nine hospitals received the highest overall payment across the project’s six years totaling \$3,686,973, which is over \$1 million more than the second highest health system. Across the project’s six years, the North Shore-LIJ Health System received 213 awards in clinical areas, making it the fourth-highest health system nationwide in terms of overall awards.

“As one of the largest healthcare providers in the New York metropolitan area, North Shore-LIJ is proud of the clinical and monetary awards that our nine hospitals received over the course of this six-year demonstration project. It’s all part of our effort to drive improvements in quality care and transparency in our hospitals,” said **Michael J. Dowling**, the health system’s president and chief executive officer. “While the recognition and economic incentives are substantial, as healthcare providers we are motivated by making sure that patient care continues to improve. The evidence of the care delivered is the true reward.” //

Central Line Infection Rate in ICU AT ZERO FOR 2 YEARS

CENTRAL VENOUS catheters (central lines) have been a mainstay in the field of intensive care, providing a route for lifesaving medications, blood sampling and monitoring for the sickest patients. Unfortunately, they are also a potential source of risk in the form of blood stream infections that occur when they allow skin bacteria to gain access to the central circulation. In 2009, 18,000 blood stream infections occurred as a result of central venous catheter use in patients who were hospitalized in intensive care units around the country.

But earlier this year, Huntington Hospital's Intensive Care Unit passed the two year mark without a single one of these life-threatening infections.

"It is very difficult to maintain a zero infection rate," said Denise Naval, RN, Coordinator of Infection Control at Huntington Hospital. "But our ICU staff was very proactive."

In 2004, the national Institute for Healthcare Improvement (IHI) released standards designed to reduce central line bloodstream infections. Bloodstream infections are serious; as many as one in four patients who gets a bloodstream infection will die, according to the Centers for Disease Control (CDC).

Huntington Hospital was an

early adopter of the IHI standards, which have since been implemented nationally and internationally. The hospital's infection rate plummeted by 90% "but we were still chasing zero" notes Infection Control Committee chairperson **Ann Sacks-Berg, MD**. A multi-disciplinary team of critical care physicians, infectious disease specialists, nurses and others analyzed the infections that occurred, and realized that there was room for improvement in the maintenance of the lines. They rolled out a series of small proce-

dural changes in the way the lines were cared for. In August 2011, they marked two years without a single central line infection.

"The nursing staff and the Intensivists were a huge positive force in achieving this goal," said Ms. Naval.

The ICU handles the majority of patients with central lines. However, these devices are used from time to time in other parts of the hospital. Ms. Naval has been introducing the insertion and maintenance procedures throughout the

hospital to help reduce infection rates across all units.

"Having a zero central line infection rate in our ICU is a remarkable achievement," said **Michael B. Grosso, MD, Sr. Vice President of Medical Affairs** at Huntington. "It underscores our commitment to patient safety and the value of an engaged team of professionals. Perfect care may be elusive, but that has to be the target if we are to provide the kind of care we would want for ourselves or our loved ones." //

"It is very difficult to maintain a zero infection rate. But our ICU staff was very proactive." —Denise Naval, RN, Coordinator of Infection Control



(Left to right) Among the team members who contributed to the ICU's remarkable infection-free status are **Bridget Guneri, RN**, **Jarrod Horton, RN**, **Denise Naval, RN**, Infection Control Coordinator, **Rose Cozetti, RN**, **Jadwiga Bulatewicz, RN**, intensivist **Nathan Feigenbaum, MD**, **Samantha Lyons, NA**, **Melanie Squire, RN**, nurse manager **Nanci Berg, RN**, **Marie Levins, RN**, and **Tammi Gobbi, RN**, Infection Control.

PREVENTING FALLS IN OLDER ADULT

FOR MANY people, falling down can be painful and embarrassing. But as we age, falling becomes an increasingly serious health risk. According to New York State statistics, the Huntington community is among the highest in the region for fall-related hospitalizations among those over 65. In our area, falls are responsible for a mere 20% of injuries leading to hospitalization among 15 – 24 year olds, but are the cause of more than 90% of injuries requiring hospitalization for those 85 and older. And the results of falling

in the elderly can be deadly. According to the federal Centers for Disease Control (CDC), falls are the leading cause of death by injury in those over 65.

“The typical American elder is female, over the age of 85, and living alone,” said **Myrna Myers-Laque**, MEd., RN, NEA-BC, Vice President Nursing and CNO.

“Research shows that the likelihood of surviving for one year following a hip fracture diminishes the older you are,” said **Diane Peyser**, RN, Director of Staff Development at Huntington Hospital. “So the

best strategy should be prevention and protection. These are critical.”

Identifying those at risk for a fall that could result in serious injury is an important first step, according to Ms. Peyser.

“Once a person has fallen, they are likely to fall again,” she said. “Someone who has fallen recently is our highest risk individual. If they didn’t get injured the first time, it is likely they will on a subsequent fall.”

Preventing falls requires some forethought and preparation. An assessment

of the environment can help to identify and remove falling hazards such as scatter rugs, electrical cords and clutter. Lighting should be adequate so that the individual can see where he or she is walking.

Adaptive equipment such as grab bars near the tub and toilet can help. Walkers and canes for those who use them should be inspected regularly to ensure that they are in good working condition.

Non-skid footwear are safer than nylon socks or slip-on shoes for sure footing. Outdoors, be wary of wet leaves,



Clark Gillies Supports Children's Emergency Care Center

Clark Gillies (center), former NY Islander and benefactor of the Clark Gillies Children's Emergency Care Center, visited the Center recently to make a \$50,000 donation on behalf of his Clark Gillies Foundation. Clark was thanked for his generosity by (left to right) Emergency Department staff members **Jim Cameron**, RN; **Lenora Tasker**, RN; hospital President and CEO **Kevin F. Lawlor**, and Emergency Department staff member **Kathleen Stump**, RN.

S: A KEY TO HEALTHIER AGING



FALL PREVENTION STRATEGIES

Inspect the Home

- ❖ Remove tripping hazards like scatter rugs and electrical cords
 - ❖ Make sure that stair runners are secure
 - ❖ Eliminate clutter
 - ❖ Be aware of pets that can get underfoot
 - ❖ Ensure that chairs are not on wheels and place against a wall so they do not slide backwards
 - ❖ Ensure adequate lighting
 - ❖ Install night lights or lamps so that someone will be able to see during the night
 - ❖ Make transitions such as steps and thresholds visible
- ❖ The edges of steps should be clearly demarcated
 - ❖ “Warm” colors such as orange and red are most easily seen by the elderly
 - ❖ Bathrooms are a high-risk area
 - ❖ Check the height of the toilet seat and raise if necessary
 - ❖ Install sturdy grab bars by toilet and tub/shower areas – towel racks can be pulled out of the wall if used as a grab bar
 - ❖ Place non-slip mats or decals in the bathtub
 - ❖ Those at risk for falling should have their bedroom on the same level of the house as the bathroom

Outdoor Safety

- ❖ Beware of wet leaves, wet pavement, snow and ice

Adaptive Equipment

- ❖ Make sure canes and walkers are sturdy and in good working condition

Personal Assessment

- ❖ Be aware of any new medications that may cause dizziness or lightheadedness, especially pain medication, blood pressure medication or heart medication
- ❖ Sit up before standing if trying to get up from a reclining position
 - ❖ Wear non-skid socks or slippers indoors and sneakers or shoes with a non-skid sole outdoors

Stay Conditioned

- ❖ When standing from a seated position, scoot to the edge of the seat first
- ❖ Practice basic muscle toning exercises such as heel and toe raises (can be done standing or sitting), seated leg extensions, and side-stepping while standing (hold onto counter or wall if necessary)
- ❖ Practice standing on one foot (holding onto a counter or wall if necessary)

wet asphalt, or icy surfaces.

Holly Kamlet, MA, PT, a physical therapist in Huntington Hospital’s Aboff Physical Therapy and Sports Medicine Center, recommends that toilet seats be raised. “Many women fracture their pelvis sitting down too hard on a toilet seat that is low,” she noted.

Chairs in the home should not be on wheels and should be positioned against walls to prevent sliding.

Individuals who have been ill may be at higher risk for falling because their muscles become deconditioned while

they are on bed rest. Ms.

Kamlet recommends simple exercises to improve muscle tone and balance (see sidebar).

Several studies have shown that living alone carries an increased risk of serious injury from a fall.

“Anyone living at home alone should consider a pendant emergency call device,” said **Nina Goldsztejn**, RN, EdD.

“These devices are widely available and not generally cost-prohibitive,” concluded Mrs. Myers-Laque. “They allow instant communication with a source of emergency help.” //

In conjunction with the North Shore-Long Island Jewish Health System, Huntington Hospital Presents

a free HEART HEALTH SCREENING

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DOLAN FAMILY HEALTH CENTER
284 Pulaski Road, Greenlawn, NY



Libutti Supports Women's Health Center

Libutti Jewelers of Huntington held a month-long promotion and special raffle to support the Women's Health Center. **Dolli Bross**, Senior Development Associate (right) and **Judy Koles**, RN, CBCN, Coordinator, Women's Health Center (second from left) thanked **Judi Schnell** (left) and **Jeannine Libutti** (second from right) for Libutti's generous donation.



Preventing an emergency is always better than surviving one. Huntington Hospital's membership in North Shore-LIJ gives you direct access to one of the country's largest and most respected integrated academic health systems—and the recipient of the 2010 National Quality Forum Healthcare Award. Let our network of expert cardiologists and state-of-the-art preventive services help you avoid an emergency introduction. Call (855) 855-4448 to get connected with a physician who can assess your risk of heart disease.

“Unfortunately, too many people meet me like this.”

— Brian C. Strizik, MD, Interventional Cardiologist



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PHYSICIANS IN THIS ISSUE

This issue of the **HEALTHLINE** features a number of Huntington Hospital's talented attending medical staff. Their names, phone numbers and areas of specialization are listed below.

Roberto Blando

Pediatrics :: 425-5250

Kip L. Bodi

Urology :: 271-1608

Christopher DiBlasi

Urology :: 351-3763

Nathan Feigenbaum

Intensivist :: 351-2456

William Gehrhardt

Pediatrics :: 425-5250

Michael B. Grosso

Pediatrics :: 351-2609

Ronald Lewis

Pediatric Orthopedics
923-2370

Francis Martinis

Urology :: 427-5800

Thomas McDonagh

Pediatrics :: 425-2110

Eric Mitchnick

Urology :: 427-5800

Richard M. Rose

Urology :: 427-5800

Ann Sacks-Berg

Infectious Diseases
423-9809

Thomas Spears

Urology :: 425-2121

CHARITABLE GIVING: One Size Does Not Fit All

THE BENEFITS of charitable giving are multiple. Charitable gifts allow us to show our support for organizations doing important work, they enable not-for-profits to continue with their missions, and as an added bonus, they can reduce our tax burden come April 15.

As the local not-for-profit organization that touches more than 100,000 lives annually, Huntington Hospital relies on charitable support from individuals, foundations and corporations in order to accomplish the many tasks that would otherwise go unfunded. Expansion and renovation of the physical structure, acquisition of sophisticated new equipment, and the launch of innovative new programs are among the initiatives that rely on charitable support.

MANY WAYS TO GIVE There are as many ways to give a charitable donation to Huntington Hospital as there are reasons for doing so. Numerous giving vehicles are designed to maximize donor convenience and benefit.

CASH The simplest and most common form of charitable giving is an outright cash gift. Check or credit card donations provide the donor with a record of the gift. Gifts of any amount may be designated to a specific area or project of the donor's choice, or an unrestricted gift can be put to use wherever it

is needed most. Through the Special Gift Program, donations may be made in honor or memory of someone special, or to commemorate a birthday, anniversary, or other special occasion.

STOCKS Donating appreciated securities is an effective way of reducing capital gains taxes. In addition to avoiding the capital gains tax on the appreciation amount, donors also receive a tax deduction for the market value of the stock at the time of the transfer.

REAL ESTATE Gifts of real estate can provide the donor with a tax deduction equal to the full market value of the property. Options for the donation of real estate include a retained life estate, which permits the donor to continue to live in the property for his or her lifetime.

CARS, TRUCKS, MOTORCYCLES

AND BOATS Huntington Hospital, through its partnership with Miles Ahead Network, accepts the donation of cars, trucks, motorcycles and boats. Donors receive an income tax deduction equal to the amount for which the vehicle or boat is sold, or \$500 if the vehicle is not sold.

BEQUESTS AND CHARITABLE

GIFT ANNUITIES Some of our community members have

included a gift to Huntington Hospital in their wills to honor a doctor, make a gift to a particular area, or memorialize a loved one. Others have decided to secure a future income stream and help Huntington Hospital by establishing a charitable gift annuity and receiving a fixed lifetime income (rates range from 5.3% at age 55 to 10% at age 90+ for 2011).

IN-KIND GIFTS Gifts of goods and services in support of Huntington Hospital's special events are always appreciated. As auction items for live or online auctions, or as raffle prizes at golf outings, the gala, or other special events, these types of gifts assist the hospital in raising additional funds.

CONSULT THE EXPERTS "There are many options for philanthropy, and we can customize a plan to suit the donor's needs and circumstances," said Robert Mottola, Vice President, Development and Community Relations.

For annuities, bequests, and other planned gifts, Mr. Mottola recommends that donors consult with their tax advisor in order to maximize their benefit.

For additional information or to make a donation, please call the Office of Development at (631) 470-5201 or visit joinus.hunthosp.org/netcommunity/donate. //

THE CLARK GILLIES CHILDREN'S EMERGENCY CARE CENTER

Located Within Huntington Hospital's Emergency Department

- 24/7 Pediatric Emergency Treatment
- Board Certified Pediatric Emergency Specialists
- Caring & Excellence You Can Count On
- Report Sent to Your Pediatrician the Next Day
- Special Staffing From 4pm – 1am, When Your Doctor's Office is Closed

North Shore LIJ Huntington Hospital
Hope lives here.™



Laser Treatment Light-Years Ahead of BPH Therapy (CONTINUED FROM PAGE 1)

Typically, side effects are minimal and include mild burning with urination and intermittent spotting of blood in the urine for a short time.

“Dr. DiBlasio told me I might have some discomfort, or I might urinate blood after the surgery,” said Mr. Lanzaro. “But I had nothing. It was like I never had an operation.”

BPH is caused by enlargement of the prostate gland and is usually unrelated to prostate cancer. In recognition of Dr. DiBlasio's expertise with this procedure,

laser to treat enlarged prostates as well as bladder and ureteral stones.

Holmium laser treatment is just one approach to treating an enlarged prostate gland. Other approaches include medications, trans-urethral microwave thermotherapy (TUMT), trans-urethral resection of the prostate (TURP), and open surgery to remove prostate tissue. This procedure requires a one-to-three day hospital stay and can be associated with bleeding. HOLEP aims to achieve similar outcomes to TURP and open surgical prostate removal in a single, incision-free, outpatient surgery.

“The treatment of prostate obstruction requires a thorough understanding of each patient's prostate gland, voiding dynamics, and medical history, so that the appropriate medical or surgical treatment can be selected,” explained Dr. Bodi.

For properly selected patients, Holmium laser treatment offers several advantages over other options.

It is an outpatient procedure, and most patients are able to return home within 24 hours. There is little or no risk of bleeding because the laser cauterizes as it cuts or vaporizes tissue. Because of the reduced risk of blood loss, the procedure is safe for

patients on blood thinning medications. Results of the surgery have been shown to be long lasting, with studies documenting that patients remain symptom free for seven years or longer.

“Another benefit of the laser is that it can be used in patients who have had radiation treatment due to prostate cancer,” said Dr. DiBlasio. “These men frequently report symptoms of urinary obstruction following their cancer treatment, but pose difficulty with alternative treatment options due to scarring. The HOLEP laser fiber offers superior outcomes in this challenging patient population.”

The laser can also be used to treat bladder stones at the same time as the prostate treatment is performed. Other uses for the Holmium laser include strictures or scars in the urethra.

The warm fall temperatures gave Mr. Lanzaro an opportunity to extend his golfing season, a pastime the retiree engages in three times a week during the summer. Those long walks on the greens are much more pleasant now that he is symptom-free.

“I love my retirement,” he said. “I feel like I'm 14 years old again. I can't say enough about Dr. DiBlasio. He is a miracle worker.” //




Eric Mitchnick, MD



Kip L. Bodi, MD

Huntington Hospital has been named a Center of Excellence, which means that surgeons from around the country travel to Huntington monthly to observe Dr. DiBlasio and learn the laser technique. Many of his colleagues at Huntington Hospital, including Francis Martinis, MD, Richard M. Rose, MD, Eric Mitchnick, MD, Thomas Spears, MD, and Kip L. Bodi, MD, also use the Holmium

New Government Report Questions Value of PROSTATE CANCER SCREENING TEST

 **PROSTATE CANCER** is the most common form of cancer in men, and the second leading cause of cancer death. The American Cancer Society estimates that more than 240,000 new cases of prostate cancer will be diagnosed in 2011, and nearly 37,000 men will die of the disease. In the early 1990s, the rate of prostate cancer-related deaths plummeted, a drop that coincided with the availability of a simple screening test. Yet this fall, an influential government panel recommended against widespread use of the test, known as the PSA (prostate specific antigen) test, on the grounds that it doesn't improve survival and may lead to unnecessary additional tests and treatments.

But not everybody agrees with the recommendations, issued in October by the United States Preventive Services Task Force, the same group that in 2009 recommended that routine screening mammograms in women be delayed an additional decade beyond the current guidelines.

"Although the incidence of prostate cancer has remained stable for the last 20 years, the death rate from prostate cancer decreased by nearly 40 percent thanks to widespread screening," said attending urologist **Eric Mitchnick, MD**, Chief of Urology at Huntington Hospital and President of Integrated Medical Foundation, a group that provides education, support and screening for men's health issues.

"Screening" refers to any medical test performed on a person who does not have symptoms of a disease. Screening for prostate cancer can be done through PSA testing and/or a digital rectal examination (DRE).

The American Cancer Society (ACS) recommends that men discuss whether to undergo prostate cancer screening with their doctors. ACS recommendations, revised after the US Preventative Services Task Force issued its report, call for men to have a conversation about the risks and benefits of screening with their doctor beginning at age 50. Men at high risk for prostate cancer, including African American men and those with a first-degree relative (father, son or brother) who was diagnosed with prostate cancer before age 65 should discuss screening with their doctor beginning at age 45.

Dr. Mitchnick agrees with the ACS. "The decision on how best to test for and treat prostate cancer should be between a man and his doctor," he said.

He and other critics of the government recommendations point out that the US Preventative Services Task Force did not include any urologists or oncologists on the panel that evaluated the current research and issued the latest recommendation.

"Early detection is essential to the successful treatment of prostate cancer," he said. "Implementation of this recommendation could undo 20 years worth of progress in the fight against prostate cancer and result in needless deaths." //

Pediatric Orthopedist

(CONTINUED FROM PAGE 3)

that fractures that occur in growth plates in children require special handling.

"The consequence of not treating a growth plate injury properly could be an impact on the child's growth," he said.

At times, treatment for children may vary subtly from the approach that would be taken with an adult.

"We sometimes have different rehabilitation protocols or different orthotic devices or braces for children," Dr. Lewis explained. At other times, the difference is simply in the way he interacts with his patients. He and his staff are accustomed and skilled with caring for children with autism or other special needs.

The smile on **Anthony's** face, a 10-year-old special needs child who was recently visiting Dr. Lewis' office for a post-surgical evaluation, seemed to indicate that he agrees. //



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TRUCK, VAN, BOAT
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Message from the President (CONT. FROM PAGE 2)

by whatever form federal healthcare reform ultimately takes. We know that our population is aging and that the growing demographic of older adults will place demands on our society's healthcare infrastructure. And while we cannot predict the future with perfect accuracy, we can expect that we may have to find ways to do more, to do better, and to do it all with fewer financial resources.

At Huntington Hospital we are planning for the future. Construction will soon begin on One SouthWest, a new 13-bed inpatient unit for medical and surgical patients. What is exciting about this project is that it brings us in line with what the hospital of the future will be. Each room will be completely private, with a private bath and accommodations for loved ones to stay. The entire environment has been designed to enhance the healing process. Nurses may be contacted directly via pagers that are worn rather than through a noisy and inefficient call bell system. Vital signs are automatically recorded into an electronic medical record. Processes are being re-evaluated with an eye toward enabling our staff to spend more of their time delivering care at the bedside and less time completing paperwork or searching for test results.

Our plans for the future include a Patient and Family Centered model of care that reasserts that the patient is at the center of everything we do.

We are building and growing in response to the evolving needs of our community. But we cannot accomplish all of our goals without your support. I thank you for choosing Huntington Hospital for your medical care, for supporting us with your charitable giving, and for embracing us as a vital part of the Huntington community.

Thank you and have a safe, healthy and happy holiday season! //



BAE Supports Dolan Center

Donna Linke-Klein, Director, Site Executive, Intelligence, Surveillance & Reconnaissance Solutions (back row, left), presented a \$10,000 donation to the Dolan Family Health Center to fund prenatal and pediatric care programs. She was thanked by (clockwise from back row, center) Dolan Center Medical Director **William Gehrhardt, MD**; **Lynn Cohen**, New Accounts Representative, Huntington Hospital; **Terence Smith**, Dolan Family Health Center Administrator, and patient **Rosa Reyes** holding baby **Brianna**.



Jewelry Collection Supports Women's Center

Eileen Pinchuck (second from right), owner of the Jewelry Collection in Northport, held a special fundraising event featuring an assortment of raffle prizes to benefit the Huntington Hospital Women's Health Center. **Judy Koles**, RN, CBCN, Coordinator of the Women's Health Center (right) thanked Eileen for her support. Among the many who attended the festive evening out were (left to right) Eileen's cousin, **Jolene Schwartz**; hospital physicians **Ann Sacks-Berg, MD** and **Patricia Skypala, MD**; and Eileen's aunt, **Marcy Brown**.

HUNTINGTON HOSPITAL HELPS KIDS TACKLE WEIGHT ISSUES

At Healthier Tomorrows Session Beginning in February



ACCORDING TO published data, nearly one in five children and adolescents in New York State is considered obese. As obesity rates have climbed, so have the rates of associated health problems.

“Diabetes, hypertension and other chronic diseases that we once saw primarily in adults are becoming more common in children,” said Huntington pediatrician Thomas McDonagh, MD. “And research has shown that overweight children and adolescents are more likely to be overweight as adults, when they will face an even greater risk of serious, chronic health problems.”

Five years ago, Dr. McDonagh helped launch Huntington Hospital’s Healthier

Tomorrows Program, a three month program to help parents and children lead healthier lives by teaching them to embrace a balanced diet and exercise. Enrollment is now beginning for the Spring 2012 session which will start in February.

Healthier Tomorrows is a unique program combining fun group exercise sessions with nutritional guidance and psychosocial support. It is sponsored jointly by Huntington Hospital’s Department of Pediatrics, the Dolan Family Health Center and the Huntington YMCA.

Because children still need adequate nutrition and calories to sustain growth, Healthier Tomorrows focuses on healthy

food choices rather than a traditional diet. A registered dietitian helps participants understand how the foods they eat impact on their overall well-being. To address the social and emotional implications of weight management issues, a counselor leads bi-weekly group discussion sessions.

Participants enjoy twice-a-week 45-minute group exercise classes led by exercise specialists at the Huntington YMCA. The sessions include games, sports, rock wall climbing, and other fun activities geared to children.

There is a nominal fee for this innovative program, with financial assistance available for those who are unable to pay. To learn more or to register, please call (631) 351-7923. //

Huntington Hospital is a proud participant in the



2011 - 2012 COMMUNITY GIVE BACK PROGRAM!

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SUNSHINE
BOYS

FEBRUARY 2, 2012 - MARCH 25, 2012

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Additionally, for each THE SUNSHINE BOYS ticket sold using “HUNTHOSP,” the John W. Engeman Theater at Northport will donate \$10.00 to Huntington Hospital.

ALL MEMBERS ARE ENCOURAGED TO “TAKE A PART” IN THIS “DRAMATIC” FUNDRAISING OPPORTUNITY!

For further program information and to purchase tickets call 631-261-2900 or visit www.engemantheater.com

*Promotion code is not valid for Friday or Saturday Evening Performances.

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VIEW FROM THE CHAIR

BERNARD M. ROSOF, MD

Chairman, Board of Trustees

WITH AN ACKNOWLEDGEMENT

to the late Tip O'Neill, former Speaker of the House, who coined the phrase "all politics is local," I would like to suggest that all healthcare is local. When your child is injured on the soccer field, or your spouse has chest pains in the middle of the night, it is your local community hospital that stands ready to provide the care you need.

If you have received this newsletter, you are one of the fortunate Long Islanders whose local community hospital is truly outstanding in many ways. Huntington Hospital is a community hospital that is staffed by extraordinary healthcare professionals who are dedicated to achieving excellence in patient care, quality, safety and innovation. It is a hospital that strives to improve the health of the entire community by sponsoring free screenings,

encouraging preventive services, and promoting affordable primary care for everyone through the Dolan Family Health Center. It is a community hospital that promotes shared decision making by embracing patient and family involvement. And it is a community hospital whose leadership believes that achieving excellence requires a commitment to continual improvement.

In October, our Board, Administration and key staff participated in a full-day retreat at which national healthcare leaders discussed the new paradigms for high quality healthcare. Speakers included Joe McCannon of the Centers for Medicare and Medicaid Services; Rich Umbdenstock of the American Hospital Association; George Isham, MD, MS, of HealthPartners in Bloomington, MN, Timothy G. Ferris, MD, MPH, of Mass General Physicians

Organization and Harvard Medical School; and Debra Ness of the National Partnership for Women & Families. These thought leaders discussed the national mandate for the entire healthcare system to meet the triple aim of better care, improving the health of the community, and affordable care, and they shared their best practices for doing so based on their own experiences.

As the American healthcare system continues to be transformed in the coming months and years, Huntington Hospital's leadership remains committed to this triple aim. By listening to and learning about the best ideas from leading healthcare providers around the country and putting them into practice in our local community, we will achieve the goals of improving care, lowering costs and improving healthcare for all those who rely on us. //



A Win-Win for Melville Resident and Dolan Family Health Center

Raymond Carlucci, Melville (right), was the lucky winner of Huntington Hospital's annual car raffle. He was congratulated by Helen Dudkewicz, Director of Development at Huntington Hospital, in the showroom of Jaguar of Huntington. Mr. Carlucci has the option of selecting a 2-year lease of a 2011 Jaguar XF, a 2011 Volvo SC60, courtesy of Volvoville Huntington, a 2012 Range Rover Evoque courtesy of Land Rover Huntington, or \$10,000 cash. The raffle was sponsored by Long Island Automotive Group. Proceeds from the raffle benefit the Huntington Hospital Dolan Family Health Center, a primary care facility serving the community's uninsured and underinsured adults and children.



ONGOING EVENTS

Breast Cancer Support Group I

For women newly diagnosed in the past year

Meets the 2nd and 4th Thursday of each month

5:30PM • Women's Health Center
Call Gail Probst, RN, AOCN at (631) 351-2568 or Judy Koles, RN, OCN, CBCN at (631) 351-2564

Breast Cancer Support Group II

For women who have been diagnosed more than one year ago

Meets the 3rd Thursday of each month (no meetings in July and Aug.)

7 – 9:00PM • 1-South Conference Rm
Call Toni Lico at (631) 757-4581 for info

Grupo de Apoyo de Mujeres

Latinas victoriosas sobre el cancer del seno

Nos reunimos el ultimo Jueves de cada mes en Brentwood Senior Center, 16 de la Segunda Avenida, Brentwood 7 – 9:00PM

Para mas informacion por favor llamar a Maria O. Gonzalez, Telefono (631) 951-6908

Oncology Support Group

Meets first and third Wednesday of the month

7 – 9:00PM • Women's Health Center
For info, call Sue Degnan, LMSW, OSW-C, NBFC (631) 351-2013 or Mary Gordon, RN (631) 351-2343

Nicotine Anonymous – Ann's Hope

A 12-step fellowship of men and woman helping each other to lead nicotine-free lives.

Meets every Wednesday

7:30 – 8:30PM • 1-SouthWest Conference Room

For more info, call Patti Aliperti at (631) 385-1410

12/27 Weight Loss Seminar

1/10 5:00 – 6:00 PM • 224 Wall Street,

1/24 Suite 101, Huntington NY 11743

2/14 Find out if you are a candidate for bariatric surgery, learn about the surgical procedures and realistic expectations for weight loss. Bring your family and friends. Bariatric surgeon David Buchin, MD, FACS, will answer all of your questions. For additional information, call (631) 351-2024 or visit www.liosurgery.com.

1/9 Sister's Network

An African-American Breast Cancer Survivors' Organization

7:00PM • Babylon Pool & Rec Center

For further information, call Patricia (516) 557-9141, Cynthia (631) 351-2343 or Ruby (631) 789-0923.

1/23 WomanHeart

2/27 2:00PM • Dolan Family Health Center
Offers support and education for women living with heart disease. For information, call (631) 499-4160 or (631) 271-3766.

1/8 Eating Disorders Support Group

10:00 – 11:30AM • 1-South Conference Room, Huntington Hospital

A professionally-led support group open to people with eating disorders, their families and friends. For more information, call Jeannie Gedeon, MPH, RD, CDN at (631) 427-0002, or Hilary Brodsky, LCSW, at (516) 241-5139.

2/27 Sister's Network

An African-American Breast Cancer Survivors' Organization

7:00PM • Huntington Hospital

For further information, call Patricia (516) 557-9141, Cynthia (631) 351-2343 or Ruby (631) 789-0923.



Prime Tree Lighting Benefits Children's Emergency Care

Michael B. Grosso, MD, Sr. VP of Medical Affairs, Kurt Bohlsen of the Bohlsen Restaurant Group, former NY Islander Clark Gillies, Huntington Town Councilwoman Glenda Jackson, and Michael Bohlsen of the Bohlsen Restaurant Group helped kick off the holiday season at Prime Restaurant's second annual tree lighting. Held on the deck of the waterfront eatery, the tree lighting provided an opportunity for Prime to make a generous \$5,000 donation to the Clark Gillies Children's Emergency Care Center at Huntington Hospital.

HUNTINGTON HOSPITAL
270 Park Avenue
Huntington, NY 11743



THIS HOLIDAY SEASON, WE ARE COUNTING OUR BLESSINGS.

We're thankful for...

- The 1,100 heart attack victims we saved
- The 10,000 children we took care of at all hours of the day and night
- The 49,000 times we responded to a medical emergency
- The 1,500 babies we delivered
- The 29,000 times we provided primary care to our neighbors through the Dolan Family Health Center

Our generous supporters who helped make it all possible

***As you make your year-end charitable donations,
please consider a tax-deductible gift to Huntington Hospital.***

YOU CAN MAKE YOUR DONATION ONLINE AT
[www.joinus.hunthosp.org/netcommunity/donate.](http://www.joinus.hunthosp.org/netcommunity/donate)

Gifts of \$250 and above will be listed in our Annual Report. For additional information, please call the Development Office at (631) 470-5203.