

NEWS & VIEWS

The Newsletter of NYU
Langone Medical Center
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BEST OF BROOKLYN

SPECIAL ISSUE



A Medical Record That Saves Lives

With NYU Lutheran fully integrated into NYU Langone's electronic health record system, patients and caregivers alike reap a host of benefits.

FIFTY MILES OF high-speed cable laid. Twenty-four hundred clinical workstations installed. Eighty thousand square feet of medical charts scanned.

What do these numbers have to do with better patient care?

Plenty.

Last August, after 14 months of preparation, NYU Lutheran went live with NYU Langone's electronic health record system, called Epic. As part of an integration effort historic in both size and scope, NYU Lutheran set up tents on its main campus to accommodate 400 Epic support experts, while IT staff from NYU Langone and NYU Lutheran stood ready to help. "This was a massive effort, requiring meticulous planning and teamwork to train 3,600 employees," says Nancy Beale, RN, NYU Langone's vice president of clinical systems and integration. "And we did it virtually without a hitch."

Previously, NYU Lutheran relied on a patchwork of record-keeping systems—some electronic, some paper—to monitor 1.7 million patients. Now, there's a single, comprehensive digital file for each patient treated at any of NYU Lutheran's 22 inpatient and outpatient locations, or referred to any NYU Langone

Treating a Silent Epidemic of Traumatic Brain Injuries

NYU Lutheran, a major hub for stroke and trauma care in Brooklyn, dramatically expands services to treat a growing number of acute neurological emergencies.

NEUROLOGISTS WHO TREAT strokes and other types of acute brain injuries use the motto "Time is brain" to convey the notion that from the moment the brain is injured, the effort to prevent permanent deficits or loss of life is a race against the clock.

In Brooklyn, the race has even greater urgency. Each year in that borough, some 8,000 people suffer an acute brain injury, more than in any other county in New York State, due in part to its enormous population—2.6 million and growing. About 1,200

of these injuries are treated at NYU Lutheran, the only nationally accredited Level 1 Trauma Center in Brooklyn and a Comprehensive Stroke Center.

Last year, NYU Lutheran treated more than 840 stroke patients. As in every year, many of those patients were transferred from other hospitals so that they can benefit from NYU Lutheran's expertise in

▲ Led by Dr. Erich Anderer (left, shown with physician assistant Daniel Mazzuchin), NYU Lutheran's neurosurgeons have performed more than 225 operations since last June.

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New Resources for Brain Trauma

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minimally invasive procedures to destroy clots, performed by neurointerventional radiologists. “We do more interventional procedures than any other hospital in New York,” says Jeffrey Farkas, MD, director of neurointerventional radiology at NYU Lutheran.

“We’re putting together one of the city’s finest neurocritical care teams,” says Jennifer Frontera, MD, NYU Lutheran’s new chief of neurology.

Since NYU Lutheran merged with NYU Langone in January 2016, expanding care for neurological emergencies, such as stroke and head trauma, has become a top priority. This spring, the hospital opened a second neurointerventional radiology suite, where specialists like Dr. Farkas use image-guided techniques to treat strokes, aneurysms, and other brain injuries. NYU Lutheran will also soon open a four-bed neuro intensive care unit (ICU), thanks

in part to a recent \$7 million anonymous gift—the largest in NYU Lutheran’s history.

The new neuro ICU will be staffed 24/7 by highly trained doctors and nurses who can identify and manage any secondary complications that set in after an acute brain injury. Many hospitals lack the resources for such a specialized unit and, instead, treat patients in a general ICU. However, studies show that patients with neurological emergencies—severe brain swelling, stroke, seizures—fare better when treated by teams of specialists working together in a dedicated facility.

“We can deliver care more efficiently when everyone is in one place,” says neurologist Ting Zhou, MD, the new director of neurocritical care at NYU Lutheran. “We use clinical exams and monitoring tools to detect very subtle changes that may signify brain swelling or bleeding,” says Dr. Zhou. “We know what needs to be done to protect the brain from further damage.”

Joining Dr. Zhou and Dr. Farkas are two additional neurointensivists, a cerebrovascular neurosurgeon, a spine and



▲ Traffic accidents are a primary cause of traumatic brain injury (TBI) in New York City. With a population of 2.6 million, Brooklyn has the highest number of TBI-related hospital admissions in the state.

trauma neurosurgeon, four endovascular specialists, and two new stroke specialists.

“The investment in neurocritical care builds on our established expertise in neurology and neurosurgery and expands our ability to treat the most challenging cases,” says Erich Anderer, MD, who joined NYU Lutheran as chief of neurosurgery last June.

NYU Lutheran’s new chief of neurology, Jennifer Frontera, MD, says this is just the beginning. “We plan to bring on more specialists, upgrade technology, conduct clinical trials, and expand services. We’re putting together one of the city’s finest neurocritical care teams.” ■

TO FIND A NEUROLOGIST or neurosurgeon at NYU Lutheran, call NYU Langone’s Physician Referral Service at 888-769-8633.

Meet Some of the New Members of NYU Lutheran’s Neurocritical Care Team

Jennifer A. Frontera, MD, joined NYU Lutheran in February as chief of neurology, and vice chair of NYU Langone’s Department of Neurology. Previously, Dr. Frontera served as associate professor of medicine at the Cleveland Clinic. Her research has focused on what happens to the brain immediately after an aneurysm ruptures as well as functional outcomes after bleeding in the brain. Dr. Frontera is dual certified in stroke and neurocritical care and is the author of *Decision Making in Neurocritical Care*, an authoritative volume on the management of patients in a neurological intensive care unit.

Ting Zhou, MD, director of neurocritical care, arrived at NYU Lutheran last August from Bellevue Hospital Center. She completed a fellowship in neurocritical care at the University of Pennsylvania Medical Center, where she also did her residency. She earned an MD from Columbia University College of Physicians and Surgeons.

Erich G. Anderer, MD, chief of neurosurgery, joined NYU Lutheran last June. A specialist in spinal surgery, Dr. Anderer previously served in the Departments of Neurological Surgery and Orthopaedic Surgery at Maimonides Medical Center, where he was director of neurotrauma. He earned an MD from Columbia University College of Physicians and Surgeons and completed a combined fellowship in orthopaedic spine surgery and spinal neurosurgery at NYU Langone.

David S. Gordon, MD, joined NYU Lutheran last June as director of cranial, vascular, and skull-based neurosurgery. He previously served as director of cerebrovascular neurosurgery and the neurovascular program at Montefiore Medical Center. Dr. Gordon completed his fellowship in skull-based surgery at St. Luke’s-Roosevelt Hospital Center. He also completed a fellowship in endovascular neurosurgery and neurocritical care at Thomas Jefferson University Hospital.

AN EPIC OVERHAUL OF ELECTRONIC HEALTH RECORDS

(Continued from page 1)

facility. (See page 10, “Casting a Wide Safety Net,” to learn how Epic is helping the most underserved patients in Brooklyn.) The system provides faster access to information and less risk of error, and its interactive features enable smoother collaboration among caregivers. Moreover, patients gain greater control over their own healthcare.

Nationwide, systems like Epic are revolutionizing the way medical centers handle patient data. Adopted by NYU Langone in 2009, Epic consists of a suite of software tools built around a common database that helps coordinate and catalog virtually every aspect of care. Physicians use it to order tests, prescribe medica-

tions, track patients across clinical sites, and coordinate billing and insurance. For patients, a secure online portal, MyChart, allows them to conveniently view their medical records, schedule appointments, and communicate with their clinicians from their home computer or smart phone. Another program, Care Everywhere, ensures that patient records can be shared safely with providers at other healthcare institutions. “Epic lets us analyze everything we do,” explains Joseph Weisstuch, MD, NYU Lutheran’s chief medical officer, “and find opportunities to improve patient care.”

In a 2013 nationwide survey of more than 1,500 medical professionals, one in five reported that the

electronic health record system they were using helped save the life of one or more patients. The features most likely to prevent life-threatening medical errors, respondents said, were the ability to access patients’ health records anytime and anywhere (70%), allergy and drug interaction alerts (54%), and the absence of easily misinterpreted handwriting (53%).

The Epic installation at NYU Lutheran was impressive for its speed as well as its scale. “This type of transition could easily take three years or more,” notes Nader Mherabi, senior vice president and vice dean, NYU Langone’s chief information officer. “We did it in less than half that time.” ■

“We Can’t Just Fix a Little Bit and Walk Away”

Over the next five years, NYU Langone plans to invest more than \$500 million in NYU Lutheran. We sat down with Bret J. Rudy, MD, executive hospital director and senior vice president of NYU Lutheran, to talk about this historic investment and how it will shape healthcare in New York City’s most populous borough.

Why invest in Brooklyn?

About 30% of NYU Langone’s patients live in Brooklyn, and about 50% of the babies born at Tisch Hospital go home to Brooklyn. Why should patients have to travel all the way into Manhattan? No one wants to get on a subway or drive an hour for a doctor’s appointment. So our goal is to bring to Brooklyn the same high standard of care that attracts people to NYU Langone’s main campus, and to be successful, we can’t just fix a little bit and walk away. We need to fix everything. We need to invest in better programs, better facilities, the latest technology, and greater breadth in clinical expertise. What we’re doing at NYU Lutheran is very different from anything else that is happening in Brooklyn right now.

You’ve said that NYU Lutheran wants to be the hospital of choice in Brooklyn. How so?

Dean Grossman has been very clear in his vision for NYU Lutheran. He wants one high standard of care for all NYU Langone patients. So while we want to be the best hospital in Brooklyn, we also have to be one of the best hospitals in the country.

What are your top priorities?

First, we must continue to recruit high-quality physicians and further elevate our standard of care. We

must also align ourselves with physicians in the community so that they feel good about sending their patients to us. We’re a big academic medical center, but we must remember that patients are connected to their doctors, so we want to make sure that we collaborate and communicate with those physicians. Another big focus is modernizing our facilities so that they enhance the patient experience. Setting the highest standards for quality, safety, and efficiency is critical to our success. We’re always looking for opportunities to say: “What can we do better?”

How does NYU Lutheran’s diverse patient population shape the programs you develop?

If you look at the major languages spoken in the community—Spanish, Chinese, Arabic, Russian—English is pretty far down on the list. But providing culturally competent care is more than just having employees who speak the same language as our patients. It’s really about training staff to understand the unique medical needs of the populations we serve.

Do segments of NYU Lutheran’s patient population face particularly daunting medical challenges?

Many of our patients do not get adequate care, so they come in with advanced disease. For example, we see higher rates of obesity, with all the complications that entails: type 2 diabetes, hypertension, and other serious conditions. So as a leading academic medical center, we can offer the very best clinical care, but we can also help address

problems at the community level. For instance, NYU Langone’s Department of Population Health has expertise in studying underserved populations and implementing innovative care models to improve the health of those communities.

Why is it so important to operate as a single, unified medical center?

When we’re all one faculty and one health system, we can centralize and integrate our resources and expertise. That translates into better,

more convenient care. For example, our plan is to have specialists from our Transplant Institute see patients in Brooklyn, perform surgery with their dedicated teams at NYU Langone’s Tisch Hospital, and follow up with those patients back home in Brooklyn.

As an adolescent medicine specialist, how did your training prepare you for this role?

I was an adolescent HIV specialist at the Children’s Hospital of Philadelphia, where we had a big program. The abject poverty was unlike anything I had ever seen. Even though I was working at a big academic center, I had to stay very connected to the community. The mission of every academic medical center is to be on the cutting edge, but the greatest ones treat all of their patients equally.

Where do you expect NYU Lutheran to be in five years?

The caliber of our programs and services will be better than ever, particularly in surgical specialties. Our physicians and nursing teams will be better than ever. Overall, we’ll be a much more efficient hospital, and that will translate into higher confidence and a far better experience for patients. With all this, the community will benefit—NYU Lutheran is the single largest employer in Sunset Park—and Brooklyn will benefit. I think we’ll serve as a model for how hospitals can merge successfully, and a touchstone for high-quality, patient-centered healthcare in Brooklyn. ■

Bret J. Rudy, MD, took the helm at NYU Lutheran last July, when he was appointed executive hospital director and senior vice president.



Robots Lend a Hand (or Four) in NYU Lutheran's Operating Rooms

For a growing list of procedures, the most advanced robotic system available gives surgeons a high-tech edge.

THE USE OF a robotic tool called the da Vinci Surgical System to perform a wide range of surgeries has boomed nationwide since the tool debuted in 2003. The trend is no surprise: when controlled by a highly skilled surgeon, the robot can help dramatically reduce the size of incisions and make some complex operations far easier on patients.

NYU Langone, long at the forefront of robotic surgery, with nearly 60 highly trained specialists performing 2,000 robotic procedures annually, is now extending its expertise to NYU Lutheran, recruiting a half-dozen veteran robotic surgeons there. NYU Lutheran recently became the first hospital in Brooklyn to acquire the most advanced da Vinci model available. The eight-foot-tall machine features 3-D vision and four bionic arms with flexible

"wrists" that have far greater range of motion and dexterity than the human hand. "The robot allows us to work more precisely and quickly, which means less anesthesia," explains Ghadir Salame, MD, a gynecologic oncology surgeon who joined NYU Lutheran and the Perlmutter Cancer Center last February. "There's less bleeding and less pain."

As a result, patients often recover faster, typically spending only one night in the hospital. If they need additional treatments, such as chemotherapy, those can begin sooner as well. "The da Vinci is very sophisticated technology, but of course it's the surgeon, not the instrument, who performs the operation," says Frederick Gulmi, MD, chief of urology.

By now, NYU Lutheran's still-growing robotic team has performed more than 200



surgeries, from urological and gynecological procedures to complex hernia repairs. "The exciting news is not that we have a new high-tech tool," notes Bret J. Rudy, MD, executive hospital director and senior vice president of NYU Lutheran, "but that we're recruiting experts who can use it to its full advantage. It's a symbol of our commitment to our patients." ■

TO FIND A SPECIALIST who performs robotic surgery at NYU Lutheran, call NYU Langone's Physician Referral Service at 888-769-8633.

▲ Ghadir Salame, MD, a gynecologic oncology surgeon who arrived at NYU Lutheran last February, joins a growing team of robotic specialists.

Meet NYU Lutheran's Newest Robotic Surgeons

Frederick Gulmi, MD, chief of urology, joins NYU Lutheran from Brookdale University Hospital, where, as chair of urology, he performed more than 300 robotic surgeries.

Marc Bjurlin, DO, director of urologic oncology, formerly director of urologic oncology at St. Barnabas Hospital and Bronx Lebanon Hospital, has performed hundreds of robotic surgeries, some of which were the first cases of their kind performed at any Brooklyn hospital.

Ghadir Salame, MD, a gynecologic oncology surgeon, performed more than 800 robotic procedures while at SUNY Downstate Medical Center in Brooklyn.

Josef Shehebar, MD, chief of colorectal surgery, held a similar position at Morristown Medical Center in New Jersey, where he performed complex robotic procedures.



▲ Baby Leilani delights her mother, Nedgine Alcide, and NYU Lutheran obstetrician Seongpan Si, MD.

Born in Brooklyn

NYU Lutheran's Department of Obstetrics and Gynecology revamps and expands services for expectant mothers.

IT'S A COMMON refrain Brooklyn's obstetricians and gynecologists hear from patients: "I want to have my baby delivered at a hospital in Manhattan because I'll get better care there." Indeed, more than half of the babies born at NYU Langone's Tisch Hospital go home to Brooklyn. Now, in a bid to end the "fertility flight," NYU Langone has launched a major effort to revitalize NYU Lutheran's Department of Obstetrics and Gynecology and modernize its facilities. The initial focus is on labor and delivery, the busiest unit. Nearly 4,000 babies were born at NYU Lutheran last year. Some 5,200 deliveries are expected in 2017, due in part to several initiatives.

Guiding the ongoing efforts to improve clinical services is Ming Tsai, MD, who joined NYU Lutheran in February as chief of obstetrics and gynecology. In his prior role at Bellevue Hospital Center, Dr. Tsai established safety protocols to

elevate care in the labor-and-delivery unit—measures shown to reduce the rate of C-sections.

Now, during every shift, a patient safety officer—a senior attending physician who handles complications—is on duty to ensure that high-level expertise is always available. The unit's support staff, meanwhile, has been expanded to provide 24/7 coverage, including the addition of five midwives, five physician assistants, and 20 nurses. "New mothers feel a bit fearful because childbirth can be unpredictable," notes Dr. Tsai. "These measures provide another layer of safety."

The emphasis on safety starts long before delivery. NYU Lutheran's seamless integration with NYU Langone's highly regarded maternal-fetal medicine program, which treats high-risk pregnancies, brings a wealth of new resources and expertise for expectant moms dealing with unexpected complications.

"Quality and safety have always been priorities," says Alan Sickles, MD, deputy hospital director and vice president for clinical operations at NYU Lutheran. "Now we're committing greater resources to support them." ■

TO FIND A SPECIALIST in obstetrics and gynecology in Brooklyn, call NYU Langone's Physician Referral Service at 888-769-8633.

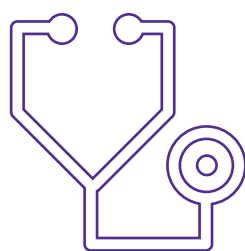
Five Things You Need to Know about Hospitalists

At NYU Lutheran, a special group of physicians cares exclusively for inpatients, serving as their champions of quality and safety.

About half of NYU Lutheran's inpatients are tended to by hospitalists, internists dedicated to caring for hospitalized patients. Last year, NYU Langone expanded and formalized NYU Lutheran's hospitalist program, ensuring that every medical floor and unit is covered 24/7 by one of the 21 attending physicians who make up the hospitalist team. Each hospitalist is in charge of coordinating the treatment of more than a dozen acutely ill patients at a time.

SPURRED BY MOUNTING pressure to reduce costs and improve quality, hospitals started to embrace this new model of care over 20 years ago. Today, hospital medicine is the fastest-growing medical specialty and the largest subspecialty in internal medicine. "As hospitalized patients become older and sicker, and as growing demands on community-based primary care physicians make it harder for them to attend to their hospitalized patients," explains Steven B. Abramson, MD, chair of NYU Langone's Department of Medicine, "the role of hospitalists is becoming increasingly important."

Here are five reasons why NYU Langone is committing more resources to NYU Lutheran's hospitalist medicine:



1 Hospitalists are internists, but a special kind.

Hospitalists have a broad, deep knowledge of medicine, coupled with a savviness that enables them to navigate a large institution and orchestrate care amid ever-changing information. Typically, a hospitalist consults specialists, distilling their perspectives and sometimes conflicting opinions

into a diagnosis—a daunting challenge. "Hospitalist medicine is a true subspecialty," says Frank M. Volpicelli, MD, chief of medicine at NYU Lutheran. "We're internists, and we specialize in acute inpatient care. We're major deciders of how to deliver quality, cost-efficient care in a complex environment, and because one of us is always on duty, we can monitor subtle changes in the patient's condition and be at their bedside within minutes."



2 Hospitalists do their best to help patients leave the hospital.

The longer you stay in the hospital, goes the saying, the longer you stay in the hospital. Hospitalists serve as champions of quality and safety. Ever vigilant, they ensure that proper precautions and preventive measures are taken to protect the patient. "A patient should not be hospitalized any longer than necessary, and it's certainly rewarding to turn around someone's health dramatically in a short time," says Charles Okamura, MD, director of NYU Lutheran's hospitalist program. "But safety comes first, so we only discharge

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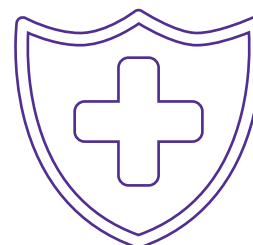
patients when they have improved to the point where they no longer need closely monitored, acute-level care."



3 A hospitalist is your doctor's partner, not proxy.

When a newly admitted patient has an established primary care physician, that doctor decides whether they want their patient placed under the day-to-day care of a hospitalist. If so, the hospitalist partners with the private

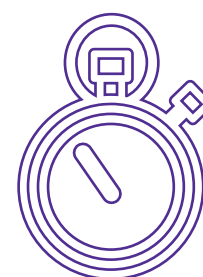
physician, providing status updates, especially during admission and discharge—"the periods of highest risk," explains Dr. Volpicelli. When a patient is admitted, they are at their sickest, so the hospitalist must act quickly to compile a complete medical history, perform an evaluation, order appropriate tests, confer with specialists, make a correct diagnosis, devise a treatment plan, and ensure that new medications don't interact or conflict with existing ones. When a patient is discharged, they are equally vulnerable because they are leaving a closely monitored environment. By collaborating with the patient's primary care physician and family, the hospitalist can ensure a safe, smooth transition home or to another care facility.



4 Hospitalists take care of the hospital, as well.

Hospitalists advocate for improved quality, safety, and efficiency practices, an enhanced patient experience, and communication among various departments. Katherine A. Hochman, MD, associate chair for quality in the Department of Medicine, who launched NYU Langone's hospitalist program in 2008, advised NYU Lutheran on best practices for its own program. Hospitalist medicine, she explains, is expected to reduce length of stay, cut costs, lower readmission rates, and improve patient satisfaction.

She reports that over time, NYU Langone slashed the average length of stay at Tisch Hospital from eight days to five and a half and trimmed the cost of a hospitalization by more than 20%—achievements NYU Lutheran expects to match.



5 NYU Lutheran's hospitalists hit the ground running.

NYU Langone's hospitalist program evolved over nearly a decade, but NYU Lutheran's "went from 0 to 60 in just six months," notes Dr. Hochman. It's been able to do so, she says, because it was modeled after NYU Langone's established hospitalist program, which set high standards for inpatient care. NYU Lutheran has also adopted NYU Langone's hospitalist scholars program, which hires physicians out of their residencies to work nights, weekends, and holidays. "The weekday hospitalist and the weekend hospitalist round together on Friday morning," Dr. Okamura explains, "so the patient meets their new physician in advance, relieving the anxiety that is typical during such a handoff."

The role of a hospitalist requires a varied skill set, Dr. Okamura adds. "You have to be a good communicator. You have to know how to interpret data. You have to know what you don't know. Sometimes, our specialists don't agree. That's actually reassuring to patients because it shows we're in deep discussion." ■

NYU Langone MEDICAL CENTER



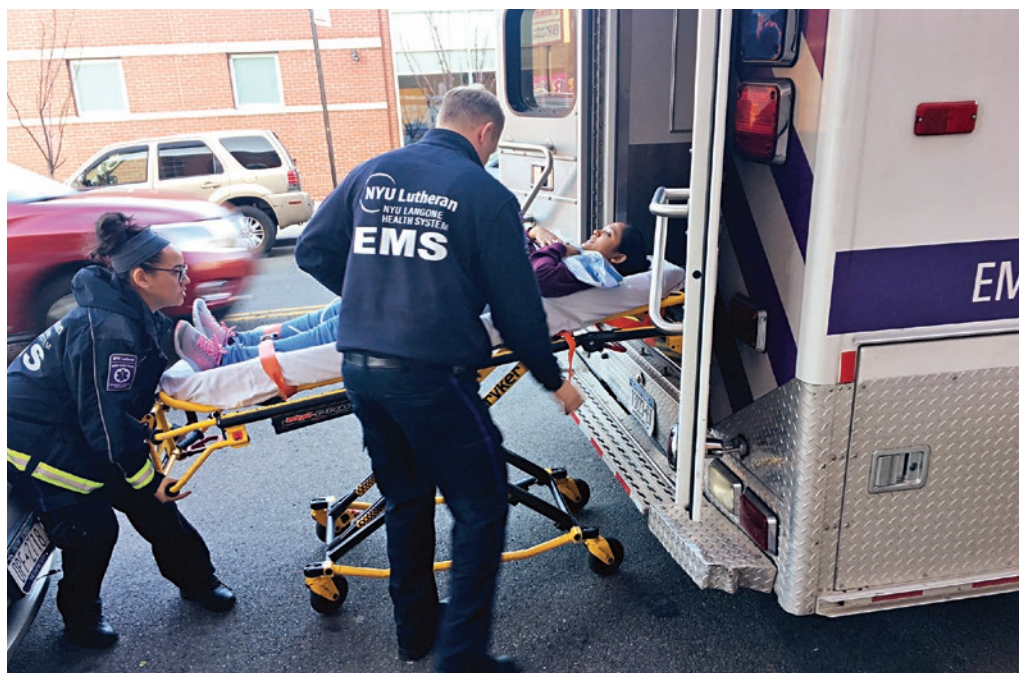
BROOKLYN SPECIAL EDITION

More Neighborhoods, Better Care, Less Travel

More than 30% of NYU Langone's patients live or work in Brooklyn. To put its clinical services within closer reach, NYU Langone continues to expand into more neighborhoods. Its constellation of care now includes NYU Lutheran Medical Center and affiliated health centers in dozens of communities, NYU Langone Cobble Hill Emergency Department, and a growing network of ambulatory care centers and physician practices.

- 1 NYU Langone at Williamsburg
- 2 NYU Langone Brooklyn Heights Medical
- 3 NYU Lutheran Associates–Atlantic Avenue Orthopaedics
- 4 NYU Langone Cobble Hill
- 5 Park Slope Family Health Center at NYU Langone
- 6 NYU Langone Radiology–Premier Imaging
- 7 NYU Lutheran Associates–Park Slope Pulmonology
- 8 NYU Lutheran Medical Center
Sunset Park Family Health Center at NYU Langone
- 9 Sunset Park Family Health Center at NYU Langone
for Women's Health and Pediatrics
Rusk Rehabilitation at Second Avenue
NYU Lutheran Harbor Hill Housing
- 10 NYU Lutheran Augustana Center
- 11 Sunset Terrace Family Health Center at NYU Langone
- 12 Seventh Avenue Family Health Center at NYU Langone
Rusk Rehabilitation at 7th Avenue
- 13 Rusk Rehabilitation at 60th Street
Magical Years Early Childhood Center
- 14 Family Physician Family Health Center at NYU Langone
- 15 NYU Lutheran Associates–7th Avenue OB/GYN
- 16 Park Ridge Family Health Center at NYU Langone
- 17 Family Support Center, Family Health Centers
at NYU Langone
- 18 NYU Lutheran Associates–Ovington Medical
- 19 NYU Lutheran Associates–Ovington Orthopaedics
NYU Langone Hand Surgery–Brooklyn
- 20 NYU Lutheran Associates–77th Street Internal Medicine
- 21 NYU Lutheran Associates–Hyman Center
- 22 NYU Lutheran Associates–6th Avenue Surgery
- 23 Shore Road Family Health Center at NYU Langone
Rusk Rehabilitation at Shore Road
NYU Lutheran Shore Hill Housing
- 24 NYU Lutheran Associates–Medical Arts Pavilion
Perlmutter Cancer Center–Bay Ridge
- 25 NYU Lutheran Associates–Dyker Heights Family Medicine
- 26 NYU Langone Vitale-Gambino Orthopaedics
- 27 Perlmutter Cancer Center at NYU Lutheran Associates–
4th Avenue Oncology
- 28 29 30 NYU Langone Levit Medical
- 29 NYU Langone Breast Surgery–Brooklyn
NYU Langone Gynecology Associates–Midwood
- 31 NYU Lutheran Associates–Bay 26th Street Orthopaedics
- 32 NYU Lutheran Associates–Avenue P Internal Medicine
- 33 NYU Langone Brooklyn Medical Associates–Bensonhurst
- 34 NYU Langone Cardiology Associates–Brooklyn,
1203 Avenue J
- 35 NYU Langone Cardiology Associates–Brooklyn,
1335 Ocean Parkway
NYU Langone Brooklyn Medical Associates–
Ocean Parkway
- 36 NYU Langone Cardiology Associates–Brooklyn,
372 Avenue U
- 37 Perlmutter Cancer Center at NYU Langone Hematology
Oncology Associates–Brooklyn
- 38 NYU Langone Podiatry Associates–Brooklyn
- 39 NYU Langone Brooklyn Gastroenterology Associates
NYU Langone Endoscopy and Ambulatory Surgery Center
NYU Langone Pediatric Pulmonology Associates–Brooklyn
- 40 NYU Langone Cardiology Associates–Midwood
- 41 NYU Langone Brooklyn Medical Associates–
Sheepshead Bay
- 42 NYU Langone Brooklyn Medical and Surgical Associates–
Rheumatology
NYU Langone Orthopaedic Care and Surgery
- 43 Flatbush Family Health Center at NYU Langone
- 44 NYU Langone Brooklyn Gastroenterology Associates–
East Flatbush
- 45 NYU Langone Brooklyn Gastroenterology Associates–
Flatlands
- 46 St. Andrew's Community Day Care
- 47 NYU Lutheran Sunset Gardens Housing
- 48 NYU Lutheran Associates–77th Street Podiatry
- 49 NYU Langone Brooklyn Medical Associates–5th Avenue
- 50 NYU Lutheran Associates–4th Avenue OB/GYN
- 51 NYU Lutheran Associates–Marine Park Urology
- 52 NYU Langone Medical Associates–Borough Park
- 53 NYU Langone Pulmonary and Sleep Medicine–Brooklyn
- 54 NYU Langone Cardiology Associates–Bay Ridge
- 55 NYU Langone Hematology Oncology Associates–
Brighton Beach
- 56 NYU Langone Eye Center–Brooklyn Heights & Staten Island
- 57 NYU Langone Stepping Stones Pediatrics
- 58 Warren Street Center for Children and Families

- NYU Langone and NYU Lutheran ambulatory sites
- The Family Health Centers at NYU Langone School-Based Health Centers
- The Family Health Centers at NYU Langone Community Medicine Program



Raising the Bar for Emergency Care

From minor injuries to major traumas, NYU Lutheran's Emergency Department stands ready to serve its community, and a host of new initiatives is enhancing its care.

NYU LUTHERAN'S Emergency Department (ED) is one of the busiest in the city, treating 75,000 patients annually. But the figure Robert Femia, MD, chair of NYU Langone's Ronald O. Perelman Department of Emergency Medicine, finds most telling and compelling is this one: more than 20% of the patients who visit NYU Lutheran's ED require hospitalization—twice the national average. That means that these patients are acutely ill, he explains, a common problem in underserved communities, where health issues often go untreated until they reach a crisis point. “These patients need and deserve top-notch care,” says Dr. Femia, “and NYU Langone has made a commitment to provide that to NYU Lutheran—across the board.”

The investment is already paying off. Thanks to several initiatives, outcomes have improved for some of the most serious health crises, such as heart attack, stroke, and sepsis. Patients who have suffered a heart attack, for example, often require a catheterization procedure, and performing one within 90 minutes of their arrival reduces damage to the cardiac muscle. “We work closely with our nursing and cardiology teams to make sure

this happens,” says Nicholas Gavin, MD, chief of service for NYU Lutheran's ED. Now that NYU Langone owns and operates eight ambulances based at NYU Lutheran, an EKG report is available while the patient is en route to the ED. “By using evidence-based medicine and establishing protocols around best practices,” notes Dr. Femia, “patients get better, more timely care.”

Sicker Patients, More Complex Care

20%

of patients who visit NYU Lutheran's ED require hospitalization—twice the national average.



Among NYU Lutheran's initiatives is an effort to optimize space. To better serve its pediatric patients—some 13,000 annually—the ED has established a dedicated pediatric unit, set apart from the adult section, and added five specialists in pediatric emergency medicine. To reduce hospital admissions,

it has also configured a new 12-bed observation unit for patients who are not ready to be discharged or require further testing. Plans are under way to build an expanded observation unit adjacent to the ED.

But perhaps the biggest initiative is the adoption of a team-based model of emergency care. Last August, NYU Lutheran's ED replaced its contracted physicians with full-time NYU Langone faculty members, all trained to work in small teams assigned to a certain number of beds for better communication and monitoring. The newly hired cohort of specialists—24 care for adults, and 9 treat children—includes 4 who are trained in both emergency medicine and critical care medicine, ensuring smooth handoffs when patients need to be transferred to the critical care unit. “These recruits are from high-volume emergency departments nationwide,” says Dr. Femia, “and because they're all on staff, they are deeply committed to NYU Lutheran and its patients.”

All of which adds up to better, faster care. NYU Lutheran's ED can generally evaluate patients within 20 minutes of their arrival. “The waiting rooms of some EDs in Brooklyn overflow,” notes Dr. Gavin, “but ours is typically empty.” ■

▲ Eight ambulances, owned and operated by NYU Langone, are based at NYU Lutheran.

Vanishing Wait Times at the Cobble Hill Emergency Department

Despite a growing volume of visitors, this freestanding facility is a model of care, with an enviable record for treating patients promptly.

IN A CITY where a visit to an emergency department can mean endless hours of waiting to be seen, let alone treated, the NYU Langone Cobble Hill Emergency Department (ED) stands apart. Since it opened three years ago in a neighborhood adjacent to Brooklyn Heights, this ED has successfully evaluated 90% of its patients within 10 minutes of their arrival. The average wait time in EDs nationwide is 24 minutes, and the average in New York State is 27 minutes. (No such figures are kept for New York City.)

A freestanding 16-bed emergency department, Cobble Hill—staffed by some 30 emergency medicine specialists from NYU Langone's Ronald O. Perelman Department of Emergency Medicine and more than 40 nurses—provides full-service care 24/7 for the range of emergencies typically seen in a hospital. If needed, NYU Langone specialists can offer consultations via live video conferencing. When patients need to be admitted to a hospital, on-site ambulances transfer about half of them to NYU Lutheran and the others to either Tisch Hospital or the Hospital for Joint Diseases, both at NYU Langone.

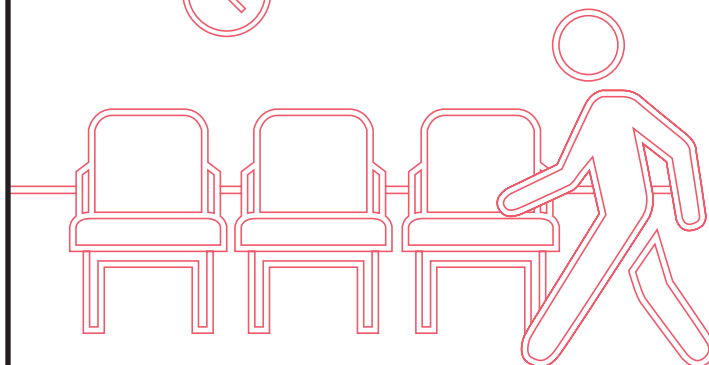
With 20,000 patients annually, a third of whom arrive by ambulance, how does Cobble Hill manage to provide such speedy service? The answer is a few simple yet highly effective strategies. First, there's no waiting room. Incoming patients go directly into the ED, are seen immediately by a triage nurse, and shortly thereafter by a physician or physician assistant.

Second, patients are literally seen. Caregivers situated in the center of a large rectangular area have a commanding view of all the surrounding activity. “You can see everybody in the ED,” notes David Barlas, MD, Cobble Hill's chief of service. Often, he says, a doctor will go over to the patient as they are being triaged and start his evaluation right away.

But perhaps the most important ingredient for success, Dr. Barlas explains, is what he calls the mentality of the provider: “It's the sense that we want to provide top-notch care on par with the care patients expect at NYU Langone.”

The patient satisfaction scores seem to say it all: Cobble Hill ranks higher than 91% of EDs across the country.

In 2019, NYU Langone Cobble Hill will undergo a transformation, with the construction of a four-story outpatient facility staffed by more than 400 clinicians and support personnel. It will include a state-of-the-art emergency department, a surgical suite for outpatient procedures, a broad spectrum of primary and specialty care practices, comprehensive imaging services, and a full-service satellite of the Perlmutter Cancer Center. ■





▲ The infusion center at Perlmutter Cancer Center–Midwood offers sweeping views of Manhattan across the East River.

New Oncology Clinic Serves Highly Populated Brooklyn Neighborhood

For patients who require ongoing treatment for cancer and other diseases, Brooklyn infusion centers and physician offices make a trip to Manhattan unnecessary.

WITH SOME 650,000 Americans receiving chemotherapy each year, outpatient oncology clinics, or infusion centers, play an integral role in the treatment of many types of cancer. Last January, as part of a broader investment in cancer care, NYU Langone's Perlmutter Cancer Center opened its second infusion center in Brooklyn—the newest of its six infusion centers in New York City and Long Island. Perlmutter Cancer Center–Midwood and its associated physicians' office, Perlmutter Cancer Center at NYU Langone Hematology Oncology Associates–Brooklyn, are located at 902 Quentin Road in a densely populated neighborhood with large Russian, Jewish, Chinese, and Pakistani communities. Perlmutter Cancer Center also operates an infusion center in the Bay Ridge section of Brooklyn.

The Midwood facility, one of a growing number of ambulatory care centers created by NYU Langone to serve Brooklynites where they live and work, treats some 2,500 patients annually. Its physicians—all specialists in hematology/oncology—work closely with Perlmutter Cancer Center's subspecialists throughout Brooklyn, supervising chemotherapy for their patients. They oversee treatment for nearly all types of cancer, as well as noncancerous conditions that require infusions. ■

TO FIND A PHYSICIAN at the Perlmutter Cancer Center, call NYU Langone's Physician Referral Service at 888-769-8633.

Additional Perlmutter Cancer Center Sites in Brooklyn

Perlmutter Cancer Center–Bay Ridge
Infusion Center
8721 Fifth Avenue

NYU Langone Hematology Oncology Associates–Bay Ridge
Physician Offices
3048 Brighton First Street

Perlmutter Cancer Center at NYU Lutheran Associates–4th Avenue Oncology
Physician Offices
9920 Fourth Avenue

Your Child May Not Need a Tonsillectomy after All

Tonsillectomies were once a routine part of childhood. Today, surgeons are more selective about which patients need the operation. NYU Lutheran's experts explain why.

FOR CHILDREN during the 1940s, 1950s, and 1960s, a tonsillectomy almost amounted to a rite of passage. Each year, nearly 1 million American children had their tonsils removed. The two oval-shaped masses of lymphatic tissue that sit on each side at the back of the throat serve as a first line of defense against bacterial or viral invaders. But when they repeatedly get infected, they can cause bedeviling sore throats and spiking fevers.

Today, about half as many tonsillectomies (530,000) are performed on children annually. NYU Lutheran does about 60 cases each year. Surgeons are more conservative because of the potential risks of general anesthesia

and postoperative bleeding. Some patients experience complications that require hospitalization or another surgical procedure. “We’re more conscientious about selecting patients,” explains Kim Baker, MD, who joined NYU Lutheran in August as director of pediatric otolaryngology–head and neck surgery (ENT). “These procedures are not one for all and all for one.”

In deciding whether or not surgery is necessary, Dr. Baker considers the patient's history. “A candidate for a tonsillectomy is someone with chronic disease,” she says, “such as a high number or frequency of infections, or symptoms of sleep-disordered breathing or obstructive sleep apnea.

One or two uncomplicated infections a year is not enough to justify surgery.” Occasional bouts of tonsillitis, notes Dr. Baker, can be successfully treated with antibiotics.

Some clinicians advocate a partial tonsillectomy, leaving behind about 10% of the tissue to reduce the risk of bleeding, pain, and dehydration, and to speed up recovery. This technique is more commonly performed on children with sleep-disordered breathing or obstructive sleep apnea, but some practitioners use it for recurrent tonsillitis, as well. “The benefits,” says Dr. Baker, “must be weighed against the risk of leaving behind a small amount of tissue that can regrow and lead to recurrent symptoms.”



Even when a tonsillectomy is the best solution, it's less traumatic than it used to be. Seth Kaplan, MD, recently appointed chief of otolaryngology–head and neck surgery at NYU Lutheran to lead an expansion of services in this area, notes that modern surgical techniques, such as electrocauterization (controlled tissue burning) and coblation (radio-frequency

tissue reduction), not only minimize pain, but reduce the odds that tonsils will grow back. Dr. Kaplan recommends that patients and their parents carefully weigh the benefits and risks after discussing them with their surgeon. ■

TO FIND AN OTOLARYNGOLOGIST at NYU Lutheran, call NYU Langone's Physician Referral Service at 888-769-8633.



FAMILY
HEALTH
CENTERS
AT NYU LANGONE

Mark Rabiner, MD, medical director of the Community Medicine Program, and Barbara Conanan, RN, its director, meet with Augustus Hutchinson, a patient at the Barbara S. Kleiman Shelter in Williamsburg.

CASTING A WIDE SAFETY NET

As the city's homeless population swells to its greatest number since the Great Depression, NYU Lutheran brings healthcare to the neediest New Yorkers.

AS MEDICAL DIRECTOR of the Family Health Centers at NYU Langone Community Medicine Program (CMP), Mark Rabiner, MD, knows that hospital emergency departments can serve as de facto primary-care clinics for patients with no place to call home, let alone a place to get a medical checkup. Often burdened by acute and chronic health problems, homeless people are three times as likely to use the emergency department for care as people who have a home.

For nearly a half century, the CMP has offered a much-needed alternative, providing accessible healthcare to New Yorkers who are homeless or at risk for becoming homeless. "One of our missions is to help people become less reliant on emergency departments as their only source of healthcare," explains Dr. Rabiner.

One day, Dr. Rabiner learned that a particular CMP patient had been

visiting NYU Lutheran's Emergency Department frequently, requiring admission to the hospital. For insight, he turned to Epic, NYU Lutheran's new electronic health record system, which is now installed in the medical office of each of CMP's 11 sites—shelters, drop-in centers, single-room occupancy hotels, and community-based clinics—in Brooklyn, Manhattan, and Staten Island. "Having Epic throughout this system helps us connect patients with providers," says Larry K. McReynolds, executive director of the Family Health Centers. "It's transformative."

Such was the case when Dr. Rabiner found clues on Epic that helped him determine that the patient was suffering from complications of hepatitis C. He helped the man obtain treatment, making emergency department visits unnecessary.

Leveraging Epic's power to track patients throughout NYU Langone and

other local hospitals, CMP caregivers now meet monthly with the staff of the Emergency Department to identify visitors who may be relying on emergency departments as clinics. "The premise of community medicine is simple," says Barbara Conanan, RN, CMP's director. "If people don't come to you for healthcare, then you meet them where they are." At St. Vincent's Catholic Medical Center, Conanan led this pioneering program with its founder, the late Philip Brickner, MD. When St. Vincent's closed in 2010, the program moved to NYU Lutheran.

New York City's Coalition for the Homeless reports that each night more than 62,000 people sleep in municipal shelters, and several thousand more make their home on the streets. These numbers are greater than at any time since the Great Depression, due largely to the hundreds of thousands of affordable rental

housing units that have disappeared in recent decades.

CMP now serves some 7,000 New Yorkers who are homeless or at risk. Teams of doctors, nurses, dentists, psychiatrists, and social workers provide a range of services, including primary care, health screenings, urgent care, crisis intervention, and long-term counseling. The marginalized population they care for suffers from high rates of diabetes, hypertension, obesity, depression, anxiety, and substance-related disorders.

"Some people find it challenging to access medical care," explains Dr. Rabiner. "We help them navigate the system. Every one of us is just one poor choice or one stroke of bad luck away from a dire situation." ■

FOR MORE INFORMATION about the Community Medicine Program, call 347-377-3520.

PHOTOS: (ABOVE) BUD GLICK; (OPPOSITE) MICHAEL PARAS PHOTOGRAPHY

HEALTHY CHILDREN, HAPPY PARENTS

Offering primary care to 40,000 public school students in Brooklyn, School-Based Health Centers help struggling parents raise healthy kids.

MANY SCHOOLS HAVE a nurse's office where students can go if they get hurt or sick, but at a select number of Brooklyn schools, children receive far more than bandages, ice packs, and TLC. At Public School 1 in the Sunset Park neighborhood, for example, pediatric nurse practitioner Evelyn Glaser performs annual checkups, gives vaccinations, diagnoses illnesses, prescribes medicine, and even provides referrals to specialists. As a School-Based Health Center (SBHC) operated by the Family Health Centers at NYU Langone, this site functions like a doctor's office, providing the 1,200 students of P.S. 1 with comprehensive healthcare at no out-of-pocket cost. "Our mission is keeping kids healthy and ready to learn," Glaser says. "If you miss less school, you're less likely to fall behind and experience frustration."

Each year, these SBHCs treat 40,000 students in 42 public schools located in some of Brooklyn's most underserved communities, making it one of the largest programs of its kind in New York State. Launched in 1982, the program provides medical, dental, vision, and mental health care to kids and teens with limited access to healthcare. "These are comprehensive programs," says Larry K. McReynolds, executive director of the Family Health Centers at NYU Langone, which oversees the SBHCs. "They provide primary care, in some cases, to a majority of a school's students who wouldn't receive healthcare otherwise."

Now that the Family Health Centers are using Epic, NYU Langone's electronic medical records system, SBHC patients are connected to the vast resources of a major academic medical center. "Epic streamlines the transfer of information throughout our network," explains Isaac Dapkins, MD, chief medical officer of Family Health Centers at NYU Langone. "So if you get referred to a NYU Langone specialist, this doctor is going to know who you are."

Studies show that offering primary care to kids at school improves grades and lowers absenteeism and discipline problems. It also reduces emergency department visits and hospitalizations. But children aren't the only ones who benefit. When kids miss less school, parents miss less work. "We deliver services directly to children, which makes it much easier for parents," Dapkins says. "It really cuts down barriers to accessing care." ■

FOR MORE INFORMATION about the School-Based Health Centers, call 718-630-7608.

► Marie-Lourdes Roche, MD, cares for a patient at Sunset Park Family Health Center at NYU Langone. The Family Health Centers network provides free or low-cost healthcare to 100,000 patients annually at nine primary care sites and in 42 schools throughout Brooklyn.



NEW FACES, NEW PLACES

To bring convenient, specialized medical care to Brooklyn, NYU Langone has expanded its outpatient network with new ambulatory care facilities throughout the borough. In 2016, 85 doctors joined NYU Lutheran, several assuming leadership roles.

Appointments & Recruitments

GEORGE G. ABDELSAYED, MD, chief of gastroenterology and hepatology, NYU Lutheran. Dr. Abdelsayed previously served as director of gastroenterology and hepatology at Staten Island University Hospital.

ERICH G. ANDERER, MD, chief of neurosurgery, NYU Lutheran. Board certified in neurosurgery and orthopaedic surgery, Dr. Anderer previously served as an adjunct faculty member at NYU Langone and was director of neurotrauma at Maimonides Medical Center.

ISAAC DAPKINS, MD, chief medical officer, Family Health Centers at NYU Langone. Board certified in internal medicine and pediatrics and certified in HIV medicine, Dr. Dapkins previously served as chief medical officer of Bronx-Lebanon Integrated Services Systems, a federally qualified health center.

W. GORDON FRANKLE, MD, chief of psychiatry, NYU Lutheran; vice chair of psychiatry, NYU Langone. A nationally renowned expert on schizophrenia, Dr. Frankle previously served as chief of psychiatry at Rutland Regional Medical Center in Vermont.

JENNIFER A. FRONTERA, MD, chief of neurology, NYU Lutheran; vice chair of neurology, NYU Langone. A neurointensivist and stroke specialist, Dr. Frontera previously was on staff at the Cleveland Clinic, where her research focused on the immediate effects of a ruptured aneurysm on the brain.

NICHOLAS GAVIN, MD, chief of emergency medicine, NYU Lutheran. Dr. Gavin previously served as co-medical director and director of quality improvement at the Ronald O. Perelman Center for Emergency Services at NYU Langone.

FREDERICK A. GULMI, MD, chief of urology, NYU Lutheran; vice chair

of urology, NYU Langone. Dr. Gulmi previously served as chair of urology at Brookdale University Hospital and Medical Center.

SETH KAPLAN, MD, chief of otolaryngology-head and neck surgery, NYU Lutheran. Dr. Kaplan previously completed a fellowship in laryngology-professional voice and swallowing disorders at the Cleveland Clinic.

RAVINDRA C. RAJMANE, MD, chief of pulmonary, critical care, and sleep medicine, NYU Lutheran. An expert in critical-care ultrasonography, Dr. Rajmane completed a fellowship in pulmonary and critical care medicine at St. Vincent's Catholic Medical Center.

BRET J. RUDY, MD, executive hospital director and senior vice president, NYU Lutheran. Board certified in adolescent medicine, Dr. Rudy previously served as chief medical officer of NYU Lutheran and, prior to that, vice chair of pediatrics at NYU Langone.

JOSEF A. SHEHEBAR, MD, director of colon and rectal surgery, NYU Lutheran. Dr. Shehebar previously served as an attending surgeon at Morristown Medical Center in New Jersey.

MING TSAI, MD, chief of obstetrics and gynecology, NYU Lutheran. Dr. Tsai previously served as chief of obstetrics and gynecology at Bellevue Hospital Center.

FRANK M. VOLPICELLI, MD, chief of medicine, NYU Lutheran. Dr. Volpicelli previously served as assistant chief of medicine at NYU Lutheran and a hospitalist at NYU Langone.

JOSEPH M. WEISSTUCH, MD, chief medical officer, NYU Lutheran. A board-certified nephrologist, Dr. Weisstuch previously served as assistant chief medical officer of NYU Lutheran.

New Ambulatory Care Centers

NYU Langone Medical Associates-Borough Park (718-436-3705)
 NYU Langone Brooklyn Medical Associates-Ocean Parkway (718-382-8900)
 NYU Langone Pulmonology and Sleep Medicine-Brooklyn (718-339-4800)
 NYU Langone Cardiology Associates-Bay Ridge (718-238-0098)
 NYU Langone Hematology Oncology Associates-Brighton Beach (917-736-9740)
 NYU Langone Eye Center-Brooklyn Heights (718-834-1976)
 NYU Langone Stepping Stones Pediatrics (718-686-8400)

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550 First Avenue
New York, NY 10016

A large photograph of the Brooklyn Bridge at dusk, with the city skyline visible in the background. The bridge's stone towers and suspension cables are prominent.

OUR BROOKLYN STORY

THE DUTCH WHO first inhabited Brooklyn adopted a wonderful motto for their settlement: “In Unity, There Is Strength.” I couldn’t agree more. In July 2015, not long after NYU Langone first affiliated with what is now NYU Lutheran Medical Center in southwest Brooklyn, we launched a free ferry service for members of our community. Wending its way back and forth between Manhattan and Brooklyn, the water shuttle is a fitting metaphor for the connections we share with our colleagues across the river. For more than a year, NYU Langone has been building its own bridge to Brooklyn, and this special edition of *News & Views* spotlights some of our most exciting achievements and loftiest ambitions.

You don’t have to live in Brooklyn to know that it’s a special place, a bona fide cultural capital, rich in diversity. As we expand and strengthen our ties to this great borough, we are truly building on bedrock.

A handwritten signature in black ink that reads 'Bob'.

—Robert I. Grossman, MD
The Saul J. Farber Dean and CEO