

check up

Summer 2008 | NewYork-Presbyterian Hospital/Weill Cornell Medical Center

On Charity Day, Every Deal Counts

Philanthropy is an integral part of good corporate citizenship. Companies approach the task differently: Some start foundations; others choose to give directly to a few organizations that reflect the interests of the current CEO. For the last seven years, the Department of Cardiothoracic Surgery has received donations as part of a unique program of an FTSE 100 (the index of the 100 most highly capitalized companies listed on the London Stock Exchange) company that takes a different approach.



(L to R): Lisa Nelson, Managing Director, ICAP New York City Office; Dr. O. Wayne Isom; Ron Purpora, President, ICAP North America; Dr. Arash Salemi; Jan Vander Goot, Administrator, Weill Cornell; Dr. Charles Mack

"We're honored to receive such generous support from ICAP and delighted that the professionals from the regional office saw fit to nominate us for Charity Day."

Dr. O. Wayne Isom

In 1993 the ICAP corporation, the world's largest money broker, established a novel way to make charitable contributions. Each December, the company pools all the revenues and commissions from a single trading day—designated Charity Day—and donates that amount to causes in the communities where the company has local offices and to international charities.

Over the last 14 years, ICAP has raised in excess of \$84 million dollars and supported more than 70 charitable organizations. Funded organizations include social service providers, education nonprofits and health-care institutions. In 2008, 22 U.S. charities will receive ICAP donations.

The Department of Cardiothoracic Surgery at Weill Cornell Medical Center has received proceeds from Charity Day since 2000. According to Lisa Nelson, managing director of ICAP's New York City office, the department was chosen for a number of reasons.

"We were impressed with their track record in successfully treating heart disease and the innovations in care that they bring to their patients. Unfortunately over the years, some of

our close colleagues have been stricken with heart disease, so we are keenly aware of the need for good treatment and for supporting advances in research. We looked at a number of local institutions that were doing similar work and we chose Weill Cornell because of the tremendous impact they are having in the field of heart disease."

"We're honored to receive such generous support from ICAP and delighted that the professionals from the regional office saw fit to nominate us for Charity Day," says Dr. O. Wayne Isom, chairman of the department. Adds vice-chairman Dr. Karl Krieger, "We hope this will encourage other companies and individuals to participate in programs like this and make a difference in their communities." ■

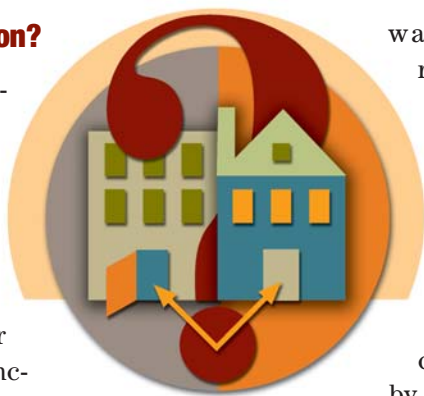
STAYING WITH THE PROGRAM: REHAB OR HOME?

It's one of the biggest decisions that patients and families have to make after surgery: Should they continue their recovery at home or go to a rehabilitation facility? We sat down with Emily Kramer, a clinical social worker at NYPH to talk over patient options for recovery.

What's the evaluation?

Every patient is evaluated by the physical therapy staff after cardiac surgery. They look at a patient's functioning before the surgery, his or her current level of functioning and what the goals are for treatment. The medical

team and social workers review the recommendations made by physical therapy and discuss them with each patient. If patients are doing well postoperatively, they will likely be recommended for discharge home with continued home therapy. If patients are having difficulty getting around, feeling more lethargic than usual or experiencing problems with balance, they will likely be recommended for discharge to a rehabilitation facility after they leave the hospital. I often tell patients that rehab is a good "halfway point" between hospital and home. If patients need assistance to get to the bathroom, get out of bed or



walk the hallways, rehab may be the best option for them.

What's so great about staying in a rehab center?

A lot actually. Rehab provides continued supervision by a medical team as well as bedside nurses. This care

can hasten your recovery. Rehab also provides daily physical and occupational therapy, and that can be extremely beneficial. Patients are often surprised by the independence that is required once discharged from the hospital. Rehab helps patients gain strength, increase stamina and improve gait and balance.

Is rehab based on your age?

Every patient is different. I have seen 88-year-old women return to walking within four days of surgery and scoff at the idea of placement in a rehab. At the same time, I have referred patients in their early 60s to subacute rehab.

Every patient tolerates surgery, medication, pain and stress differently. We, as a team, do not automatically prescribe rehab based on gender, diagnosis or age. However, we are pleased with the benefits of rehab in that it appears to decrease a patient's potential for return to the hospital shortly after discharge home.

If I decide on rehab, which one should I pick?

There are many factors to consider when choosing a rehab facility. Priorities will differ for each family. Some people select rehab based on recommendation, some based on location, and others by speaking to staff and touring a facility. Our social workers have access to several resources that can be helpful to families and patients as they make this decision. I like to tell people that family involvement is oftentimes very important to a patient's recovery. Therefore, I will have families consider location when exploring different rehab settings. I also tell families not to choose a rehab based on the exterior of the building or how nice the lobby looks. Patients see very little of these areas. The most important thing is that the rehab is clean, well staffed and employs knowledgeable and licensed physical therapists. ■

physician contact information

Mark Adkins	212 746-5846	Paul Lee	212 746-5043
Nasser Altorki	212 746-5156	Charles Mack	212 746-5168
Jonathan Chen	212 746-5014	Subroto Paul	212 746-5104
Leonard Girardi	212 746-5194	Jeffrey Port	212 746-5197
O. Wayne Isom	212 746-5151	Arash Salemi	212 746-5873
Karl Krieger	212 746-5152	Anthony Tortolani . . .	212 746-5155
Leonard Lee	212 746-5172		

Visit us online at:

<http://med.cornell.edu/heartsurgery>

E-mail us at:

ctsurgery-checkup@med.cornell.edu

MAKE A GIFT



The Department of Cardiothoracic Surgery at NewYork-Presbyterian's Weill Cornell Medical Center depends on many sources of revenue to maintain its status as a leading research center, care provider and educator of future generations of health-care professionals. A major source of support is the philanthropic vision of people who have come to know our work.

To make a tax deductible gift, please use the enclosed envelope.

For more information about the department, log on to: www.med.cornell.edu/heartsurgery

Tina Johnson, RN *Coordinator of Cardiovascular Services*

I was trained as a nurse in the Philippines and came to this country for my career. After working for two years at the Mayo Clinic, I came to NewYork-Presbyterian Hospital and decided this was the perfect place for me. That was 35 years ago. I was the assistant nurse manager for a number of years, and then in 1997 Dr. Krieger asked me to be the coordinator for the whole fourth floor—all 111 beds. It was quite a responsibility to take on.

I oversee the allocation of the beds for the CCU, ICU and the “step down” units. This is challenging because we have two priorities at once: anticipate the needs of patients who are scheduled for surgery and coordinate patients transferring from other hospitals. Many times these are patients who are very sick and need immediate attention. All this activity keeps us on our toes.

The key to our success involves two things, I think. First, everyone here is very professional and we all work hard to create a supportive environment where our patients come first. Secondly, we have excellent communication among the 200 people who come in contact with our patients. We put in very long days here, but it’s worth it. ■



Weill Cornell Art and Photo

**ANTICIPATE
AND
COORDINATE**

Infection Rate Down at NYPH

It’s a sad fact that although patients come to hospitals to improve their health, many actually get infections during their stay. In fact, so-called health-care associated infections account for an estimated 2 million cases each year. About one-third of those cases are bloodstream infections (BSIs). Cardiothoracic patients are at particular risk for this type of infection because of the flexible tube or “central line” that is inserted near the heart or into one of the large veins or arteries during surgery and recovery in the ICU. A central line is essential to a successful procedure, as it can measure the amount of fluid in the body and administer medications.

Weill Cornell Medical Center has one the lowest BSI infection rates in the country and in recent years has reduced such incidences to only one or two cases a year. According to Dr. Gregory Kerr, associate professor of clinical anesthesiology, this success is the result of a multifaceted approach to patient care that keeps the rate of infections so low.

“We started by bringing together all the ICU medical directors to collaborate on initiatives that improve patient care. We came up with a number of strategies that when put into place, further reduced the number infections to almost zero.”

The hospital standardized crucial procedures that account for the

drop in cases. First of all, central lines are removed as soon as possible after surgery. The hospital also mandated that all catheters used must be of antimicrobial material. Hand washing was stressed more than ever and staff are encouraged to remind each other of this and other important patient safety steps.

Dr. Kerr reports that the most important part of their work is to create a culture in which quality patient care is ingrained in everything that people do on the floor.

“Patients should know that we are compulsive about infection control, constantly focusing on trying to make sure that they don’t get infected. It’s our number one concern.”



Patient Profile: Zara Yedvarb

Surgery: Atrial Septal Defect and Patent Foramen Ovale Closure

Date of Surgery: February 5, 2008

In the weeks leading up to May 2007, Zara Yedvarb spent long hours training to run a 5K race.

This was her first, so when, after finishing the race, she experienced extremely heavy breathing and pain in her throat and neck, she dismissed it. A history of asthma and allergies, however, and a desire to enter more races, prompted her to have her lungs checked. The report was clear, but to be thorough, the allergist sent her to a cardiologist. Within a short time, she had been diagnosed with patent foramen ovale closure, a

defect in the wall between the two upper chambers of the heart. A cardiac catheterization was scheduled, and it was during this procedure that the atrial septal defect was discovered in a rare location.

Says Zara: “Learning I was about to have open heart surgery was a shock. I did my research and I got busy interviewing doctors. When I finally met Dr. Chen, he blew me out of the water. Not only did he answer my own questions, he communicated wonderfully with my family.

And I don’t travel light. I was going to appointments with my husband,

my mother, my uncle, and anyone else who had an opinion. Dr. Chen was completely comfortable with that.”

After the surgery, which was on a Tuesday, the pain was significant. But by Saturday, Zara was home. Painkillers helped with the initial recovery, but within two weeks, she was limiting her intake, and setting a goal to walk a mile a day. “I couldn’t wait to get back to the gym,” she says.

Zara’s determination paid off, and in less than six weeks, she was back to walking and running. So, does she plan to enter another race? “Why not?” she says. “I have a brand new ticker!” ■

Please write to us at: Director of Operations, Office of Development, New York Weill Cornell Medical Center, 525 East 68th Street, Box 123, New York, NY 10021, if you wish to have your name removed from lists to receive fund-raising requests supporting New York Weill Cornell Medical Center in the future.

inside this issue:

- *Philanthropy:* **Charity Day**
- *Post-Op Health:* **Rehab or Home?**
- *Staff Profile:* **Tina Johnson, RN** ▶
- *Winning the Race:* **Zara Yedvarb**



NONPROFIT ORG.
US POSTAGE
PAID
NEW YORK, NY
PERMIT NO. 1153

Weill Medical College of Cornell University
Department of Cardiothoracic Surgery
525 East 68th Street Suite M-404
New York, NY 10021