



STAY healthy

CARDIAC ISSUE 2015

A New Solution

UHS first in the Binghamton area to perform
transcatheter aortic valve replacement

Under One Umbrella

Introducing the
UHS Heart Institute

Close to the Heart

UHS Heart Institute
connects far-flung
patients to
world-class care

UHS WILSON MEDICAL CENTER

UHS CHENANGO MEMORIAL HOSPITAL

UHS HOME CARE

UHS PRIMARY CARE

UHS FOUNDATION

UHS BINGHAMTON GENERAL HOSPITAL

UHS DELAWARE VALLEY HOSPITAL

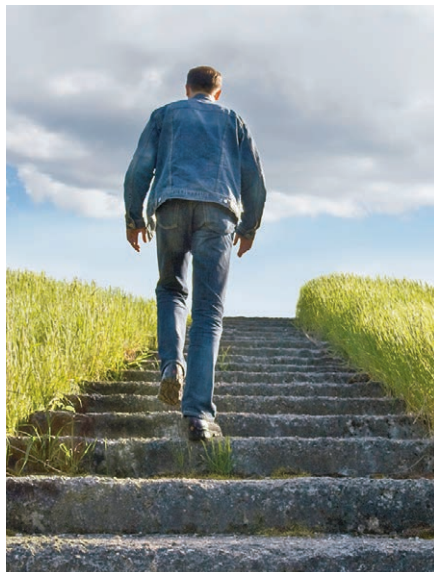
UHS SENIOR LIVING AT IDEAL

UHS SPECIALTY CARE

UHS MEDICAL GROUP

Every Step of the Way

UHS Cardiac Rehabilitation helps heart patients recover



Successful recovery from a cardiac event or procedure is a multistep process. To ensure that cardiac patients receive the all-inclusive care and community support they need to regain optimal health and independence, UHS offers a nationally-certified cardiac rehabilitation program that begins upon admission to the hospital and continues well after discharge.

When a patient is referred to UHS Cardiac Rehabilitation by his or her physician, the first step is a meeting that takes place in the hospital between the patient and a cardiac rehabilitation professional to plan the next steps in care. After discharge, a UHS Cardiac Rehabilitation staff member contacts the patient to begin the admission process to the program.

Each eligible patient will begin a comprehensive, medically-supervised program of exercise, health education and emotional support that's tailored to his or her unique needs. Highly-trained exercise physiologists develop

individualized exercise prescriptions to build strength and stamina, as well as aid in the prevention of further heart disease, utilizing specialized equipment and careful monitoring.

The exercise therapy phase of the program typically lasts 12 to 18 weeks and is covered by most insurance plans. The patient's cardiologist or primary care provider receives ongoing updates throughout the process.

>> **GET MOVING.** UHS Cardiac Rehabilitation is available at UHS Binghamton General Hospital and UHS Delaware Valley Hospital. Call **762-2178** (Binghamton) or **865-2155** (Walton) for more information.

Go for the Gold

UHS ranks highly in treatment of heart failure

According to the American Heart Association, about 5.1 million people suffer from heart failure. However, many heart failure patients can lead full lives when their conditions are well-managed.

UHS has received a national "Get With the Guidelines – Heart Failure Gold-Plus Quality Achievement Award" for its exceptional care of patients experiencing heart failure. This award signifies that UHS meets the quality standards for evidence-based care set by the American Heart Association and the American College of Cardiology Foundation.

UHS has implemented protocols to provide the most up-to-date, research-based care for the diagnosis and treatment of heart failure, including proper use of medications, aggressive risk-reduction therapies, patient education and referral for cardiac rehabilitation when appropriate.

"UHS is dedicated to improving the quality of care for our heart failure patients," says Afzal ur Rehman, MD, PhD, managing director of the UHS Heart Institute. "Implementing the Get With the Guidelines program helps us to accomplish this goal by tracking and measuring our success in meeting nationally accepted guidelines."



Lighten Up

6 tips for cooking lighter

Eating for a healthy heart doesn't have to mean giving up the foods you love. There are ways to lighten up your favorite recipes. You can substitute ingredients for lower-calorie, heart-healthy treats. Here are six tips from the American Heart Association:

1 Replace half the butter or shortening in baked goods with **natural applesauce** or fat-free plain yogurt.



3 Use half white and half **whole-wheat flour** when baking.



5 Use **ground turkey** or chicken instead of beef or pork.



2 Use low-fat or **skim milk** instead of whole or heavy cream.

4 Use **olive oil** or coconut oil instead of butter, lard or shortening.



6 Check labels of condiments, broth and other pantry items and choose those with **lower sodium**.



>> **COOK WITH HEART.** The American Heart Association has a Nutrition Center on its website. Find the latest in nutrition and health research, along with recipes, tips and more at heart.org/nutrition.



Heart at Home

Program helps cardiac patients remain healthy and independent

Careful management of a heart condition or recovery from a cardiac procedure can have a significant effect on long-term quality of life. UHS Home Care's Heart at Home program educates and empowers cardiac patients to manage their symptoms and heal safely, reducing the likelihood of repeated hospital readmission and loss of independence. Most Heart at Home patients have a diagnosis of hypertension, coronary artery disease, atrial fibrillation, angina or congestive heart failure, or have recently had a cardiac procedure or surgery.

Within 48 hours of admission to the program, the patient receives a home visit from members of the Heart at Home team. The team is managed by a registered nurse care manager in conjunction with the referring physician, and includes physical therapists, an occupational therapist, dietitians, social workers and home health aides. Together, they help patients to identify and eliminate barriers to recovery, review medications and offer suggestions or modifications to nutrition, exercise and lifestyle. Heart at Home may also include remote telemonitoring of vital signs, a customized rehabilitation plan and referral to the Mended Hearts support group.

>> TAKE CONTROL. Heart at Home is available in Broome, Chenango and Tompkins counties. To learn more about the Heart at Home program, call UHS Home Care at **763-8946**.

Our Hearts Are in Our Work

At UHS, we really put our hearts into our work. Locally and across the country, we're regarded as a leading institution in the care of heart patients, and an innovator in offering the latest in cardiovascular procedures. It's a distinction we're proud of, not just because it makes us feel good about the services we provide, but because we know it makes a difference in so many people's lives.

Over the years, we've pioneered a number of advances in heart care in our community, introducing angioplasty, open heart surgery and cardiac rehabilitation, to name a few. We've created trauma, stroke and chest pain centers at UHS Wilson Medical Center, and have launched community resources like Stay Healthy, where people can learn about fitness, nutrition, smoking cessation and overall wellness. Within the past few months alone, we've achieved several milestones in the ongoing development of our total approach to cardiac care in the Southern Tier.

This past summer, we opened a new clinic to treat patients with valvular heart disease, the first step in the creation of the UHS Structural Heart and Valve Center. Opened under the direction of Alon Yarkoni, MD, the clinic allows medical and surgical experts to use the latest technology to determine treatment options.

Within the past few weeks, we began offering a new type of valve surgery that benefits many heart patients otherwise deemed inoperable or high-risk. The method, known as transcatheter aortic valve replacement (TAVR), will benefit many individuals, allowing them to live longer and with a better quality of life than treatment with medications alone.

Recently, we received a national "Get With the Guidelines—Heart Failure Gold-Plus Quality Achievement Award" for our exceptional care of patients experiencing heart failure. To qualify, we were able to show that we have implemented specific quality measures outlined by the American Heart Association and the American College of Cardiology Foundation. And The Joint Commission, America's leading accreditor of healthcare organizations, recognized UHS as a "Top Performer on Key Quality Measures" for sustaining excellence in the way we care for patients with heart attacks, heart failure and surgeries.

Also during the year, our Cardiac Rehabilitation program earned three-year accreditation for adhering to the national guidelines of the American Association of Cardiovascular and Pulmonary Rehabilitation — the fourth time the program has won this designation.

And the American Heart Association recognized UHS for being an employer that takes its own employees' heart health seriously, bestowing on us a "Fit-Friendly Worksite" gold award.



Perhaps most significantly, in November 2014 we integrated all of our cardiac services under one banner — the UHS Heart Institute — based at UHS Wilson and extending across our healthcare system. The institute is designed to advance the quality and effectiveness of cardiac care, improve the patient experience, and augment the breadth and depth of existing cardiovascular services. It brings together all heart-related activities within a common organizational format that allows us to plan and implement services across the full spectrum of care.

As Afzal ur Rehman, MD, PhD, managing director of the institute, has said: "Organizing all cardiac services under one umbrella facilitates teamwork, enhances uniformity of care, improves communications, makes transitions of care as safe as possible and allows a close focus on quality and efficiency, to the benefit of patients."

That statement aptly sums up our approach to all of the heart care we offer at UHS. We are committed to giving residents of the Southern Tier access to the best possible care options, ensuring that lifesaving and life-improving care is available to them whenever they are in need. And we're devoted to making the care experience the most comprehensive, reassuring and beneficial one it can possibly be. That's because, every day, our hearts are really in it.

Matthew J. Salanger
PRESIDENT & CEO OF UHS



UNDER ONE umbrella

>>INTRODUCING THE UHS HEART INSTITUTE

THE RECENTLY-FORMED UHS Heart Institute brings all cardiac services throughout the UHS system under one umbrella, providing an integrated model of care and expanded access for patients throughout the region.

“The main benefit is a more patient-centered approach along the continuum of care — both inpatient and outpatient — for cardiology services,” says Kim Pilarchik, administrative director of the UHS Heart Institute. “By bringing the various departments under a more cohesive structure, we can provide better, smoother care for the patient.”

“What the institute does is cut across departments,” adds Afzal ur Rehman, MD, PhD, managing director of the UHS Heart Institute.

One example of this integration is the expansion of clinics providing multidisciplinary care to patients with conditions such as hard-to-treat hypertension, congestive heart failure or valve disease. Preventive cardiology and arrhythmia clinics are opening soon.

“The Heart Institute structure allows subspecialists to work together and eliminates competition between departments,” continues Dr. Rehman. “We are all working in the same direction. Our team approach lets us consider all of the options. The physicians make decisions together about what is best for the patient.”

CARDIAC SURGERY

**Kenneth Wong, MD,
Medical Director**



DESCRIPTION: The Cardiac Surgery department specializes in the surgical treatment of heart and vascular disease, performing procedures such as bypass, and partnering on surgical procedures performed in conjunction with the Structural Heart and Valve Program, Electrophysiology Lab and other departments.

WHAT'S NEW: The latest surgical techniques are regularly adopted to improve patient outcomes. By bringing all departments together, the UHS Heart Institute model allows cardiac surgeons to better work in partnership with other subspecialists to provide the best care for patients.

OUTPATIENT CARDIOLOGY PRACTICE



**Hisham Kashou, MD,
Lead Physician**

DESCRIPTION: The outpatient cardiology practice evaluates and treats heart disease. This

department is the first stop for many heart patients, either through referral from their primary care providers or as follow-up to an ER visit or hospitalization. Patients may then be referred to the subspecialists or clinics appropriate for their conditions.

WHAT'S NEW: Additional physicians and nurse practitioners have joined this department, helping patients to get appointments faster. Multiple specialty services, including a CHF Clinic, Hypertension Clinic, Heart Rhythm and Device Clinic and Preventive Cardiology Clinic are available or are opening soon. Outpatient cardiology capacity has also increased at UHS Chenango Memorial Hospital and UHS Delaware Valley Hospital. (See page 8.)

This area also oversees the following programs:
Cardiac Rehabilitation: Cardiac Rehabilitation helps patients recover from cardiac events or procedures with a carefully monitored exercise therapy program. (See page 2.)

Chest Pain Center: The Chest Pain Center is a critical-decision inpatient unit at UHS Wilson Medical Center where patients with symptoms that may signal a cardiac event can stay for up to 36 hours after an ER admission for further monitoring and a more definitive diagnosis.

CARDIAC CATHETERIZATION LAB



Paul Traverse, MD, Interim Director
DESCRIPTION:

Cardiac catheterization is a minimally invasive technique for opening blocked arteries, either to stop a heart attack or to prevent one. This technique involves inserting a catheter through an artery in the patient's arm or leg and threading it to vessels of the heart, where procedures such as balloon angioplasty and stent placement are performed.

WHAT'S NEW: A second cardiac catheterization lab was built with the latest technology in 2014, and the existing lab is now being upgraded to a hybrid operating suite that will handle both open heart surgery and catheter-based procedures — sometimes on the same patient at the same time. The hybrid suite will open in mid-2015.

STRUCTURAL HEART AND VALVE PROGRAM



Alon Yarkoni, MD, Director
DESCRIPTION:

The Structural Heart and Valve Program is new to UHS. This program treats diseases and deformities of the heart muscle and valves, usually with minimally invasive procedures. Procedures performed by physicians in this department include closing holes in the heart and repairing or replacing heart valves.

WHAT'S NEW: A new minimally invasive procedure called transcatheter aortic valve replacement (TAVR) was recently introduced by this program. Several successful cases have been performed. This program will also take advantage of the new hybrid catheterization/operating suite. (See page 6.)

CARDIAC ELECTROPHYSIOLOGY LAB



Afzal ur Rehman, MD, PhD, Interim Director

DESCRIPTION: Electrophysiology is concerned with the electrical impulses that regulate the heart's beat. This department diagnoses irregular heartbeats, called arrhythmias, with sophisticated testing, and treats them with medication, surgery, or implantable devices such as pacemakers and internal defibrillators, then monitors patients' responses to these interventions.

WHAT'S NEW: Most elective procedures, including ablations, to treat heart rhythm disorders are already offered at UHS, but plans are in the works to begin offering advanced cardiac ablation procedures in the near future to treat atrial fibrillation and serious ventricular arrhythmias.

ECHOCARDIOGRAPHY



James Vincens, MD, Director
DESCRIPTION:

Echocardiography is ultrasound imaging of the heart, which is used to diagnose an array of cardiac problems. This department also performs cardiac stress tests, EKGs, nuclear cardiac testing, cardiac CT and other non-invasive imaging procedures.

WHAT'S NEW: In 2014, the inpatient cardiac imaging department at UHS received certification from ICAEL, and certification for outpatient cardiac imaging is expected in 2015. The Echocardiography department has recently added new technology and a new technician, and a patient-friendly remodel of the main office is in the works.

RESEARCH



Martha Nelson, Clinical Research Director

DESCRIPTION: All cardiac research is now being funneled through the UHS Heart Institute to the UHS Office of Clinical Trials. UHS researchers and physicians work with

Binghamton University, the pharmaceutical industry and national organizations to participate in clinical trials.

WHAT'S NEW: Bringing all cardiac research together under one umbrella increases the volume and accessibility of research opportunities for physicians and patients, providing access to treatments that are still in development.

Heart to Heart

Melody Barton, RN, provides one-on-one support to help heart patients thrive

On Thanksgiving, Cardiac Nurse Coordinator **Melody Barton, RN**, got a call from one of her patients. The man, in his 80s, wanted to tell her that he was grateful. Thanks to her help, he could properly manage his congestive heart failure (CHF) and enjoy life again. He even had a new girlfriend.



To help patients with CHF understand their diagnosis and live better with this condition, UHS provides free, one-on-one patient education and counseling by Ms. Barton, who is specially trained and has ten years of experience in inpatient and outpatient medical settings.

She meets with patients and their families at hospital discharge, and visits them at home if requested. "Some newly diagnosed patients think that heart failure is a death sentence," says Ms. Barton. "I help reassure them that it's not — that they can live with it if their symptoms are managed properly. While this condition won't go away, we can keep it from getting worse."

Ms. Barton also helps coordinate and schedule tests and services and refer patients to support services, including cardiac rehabilitation, educational programs, support groups and smoking cessation courses as needed. And she serves as a key point of contact with referring physicians.

"The job of nurse coordinator is so rewarding," Ms. Barton says. "I get to see significant changes in people who want to make a difference in their health. It's great to know that I could help them on their journey."

A NEW solution

>> UHS FIRST IN THE BINGHAMTON AREA TO PERFORM TRANSCATHETER AORTIC VALVE REPLACEMENT



Leonard Williams, 87, is back to plowing snow on his 1.5-acre property after a minimally invasive procedure to replace his aortic valve.

“ I owe it to UHS for what they have done for me and I appreciate it very deeply. It came out better than I expected and I have no regrets. ”

—Leonard Williams

APPROXIMATELY ONE QUARTER of people over the age of 65 suffer from aortic stenosis of varying degrees. This condition, caused by a buildup of calcium on the aortic valve, leads to reduced blood flow, eventually causing symptoms such as shortness of breath, chest discomfort and fainting. Untreated, severe aortic stenosis could lead to death within two years.

The only treatment for aortic stenosis is valve replacement, but this procedure has been out of reach for patients who are too old or sick to undergo open heart surgery. Now there is a solution: transcatheter aortic valve replacement (TAVR). TAVR is a minimally invasive procedure recently approved by the Food and Drug Administration for patients at high risk for surgical procedures. The UHS Heart Institute began performing TAVR at UHS Wilson Medical Center in December 2014, and all patients treated so far are doing very well.

THE PATIENT EXPERIENCE

Leonard Williams of Kirkwood was the second TAVR patient at UHS, treated on the first day the procedure was offered. He had been diagnosed with a heart murmur 34 years ago, but had been asymptomatic. However, over the past year, Mr. Williams, a highly-functioning 87-year-old WWII veteran, became increasingly short of breath and fatigued, finding it difficult to mow his acre-and-a-half of lawn and bring in firewood — tasks he had previously taken pride in. Because of his age and history of a quadruple bypass, he was not a candidate for open valve replacement.

Kenneth Wong, MD, the UHS cardiac surgeon who had performed Mr. Williams' bypass in 2004, introduced his patient to Alon Yarkoni, MD, FACC, earlier in 2014. Drs. Yarkoni and Wong determined that Mr. Williams needed his aortic valve replaced, but due to his age and medical history, urged him to hang on until their team was ready to start performing TAVR in December. The wait, according to Mr. Williams, was worth it.

"I'm glad I could hold out until they got set up with this. It was just two little holes. It was like taking a nap in the afternoon and having my operation," says Mr. Williams. "Right away I felt better. I got more air and the aches in my shoulders and arms left me. They did a great job — I got to go home the next day!"

Dr. Yarkoni was thrilled with the outcome. "In Mr. Williams' case, recovery time was pretty negligible," he says. "He was awake and talking immediately after the procedure and out of bed that evening and walking the next day. I saw him in the office the next week and he looked great."

IT TAKES A TEAM

Dr. Yarkoni, a fellowship-trained interventional cardiologist who came to UHS in July 2014 as medical director of the UHS Structural Heart



Alon Yarkoni, MD, FACC

and Valve Program, was instrumental in bringing TAVR to UHS. He trained in the procedure during a fellowship at The Henry Ford Hospital in Detroit under world-renowned cardiologist William O'Neill, who is one of the pioneers of the procedure and was involved in its

early U.S. clinical trials.

TAVR takes a team approach, with cardiologists specializing in interventional cardiology, cardiac surgery, cardiac imaging and cardiac anesthesia scrubbing in on the procedure. "It's quite an elaborate process, and utilizes a lot of teamwork from highly trained physicians," says Dr. Yarkoni.

UHS is fully invested in bringing TAVR to area residents. UHS Wilson Medical Center upgraded the technology in its Cardiac Catheterization Lab to accommodate TAVR procedures, and is currently building a second lab that will be used to perform TAVR as well as procedures that require both open and catheter-based approaches simultaneously, such as mitral valve replacement.

"Some of the most well-regarded healthcare organizations in the state have a TAVR program, and we are fortunate to have a program here at UHS now," says Dr. Yarkoni. "We are happy to be able to offer this treatment option to our patients."

GETTING CLINICAL

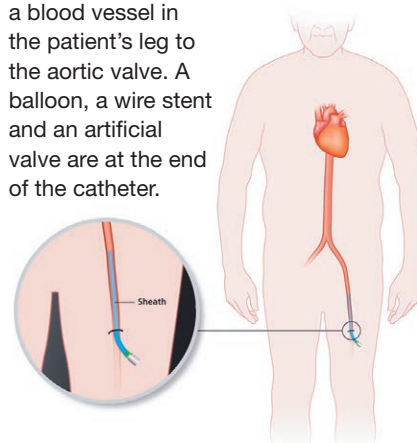
TAVR is just one of the treatment options available through the newly-opened valve clinic at UHS. The valve clinic, the first of its kind in the Southern Tier, brings together medical and surgical specialists to evaluate and treat patients with valve disease, using the latest protocols. The clinic offers newly-developed approaches such as balloon valvuloplasty, along with surgical valve repair and replacement, plus management with medications. It also coordinates cardiac rehabilitation and home care for its patients. Care is highly individualized to each patient.

How TAVR works

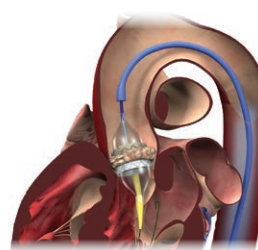
1. The aortic valve regulates blood flow from the left ventricle, the main pump of the heart, to the aorta and the entire body. A stenotic valve is stiff and does not open and close as well as it should.



2. With TAVR, a catheter is advanced through a blood vessel in the patient's leg to the aortic valve. A balloon, a wire stent and an artificial valve are at the end of the catheter.



3. The malfunctioning valve is opened with a balloon, and the new valve is anchored into place. The catheter is then removed.



Please visit uhsstayhealthymag.com for a video demonstration of the TAVR procedure.

"Our multidisciplinary heart valve team, comprised of surgeons and cardiologists, can develop treatment strategies that are best suited for each patient," explains Dr. Yarkoni. "These decisions can be quite complicated. We like to use videos and heart models to explain this condition and the various treatment options available." **SH**

>> OPEN DOORS. Patients are referred to the valve clinic by their cardiologists. For more information on the UHS Heart Institute, visit uhs.net/care-treatment/heart-care.



Cardiologist James O'Brien, MD, FACC, is now seeing patients at UHS Chenango Memorial Hospital five days a week.

CLOSE to the heart

>> UHS HEART INSTITUTE
CONNECTS FAR-FLUNG PATIENTS
TO WORLD-CLASS CARE

When a patient has signs of heart attack, UHS' rural hospital emergency departments are ready to stabilize him or her and expedite transfer to UHS Wilson Medical Center's Level 1 Trauma Center. But much of the time, cardiac care needs can be expertly addressed close to home.

The UHS Heart Institute brings world-class cardiology services to patients throughout the Southern Tier. Now, patients in the Delaware County area can see one of two new cardiologists who travel weekly to UHS Delaware Valley Hospital (see sidebar). Diagnostic procedures such as stress testing, echocardiograms, and Holter

and event monitoring are also available at this location.

Additionally, cardiologist James O'Brien, MD, FACC, has recently expanded his availability to five days a week at UHS Cardiology Norwich, and is on-call to address urgent cardiac needs. Patients have access to cardiovascular diagnostic testing options on the first floor of UHS Chenango Memorial Hospital. All three cardiologists, along with cardiac nurse practitioner Sue Button, MSN, ANP-BC, work closely with each patient's primary care provider.

"Demand has grown for nearby access to cardiac care in these communities," says Dr. O'Brien. "Being close to our patients helps us to

evaluate and treat many problems that in the past required a long drive to Binghamton or Johnson City. Being on-site helps us prevent and detect cardiovascular problems at an early stage, and to spread crucial knowledge about maintaining cardiac health and prevention. And, when needed, we can consult with and refer our patients to the highly-skilled team of UHS cardiac specialists."

As a primary care physician in Walton, Michael J. Freeman, DO, MPH, MBA, has seen this need firsthand. He says his patients benefit from his collaboration with UHS cardiologists.

"There is nothing my patients have more concern about than their hearts," Dr. Freeman explains. "As a primary

care physician, I'm the first in line to determine that my patients' concerns are heart-related, using a comprehensive screening panel. If the patient requires further reassurance or care, if they need follow-up after discharge from the hospital, or we need consultation on difficult-to-control cardiac risk factors such as high blood pressure, local access to a UHS cardiologist is invaluable."

Inpatient care is also enhanced at UHS Chenango Memorial Hospital. With Dr. O'Brien now on-site, full cardiac testing capabilities and specialized nursing care, the hospital is now able to care for more cardiac inpatients rather than transfer them to UHS Wilson Medical Center, says Dr. O'Brien. "We can now treat more seriously ill patients. Our nursing staff has responded wonderfully to the increased number of patients, with care and expertise," he says. **SH**

New cardiologists serve Johnson City, Delaware County

Two new specialists have joined UHS Cardiology at Wilson Square in Johnson City, and will be making weekly trips to provide on-site consultations and follow-up care at UHS Delaware Valley Hospital as well. Matilda Yetunde Akinyemi, MD, MS, and Keyoor Patel, DO, joined UHS in December.



Dr. Akinyemi recently completed a general cardiology fellowship at the University of Texas Health



Science Center at Houston. She is board-certified in internal medicine and echocardiography.

Dr. Patel comes to UHS from Southside Hospital in Bayshore, N.Y., where he worked following a cardiology fellowship at the Milwaukee Heart Institute. Dr. Patel is board-certified in internal medicine and echocardiography, and has experience working in community health in New York City and India.

>> **CARDIAC CONNECTION.** Schedule an appointment with a nearby UHS cardiologist. In the Delaware County area, call **865-2400**. In Chenango County, call **337-4215**.