

A woman with short blonde hair, wearing a black quilted jacket, black leggings, tan boots, a purple and white patterned headband, and sunglasses, is walking across a snow-covered field. The background shows bare trees and a clear sky.

UHS **STAY** healthy

WINTER ISSUE 2014

Joint Effort

Peg Shiel resumed a pain-free active lifestyle soon after getting a brand-new knee

Game On

UHS Sports Medicine takes a comprehensive approach to getting athletes back in the game

Without Missing a Beat

A new procedure makes angioplasty successful even in the most difficult cases

Only the Best

Quality and safety results gain recognition

“We know that what matters most to patients is safe, effective care,” says Matthew J. Salanger, president and chief executive officer of UHS. “That’s why we have a long-standing commitment to implementing scientifically sound medical practices that have been proven to save lives.”

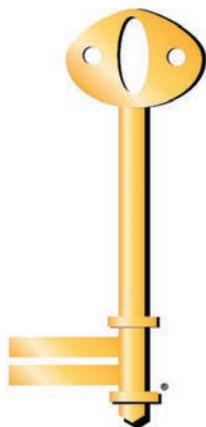
Part of this commitment includes participating in reviews by third-party experts who evaluate UHS on safety and quality. Participating in these programs creates opportunities for clinicians and other staff to work together to implement best practices

for patient care. This helps UHS continuously improve the healthcare it provides to the community while reducing costs. Recent recognitions include:

- **SURGICAL EXCELLENCE:** UHS Hospitals is one of 37 hospitals around the country to receive recognition for outstanding surgical outcomes during 2012 by the American College of Surgeons’ National Surgical Quality Improvement Program.

- **SUCCESS AT TREATING HEART FAILURE:** The American Heart Association awarded UHS Wilson Medical Center its Get With the Guidelines Heart Failure Gold Plus Quality Achievement Award.

- **TOP QUALITY:** UHS Hospitals has been named the only “Top Performer on Key Quality Measures” in the Southern Tier by The Joint Commission, America’s leading accreditor of hospitals and healthcare organizations.



Stay Resolute

How to stick with your resolution to get fit in 2014

Chances are you’ve made a New Year’s resolution to lose weight or stay fit at least once before. But it’s also likely that you fell off the wagon before March. Still, there are ways to stick with a New Year’s resolution to get fit.

A series of specific, reachable objectives is crucial to helping you progress toward a goal as large as weight loss. Plus, it’s extremely easy to abandon a resolution if you don’t outline a strategy for it in the first place. Start with small steps each day. Achieving practical checkpoints will keep you motivated while still changing habits along the way.

Finding additional time to exercise might seem impossible. But as with food, successful exercise is all about developing a regimen that works with your schedule. For two days, take an inventory of your time. Figure out where your free blocks are — even 20 minutes is enough time to get in a quick workout.

On top of that, try activities that are versatile. Instead of blocking off an hour for a run or gym session, buy a small set of weights for home and use them while helping the kids with homework or watching TV. Taking your dog for a walk instead of letting him or her out is another way to exercise while still being productive.

>> UHS CAN HELP. Visit www.uhsstayhealthymag.com to watch video testimonials from UHS weight loss patients and read more about how UHS can help you meet your weight loss resolutions.



Steady As We Go

UHS and Broome County pilot nationwide fall-prevention program

A program piloted by UHS and Broome County to reduce falls among the elderly has gone nationwide. Developed by the Centers for Disease Control and Prevention, “Stopping Elderly Accidents, Deaths and Injuries” (STEADI) was launched in the Southern Tier in 2012 by UHS Primary Care, the Broome County Health Department and the Broome

County Office for Aging, under the direction of Frank Floyd, MD, internist at UHS Primary Care Endwell.

“Our work will be used by the CDC to set the national standard for how to roll out STEADI and reduce injuries in people over 65,” says Dr. Floyd.

The state Health Department and the CDC selected Broome County for the STEADI pilot based on the aging demographics of the region. UHS became the alpha test site because of its fully-established electronic medical record system, which facilitated data collection and reporting.

The program encourages primary care providers to conduct regular screenings for patients age 65 and older to determine their risk of falling.

Patients at risk for falling are educated in steps to reduce their risk.

According to the CDC, one out of three people age 65 and over will fall each year. Falls are the leading cause of unintentional-injury death and account for 69 percent of nonfatal injuries in the elderly.

>>STAND TALL. STEADI screenings are being offered to patients age 65 and older at UHS Primary Care locations throughout the system. Need to find a primary care provider? Visit www.uhs.net and click the Find-a-Doctor tab, or call NurseDirect at **763-5555**.

Brain Trust

UHS and Binghamton University research could pave way for Alzheimer's test



Dr. Berkowitz checks in with a patient.

An estimated 5.2 million Americans are living with Alzheimer's disease, and that number is expected to rise precipitously. Yet, there is no single diagnostic test that shows whether an individual has the disease.

"While physicians can and do make a 'clinical diagnosis' of Alzheimer's disease based on the patient's history, physical exam and screening tests, a definitive diagnosis isn't possible without pathological analysis of the brain," explains Shawn Berkowitz, MD, director of Geriatrics at UHS.

Dr. Berkowitz hopes to change that one day. He is working with J. David Schaffer, PhD, a professor of bioengineering at Binghamton University, to determine if a speech-based diagnostic test can be developed to identify Alzheimer's. The project is a personal one for Schaffer, whose wife contracted early-onset Alzheimer's.

"I think people who volunteer to participate in medical research are the unsung heroes of medicine." —J. David Schaffer, PhD

According to Dr. Schaffer and Dr. Berkowitz, certain speech defects (called aphasias) are associated with different kinds of dementias, and literature suggests that some of these aphasias might have prognostic or diagnostic ability. "From there, it's not too far a stretch to think we might be able to develop a diagnostic test for early-stage dementia based on speech samples," says Dr. Schaffer.

While this project is the first collaboration between Dr. Schaffer and Dr. Berkowitz, UHS and Binghamton University have a long history of partnership. "From a healthcare perspective, UHS and BU are a perfect marriage," remarks Dr. Berkowitz.

>>VOLUNTEERS ARE NEEDED. Volunteers with a confirmed or suspected diagnosis of Alzheimer's type dementia who are in the early stages of the disease are encouraged to participate in the study. Contact Kim Evanoski in the Social Work Department at BU at 280-1433 or evanoski@binghamton.edu.

Honored to Serve

In this issue of *Stay Healthy Magazine*, you'll find an article about a few of the many awards, honors and recognitions UHS has received over the past several months.

It's an impressive list. UHS has been ranked the Southern Tier's only "Top Performer on Key Quality Measures" by The Joint Commission, a national hospital accrediting panel. CMS has named UHS one of only 97 hospitals in the U.S. that are top performers in hip and knee replacement. And for the second year in a row, we were named by *U.S. News & World Report* as among the best hospitals nationwide. To top it all off, our UHS Vestal facility has been earning one design recognition after another.



Naturally, honors such as these mean a lot to my colleagues and me. They bring a sense of pride to the work we do. They validate our mission, encourage us in our daily tasks and remind us that we're making a positive difference in the lives of others. But what do they signify to you, the patient, resident or customer of UHS? Why should you care about them?

First of all, honors, recognitions and accreditations aren't given out to healthcare organizations lightly. The reputations of the agencies that present the awards are at stake, so they analyze and judge hospitals and other healthcare institutions very carefully before determining who gets recognized. It's one way you can have assurance that the care you receive is based on the best practices in medicine today.

Secondly, honors usually reflect a healthcare organization's track record of providing quality service consistently over a period of years. At UHS, we're not new to the field. Our hospitals, skilled nursing facilities, physician practices and other members have been in business a long time and have worked hard over the decades to maintain the highest possible quality, year in and year out. That makes us something of a model for other systems around the country.

And thirdly, organizations that are viewed as leaders in healthcare are those that are quick to adapt to the healthcare consumer's changing needs and expectations. That's reflected in the many advances we've made in recent years, as we've added services like the CyberKnife Center of New York; invested in our computerized clinical, financial and patient information systems; expanded our network of primary care centers; and recruited top doctors to our community.

UHS is a locally operated system, owned by the community. That means that you, as a community resident, and as a patient using one or more of our services, are a major stakeholder in UHS' accomplishments. So I hope you will join with me and with the hundreds of UHS employees, providers and volunteers in feeling that sense of pride in the honors that have come home to us. They are a reflection of how fortunate we are to have such excellence in healthcare services, right here in the Southern Tier.

Matthew J. Salanger
PRESIDENT & CEO OF UHS

GAME ON

>> A COMPREHENSIVE APPROACH TO
GETTING BACK IN THE GAME

KYLE MEESE, a freshman at Union-Endicott High School, knew he was in trouble when he got hit hard in football practice. It was an early September practice after the first game of the season. “We were doing Oklahoma drills,” he says, when he felt his collarbone break. “I was in shock at first.”

Luckily, the football field is just steps from UHS Walk-in Endicott, where staff treated Kyle and assessed the damage. UHS Sports Medicine orthopedic surgeon Micah Lissy, MD, saw Kyle the next day, and surgery was planned for the following week. While the young athlete sat out the remainder of the season, quick action and

Kyle Meese recovered quickly from a broken collarbone with treatment from UHS Sports Medicine.

skilled treatment by the UHS Sports Medicine team ensured that he will be good as new and ready for action come next football season.

CARING FOR THE COMMUNITY

Athletes like Kyle look to sports medicine specialists to help them get back in the game. “UHS is dedicated to providing the community with an orthopedic and sports medicine center of excellence,” says Danielle Donlin, director of the Sports Medicine Program.

To meet that goal, the team is building the sports medicine program and recruiting highly specialized physicians, surgeons, trainers and physical therapists who can assess, treat and create a cohesive plan for getting athletes and active individuals back in action.

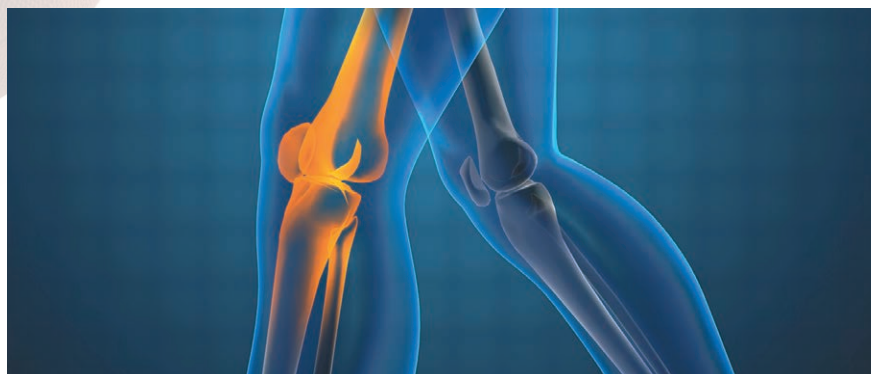
While highly trained athletes obviously need sports-focused medical care, the “weekend warrior” can also benefit from a sports-trained physician’s expertise. Additionally, people who are active at work or in their everyday life, or who stand, lift heavy objects or perform repetitive functions as part of their job are at risk for injuries in which sports doctors specialize. The UHS Sports Medicine team strives to serve these individuals — and get them back to their activity — just as they do with elite athletes.

TOP DOCS

Primary care sports medicine doctor Luis Rodriguez, MD, joined the Binghamton-based sports medicine practice in May and enjoys employing



Micah Lissy, MD, joined UHS Sports Medicine in July 2013.



Oh, My Aching Knees!

Knee problems are the most common reason for a visit to an orthopedic surgeon. The knee is a complex joint with many components, making it susceptible to a variety of injuries. Many athletes experience injuries to one of the major ligaments, such as the ACL (anterior cruciate ligament) or the MCL (medial collateral ligament), or to the meniscus (cartilage in the knee).

According to Dr. Lissy, any time there is significant swelling in the knee or if there is acute injury, there is damage that needs further evaluation by a sports doctor. “Don’t wait,” Dr. Lissy urges.

An injury that is not acute, such as a bruise, a ding to the knee or a strain, he says, may resolve with time and use of RICE (Rest, Ice, Compression, Elevation). “It’s common for athletes to wait to seek treatment because they don’t want to hear they have to stop what they’re doing,” he says. “But our goal in treatment is to find a way that we can keep them active and prevent further injury.”

a comprehensive approach to keeping athletes and active individuals healthy. Dr. Lissy, a former physical therapist and collegiate athletic trainer, joined the team in July after completing a sports fellowship in Detroit where he cared for the Red Wings, Pistons and Tigers, and has a healthy respect for the athletic mindset and keeping an athlete doing what he or she loves most. They join board-certified sports medicine doctors David Gallagher, MD, and Donald Nash, MD, at UHS Sports Medicine.

Dr. Rodriguez is dedicated to serving the community through outreach and building partnerships with area schools, teams, events and groups. As the team doctor for the Vestal Youth Football League (among other sports organizations), he uses his expertise and training to help educate parents and athletes on sports injuries, such as concussion. Both Dr. Rodriguez and Dr. Lissy’s roles as team doctors for Binghamton University collegiate teams include holding sports medicine clinics twice weekly and treating athletes on-site. Further, monthly “grand rounds” — roundtable discussions where the whole UHS Sports Medicine provider team

meets — are held to discuss the best treatment options for each individual.

In addition, part of the team’s focus is on relationships with area schools, such as Union-Endicott, Binghamton University and SUNY Broome (to name a few), and community outreach. The team includes a staff of orthopedic subspecialists and physical therapists, as well as strong relationships with cardiologists and other physicians. Further outreach includes assistance at area events like golf or lacrosse tournaments, local marathons and other sporting events.

GETTING BACK TO ACTIVITY

The main goal of each partner in the sports medicine program is to get active individuals back to their activity, job or sport. Kyle Meese isn’t just cleared to play next season, he’ll be returning with a cool steel plate and seven steel screws in his collarbone. He says he’s almost back to normal and ready for action, just three months after his injury. “I can play touch football now, and I’m benching 150 pounds already. My parents were really happy with how everything turned out and happy to see me working out again,” he says. **SH**

““ We want the community to know that UHS has an entire team of sports-trained certified athletic trainers, physicians and physical therapists that can attend to athletic injuries when they happen. ””

—Dr. Luis Rodriguez

>> **TO LEARN MORE** about sports medicine or make an appointment with Dr. Rodriguez, Dr. Lissy or another sports medicine specialist, call **771-2220**.

JOINT effort

>> KNEE PAIN IS NO MATCH FOR UHS JOINT REPLACEMENT CENTER



Peg Shiel is back to Pilates, hiking, biking, yoga and golfing after a total knee replacement ended years of pain.

PEG SHIEL had managed her knee pain well for years, but in 2012 her family noticed something that she didn't: The active 69-year-old was favoring her left leg and her gait had changed.

For 71-year-old Jan Powell, the onset of excruciating knee pain seemed to come out of nowhere, stopping him short during a bowling game. Although their circumstances differed, each of these Binghamton-area residents found themselves on a path to life-changing joint surgery, and to expert care at the Joint Replacement Center at UHS Binghamton General Hospital.

The UHS Joint Replacement Center offers individualized care that's unique to the greater Binghamton area, from personalized pre-admission education and testing to one-to-one post-surgical care, says nurse manager Sheri Renaud, MS, RN, NE-BC. "We emphasize one-on-one care throughout the entire process, including post-surgical physical therapy and rehabilitation," she says. "Our patients have our undivided attention."

VAST EXPERIENCE

UHS joint replacement patients are in the experienced hands of Lawrence Wiesner, DO, an orthopedic specialist and director of the UHS Orthopedic Surgery team. Dr. Wiesner has worked with UHS for more than 11 years and has unique expertise in caring for patients with complex joint problems. He performs approximately 500 joint replacement surgeries each year with the help of highly trained staff and the latest medical technology.

“Our orthopedic program stands out for its surgical subspecialists, who are entirely devoted to their specialties, and our continuity of care before, during and after surgery,” Dr. Wiesner says. Staff includes registered nurses, physical and occupational therapists, respiratory care specialists, nurse educators, and patient education coordinators, all specializing in joint replacement surgeries on knees, hips and shoulders.

Patients needing extensive post-surgical rehabilitation at UHS Binghamton General can stay on-site for up to 20 days in the hospital’s comprehensive transitional care unit (TCU). They can also take advantage of UHS Home Care. Each of these care teams coordinates closely with Joint Replacement Center staff to ensure that each patient achieves optimal recovery and has a safe transition home.

Dr. Wiesner gets high marks from Ms. Shiel, who says that family members’ comments about her altered gait were a wakeup call. With her left knee joint in a bone-on-bone state and cortisone shots and physical therapy no longer alleviating the pain, Ms. Shiel considered traveling to New York City for surgery. After studying her options, she realized that the care she was looking for could be found close to home.

“I did my research and looked at all the alternatives,” says Ms. Shiel, who hoped to preserve her ability to hike, bike, do yoga and golf, among other activities. “Dr. Wiesner came highly recommended by friends, and I saw that he had a lot of experience.” Ms. Shiel also attended one of the doctor’s free seminars on joint replacement to learn more. During her appointments, Dr. Wiesner carefully explained her options, she says. “I appreciated feeling that the choice to have surgery was my own.”

IN GOOD HANDS

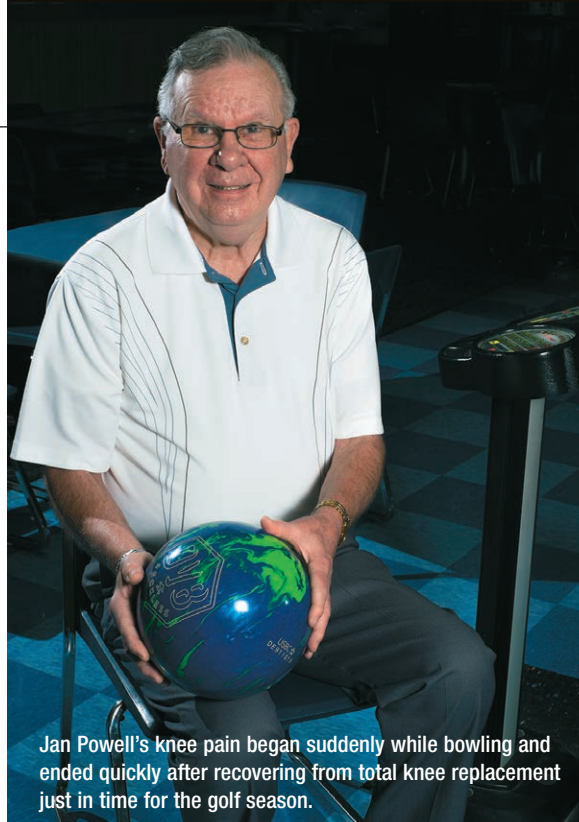
Ms. Shiel’s total left knee replacement and her stay at UHS in March 2013 went smoothly from start to finish. “Dr. Wiesner runs a very tight ship and the staff is extremely organized. They take everything out of your hands and it’s all laid out for you,” she explains. Prior to surgery, Ms. Shiel attended a personalized orientation session with a nurse specialist and representatives from Anesthesia, the UHS

Pharmacy and Physical Therapy, who answered questions about surgery and post-surgical pain relief. Routine pre-surgical tests were done at this time as well.

Ms. Shiel was up and walking the evening of her surgery, under the supervision of the nursing staff. Dr. Wiesner prescribed a blood thinner to reduce the chance of blood clots and an ice machine for use at night, which Ms. Shiel says kept swelling to a minimum. After a three-day hospital stay, she also took advantage of UHS Home Care, which provided individualized physical and occupational therapy and daily blood draws, all in the comfort of home. Within three weeks she was back to walking distances, and eight months later she is once again working out and has regained her original walking gait. “I was in good shape to start with,” she says, “but I have no doubt my recovery was fast because I was in good hands.”

BOWLED OVER

When knee pain hit Mr. Powell during a routine bowling game, it hit hard. “I had to stop bowling and could hardly walk,” says the retired electric company employee.



Jan Powell’s knee pain began suddenly while bowling and ended quickly after recovering from total knee replacement just in time for the golf season.

“I knew something was drastically wrong because I’d never had any problems in that knee before.” Like Ms. Shiel, Mr. Powell had bone-on-bone contact in the joint. Dr. Wiesner treated Mr. Powell’s painful left knee with cortisone, and eventually suggested a total knee replacement. Mr. Powell agreed it was time, asking to have surgery in January of 2013, so that he could be back to playing golf that spring.

The catch was that Mr. Powell hadn’t stayed in a hospital in 50 years and was very anxious. But the attention he received from the UHS staff helped alleviate his discomfort. “The nurses, the staff and the anesthesiologist knew I was nervous before surgery. They calmed me down and put me at ease,” he explains. During the procedure, Mr. Powell’s wife, Henrietta, was able to follow her husband’s progress on a waiting-room monitor. When surgery was complete, Dr. Wiesner came out personally to reassure Ms. Powell that her husband was doing fine.

Mr. Powell recovered with the help of UHS Home Care and outpatient physical therapy, using a walker, and then a cane, as he gradually regained strength. By March he no longer needed the cane, and by May he was back where he wanted to be — on the golf course. “I was tentative, but [my game] went well this year. I’m also slowly getting back to bowling,” he says. Mr. Powell no longer needs pain medication. “I’d definitely say my experience was terrific,” he added. **SH**

New Physical Therapy Center in Norwich

UHS’ CV Stratton Center therapy practice and the SECO therapy office have merged to form UHS Therapies in Norwich in the Eaton Center at 26 Conkey Avenue. The spacious, completely renovated facility is conveniently located in downtown Norwich.

The new facility incorporates physical therapy, occupational therapy and speech therapy. According to Allison O’Neill, UHS Therapies office manager, one of the benefits of the new location is increased space to carry out services. “It’s really a beautiful new space,” says Ms. O’Neill.

Other benefits are that the same staff covers inpatient, outpatient and short-term rehab, so patients get to know and feel comfortable with their therapists. And, more space means additional staff has been added to efficiently serve patients. “This means that there is good continuity of care for the community, and we can get patients in faster with the additional staff,” says Ms. O’Neill.

>> NOW OPEN. UHS Therapies in Norwich is open from 8 a.m.–6:30 p.m., Monday–Thursday, and 8 a.m.–2 p.m. Friday. To learn more or to make an appointment, call **337-4227**.

>> NATIONALLY RECOGNIZED. The Centers for Medicare and Medicaid Services has named UHS one of the best hospitals in the country for hip and knee replacement surgery. UHS is one of only six hospitals in New York State, and one of only 97 in the entire United States, to receive the designation. CMS rated most hospitals as average, but ranked UHS and 96 others across the country as performing better than average in avoiding readmissions, complications or both.

What’s New?

The Joint Replacement Center at UHS Binghamton General has undergone a freshening facelift to further accommodate the special needs of its patients. The remodeled facility includes new décor and 15 private patient rooms with private baths, offering plenty of open space for maneuvering and physical therapy during recovery, as well as for personal items and visits with loved ones.

WITHOUT MISSING A

beat

>> NEW PROCEDURE SIGNIFICANTLY INCREASES ANGIOPLASTY SUCCESS RATES

UHS Wilson Medical Center is a noted leader in heart care, recognized as one of only 31 centers authorized to perform heart surgery in the state of New York and the only local hospital authorized to perform angioplasty. A recent example of UHS' dedication to advanced heart care is its new approach to angioplasty, utilizing highly advanced equipment that recently gained FDA approval.

Angioplasty involves making a small puncture to insert and guide a tiny catheter with an attached balloon into a partially blocked or narrowed artery. Once in place, the balloon is inflated to open the artery and restore blood flow to the heart. When necessary, a stent may be inserted to hold the artery open.

If the artery is completely blocked by heavy, hardened plaque, a condition referred to as coronary artery chronic total occlusion (CTO), there is only a 50/50 chance that a routine angioplasty can break through the obstruction. Until recently, a failed angioplasty left only two choices: medication and/or a trip to the operating room for bypass surgery.

A NEW SOLUTION

Today, however, concentrated training and highly advanced equipment allow the cardiologists at UHS Wilson Medical Center to perform a slightly different type of angioplasty and successfully treat many more coronary artery chronic total occlusions.

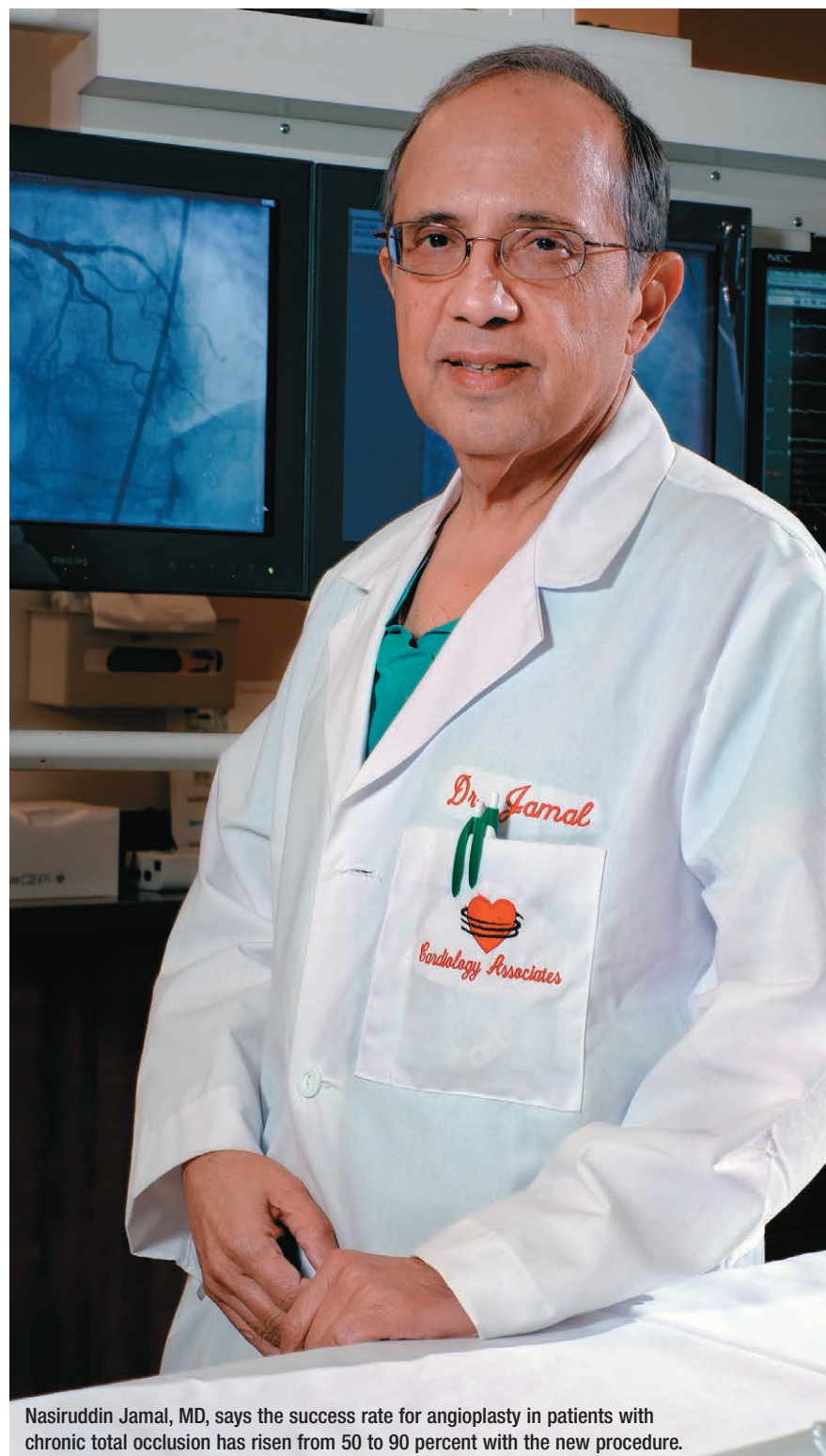
"The new technique and advanced instruments brought our success rate up to nearly 90 percent," says UHS interventional cardiologist Nasiruddin Jamal, MD.

The procedure begins and ends like a traditional angioplasty, with the difference coming in the middle, Dr. Jamal explains. "The newer equipment lets me either go through the blockage or around the blockage." In the latter case, Dr. Jamal threads the catheter with attached balloon through the artery lining just above the blockage and then re-enters the artery after the blockage. "At that point, the artery is opened with the balloon or stent, as with a traditional angioplasty."

Once the procedure is complete, recovery is identical to the traditional angioplasty. "This can be done in our cath lab, with one overnight hospital stay and then a few days of rest," Dr. Jamal says.

PROMISE KEPT

While this procedure takes a little longer than a traditional angioplasty and requires dedicated training to command full control of the new tools' capabilities, Kim Pilarchik, UHS director of Cardiac Services, explains that mastering this alternative is a vital part of UHS' promise to the community. "This is another solution we can provide so our patients do not need to travel elsewhere for leading-edge treatment," she says. "They can stay right here in their own community and receive the care they need." **SH**



Nasiruddin Jamal, MD, says the success rate for angioplasty in patients with chronic total occlusion has risen from 50 to 90 percent with the new procedure.

>> **WATCH AND LEARN.** Watch a video demonstration of how the new procedure opens previously hard-to-fix arteries, at *UHS Stay Healthy Magazine Online* at www.uhsstayhealthymag.com.