

NON-PROFIT ORG.

# Housecals

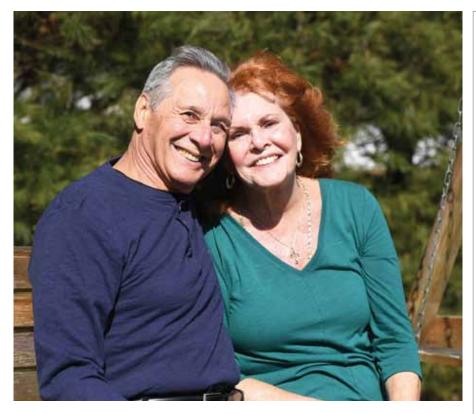
A publication of Mather Hospital • Fall 2018



# Precision CyberKnife for Prostate Cancer Gets Patient Back to The Things He Loves

Julius' brother had prostate cancer, so his doctor always kept a close eye on Julius' Prostate Specific Antigen (PSA) levels, a test that could be an indicator of prostate cancer. When his doctor noticed that Julius' PSA level had risen, he ordered a test.

It came back positive for prostate cancer and his doctor, a surgeon, raised the possibility of prostate surgery. The Holstville resident then decided to consult with his wife's oncologist, Michael Theodorokis, MD, of New York Cancer & Blood Specialists. Dr. Theodorokis recommended an alternative to surgery – Precision CyberKnife of New York.



Julius and his wife met with radiation oncologist Martin Silverstein, MD. "He went over everything," he said. "He explained all about Precision CyberKnife — a pain free, non-invasive treatment for prostate cancer that targets the cancer with pinpoint accuracy. I thought it was a great idea. I thought it was a better option than surgery."

Julius, 75, also talked with a deacon at his church who had also gone through CyberKnife treatment and he urged Julius to go that route.

Precision CyberKnife of New York, a program of Mather Hospital at New York Cancer & Blood Specialists in East Setauket, was close to Julius' home and convenient. This was important to Julius because nine years earlier his wife, Carol, was diagnosed with breast cancer and went through traditional radiation treatments five days a week for seven weeks. Carol said it was an uncomfortable procedure and she had difficulty dealing with the fatigue, so she felt that CyberKnife was a great option for Julius.

At Precision CyberKnife, Julius had a total of five treatments over two weeks. The CyberKnife procedure was noninvasive and fast. "It was a piece of cake," he said. "Actually all I had to do was pick the music to listen to. It was pretty cool." Julius said that he had very few side effects and felt well enough following his treatments to enjoy his favorite things – being with his wife of 53 years, traveling and playing cards.

**▼**To learn more about Precision CyberKnife of New York call (631) 675-5399.

# **Don't Let Joint Pain Slow You Down**

**Attend a FREE Joint Replacement Evening Seminar** 

Saturday, November 10, 2018

8:30 - 11am Mather Hospital 75 North Country Road, Port Jefferson Learn how advancements in minimally invasive surgical techniques can:

- Eliminate your knee, hip and shoulder pain
- Minimize scarring
- Reduce recovery time

- Improve your life

**▼** For more information or to register, call 631-686-7876





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# Mather to Honor Three Individuals at Annual Gala

Mather Hospital will honor Northwell Health President & CEO Michael J. Dowling as its Community Honoree and David T. Chu, MD, oncologist and Hesham Atwa, MD, surgeon, will receive the 2018 Theodore Roosevelt Awards for volunteerism at its One Enchanted Evening gala on Friday, November 2, at East Wind Long Island in Wading River.

### **2018 Community Honoree**

Michael J. Dowling
Michael J. Dowling is
president and chief
executive officer of
Northwell Health,
which delivers worldclass clinical care
throughout the New
York metropolitan area,



pioneering research at the Feinstein Institute for Medical Research and a visionary approach to medical education highlighted by the Donald and Barbara Zucker School of Medicine at Hofstra/ Northwell and the School of Graduate Nursing and Physician Assistant Studies.

Northwell Health is the largest integrated health care system in New York State with a total workforce of more than 66,000 employees — the state's largest private employer.

Prior to becoming president and CEO in 2002, Mr. Dowling was the health system's executive vice president and chief operating officer. Before joining Northwell Health in 1995, he was a senior vice president at Empire Blue Cross/Blue Shield. Mr.
Dowling served in New York State government for 12 years, including seven years as state director of Health, Education and Human Services and deputy secretary to the governor. He was also commissioner of the New York State Department of Social Services.

Mr. Dowling grew up in Limerick, Ireland. He earned his undergraduate degree from University College Cork (UCC), Ireland, and his master's degree from Fordham University.

### **2018 Theodore Roosevelt Award Winners**

David T. Chu, MD

Dr. David Chu is a medical oncologist at New York Cancer & Blood Specialists. He currently serves as Section Chief for Hematology/Oncology at Mather Hospital. He also serves as Chair of



Mather's Breast Program Leadership Committee, which oversees the National Accreditation Program for Breast Centers Standards for Accreditation for Mather Hospital.

Dr. Chu chairs Mather's Cancer Committee, where he oversees the Commission on Cancer Standards for Accreditation for Mather and St. Charles Hospitals. He is a lead physician for the Lung Cancer Conference, a multidisciplinary review of newly diagnosed lung cancer patients to recommend further diagnostic testing or treatment plan.

Dr. Chu is a graduate of St. George's School of Medicine, Grenada and he completed his residency in Internal Medicine and Fellowship in Hematology Oncology at Stony Brook University Hospital.

#### Hesham Atwa, MD

Dr. Hesham Atwa is the senior surgeon at Long Island Laparoscopic Doctors with more than 12 years of experience in Advanced Laparoscopic, Open and Bariatric Surgery. He has been a surgeon at Mather



Hospital since 2001. Dr. Atwa served as Director of the Department of Surgery from 2014-2017 and Section Chief of General Surgery since 2014. He has supported many of Mather's fundraising efforts including the 3 North building project, Thrift Shop renovation and the Village Cup Regatta.

He is a graduate of Ains Sham University School of Medicine in Cairo, Egypt. He completed his residency in General Surgery at Metropolitan Group Hospitals (University of Illinois) and his Fellowship in Laparoendoscopic Surgery at the University of Texas Health Science Center. Dr. Atwa was among a handful of residents nationwide to be selected to participate in a Minimally Invasive Fellowship Program in Advanced Laparoendoscopic Surgery under Dr. Phillip L. Leggett,(considered a pioneer of laparoscopic surgery worldwide) at the University of Texas Health Science Center in Houston, TX.

# Support Groups Offer Help When You Need It

**Adult Infant Child CPR/Basic Life Support**: Call 631-476-2729

Al Anon: Call 631-669-2827

Alcoholics Anonymous: Call 631-669-1124

**Bereavement\***: Call Good Shepard Hospice at 631-465-6300 and St. Louis de Montfort Church at 631-744-8566

031-744-8300

**Chemical Dependency**: Call 631-331-8200 **Congestive Heart Failure**: Call 631-473-1320

**Diabetes Management & Prevention:** 

Call 631-686-7879

Eating Disorders: Call 631-473-3877

Emotions Anonymous: Call 631-474-2090

Live, Love and Laugh Again: Call 631-476-2776 Look Good, Feel Better: Call 1-800-227-2345

Lymphedema: Call 631-686-7648

Living Hope for Mental Health: Call 631-675-6831

Multiple Scleorsis: Call 631-589-3901

Newly Diagnosed Women with Breast Cancer:

Call 631-689-1854

Overeaters Anonymous: Call 631-981-5850

**Prostate Cancer "Us Too" International:** 

Call 631-846-4377

Reach to Recovery: Call 800-227-2345

**Sarcoidosis**: Call 631-432-9374

Smoking Cessation: Call 631-853-2928 Strength for Life: Call 631-675-6513

Suffolk Aspergers/Autism Support & Information

(SASI): Call 631-695-9497

**Stroke**: Call 631-686-7660

Yoga for Health: Go to www.matherhospital.org/yoga.

\*All groups except Bereavement meet at Mather Hospital.

# What You Need to Know Before Your Next ER Visit

Emergency Departments (ED) are busy places, filled with people who have a range of medical problems. Not understanding how ED's work can be confusing and somewhat frustrating. So we put together a list of our frequently asked questions and had our ED professionals respond.

# Q: What happens when I get to the Emergency Department?

A: You will meet with the nurse in triage. That's the first step. Depending on your condition you will then be brought to a treatment area right away or, after triage, directed to start the registration process. At pique volume hours, Mather also has a physician or physician assistant in triage to help with the increased number of patients.

-Julie Tegay, BSN, RN-BC, Nurse Manager, Emergency Department

# Q: Why is another patient who came in after me being treated first?

A: Every patient is evaluated based on the Emergency Severity Index, a national classification system that determines the acuity of patients' health care problems and the number of resources their care is anticipated to require. By resources I am referring the types of interventions or diagnostic tools, above and beyond physical examination, such as imaging studies, blood tests, sutures, and intravenous or intramuscular medications. The more life-threatening or emergent your symptoms, the higher you rank on the Index, so interventions are implemented immediately to save your life. Our goal is to treat all patients in a timely manner based on the severity of their illness or injury.

-Phillip Messina, RN, Assistant Vice President of Nursing





### Q: How long will I have to wait to be seen?

A: We've worked very hard and made changes to keep the time you spend in the ED to a minimum. Since January our door to ED bed placement time has been cut in half. The time it takes for a patient to see a provider after he or she has been placed in an ED bed is seven minutes, well below the national average of 15 minutes.

Earlier this year we placed a physician or physician's assistant in triage during our busiest times. By doing this, we get immediate insight to what the problem is and initiate workup based on that encounter. That's been very successful in reducing the time patients spend in the Emergency Department.

The ED also added a second nurse to the triage area. This allows us to provide medication sooner or contrast that may be needed for a CT exam.

-Adam Wos, MD, Medical Director, Emergency Department

### Q: Why do ED visits take a long time?

A: Coming to an Emergency Department is very different than having an appointment at your doctor's office. We are staffed and equipped to handle patients with life threatening conditions to patients with lacerations and sprains. We never know how many people will be coming in at any time or the severity of their medical problems. Mather is constantly looking at processes to improve the patient experience including the time it takes to diagnose and admit or treat and release our patients.

As an ED patient, your physician will want to order tests on you. Obtaining all the test results may take some time. We're doing everything we can to expedite your care. If you have any questions about your wait time just ask anyone and they'll provide you with an estimate.

Once we have all the test results back, the physician can determine the course of treatment and whether you will need to be admitted. Even when your ED doctor determines you will be going home, it could take a couple of hours before you can leave the hospital. There are many reasons for this, some are: We have administered medication through an IV that is not completed. The medication given temporarily affects your ability to walk. We need to coordinate your safe transportation home, perhaps wait for a family member to pick you up. We need to arrange for special equipment/services for when you get home. Your specialist is in the hospital and wants to take a look at you or speak to you.



If you are going to be admitted, usually one of our hospitalists, that's a physician who only sees patients admitted to the hospital, will write the order for the care unit that your condition requires, such as intensive care or medical surgical unit. You will be transferred to a room on that unit once a bed becomes available. Depending on how full the hospital is, this can extend your stay in the ED. -Julie Tegay, RN

### Q: Why can't I have something to eat while I am waiting?

A: Patients are asked to refrain from eating until their test results are back in the event a surgical procedure is needed.

-Dr. Adam Wos

# Q: Who will be treating me in the ED?

A: You will be seen by a physician, physician assistant, or nurse practitioner. The physician may be a resident, who is a licensed physician that works with our ED staff physicians.

-Julie Tegay, RN

# Q: Will I see my own primary care physician?

A: Your ED physician may consult with your primary care physician. However, due to the increased demands of their practices, many primary care physicians have hospitalists speak with you. They will coordinate care with your primary care physician while you are here. After your discharge from Mather, your primary care physician will continue to direct your care.

-Phil Messina, RN

# Q: Will I be admitted to the hospital?

A: You will be admitted based on your test results and diagnosis. Sometimes we need to observe patients for a while to determine if they need to be admitted or can be discharged home. This is called observation. Observation care seeks to treat patients whose condition doesn't justify a hospital admission, but may still need follow-up, testing, or a little bit of "wait and see." For example, a patient who shows up in the ED with stomach pain may just be constipated, or they may have appendicitis. Observation care helps to determine the level of care needed.

-Adam Wos, MD

# Pioneering Solutions that Cut ED Wait Time

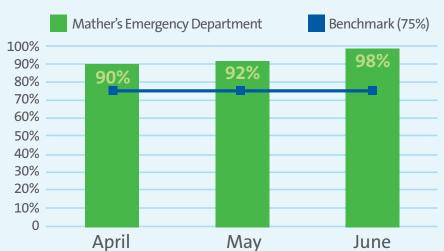
No one ever wants to go to an Emergency Room.

When facing a serious illness or injury, it's where you need to go. However in recent years the Emergency Department (ED) at Mather Hospital was confronting a growing set of problems. The influx of walk-in urgent care centers in the community meant that the patients coming to Mather are sicker and dealing with more complex medical issues. The volume of behavioral health patients increased 130% in just three years. Add in the opioid epidemic, and Mather's ED, like so many across the country, became overwhelmed. Service times slowed, throughput suffered and patient satisfaction decreased significantly.

The staff knew that it had to diagnose and treat the issues impacting the ED. Through collaborative problem solving with multiple departments, the ED staff pioneered solutions. They implemented innovative staffing plans to best meet patient needs. They streamlined the patient admission process to get patients to their rooms quicker.

As a result, door to triage time has been cut in half, as has door to ED bed placement. The time it takes for a patient to see a physician after they have been placed in an ED bed is seven minutes, well below the national benchmark of 15 minutes. For the entire second quarter of 2018, Mather's ED patient satisfaction scores were above the 90th percentile and reaching 98th percentile in June.

# Changes In the ED Enhanced Patient Experience



Source: Press Ganey Patient Satisfaction Survey April-June 2018.

Benchmark is the mean score of 168 hospitals nationwide with an Emergency Department volume of 35,000-45,000 annual patient visits.



# Why I Have an Annual Lung Cancer Screening

Rita, 72, of Ridge started smoking at age 19 when she left for college. Later in life, work as a regional bank manager in West Palm Beach, FL and raising a family brought some stress. Cigarettes provided her relief. After more than 40 years of smoking and several attempts to stop, she finally quit in 2010.

"Then I retired and I moved back to New York. I saw a brochure for Mather's Lung Cancer Screening Program in my doctor's office," Rita said. After discussing it with her physician, she decided this was something she needed to do now.

Lung cancer is most treatable when diagnosed early and can save lives. However, knowing that you don't have cancer, after years of smoking, is extremely comforting and reassuring.

The lung cancer screening, which is a low radiation dose CT scan, took just a few minutes. "I was contacted a few days later by the program's nurse navigator Eileen Zaoutis. She said everything looked good. She was so encouraging and went over the test results with me," Rita said. "It's really wonderful."

Rita now goes for a regular lung cancer screening at Mather every year. After one of her screenings, Rita said she received a phone call from both her doctor as well as Zaoutis. While it turned out to be nothing serious, she credits the program for being thorough and quick to get in touch with her.

Rita says scheduling her lung cancer screening every year is like any other screening and notes, "It's quick, it's simple, and the people are very lovely."

The Lung Cancer Screening Program is for current and past smokers age 55 to 77 who have at least a 30 "pack year" smoking history (the average of one pack a day for 30 years), and currently smoke or quit in the last 15 years.

**▼** For more information, go to www.matherhospital.org/lung or call 631-686-2500.

# PaintP\(\text{rtPink}\)

**Mather Hospital** Northwell Health

Bringing the community together in the fight against breast cancer.

October 1-31, 2018



■ Check out the highlights from this year's event at paintportpink.org

Thank you to our community and more than 140 community partners!

Proceeds from all events to benefit the Fortunato Breast Health Center Fund for Uninsured and Underinsured.

# What You Should Know About Breast Cancer



Not everything you may hear or read about breast cancer is true. Dr. Michele Price, breast imaging specialist at the Fortunato Breast Health Center, helps set the record straight on 10 common myths.

### Myth: Finding a lump in your breast means you have breast cancer.

**Dr. Price:** More than 80% of breast lumps are not cancer. But if you discover a lump in your breast or notice any changes in breast tissue, it should never be ignored. It is very important that you see a physician for a clinical breast exam and, if recommended, a mammogram and breast ultrasound.

### Myth: Breast cancer always forms a lump.

**Dr. Price:** Most people know that a lump in the breast may be a sign of cancer. However, there are other warning signs of breast cancer, including a change in the look or feel of the breast, a change in the look or feel of the nipple, or nipple discharge. You may not have a palpable lump at all.

## Myth: Men do not get breast cancer.

Dr. Price: Each year it is estimated that approximately 2,190 men will be diagnosed with breast cancer and 410 will die. Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Men carry a higher mortality than women do, primarily because awareness among men is less and they are less likely to assume a lump is breast cancer, which can cause a delay in seeking treatment.

# Myth: If you have a family history of breast cancer, you are likely to develop breast cancer.

Dr. Price: While women who have a family history of breast cancer are in a higher risk group, the majority of women with breast cancer have no family history. Statistically only about 10% of individuals diagnosed with breast cancer have a family history of this disease.

# Myth: If the gene mutation BRCA1 or BRCA2 is detected in your DNA, you will definitely develop breast cancer.

**Dr. Price:** According to the National Cancer Institute, not every woman in families that have BRCA1 or BRCA2 mutation will inherit it. Also, not every cancer in such families is linked to a harmful mutation in one of these genes. Furthermore, some women who have the BRCA1 or BRCA2 mutation never develop breast and/or ovarian cancer. Women who have the harmful mutation in BRCA1 or BRCA2 are about five times more likely to develop breast cancer than a woman who does not have such a mutation. Therefore, if you have the mutation, develop a plan with your physician on how to deal with it and carry out that plan.

### Myth: Young women don't get breast cancer.

**Dr. Price:** The truth is all women are at risk of breast cancer. Although rare, young women can get breast cancer, even in their 20s. However, fewer than five percent of all breast cancers diagnosed in the U.S. occur in women under 40.

### Myth: Antiperspirants and deodorants cause breast cancer.

**Dr. Price:** Researchers at the National Cancer Institute are not aware of any conclusive evidence linking the use of underarm antiperspirants or deodorants and the subsequent development of breast cancer.

### Myth: There is nothing you can do to lower your risk of developing breast cancer.

**Dr. Price:** Lifestyle and environmental factors can have an impact on breast cancer risk. To keep your risk as low as it can be, maintain a healthy weight, exercise regularly, and limit the amount of alcohol you drink.

### Myth: Regular mammograms prevent breast cancer.

**Dr. Price:** Mammograms don't prevent breast cancer, but they can save your life by finding breast cancer early, when it's most treatable.

**▼**For more information go to matherhospital.org/breast



**10/1 - 10/31, Paint Port Pink**, Port Jefferson, Events and information at paintportpink.org

**10/27, 9am - 1:30pm, HealthyU Seminar Series and Health Fair,** Mather Hospital. Register at 631-686-7879 or matherhospital.org/healthyu

**10/27, 10am - 2 pm, Drug Take-Back Day,** Cody Ambulatory Surgical Pavilion Lobby , Mather Hospital.

**10/30, 6:30pm - 9:30pm, Back & Neck Pain** Breakfast Seminar, Mather Conference Rooms A & B. Register: 631-686-7880

**11/2, 7pm, 53rd One Enchanted Evening Gala**, East Wind Long Island, Wading River. Info at www.matherhospital.org/oee

**11/5, 12 - 3pm, 45th Annual Auxiliary Fashion Show**, Stony Brook Hilton Garden Inn. Call 631-476-2723 for information.

**11/7, 1 - 2pm, Veterans Field of Honor Celebration**, Mather Hospital Conference Rooms 1 & 2

11/10, 8:30 - 11am, Hip & Knee Joint Replacement Breakfast Seminar, Mather Hospital. Register at 631-686-7876

**11/17, 9 - 11am, Back & Neck Pain Breakfast Seminar**, Mather Hospital. Register at 631-686-7880



# Up to \$20,000 in cash prizes!

All winning tickets go back into the raffle drum for remaining drawings:

January 3 \$500

January 10 \$1,000

January 17 \$1,500

January 24 \$2,000

January 31 Grand Prize Drawing Choose \$15,000 or a New Car!

For more information, call (631) 476-2723.

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