

NORTHWELL **CONNECTIONS**

VOLUME 1, 2023

Back in action after hip surgery

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Northwell
Health®

FROM MATHER HOSPITAL

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Kevin McGeachy
Executive Director
Mather Hospital

Stephen Bello, PA
Regional Executive
Director
Eastern Region

Barbara Osborn
Vice President
Northwell Health
Public Relations

John Hastings
Director
Public Relations

Lisa Davis
Senior Advisor
Public Relations

Kristen Mascia
Editor
Public Relations

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News & Notes

FROM MATHER HOSPITAL AND ACROSS NORTHWELL HEALTH

TUNE IN



Scan the QR code to watch the trailer.

There are 2.7 million medical calls placed in New York City every year — and a pulse-pounding new Netflix docuseries called “Emergency NYC” dives into Northwell’s role in managing the outcomes. The series was filmed at health system facilities such as Cohen Children’s Medical Center, South Shore University Hospital and Lenox Hill Hospital; it even includes SkyHealth, Northwell’s emergency helicopter service. The eight episodes bring viewers inside the world of flight nurses, transplant surgeons, paramedics, trauma surgeons and neurosurgeons as they give everything they have to help people in need. It’s available to stream now.



JOBS FOR VETERANS

1,300

Veterans Northwell has hired in the past three years as part of its Veterans Employment Initiative. For its efforts to hire, train and promote veterans and their relatives, the system has received New York’s Military Friendly Employer Award for four consecutive years.

CONGRATS AND KUDOS

Awards and accomplishments at Mather Hospital

Healthgrades, the leading marketplace connecting doctors and patients, has named Mather Hospital one of **America’s 250 Best Hospitals for 2023** — putting it in the **top 5%** of hospitals nationwide for overall clinical performance.



Mather also earned a third-place ranking in New York state for GI surgery, a fourth-place ranking for critical care and additional recognition for excellence in bariatric surgery.



For the third year in a row, the hospital also received a **2023 Outstanding Patient Experience Award™** from Healthgrades, ranking it among the top 10% of hospitals nationwide for patient experience.

The American Nurses Credentialing Center’s Magnet Recognition Program® acknowledges health care organizations that deliver quality patient care. Mather — which previously earned **Magnet® recognition** in 2013 and 2018 — has now notched its third Magnet designation in a decade.



And finally, Mather has been awarded its 18th **“A” Hospital Safety Grade** from The Leapfrog Group, a nonprofit watchdog organization. The nod is given to hospitals that provide safe, high-quality care.

3 QUESTIONS FOR...

Joseph Bornstein, MD

Mather Hospital's newest colorectal surgeon reveals his favorite parts of the job and the unusual (and artistic!) hobby he tackles in his spare time



Q: Welcome to Mather! What brought you to Northwell?

I'm excited to join Mather and Harbor View Medical Services, PC, to work alongside Mohamad Abouzeid, MD, FACS. He and I actually went to medical school together at Tufts University; we met as first-years and we've been friends

ever since. I married my wife, Nicolette, a reporter for News12, this past October, and Mohamad, one of my groomsmen, walked down the aisle with his daughter as the flower girl.

Prior to coming to Northwell, I was the lead colorectal surgeon for a large hospital system in Alabama. It's

been my dream to embed in a community and build a practice — so when Mohamad called and said there was an opportunity at Northwell, it seemed like the perfect time to make the move. He and I share the same vision: We were trained at big academic centers and know what good care looks like. We know we can offer that together.

Q: What drew you to your specialty?

In medical school, I was in awe of the decisiveness and confidence of the attending surgeons. In my work, I get to help patients of all ages with a variety of problems — some of them simple, and some of them more complex.

I treat a lot of people with colorectal cancers, which are beginning to affect more patients at a younger age. Thankfully, advances in endoscopic, laparoscopic, and robotic surgery are making it easier for these patients to recover. In fact, in many cases, patients who need surgery

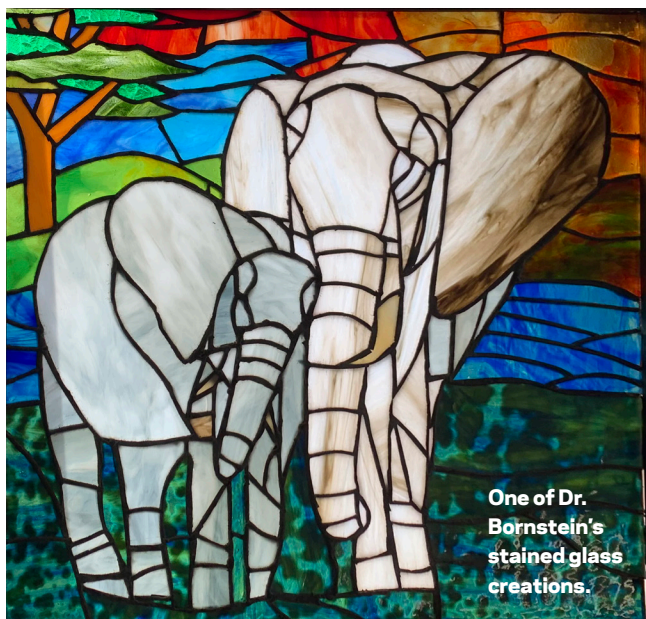
can go home a day or two after their procedures.

Q: You've got some cool hobbies — including stained glass mural-making. How did you get into that?

I grew up in Manhattan and Westchester; when I first moved down south, I didn't know anyone. I befriended someone I worked with, an older gentleman and pathologist who happened to be from Brooklyn. The first time I visited him at home, I saw that he had all of this beautiful stained glass artwork. "I made 'em all," he said, as if it was no big deal. I couldn't believe it.

I went home and bought a starter stained glass-making kit off the Internet. You can only learn it by doing it; you have to get a feel for how glass breaks. It can take me four or five months to finish a piece. It's tough, but I enjoy it.

To schedule a consult with Dr. Bornstein, call 631-832-4059.



One of Dr. Bornstein's stained glass creations.

PATIENT STORIES



Sigwart (above, left, in 2017, and right, in May) credits his surgeon, Dr. Arif Ahmad (inset) for giving him the boost he needed to get healthy.

Thriving after weight-loss surgery

UNHEALTHY HABITS: In the nearly 10 years he spent working as an insurance investigator, Teddy Sigwart, 35, struggled to stay healthy. To do his job, he logged long days in the car, driving from case to case. As a result, the former college athlete often skipped the gym and relied on fast food — sometimes eating McDonald's three times a day.

SURGICAL SOLUTION: By 2021, Sigwart had entered law school and was 100 pounds heavier than his ideal weight. Ready to make a change, he contacted **Arif Ahmad, MD, director of Mather Hospital's Center of Excellence in Metabolic & Bariatric Surgery™**.

LIFE, RECLAIMED: In June 2021, Sigwart underwent gastric sleeve surgery to remove part of his stomach. Thanks to Dr. Ahmad — as well as the crucial follow-up support he received from the hospital's dietitians — Sigwart shed more than 125 pounds. His results have been life-changing, he says: "Dr. Ahmad and Mather's dietitians were pivotal for me." **Learn more at matherhospital.org/transformation. To register for an informational seminar, call 631-407-2661.**



SUPPORT PROGRAMS

Exercise for healing

When their friend Evelyn Knapp succumbed to breast cancer in 2005, Debbie Hughes and Jacqui Errico sought to create the perfect tribute. Knapp (above, with her daughters in 2000), an exercise physiologist, had found comfort in gentle exercise when sick; starting a fitness-focused support group for cancer patients felt right. In 2007, they founded Strength for Life, a nonprofit that hosts free workouts for cancer survivors. This summer, they'll be holding sessions at Mather Hospital. **Call 631-528-2168 for more info.**

Saving lives
27%
faster

Patients having a heart attack due to a blocked artery should receive a stent to reopen it within 90 minutes of their arrival at the hospital, the American College of Cardiology (ACC) says. But **at Mather, the average patient gets a stent in just 65.5 minutes.**

A new hip — in a day

Jennifer Zito was sick of living in pain. A less invasive type of hip replacement helped her get back on her yoga mat fast.



Jennifer Zito, 53, rarely skips a workout. Since her long-distance running days in high school, she's stayed active, practicing yoga and martial arts several times a week.

Both activities require a lot of hip stretching. "It's important to have a good range of motion," Zito says.

So when her left hip began to ache five years ago, Zito's workouts took a hit. Over time, the pain progressed from a dull throb to a lacerating stab. "I had sharp pain whenever I would try to make certain moves," she says.

Within a year or so, the high school physics and chemistry teacher from Miller Place, NY, developed pain so debilitating it interrupted her sleep. Sitting in the car for road trips with her

husband Richard, 50, and their five children became unbearable.

Frustrated, Zito consulted an orthopedic surgeon, who ordered X-rays that showed the problem: severe arthritis in Zito's left hip, as well as the beginnings of a bone spur, a calcification that forms when bone rubs against bone.

Years of wear and tear had caused the protective cushion of cartilage in Zito's hip to degenerate, the doctor said. In fact, to totally eliminate her pain and help her recoup her mobility, Zito would need a hip replacement.

Just 48 at the time, Zito was shocked. "I thought, I'm young. I've tried to be healthy. It doesn't seem right," she recalls.

"I wasn't ready to jump into anything like that."

AN ATHLETE-FRIENDLY OPTION

For the next four years, Zito did what she could to put off surgery. First, she tried an injection of hyaluronic acid, a gel-like, lubricating substance that the body produces naturally around joints. With aging, hyaluronic acid breaks down and becomes less effective. Zito received an injection of a synthetic form of the acid, which offered only temporary relief. Physical therapy to strengthen the muscles around her hip also didn't make much difference.

By early 2021, Zito was feeling pain during every workout. Sometimes she put hand warmers under her workout pants, on the side of her hip, to ease the stiffness her arthritis was causing in her outer thigh. But the discomfort wouldn't let up. At her wit's end, she decided it



“Anterior hip replacement is a smart choice for people who are active.”

— Michael Fracchia, MD,
Jennifer Zito's surgeon



“Mather is just down the road, so it was a wonderful option,” says Zito (with her husband and one of her daughters at home in April).

was time for surgery.

While researching her options, she learned about anterior hip replacement — a method that accesses the joint from the front. The less invasive approach is becoming increasingly popular among patients — especially for younger, active people like Zito.

Posterior hip replacement, in which the joint is reached and repaired via the back of the body, through the buttock, is by far the most commonly used approach. But it's a major operation. Patients typically stay in the hospital for one or two nights after surgery, and recovery can take six to eight weeks.

By contrast, for many patients, recovery from anterior hip replacement can be less painful.

With an anterior approach, to spare a patient's muscles, a surgeon accesses the joint by nudging the muscles apart instead of cutting through them. That tends to reduce pain for patients — and many are even discharged the same day as their surgery.

Over the past 20 years, the approach has become more widespread. A 2018 survey of members of the American Association of Hip and Knee Surgeons (AAHKS) found that more than 50% of hip specialists use the technique.

While doing her online sleuthing, Zito found Michael Fracchia, MD, ABOS, FAAOS, director of the department

of orthopedic surgery at Northwell's Mather Hospital. When they met, he assured her that while anterior hip replacement surgery was a newer offering at Mather, many of his patients experienced excellent outcomes.

“While some patients take months to bounce back from the posterior approach, these patients bounce back quickly, typically within a few weeks,” he told her.

JENNIFER'S NEW JOINT

On the day of her surgery in February 2022, Zito received a spinal nerve block, a local anesthetic placed around nerves that communicate pain signals to the brain, which is often given to women delivering babies via Cesarean section. The block prevented Zito from feeling anything from the waist down. She was also given medication to sedate her.

When she woke up, she was expecting pain — but was surprised by how little she felt. In the hours that followed, Zito only needed one dose of a prescribed narcotic for relief, and then, nothing. “The pain was not bad,” she says.

Zito had her surgery in the late afternoon and was discharged the next morning. In the week afterward, a physical therapist visited her at home twice to guide her through simple exercises like marching in place to get her legs moving. After those visits,

Zito could get about with the aid of a walker, and a few days later, was able to graduate to a cane.

For the next three months, Zito continued physical therapy twice weekly, logging time on a stationary bicycle and strength training with elastic exercise bands and weight machines. A month after surgery, she added in gentle stretching, and by May, two months post-surgery, was back to her typical yoga and martial arts classes. The veteran yogi even found she could perform a full split again — a trick she learned in her early twenties but had long been unable to do.

Zito is now back to her old routine, practicing yoga once a week and martial arts five days out of seven. On weekends, she and her husband ride bikes or walk their dog, Georgie. None of it gives her trouble. “My new hip feels like what a non-arthritis normal hip would feel like,” she says.

Though she was once apprehensive about surgery, today Zito has no regrets.

“I'm sure that if I didn't do it, there's no way that I would be able to be doing all the things that I'm doing now,” she says. “I'm glad that I had it done.”

Visit matherhospital.org/ortho to learn more about orthopedic care at Mather Hospital. To schedule a consult with Dr. Fracchia, call 631-832-4376.

A more modern MATHER

Coming soon to Port Jefferson: a new, \$52 million emergency department that will feature spacious patient rooms, dedicated imaging resources, the latest technology — and much more

Today's emergency departments (EDs) are head-spinningly busy: According to federal government figures, Americans make 150 million ED visits a year. Since the pandemic, demands on already-strained departments have only grown. Mather Hospital's leaders know this — which is why they're embarking on one of the most ambitious projects in the hospital's history: a \$52 million renovation of the ED that will double its footprint, add state-of-the-art imaging suites and enhance the comfort and safety of everyone who comes through the hospital's front door.

“We are reimagining what emergency care can be for our community,” says Mather Hospital executive director Kevin McGeachy, FACHE.

And it's no small endeavor. Since 2019, scores of people both inside and outside of the health system have been working together to fine-tune the project's plans. McGeachy and Adam Wos, MD, the medical director of the emergency department, spearheaded countless brainstorm sessions with collaborators across Northwell, including in-house architect Joseph Geraghty, AIA, NCARB and facilities services director of design and construction Darrin Buiso. Partners at e4h, an architecture firm

that specializes in creating health care spaces, led the design.

The project's success also hinged on the outsized generosity of Mather's network of faithful and forward-looking donors, including the Frey family of Port Jefferson, for whom the new department will be named.

On May 4, construction on the ED officially began; it's expected to open in 2025. “Maybe once in your life, if you're lucky, do you get to work on a project like this,” Dr. Wos says. Northwell spoke to him and others to get a behind-the-scenes look at what's in store. Here are four ways Mather's new ED is poised to raise the bar for emergency care on Long Island — and beyond.



1 FOCUS ON EFFICIENCY

Ever waited for hours to be seen in an ED? Who hasn't. Mather's new emergency department will be set up to triage and treat patients faster, thanks to an innovative care model known as split-flow — a research-backed system that routes patients into separate streams based on their level of acuity.

Here's how it works: Upon their arrival, patients will receive a quick visual assessment from a nurse near the door; those observed to be experiencing acute or life-threatening symptoms such as chest pain will be seen immediately by a physician, while those with less urgent symptoms will be directed to a lower acuity intake area for further assessment.

"The goal for patients who don't need a big workup is to get them the resources they need so they can be released and get back to their day," Dr. Vos notes. And the split-flow model works. Studies suggest that EDs that use it treat and discharge patients with

lower-acuity conditions more swiftly, and admit patients who need to stay in the hospital faster, as well. Over the last several years, the split-flow model has been applied at Northwell's Huntington Hospital and South Shore University Hospital in their new EDs, with stellar results. At Huntington alone, patient wait times plummeted from an average of 43 minutes in 2014 to 29 minutes in 2016, after the ED went split-flow. Says Dr. Vos: "It's the thing I'm most excited about."

That's not the only new feature Dr. Vos is thrilled about — he also loves the sheer breadth of the new space. Mather's new ED will double in size from 13,000 square feet to 26,000, allowing the addition of several new spaces for staff and patients, including a dedicated area for imaging.

In the ED's current state, the hospital's emergency providers must share computed tomography (CT), ultrasound and X-ray resources with

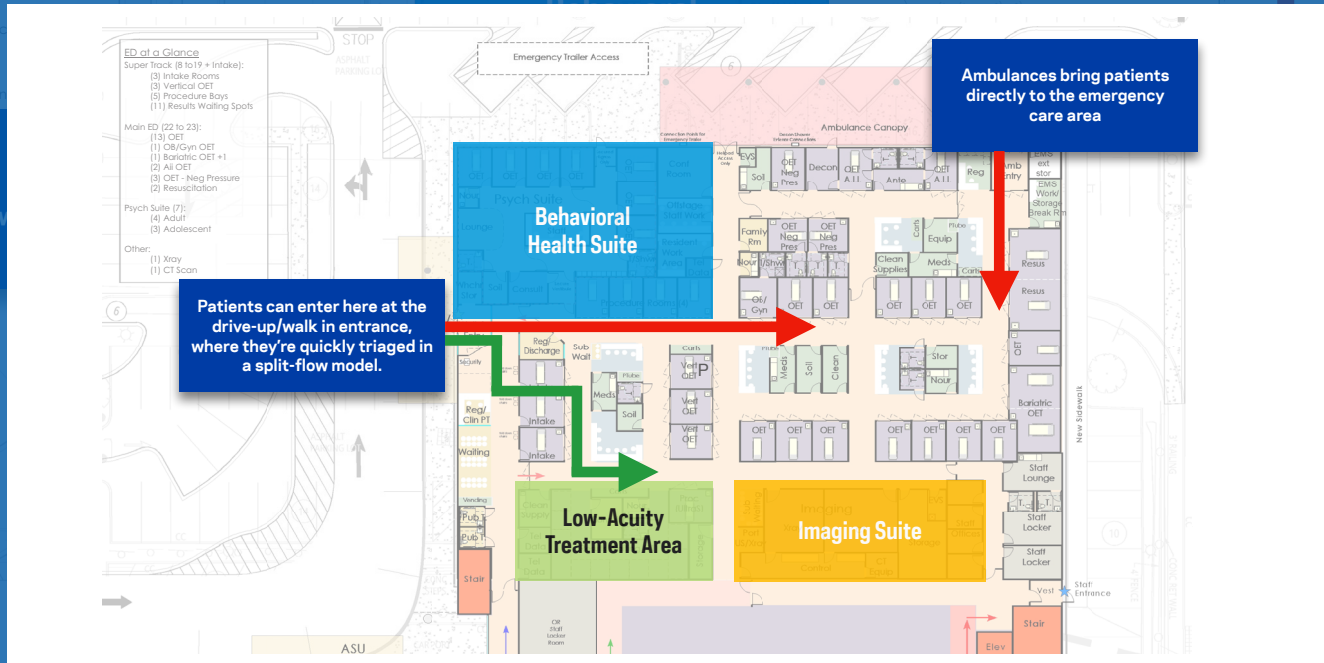
specialists from other departments. But in the new ED, they'll have their own CT machine and X-ray suite. "That's going to improve our ability to get patients scanned in a much more timely fashion," Dr. Vos says.

Figuring out how to carve out enough space for the new department took some creative thinking. In the end, the hospital decided to relocate the ED to the north side of campus. Making the move will have other strategic benefits; the new department, for example, will be located just steps away from Mather's recently opened Cardiac Catheterization and Electrophysiology Lab, as well as two generously sized surgical suites large enough to accommodate Mather's four daVinci™ surgical systems.

The new layout will make patient transfers between departments smoother, Dr. Vos says: "The shorter distance will make it a lot faster for patients to get to where they need to go."



Mapping a split-flow ED



Split-flow emergency departments separate patients along different tracks based on their level of need. Doing so helps lower-acuity patients get treated and discharged more swiftly — and higher-acuity patients get treated and admitted faster. Mather’s new department (part of which is shown above, in a simplified floor map) has been laid out in a split-flow format. “I’m really excited to get this started,” Dr. Wos says.

2 ENHANCING SAFETY

Thoughtful tweaks to the department’s layout will also help the hospital fulfill another of its major goals: enhancing patients’ safety.

Mather’s ED serves upwards of 40,000 patients a year, a sizable percentage of whom are over the age of 60. This year, Dr. Wos says, the hospital plans to apply for the American College of Emergency Physicians’s (ACEP) geriatric emergency department level 1 accreditation, a credential bestowed to EDs that follow best practices for caring for older adults and show a commitment to meeting their unique needs.

In the new ED, large, private patient rooms will more comfortably accommodate older patients and their companions, including caregivers. Caregivers play an especially essential role in the care of older patients, Dr. Wos notes, particularly those with sensory and motor deficits such as hearing, vision and mobility loss. “A lot of older patients require an advocate

at the bedside in order to make their needs known,” he says. Caregivers can help them feel safe and secure, and, importantly, assist them in making informed care decisions.

Safety was also of utmost concern when designing the department’s new space for patients suffering from mental health crises. “Choosing soothing colors, as well as fixtures and materials that help keep our behavioral health patients safe, was really important,” says Geraghty, Northwell’s house architect.

Laying out the behavioral health suite in an area bathed with natural light was another intentional move. “Right now, the behavioral health area is dark and small,” Dr. Wos says. “The new space is going to be dramatically better.”

It will also feature a private consultation room for psychiatric care providers to meet one-on-one with patients, as well as a dedicated recreation area for adolescent patients so they have their own space.

“Our new ED will provide a healing environment that meets patients’ needs when they’re experiencing an emergency.”

— Adam Wos, MD, medical director of Mather Hospital’s emergency department

3 COMFORT FOR ALL

Creating a welcoming, more comfortable environment was also a crucial priority for the project's leaders — not just for patients and their families, but for staff as well.

With so much more room, the department's nurses and physicians will also be able to work more comfortably and collaboratively. "Right now, the noise level can get pretty loud. Sometimes it feels like we're all on top of each other — like you're in a fishbowl when you're sitting at the nurses' station," Dr. Vos explains.

The hospital staff's cramped surroundings present practical problems, too. For example, at present, there aren't enough workstations for residents to sit next to attending physicians during shifts. As a result, Dr. Vos says, it's challenging for the department's younger physicians to learn and absorb knowledge from their more seasoned colleagues.

The redesign will solve for that, allowing for the creation of larger workstations. A generously sized conference room and two separate work areas for hospital medicine and resident staffers

are also set to be added.

Mather leaders have long aspired to build the best community teaching hospital in the state. Remaking the emergency department will bring the hospital one step closer to achieving that goal, Dr. Vos says: "Having enough space for residents to work more closely with the attendings is going to help our younger doctors learn and thrive."

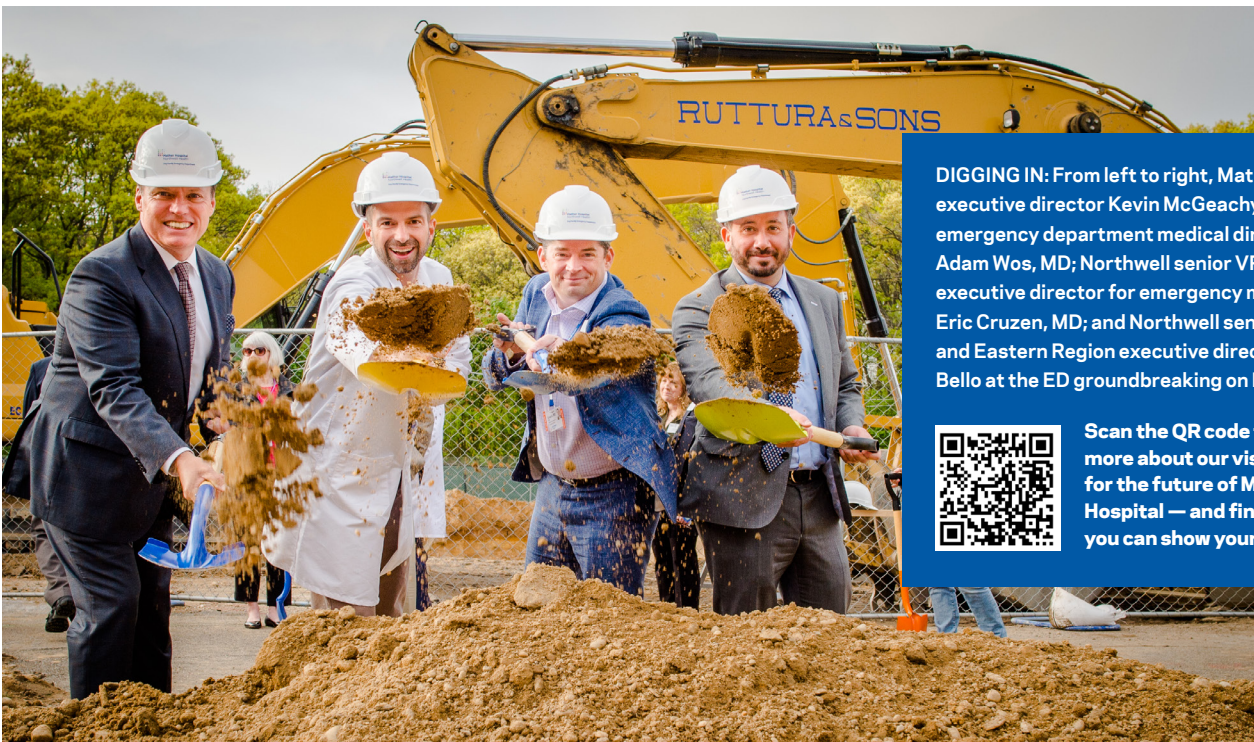
That quieter, more spacious environment is going to transform patients' perceptions of the hospital, too, he adds, which are important. A hospital ED is often a patient's first point of contact with a health system; at Mather, more than three-quarters of patients who go on to be admitted to the hospital come through the emergency department.

Creating a positive first impression is key, and starts the moment a patient arrives. "Being able to take our patients out of the hallways and put them into big private rooms where they can be with their families and loved ones is going to make for a better experience for them all around," Dr. Vos says.

4 HIGHEST QUALITY CARE

A modern ED, of course, should look the part, inside *and* out. The exterior of Mather's new emergency department was as carefully considered as the interior. Mather's collaborators at the architecture firm e4h came up with a set of designs that seamlessly integrated the new ED's modern, glass facade with the older part of the hospital's stately brick walls. The result is a perfect marriage of old and new, Geraghty says: a design that nods to the hospital's history while sending the visual message to patients and staff that Mather is as modern as can be, with all of the amenities, comforts and cutting-edge tools and techniques available today. "We're a world-class environment for healing," Geraghty says, "and that's what we wanted the design to show."

When all is said and done, Mather's leaders say, the new ED will be a beacon for emergency care on Long Island — and a community health destination in Port Jefferson for generations to come. "This is going to be a game-changer for patients," Dr. Vos says. "It's exciting to be a part of it."



DIGGING IN: From left to right, Mather executive director Kevin McGeachy; emergency department medical director Adam Vos, MD; Northwell senior VP and executive director for emergency medicine Eric Cruzen, MD; and Northwell senior VP and Eastern Region executive director Steve Bello at the ED groundbreaking on May 4.



Scan the QR code to learn more about our vision for the future of Mather Hospital — and find out how you can show your support.



5 HABITS THAT ARE ROBBING YOUR SLEEP

ARE YOU ON TIKTOK UNTIL 12? BINGE-WATCHING WHITE LOTUS UNTIL YOU PASS OUT ON THE COUCH? HERE'S HOW TO GET BACK ON TRACK FOR RESTFUL SLUMBER.

Adapted from Northwell's online health and wellness resource, The Well (thewell.northwell.edu).

Few things in life can affect your health and well-being as much as getting — or not getting — enough sleep. And yet most people take this powerful wellness tool for granted. In fact, one in three

adult Americans fails to sleep the recommended seven to eight hours a night, according to the Centers for Disease Control and Prevention (CDC).

“It’s surprising that people don’t automatically connect sleep with well-being, because it is one of the most fundamental things you can control to promote health and quality of life,” says Harly Greenberg, MD, FCCP, FAASM, chief of Northwell’s Division of Pulmonary, Critical Care and Sleep Medicine, and medical director of the system’s Sleep Disorders Center.

How much does it matter? Falling short can make you crabby, of course — and, more seriously, can increase your risk of depression and anxiety. Research also suggests a link to obesity: Folks who are seriously sleep-deprived tend to eat more high-calorie foods, possibly because of hormonal and brain effects of fatigue.

Lack of sleep also impairs what scientists call memory consolidation, which is why the student who pulls an all-nighter before an exam may not remember the crammed info as well as someone who studied and then slept on it.

And that’s just for starters. Heart disease, high blood pressure, stroke, even Alzheimer’s disease — the risk of all of these may rise if you perpetually burn the candle at both ends. That may be due to biological changes or the fact that exhausted people are more likely to develop unhealthy habits or both.

“It’s been said that sleep is by the brain and for the brain,” says Dr. Greenberg. “It’s an active neurologic process — a lot goes on in the brain during sleep. For instance, a harmful protein associated with Alzheimer’s disease, called amyloid beta, is produced during prolonged periods of wakefulness. Sleep, primarily deep sleep, clears it out and can actually decrease its production in the brain.”



So what’s preventing you from getting the sleep you need? Here are five slumber-stealing habits and how to break them.

1 You don’t shut things down early enough
Your body needs to prepare for sleep — if you’re going full-steam right up to bedtime, you’ll likely end up staring at the ceiling. By developing a wind-down routine, doing it in the same order every night and beginning an hour before bed, you’ll communicate to your body and brain it’s time to sleep. Good pre-bedtime activities: reading or listening to calming music. Avoid eating or drinking within a few hours of bedtime, says Dr. Greenberg — especially alcohol and foods high in fat or sugar.

2 You use your bed as a desk
There are only two things you should use your bed for: sex and sleeping. That means no working, scrolling on your phone or watching TV when you’re between the sheets. “If you bring other activities there, you build up an association in your mind of the bed and bedroom as a place where you need to be alert, rather than a relaxed den of sleep,” says Dr. Greenberg. There are other ways to reinforce the relationship between your bed and sleep. First, try to avoid dozing off in other places — no snoozing on the couch in front of the TV. And you may

need to take action if you rouse in the middle of the night. It's normal to briefly wake up as a sleep cycle ends, but if you have a hard time falling back to sleep, it's better to get up and out of the bedroom — return to bed only when you feel sleepy. “Allow yourself no more than 20 to 30 minutes of tossing and turning in bed,” cautions Dr. Greenberg.

3 Your bedtime is all over the place

Keeping a consistent bedtime and wake-time will synchronize your biological clock, says Dr. Greenberg, so it can do its job of telling you when to snooze and rouse. And yes, you need to stick to the schedule on weekends. “It's very important to have a regular awakening time — within a half hour every day,” Dr. Greenberg says. It may be hard to believe, but once you're getting the right amount of sleep, that won't feel difficult.

4 You watch TikTok late at night

Light in the blue part of the spectrum stimulates certain receptors within the eye that reset your body's clock to daytime. It also suppresses the release of melatonin, a hormone that plays a role in sleep. Unfortunately, laptops, smartphones and televisions emit blue light, so it's best to turn off your screens an hour or so before bedtime. If you simply can't break up with your tech even for the night, Dr. Greenberg suggests using the “night light” or “blue light filter” setting on your devices.

Overreliance on sleep medication can lead to tolerance, even dependency — use as low a dosage as you can for as short a time as possible.

5 You depend on sleeping medications

Overreliance on sleep medication can lead to tolerance or even dependency, says Dr. Greenberg, who recommends taking as low a dosage as you can for as short a time as possible. If you're taking these medications for more than a month or two and can't sleep without them, it's time to seek help from a sleep specialist. “Sometimes the problem is due to a coexisting mood disorder or psychiatric disorder,” he says. “Sometimes it's just a behavioral issue — and in that case, we recommend using behavioral measures to treat it.”

Ways to wind down

When it comes to getting a good night's rest, practice makes perfect. “Sleep is a habit,” says Harly Greenberg, MD, medical director of Northwell's Sleep Disorders Center. “If you have a problem sleeping, *not* sleeping is going to become a stronger and stronger habit. But if you start sleeping well, then that becomes a habit, too. And it's a habit that helps protect you from the ups and downs in life.”

Fortunately, Dr. Greenberg says, falling asleep is a skill that can be learned. Some things to try:

DIAPHRAGMATIC BREATHING. Place a hand on your chest and one on your belly; then take deep breaths in through your nose and out through your mouth. The only hand that should move is the one on your belly. Keep this up for a few minutes.

PROGRESSIVE MUSCLE RELAXATION. Starting with your lower extremities, tense and then relax each muscle group one at a time. Work your way up your body this way.

GUIDED IMAGERY. Think of something peaceful, like a pleasant memory from a vacation. The goal is to be distracted enough that you're not thinking *I'm awake* — but not so engaged that you can't fall asleep doing it.



THE PLACE TO GO FOR CARE

Mather's Sleep Disorders Center is accredited by the American Academy of Sleep Medicine for meeting nationally recognized standards of excellence in health care, education and research. **For a consultation, call 631-904-7495.**

For a video with more tips about how you can get a good night's sleep, scan the QR code.





and I have lived
ars now. That said,
Mather's ED on occasion
very satisfied with our
but our needs went beyond
a moment or two of your
experience during a

week of November 2022. I
immune after COVID, so I wasn't
Thanksgiving week came
to shortness of breath. Exer-
tion was difficult. During
a phenomenal doctor there
not if she were my PCP, she

holding up my
a brief visit to the
examined me and then
would suggest I take myself to an ER and request a CT scan
be done.

My next stop was Mather Hospital. Upon checkin + triage, I assumed
I'd be waiting a while for my turn; I was very wrong! My wait time was
barely 3-5 minutes, and, despite being on my own and feeling very
much alone, as my husband was home, quarantined with COVID

at the time, each an
made me feel extremely
presence of blood clot
strain on my heart
everything the doctor
and phenomenal p
and immediately pu
questions. I was on
patients with the
everything, listening
I was admitted
later, performed
Dr. Dayan. After t

"I can't emphasize enough how much I appreciated each and every person along the way. In one way or another, they all made a very difficult situation that much easier."

— Wendy Englehardt, above, on care she received at the hospital last November after suffering life-threatening post-Covid blood clots. Englehardt, 56, a mother of two from Middle Island, expressed her thanks in the letter seen here, addressed to Mather Hospital's executive director Kevin McGeachy, FACHE. Says Englehardt: "I'm grateful."

to the ICU and then we keep
I greatly appreciate each and every person
the nutritionists, aides, nurses and doctors. They all made a very
difficult situation that much easier for me. yours in gratitude
Wendy Englehardt

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