NYU Winthrop is the Long Island affiliate of NYU Langone Health and is ranked by U.S. News & World Report as one of the top-10 New York metro-area hospitals. The Hospital is a 591-bed medical center and ACS Level 1 Trauma Center that features more than 75 divisions of specialty care, offering comprehensive inpatient and outpatient programs and services to address every stage of life. NYU Winthrop also has a progressive Research & Academic Center that conducts robust research and studies that are helping to shape the future of medicine. The Hospital, with ties to New York University, blends the progressive philosophy and advances of a teaching and research institution with a personal approach to patient care that is the cornerstone of the organization.
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(l-r) Charles M. Strain, Esq., Chairman of the Board of Directors, and John F. Collins, President and CEO of NYU Winthrop Hospital.
A MESSAGE FROM
The President & CEO and Chairman of the Board

It is with great pleasure that we report to you on NYU Winthrop Hospital’s accomplishments for 2017/2018, the inaugural year of our formal affiliation with NYU Langone Health. Our motivation for affiliation and subsequent merger has always been to expand access to world-class healthcare for all Long Islanders, and we have made significant progress toward that goal in a very short time.

By tapping into NYU Langone’s highly regarded programs and bringing forward our own advanced expertise in clinical areas, among others, we bring our communities greater treatment options, access to even more renowned specialists, and additional modern facilities close to home.

BENEFITS TO THE COMMUNITY

One outstanding example of the benefits of our NYU Langone partnership is expansion of our transplant program. NYU Winthrop already was offering kidney transplants, and this past year our surgeons performed Long Island’s first ovarian transplant, which aimed to restore fertility to a young leukemia survivor.

In our new collaboration with NYU Langone, we have now further expanded offerings to include heart, lung and liver transplants. While the actual transplant procedures are performed at NYU Langone, much of the pre- and post-operative care is performed in Mineola at NYU Winthrop, saving patients and their families from the challenges of traveling into New York City.

Historically, NYU Winthrop has had one of the most robust cancer treatment programs in the region, and our association with NYU Langone’s renowned Perlmutter Cancer Center has brought our community even more clinical trials, state-of-the-art technology for diagnoses and treatment, and expanded expertise in such areas as multiple myeloma and leukemia, melanoma, tumors of the upper GI tract, and bladder cancer.

In the planning stages now is also a program to bring the internationally recognized expertise of NYU Langone’s Rusk Institute of Rehabilitation Medicine to Long Island. Rusk has been ranked as one of the top 10 rehabilitation programs in the country by U.S. News & World Report since 1989, and before long, our patients will be able to access these renowned rehabilitation programs right here at NYU Winthrop.

It’s been quite a year at NYU Langone Health. We announced full-tuition scholarships for all students enrolled in our MD degree program, expanding the talent pipeline of the future physician workforce; we opened a new inpatient facility, the Helen L. and Martin S. Kimmel Pavilion, with 374-single-bed rooms and image-guided surgical suites; and our new Science Building has added 365,000 square feet of state-of-the-art space to further propel our research mission.

Among these highlights, yet another stands out: preparations for our full merger with NYU Winthrop Hospital and its ambulatory locations are ramping up. Many faculty and staff are already adopting processes and software—including Epic, our electronic health record system—and collaborating with the NYU Langone team, expanding services for patients across Long Island.

The first group to officially join our ranks, NYU Winthrop’s faculty group practice physicians, will be coming aboard at the start of 2019. We are thrilled to welcome them, and look forward to NYU Winthrop formally becoming part of the NYU Langone family next fall. Our organizations are stronger together, and we look forward to a bright future ahead.

In addition to giving our patients greater access to expert care, that future includes a proposed new medical school with NYU Winthrop Hospital as its clinical hub. If approved by the Liaison Committee on Medical Education and New York State, NYU Long Island School of Medicine will aim to matriculate its first incoming class in July of 2019. It will help address an urgent need for more primary care physicians by giving students who wish to pursue this career track an accelerated three-year path to an MD degree.

As exciting as 2018 was, 2019 is shaping up to be another year of exceptional growth and accomplishment. We count ourselves highly fortunate to have NYU Winthrop as partners in the process.

Sincerely,
Robert I. Grossman, MD
Dean and CEO, NYU Langone Health
Stacey Pfeffer, Senior Vice President of Human Resources and Organizational Development, leads a training course for new employees.

Joseph W. Burke, PE, Vice President of Engineering & Facilities discusses expansion plans with NYU Winthrop’s Chief Operating Officer, Al Glover (right).
Our physical facilities will benefit from NYU Langone’s investment as well. A two-story expansion of our New Life Center, which will modernize our maternity unit and add Neonatal Intensive Care Unit beds, is under review by local government with groundbreaking anticipated in the first quarter of 2019. Additionally, a modest expansion of the Emergency Department (ED) has been proposed, with an eye toward a more comprehensive ED modernization in the future.

NYU Winthrop also has invested in staff. More than 300 full-time positions have been added at NYU Winthrop, improving both employee workloads and allowing for greater responsiveness to our patients and their families.

In addition, we have implemented programs to train senior level staff in change management and project management, skills that will help us operate more effectively, and we have initiated skills development programs to assist those employees interested in advancing their careers here.

On the technology side, during spring 2018 our faculty practices across Long Island completed the transition to NYU Langone’s Epic electronic medical records system. The Hospital-wide transition is set to take place in the fall of 2019. Patients who visit practices in the NYU Winthrop network are now able to access their medical information easily from home, and physicians throughout our practice network have full access to a patient’s record. This greatly improves communication among the patient care team, regardless of physical location, reduces redundancies and enhances safety.

In another promising development, we are excited to report that the Liaison Committee on Medical Education and New York State are considering an application by NYU to establish the NYU Long Island School of Medicine under the auspices of New York University. If accepted, this school will address the need for more primary care physicians through an innovative three-year curriculum focused on primary care. Once approved, the new medical school will aim to admit its first class this coming July.

The momentum this past year has been extraordinary. It is for this reason that our Board of Directors has voted to accelerate our merger timeline. We now anticipate that the full merger between NYU Langone Health and NYU Winthrop Hospital will be completed by September 2019.

**OUR PROGRAMS THRIVE**

We are proud of the programs for which we have been known historically. Among these is our respected Maternal Fetal Medicine (MFM) program, which treats patients with high-risk pregnancies. With 10 specialists, NYU Winthrop has Long Island’s largest MFM practice.

This past year, access to our MFM services expanded, as we partnered with obstetricians in NYU Langone’s Huntington Medical Group to offer MFM services at their Suffolk County location. Our specialists are now available on a regular basis to consult with the medical group’s patients in Huntington, and more mothers than ever are delivering their babies at our facility.

On another front, NYU Winthrop remains a leader in minimally invasive thoracic robotic surgery and in bariatric surgery for weight loss, and these programs hold national accreditation for both adult and pediatric patients. This past year, we added expertise in the surgical treatment of inflammatory bowel disease, and we are in the process of establishing a center for the treatment of gastroesophageal reflux disease, which would be Long Island’s first dedicated facility for the treatment of this widespread condition. Establishment of a hernia center also is currently under review.

We also continue to help lead the fight against diabetes. According to the American Diabetes Association, approximately 1.5 million Americans are diagnosed with diabetes each year and close to 10
percent of the population has diabetes. Our Diabetes Education Center will celebrate its 40th year in 2019, attesting to NYU Winthrop’s longtime commitment to providing patients with diabetes with all of the educational resources, treatment and care they need to manage the condition.

We are proud to report that our effort to train staff Hospital-wide in the specialized care needed by patients with diabetes is a success. NYU Winthrop was the first major teaching hospital in New York State to earn The Joint Commission’s Gold Seal of Approval™ for Advanced Inpatient Diabetes Care, and we are now an insulin-pump-friendly hospital. We have long been a regional leader in diabetes care, and the need for our expertise has never been greater.

In keeping with our goal to bring more healthcare services to our community, our physician practice network continues to expand to complement our expanding expertise. We now have close to 70 practices in more than 160 locations extending from the East End of Long Island to Manhattan.

ENHANCING THE PATIENT EXPERIENCE

It is essential that we continually look for ways to deliver optimal care. To this end, over 1,700 nurses, already recognized for their exceptional skill and compassion, received additional training in the Compassionate Connected Care model, a framework for improving bedside interaction with patients. This training is now being extended to other departments.

We also inaugurated our highly visible Concierge Program. Specially trained front-desk staff and volunteers now serve as a central point of contact for any patient or visitor entering the Hospital, answering questions and providing directions and other needed assistance. This program has been received extremely well by patients and visitors alike.

Another patient experience improvement we made relates to delays in answering in-room call bells, which can be frustrating for patients and their families. Last year, we piloted a program whereby any staff member working on a floor can answer a bell and either provide the help needed or bring the patient’s request to the attention of the proper person. Based on the success of the pilot, we rolled out the program Hospital-wide.

Providing high-quality care requires a combination of clinical excellence, and responsive, genuine personal interaction, and we are committed to maintaining this high standard.

AN EXCITING FUTURE

We have completed one of the most productive years in our history. This has been the result of a team effort that includes our board members, volunteers, physicians, nurses, ancillary staff and our NYU Langone colleagues. We have successfully navigated many exciting changes and look forward to continuing our journey of expanding world-class healthcare to the communities we serve.

Charles M. Strain, Chairman of the Board

John F. Collins, President & CEO
Multidisciplinary collaboration is just one of the keys to enhancing the patient experience.

NYU Winthrop’s Concierge Team creates a welcoming environment, helping patients and visitors to better navigate the institution.
Keeping Our Community Healthy
NYU Winthrop Hospital has long had a strong commitment to the health and well-being of the communities we serve. Joining with our community partners, staff members go beyond the four walls of the institution to touch the lives of countless individuals in the communities where they live and work. From young children to the elderly, every person can benefit from the vast programs and services of NYU Winthrop.
KEEPING OUR COMMUNITY HEALTHY

Since our founding more than a century ago, our mission has always been to address the healthcare needs of the communities we serve. Long Island, like most regions of the country, has been coping with alarming rates of diabetes. We recognized the looming epidemic early on, and for nearly 40 years, NYU Winthrop has made diabetes management and prevention a focus.

Great strides have been made in reducing the incidence of diabetes in the United States, but the number of people affected remains excessively high. The Centers for Disease Control and Prevention (CDC) estimate that more than 29 million U.S. adults have diabetes, and 25 percent of them don’t know it. In addition, approximately 86 million U.S. adults—more than one-third of the population—have pre-diabetes, with an astounding 90 percent unaware of that fact.

Here at NYU Winthrop, eight out of 10 patients with diabetes in our network receive care from one of our primary care physicians, and we are pleased to report that all of our primary care practices have achieved Diabetes Provider Designation from the National Committee for Quality Assurance, an organization dedicated to improving healthcare quality. In addition, all four of our endocrinology practices hold this prestigious designation, a further testament to our commitment to quality care.

The NCQA’s Diabetes Recognition Program identifies physicians who are well educated in diabetes management and consistently treat patients according to the best available scientific evidence. We are proud that our physicians are part of an elite group that is publicly recognized for its skill in providing the highest-level diabetes care. Clinicians have been trained in meeting the varied needs of patients, and a Certified Diabetes Educator is also available at many practices.

NYU Winthrop was the first major teaching hospital in New York State to earn The Joint Commission’s Gold Seal of Approval™ for its Advanced Inpatient Diabetes Care. The Hospital achieved this prestigious distinction through a rigorous on-site review and by demonstrating compliance with the requirements for The Joint Commission’s Disease-Specific Care Certification program, as well as inpatient diabetes care-specific standards, clinical practice guidelines and performance measures. To this end, all of our Hospital staff have undergone training in the care of inpatients with diabetes, and NYU Winthrop is an insulin-pump-friendly hospital.

To the person with diabetes, an insulin pump is considered a lifeline. It not only provides a life-sustaining hormone but also allows for greater flexibility than traditional injections. NYU Winthrop is committed to partnering with patients so they may continue to use their insulin pumps while hospitalized, as long as it is safe for them to do so.

Our Diabetes Education Center, which will celebrate its 40th year in 2019, hosts a range of programs to assist those living with diabetes. These include individual sessions and classes focused on the personalized and culturally-relevant tools and skills required for self-management of diabetes, plus educational workshops such as Dining Out with Diabetes that is offered in different restaurants to help individuals make informed choices while dining out.

Preventing the onset of diabetes is a serious effort at NYU Winthrop. For more than a decade, we have offered a diabetes
Ed Chewens, MBA, Senior Vice President, Physicians Practice Network and Philip Ragno, MD, Physician Director of the Practice Administration Alliance (PAA).

NYU Winthrop’s Pediatric Diabetes and Endocrinology Program was recently named to U.S. News & World Report’s 2018-19 Best Children’s Hospital rankings. Here, Siham Accaha, MD, Director of the Pediatric Diabetes Program, provides blood glucose monitoring tips to a young patient.
prevention program for those diagnosed with pre-diabetes or for those who have conditions that may lead to diabetes. The program, which is registered by the CDC as a Diabetes Prevention Recognition Program, includes 16 weekly group sessions, six monthly support sessions and the assistance of a trained lifestyle coach who is a Certified Diabetes Educator and Registered Dietitian or Registered Nurse.

Pediatric patients with diabetes, most of whom were diagnosed with Type 1 diabetes at young ages, require specialized care. As they head toward adulthood, NYU Winthrop has created a program to help them transition from our pediatric program to adult care. Certified Diabetes Educators and nurse practitioners assess each individual’s needs and work with these young adults to ensure a smooth transition. Tapping into the wide range of technology available today, NYU Winthrop is also preparing a pilot program of televisits for patients with diabetes, including emerging adults. These consultations will be performed via video chat.

**EXPANDING ACCESS TO PHYSICIAN PRACTICES**

Providing communities on Long Island with access to excellent healthcare is essential, which is why this past year, our physician practice network expanded to include new family medicine/primary care offices in Mattituck and West Babylon. Also added were endocrinology practices in Riverhead, Patchogue and Southampton, a pulmonary medicine practice in Mineola, and our first community-based dermatology practice in Garden City. Our physician network now comprises over 160 faculty physician locations that employ 1,700 full-time employees, including 571 NYU Winthrop physicians and 150 physician assistants and nurse practitioners.

To further improve upon services, we implemented several new programs within our physician network, including connecting nearly 60 of our practices to a “patient access center,” a central telephone information system where representatives can assist patients, including intaking their patient information. This reduces wait times for patients at the practices and frees up practice employees to concentrate on better serving patients. We are also extending practice hours to offer more early morning, evening and weekend hours to increase accessibility and foster even greater convenience and service for our patients.

**COPING WITH LOCAL EMERGENCIES**

It is the sad truth that tragic events resulting in serious bleeding injuries can occur, and for that reason we are spearheading “Stop the Bleed” training to help save lives. Stop the Bleed is a national program, initiated by the American College of Surgeons and supported by the Department of Homeland Security, and it encourages everyday citizens to become trained and empowered to assist in a bleeding emergency before professional medical aid arrives.

The two-hour program teaches participants how to recognize life-threatening bleeding and utilize methods to control that bleeding, including by direct pressure, the use of tourniquets, or packing (filling) a wound with gauze or clean cloth. The Stop the Bleed training employs the use of artificial body parts for realistic, hands-on training. We aspire to have Stop the Bleed training become a standard lifesaving program in our communities similar to CPR.

NYU Winthrop was the first organization in Nassau County to reach into mainstream communities to offer this important program, and by year-end 2018, we trained more than 1,000 Long Island residents—including first responders, security officers and school staff—to be prepared for bleeding emergencies. It is part of NYU Winthrop’s goal to create better-prepared communities.

**PROTECTING STUDENT ATHLETES**

Young athletes require special care in order to avoid long-term injuries, and the Athletic Training Service of our Sports Medicine program is there to assist. Now heading into its seventh year, it is the largest hospital-based athletic training program on Long Island, and currently supports local teams including the Long Island Rough Riders soccer team, Adelphi University and 16 high schools and middle schools.

Athletic Training Services include community outreach on injury prevention, health promotion, hydration and nutrition advice, clinical examination and diagnosis, acute care of injury and illness, therapeutic intervention and more. Continuing education opportunities are offered for athletic trainers and various health professions as well.

Concussions can be serious at any age, and the NYU Winthrop Concussion Clinic is another vital resource to effectively diagnose, treat and manage athletic injuries. The clinic uses a multidisciplinary approach with an integrated team of sports medicine physicians, athletic trainers, physical therapists, neurologists, and psychologists to get patients safely back to their routines.

To further enhance our efforts to assist young athletes, the NYU Winthrop Hospital Sports Medicine program provides orthopedic diagnoses, treatment, and rehabilitation for a wide range of injuries.
to help get athletes back on the field safely and quickly. The program is renowned for the expertise and exceptional skill of its professionals, with the program open to patients of all ages from young students to senior athletes.

CARING FOR THE UNDERSERVED

NYU Winthrop’s Pediatric Center in Hempstead provides general pediatric services to a population that is approximately 78 percent Hispanic or Latino, many of whom are immigrants who may have experienced trauma in their home countries.

The Center has implemented initiatives to address two specific problems among this underserved population: adolescent depression and asthma. Regarding the former, we have instituted a validated standardized depression screening program for patients 11 years of age and older. This past year, 97 percent of those adolescent patients were screened and 14 percent were diagnosed with depression. We have Licensed Social Workers in place at the Center, along with a Board-Certified Child and Adolescent Psychiatrist, to help manage those with depression.

The rate of childhood asthma is also high among our Center’s population. To improve the health of these patients, we have teamed with the Asthma Coalition of Long Island to offer the Bringing Resources for Effective Asthma Treatment through Health Education (BREATHE) program. The goal of this program is to educate families on asthma, keep children out of the emergency room and hospital, and forge plans to keep children with asthma on their medications.

When we detected some non-compliance, likely due to low parental health literacy, we also created a Pictorial Asthma Action Plan (PAAP) to educate and guide families through the steps of effective asthma treatment. Furthermore, we have added office hours for two pulmonologists to accommodate parents who have limited transportation to specialists’ locations. This has increased compliance with proper asthma follow up. All full-time nurses in the Center are Certified Asthma Educators and work with the pulmonologists to reinforce asthma education. It is our goal that all our pediatric asthma patients will be able to manage their conditions safely and effectively.
The Patient EXPERIENCE DEPENDS ON US
As healthcare providers, we want all patients to receive the best possible care, and the manner in which we interact with our patients is an integral part of their overall experience. Ultimately, we who serve at NYU Winthrop Hospital are the patient experience, and we take that responsibility seriously. NYU Winthrop has long been recognized for its unique culture of compassionate caring. However, we know that we can always do more, and we have initiated various programs to enhance the experience of every person who comes to us for care.
This past year, we began a pilot project, training over 1,700 members of our Nursing Department in the Compassionate Connected Care™ Rounding Model, which provides the framework for meeting patient needs and reducing adverse events through optimal care. In the two-hour interactive training classes, co-led by our Nursing Executive Leadership and Patient Experience Officer, and held across all shifts, nursing staff learned ways to enhance the patient experience. In addition to providing excellent clinical care, nursing staff learned new ways to enhance patient rounds, reduce patients’ suffering, connect with patients, and provide compassionate care.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data from our Hospital dashboard and patient comments were discussed. Patient satisfaction scores as well as patient comments were then posted and updated on a monthly basis to raise the staff’s awareness regarding their impact on patients and their families. Enhancements to care following training were so successful from the perspective of both patients and staff that the Compassionate Connected Care Rounding Model is being implemented in all Hospital departments.

Responsiveness is another essential component to improving the patient experience. That’s why we piloted the “See the Light, Make It Right Program,” which encourages clinical and non-clinical staff members anywhere within the Hospital to answer a call bell and either help a patient directly, or seek the necessary assistance. The reason for this initiative is that often a patient’s request does not require the attention of a member of the clinical staff. By empowering all employees to respond to a call bell, we show patients we care about promptly responding to their needs and this demonstrates our commitment to their care. The program has been well received by all and is now being rolled out Hospital-wide.

We also considered how entering a hospital can be stressful and create fear and anxiety for patients and their families. To provide a more welcoming atmosphere and to be more responsive to patients and visitors alike, NYU Winthrop instituted a Concierge Program. Specially trained front desk staff, situated within our Main Lobby, greet those who enter our doors and serve as friendly faces and central points of contact. They answer questions in-person as well as through the patient information telephone line, provide directions and lend other assistance. The response to this new service from patients, their family members, and staff alike has been overwhelmingly positive.

**PATIENT SAFETY AND THE PATIENT EXPERIENCE ARE PARAMOUNT**

NYU Winthrop is proud to be part of a national effort to improve patient safety by implementing features of high reliability organizations. High reliability organizations (HROs) are complex organizations that operate successfully over time in minimizing errors and recovering successfully when things go wrong. The goal: zero patient complications and infections.

Staff awareness of how we are performing plays an important role in achieving this target, so NYU Winthrop developed an online performance dashboard. Employees Hospital-wide can now view up-to-date departmental and unit-based performance metrics, such as length of stay and hospital-acquired conditions. The performance dashboard supports a culture of continuous improvement by promoting awareness of performance gaps and successes. It also allows for recognition of high performing units and departments so best practices can be replicated.

In terms of hospital-acquired infections, our Nursing Department led several multidisciplinary initiatives to reduce catheter-associated urinary tract infections. The effort involved studying current specimen collection and catheter maintenance practices to identify best practices. The department is creating videos to train staff in the best methods for avoiding these infections.

In recent years, NYU Winthrop also instituted a Safe Patient Handling Program aimed at reducing injuries for both patients and staff. The Greater New York Hospital Association estimates that nearly 75 percent of Americans are overweight or obese. Consequently, repositioning and moving patients can pose a potential for injury for themselves and for the staff who provide their care. Through a combination of specialized patient handling training and the acquisition of lifting and moving devices, NYU Winthrop has reduced the number of work days lost to injury by 66 percent since 2016.

To continue improving patient handling safety, last year the Nursing Department piloted the use of the Banner Mobility Assessment Tool (B-MAT). This validated tool assesses a patient to determine the most appropriate handling equipment or assistance needed. Findings based on an evaluation of the tool showed that it contributed to a further decline in patient and employee injury and increased patient satisfaction. As a result, use of the B-MAT will be implemented throughout the Hospital.
ONE PATIENT, ONE RECORD

Optimal care is delivered when every member of a patient’s care team, whether in the Hospital or an outpatient physician practice, has all the medical information necessary to make informed decisions. To improve access to comprehensive information, all of our physician practices successfully migrated to a number of integrated systems, including the Epic electronic medical record, which provides a single clinical patient record across practices. This means that clinicians among NYU Winthrop’s practices, as well as the entire NYU Langone Health system, will be able to access a patient’s full record for optimal continuity of care, reducing duplicative testing and related costs. Planning is underway at present to integrate the Hospital into the Epic system in 2019.

While the advantage for physicians having a single source of complete patient information is clear, patients also benefit from the system’s MyChart feature. Via MyChart, patients are able to access (by computer or mobile phone) their medical record, make appointments, communicate directly with their providers, view lab results, request prescription refills, and even upload images. Additionally, patients can use Patient Secure technology to complete a practice’s registration process with a simple scan of their palm upon arrival to their appointment.

At NYU Winthrop, we are committed to employing the newest technologies to benefit patients, while always keeping in mind that positive human interaction is the most essential ingredient in providing quality care.
Margaret Byrnes had been assured that hip replacement surgery would alleviate her pain and get her life back on track. But that didn’t happen. For the 18 months following her surgery, Byrnes was miserable, and her surgeon had no answers. “I could not walk. I could not bend or kneel down,” the 57-year-old Farmingdale resident explained. “There were times when I felt like I was trapped. I couldn’t go anywhere without a cane. Even with the cane, if I moved the wrong way, the pain was intense.”

Seeking relief, Byrnes consulted her spinal specialist who was treating her for another condition. He suspected that her artificial hip, which had been implanted at a New York City hospital, might be loose. He referred her to James Capozzi, MD, Chairman of NYU Winthrop’s Department of Orthopedic Surgery, who confirmed the implant was loose and performed corrective surgery.

The procedure took place at 6:30 a.m. and by 2 p.m. the same day, Byrnes—to the amazement and consternation of the staff physical therapist—began walking with the help of a walker. “The apprehension I had about standing up after the second surgery was immense, because it had hurt so much the first time,” Byrnes says, adding, “When I stood up, I couldn’t believe that it did not hurt, and when I started walking out of the room, the therapist made me stop!”

She was released the next day and four weeks later was on a much-anticipated vacation. Byrnes is now back to enjoying her hobbies of painting and gardening, and she and her husband are traveling again. “I have healed beautifully,” she says. “NYU Winthrop was a blissful experience, and I am very grateful.”

“When I stood up, I couldn’t believe that it did not hurt, and when I started walking out of the room, the therapist made me stop!”
Lola Marshall is grateful to be back to her normal life, having recently put away a wheelchair and picked up her car keys anew. This freedom to go out and about is especially important for the 68-year-old, who still has four children ranging in age from 10 to 18 at home. During the past 30 years, the Marshalls have served as foster parents to 31 children, of which they have adopted 11.

But her quality of life was quite different just a short time ago. When unexplained wounds began to appear on her legs, the Hempstead resident sought medical help at a Long Island hospital. After six months of treatment that included a two-week hospital stay, she remained in severe pain and the wounds were not healed. Desperate to find relief for her, Marshall’s family contacted NYU Winthrop’s Wound Healing and Hyperbaric Medicine Program, where they met with Michael Castellano, MD, Interim Chief of Wound Care and Hyperbarics.

“When we got to NYU Winthrop, I was out of it from the pain. I don’t even remember how we got there,” Marshall recalls. “Dr. Castellano took charge right away and spent the whole day with me. He assured me that he could treat the type of wounds I had. He sat on the bed and spoke to me, explaining everything. It was so kind.”

Wound healing is a complex process that requires time and significant collaboration across many specialties. As a major regional healthcare resource, NYU Winthrop Hospital offers a full complement of diagnostic and treatment services coordinated by the team to maximize the potential for complete healing. Marshall’s successful treatment plan included topical medication, multiple surgical debridements to remove dead skin from the wound, and hyperbaric oxygen therapy, a treatment for wounds that have resisted standard care.

As it turned out, Marshall’s health problems were not restricted to her leg wounds. Dr. Castellano discovered that Marshall’s kidneys were malfunctioning, and, after consultation with a NYU Winthrop renal specialist, she was put on dialysis treatment and was identified as a transplant candidate. She received a new kidney in March 2018.

“I was not getting the help I needed until I came to NYU Winthrop,” Marshall says. “I owe my life to Dr. Castellano and his team, and I am very grateful.”

“I was not getting the help I needed until I came to NYU Winthrop,” Marshall says. “I owe my life to Dr. Castellano and his team, and I am very grateful.”
Nancy Burpee, 53, had learned to live with a rare degenerative joint disease and had survived breast cancer and still managed to set U.S. and Paralympic swimming world records in the 50- and 100-meter freestyle. Then, in 2017 she received a diagnosis of lung cancer.

At her personal physician’s insistence, she sought out Laurence Spier, MD, Chief of the Division of Thoracic Surgery at NYU Winthrop, and a leader in robotic lung surgery. Not only was he able to remove her cancerous tumor, but he improved Burpee’s lung capacity by freeing the lung that had adhered to her chest wall due to her underlying genetic syndrome. Three weeks later, with Dr. Spier’s blessing, Burpee was back in the pool training with her team at the elite level.

Burpee is a Garden City resident who is trained as an orthopedic sports physical therapist, certified athletic trainer and certified strength and conditioning specialist, and she is not shy about praising her healthcare experience at NYU Winthrop. “I go into a hospital or healthcare situation with my professional hat on,” she says. “At NYU Winthrop, from the moment you come in the door, it’s smiles all around.”

Throughout her various health crises, Burpee’s son, Gunnar, has been her right hand, though Burpee was at first concerned that NYU Winthrop would exclude him from participating in her care. “NYU Winthrop was extremely sensitive to including my son,” she recalls. “They respected him.”

“My son told me that he knew this was a serious surgery but he felt that here at NYU Winthrop they loved and cared for me so he wasn’t so worried. What could be more comforting to me? I am truly grateful.”

Burpee is wasting no time now that she’s been given a new lease on life. “I feel phenomenal,” she says with her customary big smile. “I’m going to start training for the next Paralympics and have been asked to be the first adaptive female boxer for Team USA.”

“At NYU Winthrop, from the moment you come in the door, it’s smiles all around.”
When it became clear that John W. Roberts needed treatment for prostate cancer, he wanted to regain his health and resume his active lifestyle and water sports as quickly as possible.

Roberts, 70, was accustomed to researching health-related topics since he had begun his career as a health and physical education teacher and went on to earn a PhD in sports science. “I did a lot of reading on reputable websites and learned about the CyberKnife® treatment,” the Neponsit, Queens, resident explains. “I liked the fact that [CyberKnife] treatment would be in five brief sessions over the course of a week and that side effects were minimal. That was important because I’m an athlete and did not want to be sidelined too long.”

When Roberts consulted with his primary care physician, he was pleased to learn that his doctor had discussed his case with several colleagues and all had come to the same conclusion: CyberKnife was the best option. CyberKnife is a non-invasive alternative to surgery that delivers precise beams of high-dose radiation to tumors with extreme accuracy.

Roberts sought out NYU Winthrop, which is the number one CyberKnife Center in the country. “I believe in taking an active part as a patient,” he says. “You should not be afraid to ask questions. At NYU Winthrop everyone—the nurses, the technicians, the doctors—took me through every step.”

A few weeks following treatment, Roberts was back on his paddleboard, and while he had to give up his 50-year passion of surfing due to other health reasons, he is a prime mover in the local chapter of the Amputee Surfers Association, which sponsors a water activities program for Wounded Warriors. He also assists with surf clinics for special needs children.

“Since I can’t surf anymore, I figured I may as well teach someone else.” Thanks to NYU Winthrop and CyberKnife, he has the opportunity to do so. He also enjoys playing with his four grandchildren, all of whom were born at NYU Winthrop.

“I liked the fact that [CyberKnife] treatment would be in five brief sessions over the course of a week and that side effects were minimal. That was important because I’m an athlete and did not want to be sidelined too long.”
New Hope for Cancer Patients
Here at NYU Winthrop, we continue to seek the best possible treatments for all types of cancers. This past year, we added expertise in treating multiple myeloma and leukemia, as well as in autologous stem cell transplantation that is often used to treat those conditions.
The transplantation process involves doctors collecting and freezing stem cells from a patient’s blood prior to high-dose chemotherapy. The reason for this is that while chemotherapy helps reduce malignant cancer cells, it can also diminish the production of healthy cells including stem cells that give rise to normal blood cells. Therefore, by preserving a patient’s stem cells and returning the cells to the patient post-treatment via transfusion, chances for survival are increased.

We have also expanded our in-house expertise in the specialty of melanoma skin cancer, the rates of which have been rising for the last 30 years, according to the American Cancer Society. Melanoma and other skin cancers can be complex, requiring multidimensional decision-making by the care team, which is why NYU Winthrop established a multispecialty group to review patient cases and provide input on treatment plans. Furthermore, we can now also add to our own expertise the considerable resources of the NYU Langone Health Perlmutter Cancer Center’s esteemed melanoma program.

In addition, our physicians now have access to NYU Langone’s renowned dermatopathology lab, from which they are able to obtain more refined data to facilitate treatment decisions and improve patient outcomes. The aim of our melanoma and skin cancer group is to create for patients one point of access to multidisciplinary expertise.

A similar multidisciplinary approach is being developed for the treatment of pancreatic cancer. The options for treating this complex and relatively rare disease have expanded, and the particular order of treatment protocol can make a difference in improving outcomes. Determining the ideal order requires a multifaceted approach, which prompted us to establish a tumor board that includes a wide range of expertise to review these cases.

The pancreatic tumor board includes surgeons, medical and radiation oncologists, interventional radiologists, radiologists, gastroenterologists, palliative care physicians, and nurse navigators, among others. Each individual contributes his or her vast clinical expertise to develop the best possible course of treatment for each patient, improving the rate of successful outcomes. In addition, though pancreatic cancer is uncommon in the general population, which makes gathering statistics and data difficult, by combining the knowledge and research of NYU Langone and NYU Winthrop together—and learning from our collective cases—we hope to make further strides in understanding and treating this difficult disease.

**EXPANDING TREATMENTS AT NYU WINTHROP**

Patients in our robust cancer treatment program have long had access to some of the newest and most promising treatments, including many that are available only through clinical trials. Our partnership with the highly regarded NYU Langone Health Perlmutter Cancer Center, a National Cancer Institute-designated cancer center, further expands these options, giving patients even broader opportunities to receive new, more effective treatments.

Committed to staying informed about the latest advances in cancer treatment and research, NYU Winthrop oncologists attend many of the continuing education programs available at Perlmutter. They are also active participants in Diagnosis Management Groups at the Center, which involve multidisciplinary groups of specialists who meet to discuss specific types of cancer. This adds to the exchange of ideas on both sides, with patients being the ultimate beneficiaries.

With a mutual commitment to enhancing care across the communities we serve, NYU Winthrop and NYU Langone Health are dedicated to delivering the latest advances in cancer care through a collaborative and multidisciplinary approach.

**TECHNOLOGICAL BREAKTHROUGHS**

NYU Winthrop’s skill in performing robotic surgery brings new hope to patients with bladder cancer. For many patients, especially those who are young, it is possible to remove the bladder and create a new one using a small portion of the small intestine. This procedure, called neobladder surgery, is traditionally done in two stages: removal of the bladder via robotic surgery followed by creation of the new one via open surgery. Now, in an advancement, we have eliminated the need for the open surgery and instead introduced a procedure that accomplishes both tasks with minimally invasive robotic surgery. The result of this pioneering technique is a faster recovery and improved quality of life for patients.

NYU Winthrop Hospital is a world renowned center for CyberKnife® radiosurgery, further illustrating our leadership in the area of cancer treatment. Our Hospital was the first medical institution in the New York metropolitan region to offer this breakthrough CyberKnife technology. This completely non-invasive treatment delivers extraordinarily accurate, targeted radiation to tumors. The beams can reach deeply imbedded masses while minimizing damage to healthy tissue, providing new hope to thousands of people with tumors and lesions once considered inoperable. The technology is used to treat cancers of the prostate gland, breast, brain, and lungs.
Anthony Corcoran, MD, urologic oncologist, is one of the foremost experts on bladder cancer.

Janet Shehata, MSN, RN, OCN, NEA-BC, Administrative Director, Cancer Services (left) and Christine Guarnieri, MSN, RN-BC, OCN, Supervisor, Oncology Nurse Navigation.

Peter E. O’Neill, MD, Chief of Dermatology, and Megan Winner, MD, surgical oncologist, consult on a case.

Anthony Corcoran, MD, urologic oncologist, is one of the foremost experts on bladder cancer.
Moreover, CyberKnife significantly shortens the length of treatment to a maximum of five days of 30-to-40-minute treatments per day, a major improvement over more conventional six- or nine-week treatments.

Our CyberKnife specialists were invited by the University of Texas Southwestern Medical Center in Dallas—one of the largest radiation oncology centers in the nation—to co-conduct a study examining the feasibility of compressing our current five-day radiosurgery protocol into a larger, one-day dose for the treatment of breast cancer. All signs point to success with this protocol, which may revolutionize breast cancer care by significantly improving the quality of life of women impacted by breast cancer, enabling them to return to their normal lives in a day.

As for lung cancer, it remains the leading cause of cancer deaths among all New Yorkers, according to the New York State Department of Health. NYU Winthrop has been at the vanguard of diagnosis and treatment for this disease, offering a comprehensive program in the New York metropolitan area at our Lung Cancer Center. Our multidisciplinary team comprises some of the nation’s top lung cancer specialists, including experts in thoracic surgery, pulmonary medicine, medical oncology, and radiation medicine, along with oncology nurses and social services professionals.

In terms of lung cancer diagnoses, NYU Winthrop operates Long Island’s first comprehensive low-dose CT screening program for early lung cancer detection, as well as an innovative procedure called Navigational Bronchoscopy, to find small tumors deep within the lungs.

Furthermore, our Division of Thoracic Surgery is a “Robotics Epicenter,” one of fewer than a dozen in the nation. This is a designation awarded by Intuitive Surgical, Inc., the world’s leading maker of surgical robotics. The distinction is based not only on excellent patient outcomes but also indicates that NYU Winthrop is a nationally recognized trainer of surgeons in the field of robotics.

NYU Winthrop is also a national pioneer in immunotherapy trials. Immunotherapy involves the use of the body’s own immune system to fight cancer, and the therapy is increasing in use and providing better and better results. We are proud to have been the only Long Island hospital to participate in the clinical trial that culminated in U.S. Food and Drug Administration approval of Opdivo, the first drug ever approved for lung cancer that works by enabling the body’s own immune system to fight the cancer.

Patients who choose NYU Winthrop for their care can rest assured that they will find a full range of highly advanced and specialized treatment options as we remain at the forefront of cancer care.

Caring for Patients from Diagnosis through Survivorship

Hope and inspiration resonated throughout NYU Winthrop’s 20th Annual Cancer Survivors Day event as more than 400 survivors, family members, and friends joined for the annual “Celebration of Life.” A highlight of the evening was patient speaker, Connie Swaine, who was diagnosed with ovarian cancer at the age of 45. An avid runner and skydiver, Connie wanted to remain as active as possible while undergoing treatment. Eva Chalas, MD, Physician Director of the Cancer Center and Vice Chair of the Department of Obstetrics & Gynecology, worked with Connie to develop a treatment plan that would keep her body strong and progress on track. Today, she is cancer free.
Marc Braunstein, MD, PhD, board-certified hematologist/medical oncologist, provides comprehensive care for adults undergoing autologous stem cell transplantation.

Todd Carpenter, MD, Attending Physician in Radiation Oncology, with the TrueBeam® radiotherapy system, another non-invasive treatment option for cancer patients.
State-of-the-art imaging plays a critical role in a patient's treatment and outcomes.
For us at NYU Winthrop, maintaining the highest quality clinical care is a continuous process. We always strive to innovate so as to ensure that our patients have access to the most up-to-date and effective care. From neonatal and diabetes care to robotic surgery, cancer care and everything in between, our patients benefit from our experience and commitment to quality.
The LINX procedure involves the laparoscopic placement of a flexible ring of magnet beads around the lower esophageal sphincter to prevent stomach acid from entering the esophagus.

NYU Winthrop has long been a leader in the field of minimally invasive, surgeon-guided robotic surgery. Among the specialty procedures offered are:

- Abdominal wall reconstructions, including retrorectus repair
- Colon resection
- Distal pancreatectomy
- Esophagectomy
- Gastrectomy for cancer
- Gastric bypass surgery
- General abdominal surgery
- Gynecologic oncology surgery
- Heller myotomy
- Hysterectomy
- LINX procedure for GERD
- Paraesophageal hiatal hernia repairs
- Prostatectomy
- Repair of inguinal hernias and ventral hernias
- Revisional bariatric surgery
- Sacrocolpopexy to repair vaginal and uterine prolapse
- Sleeve gastrectomy
- Splenectomy
- Various stomach procedures to treat gastroparesis

The LINX procedure involves the laparoscopic placement of a flexible ring of magnet beads around the lower esophageal sphincter to prevent stomach acid from entering the esophagus.

Robotic surgery pioneers

NYU Winthrop’s surgeons are leaders in the number of procedures performed with surgeon-operated robotics, a breakthrough in minimally invasive surgery that has transformed the treatment of many conditions. Our surgeons were among the first on Long Island to be certified in the use of the da Vinci® Xi Robotic Surgical System, and today, surgeons nationwide travel to our facilities to train because of our expertise. We recently acquired a fourth da Vinci robot and one of our existing robots has been upgraded, expanding our ability to serve our patients.

The Bariatric Surgery program at NYU Winthrop also utilizes sophisticated robotics, and it continues to grow, achieving an excellent track record. The surgeons are known for their expertise in handling complex bariatric surgeries and revisions that require extensive experience. That experience, together with a multidisciplinary approach, results in a steady track record of excellent outcomes for our bariatric patients.

Hernias can be very complicated cases, and there again robotic surgery can produce superior outcomes, especially compared to traditional hernia surgical treatment methods. The Hospital also has under review the establishment of a comprehensive Hernia Center. Our goal is to create a dedicated program that will offer the skills of our multidisciplinary and experienced robotic surgery team to patients with complex hernias.

Surgery innovations

Gastroesophageal reflux disease (GERD) is a widespread condition that affects many people, which is why NYU Winthrop has established The GERD Center, Long Island’s first dedicated facility for the treatment of acid reflux. In an effort to expand treatment options beyond over-the-counter medications and proton pump inhibitors (PPIs), which can impact one’s risk for esophageal cancer, heart attack and other ailments, we’re proud to say that our surgical and gastrointestinal experts collaborated to perform Nassau County’s first GERD procedure using the LINX® device. This device is a flexible ring of small magnets, the radius of a quarter, implanted via laparoscope around the lower esophageal sphincter to prevent stomach acid from entering the esophagus. Today, the LINX procedure continues to restore comfort to patients, eliminating their need to constantly depend on medication for relief.
John D. Allendorf, MD, Vice Chairman of Surgery, (left) with Collin E.M. Brathwaite, MD, Chairman of Surgery and Chief of the Division of Minimally Invasive and Bariatric Surgery.

1 in 5 PEOPLE IN THE U.S. SUFFER FROM GERD

20 Million PATIENTS ARE ON PROTON PUMP INHIBITORS (PPIS), 38% STILL HAVE SYMPTOMS

10–15% WILL DEVELOP BARRETT’S ESOPHAGUS
The Center will continue to offer a gastric pacemaker for treatment of gastroparesis, a syndrome in which the stomach doesn’t contract and empty properly, causing chronic symptoms like nausea, abdominal pain, vomiting and bloating. Through mild electrical stimulation, a gastric pacemaker signals the stomach to contract, allowing food to enter the digestive tract.

We continue to add to our surgical expertise with the addition of surgeons from some of the leading medical centers in the nation. These new physicians have increased our leadership in the fields of colorectal, orthopedic and pediatric surgery, raising the bar for the level of care, specialization and expertise that is provided.

HELPING PRETERM BABIES

Caring for the littlest of patients has long been a top priority for our institution. Our Neonatal ICU, which is internationally recognized for its class-leading outcomes in overall rates of survival in extremely premature babies when compared to more than 800 neonatal intensive care units around the world, is progressive in its research and treatment protocols.

In preterm infants, swallowing and feeding dysfunction, which is also known as dysphagia, represents a major challenge for health-care providers due to the potential health risks for this vulnerable infant population. It is estimated that 30 to 70 percent of very-low-birth-weight preterm infants (birth weight less than three pounds, four ounces) will be diagnosed with dysphagia. Dysphagia can result in serious consequences when milk, rather than reaching the stomach, enters the upper airway or travels below the vocal cords (tracheal aspiration), which can lead to various problems including lung infection, lung inflammation, and growth compromise. These consequences can be devastating for the already fragile and developmentally immature lungs of preterm infants. Adding to this challenge are the limited diagnostic tools available to diagnose dysphagia in neonates.

The specialists in NYU Winthrop’s Division of Neonatology have pioneered the combined use of X-ray fluoroscopy and Fiberoptic Endoscopic Evaluation of Swallowing. While each technique can be used individually for diagnosis, using them simultaneously dramatically improves the results obtained, and yields more specific and sensitive information than obtained through just one test. Presently, NYU Winthrop is the only medical center in the United States employing this dual diagnostic approach, which we believe will become a standard of care.

In conjunction with this new protocol, we are studying the use of cold infant milk as a therapy for feeding dysfunction. NYU Winthrop researchers found that startling the pharynx with cold milk will stimulate it to work harder, triggering the brain to initiate more efficient swallowing movements. In fact, this cold approach has been used for some time in adult throat-cancer patients who suffer degradation in swallowing capabilities. Our preliminary studies have shown cold liquid to be very effective in short-duration feedings (few swallows). That pilot data, published in early 2018, resulted in dysphagia occurrences being reduced from 71 percent to 26 percent, and we are now extending the study to a full 20-minute feeding.

Success in the proposed studies may change the paradigm of how the diagnosis and treatment of dysphagia are approached for preterm infants, thereby reducing the associated negative consequences of dysphagia, decreasing medical costs, and improving neonatal outcomes.

TRANSPLANT PROGRAM EXPANDS

A major accomplishment at NYU Winthrop this year was performing Long Island’s first-ever ovarian transplant. The procedure, performed on a 26-year-old leukemia survivor, replaced ovarian tissue that had been surgically removed from her at age 15, prior to radiation therapy for a bone marrow transplant. In another first for an ovarian transplant, the procedure involved the use of the da Vinci robot, thereby optimizing both the precision of the procedure and likelihood of a successful patient outcome. The recently married patient is now well on her way toward starting a family.

Equally exciting this past year was the expansion of our transplant services. As a result of our partnership with NYU Langone, we now offer transplant services involving the heart, liver, and lungs, offering our community direct access to NYU Langone’s world-class experts. These services add to our existing capabilities with kidney transplants. The actual transplants are performed in New York at NYU Langone, while pre-surgical evaluations of candidates and post-operative follow up is done in Mineola on Long Island. This significantly eases the burden of prospective transplant patients who live near NYU Winthrop having to travel distances, especially as many often have mobility or other issues.
Brian F. Gilchrist, MD, Chief of Pediatric Surgery, and Henock Wolde-Semait, MD, are highly specialized pediatric surgeons who are adding to the breadth and depth of services available to young patients and their families.

Toyooki Sonoda, MD, Chief of the Division of Colon and Rectal Surgery, is just one of the highly skilled surgeons who has joined NYU Winthrop recently.

From a world renowned Neonatal ICU to a beautifully appointed New Life Center, new parents have all of the resources they need in one place for their newborn at NYU Winthrop.

(Left) Brian F. Gilchrist, MD, Chief of Pediatric Surgery, and Henock Wolde-Semait, MD, are highly specialized pediatric surgeons who are adding to the breadth and depth of services available to young patients and their families.
IMPROVING ORTHOPEDIC OUTCOMES

In the area of orthopedic surgery, achieving excellent patient outcomes requires strong pre- and post-operative care. That’s why we initiated a Peri-operative Surgical Home Program, designed by multidisciplinary team that cares for total joint replacement patients.

Prior to surgery, a nurse visits a patient’s home to assess what accommodations may be needed for the patient to be comfortable after surgery. A full medical evaluation, including dental exam and testing for diabetes, is conducted for each patient, and a pre-operative exercise program is created. Our goal is to ensure that all total joint replacement patients are well-prepared for surgery so that they heal faster and resume their normal lives more quickly. We are pleased with the success of this approach, which has resulted in more than 75 percent of total joint replacement patients being discharged to their homes following surgery. As a result of this initiative, we have also seen decreases in patients’ length of stay and readmission rates to the Hospital, as well significant decreases in patients’ post-op infection and complication rates.

Spinal conditions can vary in severity but always warrant a comprehensive treatment approach, requiring both orthopedic and neurological considerations. To better serve patients, NYU Winthrop joined its orthopedic and neurology spine specialists to create one cohesive spine service. The goal is to unify treatment protocols for spinal surgery patients and provide all inpatients with the same high level of care, both pre- and post-operatively.

We are also pleased to report that NYU Winthrop’s Department of Orthopedic Surgery has received approval for its own residency program, a testament to our strength in orthopedics. Each year, three physicians will be accepted into the five-year training program, which is designed to enhance the knowledge and experiences of residents to enter the field as well-trained, highly competent orthopedic surgeons.

RADIOLOGY IMAGE QUALITY IMPROVEMENTS

The field of radiology is highly specialized, with physicians developing expertise in reading images for specific conditions. Our partnership with NYU Langone’s Radiology Department has enhanced our ability to tap into the skills of these sub-specialists, thereby offering patients quicker results and specialized reports.

Additionally, conversion by our physician practices to NYU Langone’s Epic medical records system allows for seamless sharing of imaging studies among medical teams, regardless of location. Patients within the NYU network now have access to over 200 radiologists. Quality results also rest on state-of-the-art equipment. We look forward with great anticipation to the installation of new Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) equipment. Our radiologists are also now collaborating with NYU Langone’s long-established Radiology Quality Team, a group of experienced technologists who assess image quality issues and recommend improvements. The goal of all these efforts is to offer patients the best possible services and outcomes.

EXPANDING HIGH-RISK PREGNANCY CARE

NYU Winthrop has long been known for its preeminent Division of Maternal Fetal Medicine (MFM). Our expert maternal fetal specialists concentrate on high-risk pregnancies while providing cutting-edge care through diagnostic three- and four-dimensional ultrasounds, amniocentesis, Chorionic Villa Sampling (CVS) and cordocentesis (umbilical cord blood sampling). We also offer Long Island’s only Fetal Surgery program, which provides lifesaving in-utero treatment options under certain critical circumstances.

We are also extending our MFM services to more Long Islanders. Expectant mothers experiencing high-risk complications, such as women who have high blood pressure, gestational diabetes, any maternal medical/surgical complication or who are carrying multiples, can consult with NYU Winthrop MFM specialists at NYU Langone’s Huntington Medical Group, a multispecialty ambulatory practice located in Suffolk County. Our MFM team also provides pre-pregnancy consultations to mothers with a history of complicated pregnancies to reduce medical risks in future pregnancies.

Further enhancing the services delivered to Huntington Medical Group patients, the team also conducts screening and diagnostic testing for pregnancies, along with diagnostic 3D and 4D perinatal ultrasound imaging. Our relationship with the Huntington Medical Group is further enriched since the group’s patients can now also deliver their babies at NYU Winthrop in Mineola.

ADVANCES IN CARDIOLOGY

NYU Winthrop continues to receive accolades as a national leader in Transcatheter Aortic Valve Replacement (TAVR), a revolutionary and lifesaving procedure that enables patients with severe aortic stenosis to receive a new heart valve without undergoing open heart surgery.

As one of the busiest and most experienced TAVR programs in the nation, NYU Winthrop began offering the procedure for high-risk cases of severe aortic stenosis in February 2012, following its approval by the Food and Drug Administration (FDA). Since then, the
NYU Winthrop has been leading the way with Long Island's first fetal surgery program, under the direction of Martin Chavez, MD, Chief of Maternal Fetal Medicine.

Danny Kim, MD, Chairman of Radiology at NYU Winthrop.

(Left) Marc Adler, MD, Associate Chief Medical Officer, with Joseph Greco, MD, Chief Medical Officer.
Hospital has been invited to participate in multiple trials to examine TAVRs efficacy in intermediate-, low-, and most recently, “beyond low-risk” patients, which are asymptomatic patients with aortic valve stenosis. Our success in this arena is evident. In fact, NYU Winthrop has the best patient outcomes for TAVR on Long Island.

We also remain a leader in the treatment of Atrial Fibrillation (AFib), which is an irregular and often rapid heart rate that can increase the risk of stroke, heart failure and other heart-related complications. One of the primary treatments for AFib has been the use of blood thinners that help to prevent the blood clots responsible for the elevated risk of stroke, but not everyone’s system tolerates such medication and open heart surgery was sometimes the only alternative.

Our superior solution is the minimally invasive implantation of the WATCHMAN™ Left Atrial Appendage Closure Device. The WATCHMAN, which lasts a lifetime once it is implanted, is delivered to the heart through a catheter that is fed through a femoral vein in the leg. The parachute-like device is then deployed in the area of the heart that tends to develop blood clots (the left atrial appendage), and the self-expanding frame seals off the appendage, effectively closing off the site where the clots can form, thereby reducing one’s risk for stroke.

In another cardiology advancement, NYU Winthrop recently became one of the first hospitals in the region to offer the Micra® Transcatheter Pacing System (TPS), the world’s smallest, leadless pacemaker to help treat patients with bradycardia. The new device provides patients, who have an irregular heart rhythm of usually fewer than 60 beats per minute, with the most advanced pacing technology at one-tenth the size of a traditional pacemaker and with no leads. Designed to provide a safe alternative to conventional pacemakers—without the complications associated with leads—the Micra TPS is small enough to be delivered through a catheter and implanted directly into the heart with small tines. It delivers electrical impulses that pace the heart through an electrode at the end of the device. The device typically lasts 20 years and is so small that a new one can be placed beside it if the battery wears out.

RESEARCH THAT FUELS INNOVATION

Innovation in medicine rests on research. Here at NYU Winthrop, many departments produce breakthrough studies and research.

This past year, NYU Winthrop received a $4.2 million, five-year grant from the National Institutes of Health to study the long-term impact of type 1 mellitus diabetes on brain function. In patients with type 1 diabetes, which affects some 1.3 million Americans, the body does not produce insulin.

Our study expands upon an ongoing, 30-year study, the multicenter Epidemiology of Diabetes Interventions and Complications Study, that has been following individuals who have diabetes to determine how standard versus intensive therapy affects complications from diabetes. Newer elements of the study being funded by the grant will examine important and unresolved questions about the effects of type 1 diabetes on brain structure and thinking processes, using magnetic resonance imaging techniques and cognitive testing. Researchers hope to determine key predictors of neurocognitive impairments and guide strategies to mitigate these risks, particularly in patients with long-standing type 1 diabetes who are older than 50 years of age.

The Inflammation Section of our Research Institute is another area of leadership, with its cutting-edge research into finding treatments for Alzheimer’s disease. Finding treatments and cures for Alzheimer’s has been extremely challenging for scientists, because the brain is the most inaccessible and complex organ in the body. Our scientists, however, have pioneered use of human stem cells reengineered to behave like brain neurons, which they believe will achieve the closest approximation to brain behavior possible.

Adding to that innovation, the NYU Winthrop team is incorporating into that neuron research a repurposed drug, originally used to treat leukemia, which unexpectedly was shown to cause memory improvements in patients with Alzheimer’s, proving the value of serendipity in research. In recognition of this highly regarded endeavor, NYU Winthrop received a surprise grant from the Alzheimer’s Disease Resource Center to continue the valuable research.

Similarly, research being done here on diabetes has resulted in a way to greatly reduce the number of preterm births. NYU Winthrop scientists examining the cardiovascular impact of diabetes on mice found that a certain gene was linked to preterm deliveries. We are currently collaborating with a respected testing organization on a patented protocol that can predict the likelihood and greatly reduce the incidence of preterm births.

Important research is also expected to result from NYU Winthrop’s Department of Emergency Medicine, which is one of the busiest on Long Island and an excellent venue for conducting research that may save lives. At present, we are participating in a multicenter study of head injuries in the elderly. In addition, we laid the groundwork for participating in a study of intimate partner violence in the elderly.
We are extremely proud that our nursing staff promotes active research as well, especially as part of the Magnet Recognition Program®, the ultimate national credential for high-quality nursing. Within that Magnet model, the Evidence-Based Practice Council of our Nursing Department created a Nursing Research Toolkit. Available to all nurses through the Hospital’s intranet, the kit offers a step-by-step guide for designing and conducting research. The hands-on nature of our nurses’ work allows them to provide relevant research in this manner, and it is valuable and practical information that improves patient outcomes as well as the patient experience.

Across a diverse spectrum of patient needs, it is clear that NYU Winthrop is leading the way in terms of diagnosis, treatment and research protocols to ensure that every single patient has access to the very best care, close to home.

Groundbreaking Study Shows Promise for Correcting Common Misdiagnoses of Hyponatremia That Can Cause Critical Patients to Deteriorate Further

**Condition Can Mirror “Water Intoxication,” Sodium Depletion in Athletes Who Drink Too Much Water**

A new, groundbreaking study at NYU Winthrop shows that frequent misdiagnoses involving sodium imbalances in hospital patients result in thirsty, sodium-depleted patients denied fluids that their bodies desperately need, leading to increases in morbidity and mortality. The study involves *hyponatremia*, a common disorder that occurs when the concentration of sodium in a person’s blood becomes abnormally low. The condition is sometimes brought to light when powerful athletes, such as marathon runners or football players, die suddenly after drinking too much water, also known as “water intoxication.” The study’s revelations on misdiagnoses may revolutionize the worldwide medical protocol among all physicians who treat patients with hyponatremia. Results of the study were recently published in *The American Journal of the Medical Sciences*.

Water intoxication is commonly diagnosed among hospital patients with lung disease, heart failure and cancers, but many of those hospital patients actually have a different sodium-related condition, “cerebral salt wasting.” Treatment protocol for these two hyponatremia conditions is diametrically opposite: patients with salt wasting are depleted of salt and water and require administration of the same; patients with water intoxication (clinically known as syndrome of inappropriate ADH secretion or SIADH) retain too much water and need fluid restriction.

“For decades, the medical community widely presumed—incorrectly—that cerebral salt wasting had to involve a brain injury,” said John Maesaka, MD, who led the study in the Division of Nephrology and Hypertension. “The common perception is that cerebral salt wasting is an uncommon disease, so sodium issues were typically attributed to SIADH where fluid restriction is the treatment of choice. Our study showed that more than a third of these patients actually had cerebral salt wasting and were in dire need of hydration.”

An estimated 5 percent to 30 percent of all hospital in-patients worldwide have some form of hyponatremia. Misdiagnoses involving cerebral salt wasting are especially common, since the condition is typically thought to be tied to brain injury or disease, though the NYU Winthrop study turned this assumption on its head, finding the majority of patients with cerebral salt wasting actually had no neurological findings. In the absence of cerebral disease, these patients would have been misdiagnosed with SIADH and denied fluids that their bodies needed. Their conditions then deteriorate further. The new study, which found that 34 percent of cases would typically have been misdiagnosed if standard protocol had been followed, is expected to result in lifesaving changes to that protocol.

Added Dr. Maesaka, “This study supports our proposal to change the term ‘cerebral salt wasting’ to ‘renal salt wasting,’ because salt wasting is not necessarily accompanied by cerebral disease.” Dr. Maesaka has developed a diagnostic algorithm to differentiate between the two conditions—renal salt wasting and SIADH.

The NYU Winthrop Hospital study was co-authored by NYU Winthrop physicians Louis Imbriano, MD and Nobuyuki Miyawaki, MD.
Performance HIGHLIGHTS
NYU Winthrop Hospital is dedicated to providing safe, high quality healthcare in a dynamic and progressive environment. At the forefront of all we do is a steadfast commitment to our tripartite mission of excellence in research, medical education and patient care. Fiscal responsibility is also of momentous importance as we devote vast resources to put patients’ needs first. As we look ahead to a future that is ripe with opportunities for continued growth and prosperity, the health and safety of all patients who turn to NYU Winthrop for their vast healthcare needs remains our top priority.
Economic Impact FY 2018*

NUMBER OF EMPLOYEES  
9,057

SALARIES, WAGES & BENEFITS  
$964.5 Million

SUPPLIES  
$482.4 Million

CAPITAL SPENDING  
$99.8 Million

LEASES AND RENTALS  
$24.4 Million

Source: NYU Winthrop Hospital

Revenue Comparison  
(In Millions)

NYU Winthrop  
$1,377

South Nassau  
$455

NSUH Manhasset  
$2,524

St. Francis  
$705

Stony Brook  
$1,152

Source: Healthcare Association of New York State (HANYS) Institutional Cost Report 2016 Stated Revenue

Emergency Room Visits

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Source: NYU Winthrop Hospital

Number of Employees

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Source: NYU Winthrop Hospital

Palmira Cataliotti, CPA, FHFA, Senior Vice President and Chief Financial Officer at NYU Winthrop Hospital.

Source: NYU Winthrop Hospital
### Operating Revenue

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>FY 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$1,162,399,251</td>
<td>$1,255,499,785</td>
<td>$1,372,479,239</td>
<td>$1,678,422,714</td>
</tr>
</tbody>
</table>

### Operating Income

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>FY 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>$30,453,252</td>
<td>$27,526,666</td>
<td>$16,078,388</td>
<td>$59,032,662</td>
</tr>
</tbody>
</table>

Source: NYU Winthrop Hospital

### Total Patient Contacts

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>FY 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>800,000</td>
<td>1,000,000</td>
<td>1,200,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: NYU Winthrop Hospital

### Inpatient Payer Mix FY 2018*

- **39.4%** PPO/Commercial
- **37.3%** Medicare/Medicare HMO
- **19.0%** Medicaid/Medicaid HMO
- **3.1%** Self Pay/Other
- **1.3%** Work Comp/No Fault

Source: NYU Winthrop Hospital

### Number of Medical Staff

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>FY 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>1,850</td>
<td>1,908</td>
<td>1,933</td>
<td>1,987</td>
<td>2,020</td>
<td>2,220</td>
</tr>
</tbody>
</table>

Source: NYU Winthrop Hospital

### Percentage of Occupancy

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>FY 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy</td>
<td>90.2</td>
<td>89.11</td>
<td>89.05</td>
<td>86.51</td>
<td>88.52</td>
<td>90.56</td>
</tr>
</tbody>
</table>

Source: NYU Winthrop Hospital

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*On September 1, 2017, NYU Winthrop changed its financial reporting to a September 1–August 30 fiscal year.*
THE IMPACT OF
Giving Back

With so many notable causes that one can consider supporting, it is truly remarkable when people consistently give to a particular organization or cause. For some, giving may be a matter of routine but for others, a deep-seated connection to an organization is tied to a spirit of gratitude and is the impetus for their continued giving. We invite you to read about just a few of those individuals here.

NEAL GOLDRICH

It’s been almost 11 years since 63-year-old Neal Goldrich was taken by ambulance to NYU Winthrop Hospital (then Winthrop-University Hospital) following chest pains while bike riding with a physician friend, but the impact of the events of that day are still very fresh in his mind.

“The cards really fell into place that day,” said a tearful Mr. Goldrich. “NYU Winthrop played an important role in saving my life, and for that, I’m thankful.”

Despite having several “connections” at another local hospital, Mr. Goldrich was in dire need of prompt medical attention. At the scene of the response, the ambulance company determined the best course of action was to transport him to the closest hospital, NYU Winthrop.

After he coded in the Hospital’s emergency room, the swift actions and response of cardiologist Joshua DeLeon, MD, brought Mr. Goldrich back to life, not once, but two times, that October day. Mr. Goldrich was then quickly moved to the catheterization lab, where doctors placed a stent in his heart, enabling him to get back on the road to recovery.

Cardiac rehab followed, and soon Mr. Goldrich was ready to resume his normal active lifestyle, which includes regularly playing tennis, walking on the treadmill, and riding a stationary bicycle. Six years ago, however, Mr. Goldrich again suddenly fell ill. It was determined he needed bypass surgery and, once more, he turned to NYU Winthrop for care. He coded on the table again, while his heart was literally in the surgeon’s hands. Happily, the surgery was a complete success.

Today, Mr. Goldrich feels great, and he has expanded his care team at NYU Winthrop, visiting an internist, as well as Dr. DeLeon, for regular follow-ups. When he does return, he even stops by cardiac rehab to say hello to some of the individuals who played a role in his recovery over the years.

For the past decade, Mr. Goldrich has given consistently to the institution, something he doesn’t boast about but fully understands the importance of.

“Every single person—from the ambulance driver to the doctors and nurses at NYU Winthrop—whoever was there that day made it possible for me to be here today. That is why I give, that is why I am grateful.”
**Hugh and Patricia O’Kane**

Locust Valley residents Hugh and Patricia O’Kane have long been tied to the Hospital. Their gratitude for NYU Winthrop runs deep, having used many of the Hospital’s programs and services over the past 36 years. What’s more, they have been vital members of the Board of Regents—a dedicated group of community ambassadors who are committed to raising the profile of the Hospital.

Though they have made several generous gifts to the Hospital over the years, including supporting the Hospital’s 95,000-square-foot Research and Academic Center, the O’Kanes are most grateful for the gifts of good health both they and their families have received as a result of the stellar care at NYU Winthrop.

“It’s all about the nurses; they make all the difference,” they said.

---

**Yvonne Maria Mowatt**

“Giving of yourself is the true gift of life,” says Baldwin resident and former NYU Winthrop board member, Yvonne Mowatt. A Eucharistic Minister, Lector, and highly respected community leader, Ms. Mowatt has long had a passion for the work of the Hospital and its Pastoral Care Program. In addition to supporting the Chaplaincy team in various ways over the years, Ms. Mowatt has been a loyal donor, giving to many Hospital initiatives that benefit both staff and community members. Though she recently retired and is devoting more of her free time to her beloved family, Ms. Mowatt feels strongly about staying connected to the Hospital and serving as an ambassador who continues to spread the word in the community about the good work being done here each day.

“It is truly a special place,” she said.

---

**Tony and Claudia Sena**

Having a daughter who faced an illness during childhood, Tony and Claudia Sena of Garden City understand the importance of outstanding medical care and programs like Child Life, which are geared towards making the hospital experience a positive one for both children and their families. Wanting to do something to show their gratitude, the Senas became involved in the pivotal fundraiser for the Child Life Program. Initially conceptualized as “Opera Night,” and now known as “A Cause to Celebrate,” the event raises vital funds for the program, which is supported in its entirety by philanthropic contributions. As vital committee members of the event, the Senas have shown their ongoing support in various ways over the years.

Although all of their children, who were also born at the Hospital, have grown—the Senas will always have a very special place in their hearts for NYU Winthrop Hospital.
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We pay special tribute to our loyal donors who have included the Hospital in their legacy plans. These wonderful gifts help ensure that our mission of providing outstanding patient care and medical education and advancing medical research continues for generations to come.

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