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Thousands of Montefiore associates from different campuses, different hospitals and different units work together to deliver unparalleled care to everyone who walks through our doors. The Montefiore family is as diverse as the community it serves, yet we all stand for one common purpose—providing equitable and excellent care for our patients.

WE STAND:
WITH OUR PATIENTS.
AT THE VANGUARD
OF CLINICAL RESEARCH.
FOR THE FUTURE.
AT THE FOREFRONT.
WITH OUR
COMMUNITY.

TOGETHER.

LETTER FROM THE CHAIRMAN



Montefiore stands at a time of great accomplishment — and even greater possibility.

The year 2011 was one filled with growth, success and challenges. Our national rankings rose, increasing our visibility and reputation as a renowned academic medical center. Thanks to excellent leadership and stewardship, we remained strong in a time of uncertainty, allowing us to further support a community struggling with an unemployment rate that exceeds the national average, childhood poverty approaching 50 percent, and a lack of adequate health insurance. In times of hardship or prosperity, the intensity of our commitment to the community we have called home for nearly 100 years never diminishes.

Remaining true to the Montefiore mission, we sharpened our focus on the needs of the region by improving how we do business to ensure that care is more effective, efficient and equitable. We invested in infrastructure and technology to not only meet growing demand, but exceed expectations.

As we all know, excellence is a pursuit, not a destination. We built and expanded our facilities and services to reach more people and implemented strategies that facilitate and advance comprehensive, integrated care. As a result of all these efforts, Montefiore distinguished itself as a national leader pioneering a model of healthcare that best serves the needs of urban Americans.

I have stood with Montefiore for 14 years because I believe that everyone in America deserves access to the very best medicine has to offer. It is extremely gratifying to see firsthand how the efforts of everyone here at Montefiore create a deep and lasting impact on the lives of our patients and their families. As our ingenuity and entrepreneurial spirit drive us forward, the potential for the future is boundless.

Sincerely,

A handwritten signature in white ink, consisting of stylized loops and a long horizontal stroke at the end.

David A. Tanner
Chairman, Board of Trustees

LETTER FROM THE PRESIDENT

In 2011, we made great strides in realizing our vision of being a premier academic medical center that transforms health and enriches lives.

Making this vision a reality begins with a focus on our patients' experience. It demands the highest quality of compassionate care, integrated across the multiple settings of our academic health system; taking meaningful responsibility for our community beyond the walls of hospitals and clinics; and improving efficiencies to promote the economic health of our system and the country. We met each of these demands in inspired ways this year.

With our partner, Albert Einstein College of Medicine, we are redefining standards of care by translating scientific discovery into novel therapeutics. From sophisticated chemotherapy that targets cancers in situ to artificial hearts that sustain patients awaiting transplant, we are working to do more and better for our patients. Widely recognized, including by *U.S. News & World Report*, which ranked The Children's Hospital at Montefiore among the top in the nation, we are looking toward the future of patient care and training the next generation of healthcare providers in the same pursuit of excellence.

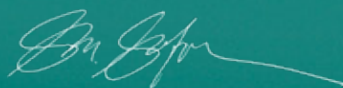
With 90,000 hospital admissions and 3.4 million ambulatory visits this year, we further expanded and integrated our delivery system. Working with our physicians, we implemented a powerful electronic medical record system to enhance communication, coordination and

a focus on prevention and health promotion. We opened state-of-the-art specialty care centers and invested in the growth of patient-centered medical homes to better reach patients where they live and work—in neighborhoods, in schools and at home.

Our longstanding leadership in team-based care management and coordination was recognized by the Centers for Medicare & Medicaid Services this year in our designation as one of 32 Pioneer Accountable Care Organizations in the nation. Now we stand to demonstrate that striving for patient-centered care is the right way to improve health outcomes and control costs in the 21st century. In a time of government deficits and economic challenges, this could not be more important.

Now more than ever, we must accept nothing less than exemplary care here at Montefiore. We draw on the values that brought us to this juncture—teamwork, innovation, leadership and compassion. Amid wavering political support for those with fewer resources and rising rates of chronic disease, we must continue to stand with our community to guarantee accessible and exceptional healthcare.

Sincerely,



Steven M. Safyer, MD
President and
Chief Executive Officer





Rosanna Ricafort, MD, Attending Physician, greets a patient at The Children's Hospital at Montefiore, one of Montefiore's four notable Centers of Excellence nationally renowned for exemplary patient care.



DELIVERING EXCELLENCE

WE STAND WITH OUR PATIENTS

Clinical excellence is when physicians and nurses and other members of the care team masterfully and seamlessly combine their expertise with inquiry, communication, humanism, diagnostic skills and compassion. Clinical excellence is when providers surpass expectations and guidelines, and strive for something better for their patients — translating ideas into new protocols, developing more targeted treatments and enhancing the patient experience.

Measures of Excellence

“Historically, Montefiore has always had an entrepreneurial spirit, and we continue to leverage that ingenuity and innovation to best serve our patients,” says Philip O. Ozuah, MD, PhD, Executive Vice President and Chief Operating Officer of Montefiore, Physician-in-Chief at The Children’s Hospital at Montefiore, and Professor and University Chairman of Pediatrics at Albert Einstein College of Medicine. “Communicating across titles, disciplines and campuses creates an environment that fosters collaboration, and this type of interactive environment is what best supports our data-driven, goal-oriented approaches to care that result in outstanding outcomes.”

We are proud of recent metrics and achievements that signify excellence. In 2011–2012, *U.S. News & World Report* ranked Montefiore among the top 3 percent of all hospitals nationally, and The Children’s Hospital of Montefiore was ranked in all pediatric specialties listed in *U.S. News*.

Our cardiac surgery program was awarded the top rating from the Society of Thoracic Surgeons for the second year in a row. In cancer care, we are the first facility in the Northeast to offer three types of “regional” chemotherapy treatments that target the tumor site to reduce toxicity and spare healthy tissue. In the neurosciences, Montefiore, in partnership with Einstein, has secured a prestigious federal grant to establish a clinical site for the Network for Excellence in Neuroscience Clinical Trials, one of only 25 such centers in the United States.

We opened a pediatric hybrid cardiac catheterization lab, one of the first of its kind in the tri-state area, to treat our youngest patients with the most sophisticated minimally invasive procedures. We expanded our leading transplantation program to include living donor liver transplantation for adults with severe organ disease.

Montefiore earned “Top Hospital” recognition for outstanding quality and safety in patient care by the Leapfrog Group, a coalition of public and private purchasers of employee health coverage. The Leapfrog award, which places Montefiore in the top echelon of hospitals, reflects the success of our team approach to care. We focus on keeping the patient safe and at the center of all we do through constant and coordinated communication and the use of technology to mitigate the risk of errors.

To advance quality and safety during surgery, we incorporated the World Health Organization’s “Surgical Safety Checklist,” a 19-item evidence-based checklist, into our perioperative electronic health record. We also joined a statewide initiative, the STOP Sepsis Collaborative, to reduce risk of critical illness and death associated with severe sepsis.



01 Roy Chuck, MD, PhD, Professor and Chairman, Department of Ophthalmology and Visual Sciences, performs LASIK surgery
02 High-tech scanning system at Center for Orthopaedic Specialties
03 Adesh Tandon, MD, a neurosurgeon, talks with a patient

EXCELLENCE IN QUALITY

The Leapfrog Group, an employer-backed health advocacy organization, ranked Montefiore as one of the nation's top hospitals in patient safety and care quality.

PATIENT CARE



RANKINGS RECOGNITION

The Children's Hospital at Montefiore was ranked in all *U.S. News & World Report* specialties. Montefiore also received national rankings in Geriatrics, Diabetes & Endocrinology, and Neurology & Neurosurgery and a "high performing" designation in nine additional service lines.

PATIENT CARE



ELEVATING HEART CARE

Montefiore Einstein Center for Heart and Vascular Care added to its cache of mechanical assist devices the SynCardia Total Artificial Heart, which can save the lives of patients too sick to wait for heart transplants.

PATIENT CARE



TRANSPLANT MILESTONE

Doctors conducted the first living donor liver transplant at Montefiore; recipient and donor (brother and sister) are both doing well (see profile, p. 16).

PATIENT CARE



BETTER CANCER CARE

Montefiore Einstein Center for Cancer Care is the first cancer center in the Northeast to offer three types of "regional" chemotherapy treatments that target tumors while sparing healthy tissue as well as providing targeted therapies, immunotherapies and radiotherapies.

PATIENT CARE



"Montefiore is a humanistic institution with a social conscience. The institution keeps on changing, but still that heritage continues."

WILMA BULKIN-SIEGEL, MD
Retired oncologist and educator
at Montefiore and Einstein

PATIENT CARE





01 Pe'er Dar, MD, Director, Fetal Medicine and Obstetrics & Gynecology Ultrasound, performs a procedure at Weiler Hospital
 02 The new hybrid catheterization laboratory, one of the few of its kind in the area, recently opened at The Children's Hospital at Montefiore



02

Better Care Through Technology

Montefiore is a pioneer in deploying information technology to integrate and elevate care across the continuum. With patients increasingly receiving multiple treatment for complex conditions, Montefiore leads the way in using electronic medical records (EMR) — digital, secure patient records that can be accessed by the healthcare team anywhere in our system — to improve care and communication among the team, engage patients and their families, and improve population health for every one of our patients. Because of Montefiore's leadership in using EMRs, it was uniquely positioned to participate with GE Healthcare in developing electronic provider documentation known as Centricity Enterprise — Documenter. Designed with clinician input, Documenter facilitates best practices in patient care quality, phases out handwritten information and integrates data, supporting clinical efficiency and accuracy.

We became one of the first healthcare providers in New York State to demonstrate how EMR technology directly impacts patient care. By conforming to "meaningful use" criteria established by the Center for Medicare and Medicaid Services, Montefiore is driving forward quality, safety and efficiency across acute and ambulatory settings. ::

NEXT-GENERATION MULTIDISCIPLINARY CARE

In the rapidly growing field of maternal fetal medicine, experts in obstetrics and gynecology, surgery, pediatrics, cardiology and other specialties work together to save young lives by diagnosing and treating complex fetal defects in utero, and delivering highly coordinated multidisciplinary care to mother and baby through pregnancy, childbirth and the first years of life.

For patients with aneurysms and other cerebrovascular diseases, neurosurgeons team up with interventional neuroradiologists to offer minimally invasive image-based technologies and surgical options — the next frontier in treating intracranial vascular disease.

In collaboration with skilled imaging experts, our cardiac physicians can more accurately diagnose the most complex of heart problems and work with surgeons to identify and implement appropriate treatment. For patients suffering from head and neck cancers, specialists in otorhinolaryngology and head and neck surgery partner with radiologists, medical oncologists, oral and plastic surgeons, speech-swallow pathologists and nutritionists to provide a new level of care.

NURSES DRIVE PATIENT-CENTERED CARE

Montefiore's nurses are patients' strongest advocates and greatest resource, supporting patients throughout all stages of care across our system. They guide patients and families through cancer and transplant treatment, pioneer quality and safety initiatives such as bar-coding medications, and create new knowledge through practice-based research that leads to improved care. To better serve our aging population, our nurses have begun the process to become a certified site in the Nurses Improving Care for Healthsystem Elders program. The NICHE program is the only national geriatric nursing program that addresses the specialized needs of hospitalized older adults.

We held our first annual Nursing Research Symposium in 2011, "Improving Professional Competence, Provider Performance and Patient Care through Evidence-Based Practice Research." The symposium provided tools and resources for advancing clinical, behavioral and educational research in an interdisciplinary and collaborative framework, with the ultimate goal of enhancing patient care. ::

NOTABLE CENTERS OF EXCELLENCE

**THE CHILDREN'S
HOSPITAL AT
MONTEFIORE**

**MONTEFIORE
EINSTEIN
CENTER FOR
CANCER CARE**

**MONTEFIORE
EINSTEIN
CENTER FOR
HEART AND
VASCULAR CARE**

**MONTEFIORE
EINSTEIN
CENTER FOR
TRANSPLANTATION**

THE CHILDREN’S HOSPITAL AT MONTEFIORE

Among Breaking Hearts, One Is Repaired

Days after an earthquake destroyed her home and devastated her city, Lovely Ajuste made her way to a hospital in Port-au-Prince, Haiti, because she was short of breath. Was it a cold, the teenager wondered, or all the dust and debris in the air?

Mahalia Desruisseaux, MD, who had returned to her native Haiti to provide care after the quake, suspected something more serious. One year, 1,500 miles and plenty of teamwork later, Dr. Desruisseaux’s initial insight resulted in the teenager receiving life-changing open-heart surgery at The Children’s Hospital at Montefiore (CHAM) — an act that has now inspired Lovely to want to pursue a career in medicine.

“After taking an X-ray, I noticed Lovely had an enlarged heart and vascular congestion, so I asked for a

cardiac specialist to further examine her,” says Dr. Desruisseaux, a physician in internal medicine at Montefiore and Assistant Professor of Pathology and of Medicine at Einstein. Lovely, now 16, was subsequently diagnosed with a congenital heart condition called atrial septal defect (ASD), a hole between the upper chambers that causes abnormal blood flow and stresses the heart and lungs. Without treatment, ASD over time would reduce Lovely’s activity and ultimately shorten her life. Lovely already struggled to keep up with her classmates or walk upstairs.

“The procedure to repair this defect would be difficult, if not impossible, to perform in Haiti right now, but it is routine in the United States,” says Samuel Weinstein, MD, Director of Pediatric Cardiothoracic Surgery at Montefiore and Associate Professor of Cardiovascular and Thoracic Surgery at Einstein, who performed the operation. “Following surgery, Lovely’s life expectancy should be near normal.”

Dr. Desruisseaux worked with specialists at Montefiore and Einstein to set up the surgery. Montefiore covered the cost of Lovely’s care with a contribution from Gift of Life International, a nonprofit. Gift of Life also coordinated with other nonprofits, including Airline Ambassadors International and the Ronald McDonald House Charities, to finance and schedule Lovely’s trip to New York and her housing. In January 2011, Dr. Weinstein



LOVELY AJUSTE

Heart Patient

16 years old
Lives near Port-au-Prince, Haiti
Treated for a congenital heart condition, atrial septal defect



01



02



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- 01 Lovely Ajuste (center) is joined by her family outside Port-au-Prince
- 02 The CHAM heart expert team (left to right): Robert H. Pass, MD, Director, Pediatric Electrophysiology, and Director, Pediatric Interventional Cardiology; Samuel Weinstein, MD; and Daphne Hsu, MD, Division Chief, Pediatric Cardiology, and Co-Director, Pediatric Heart Center
- 03 Dr. Weinstein in surgery
- 04 Left to right: Mahalia Desruisseaux, MD; Lovely; and Sarah Chambers, MD, pediatric cardiologist

repaired the hole in the girl's heart, using a piece of her heart sac, the pericardium, as a patch. He was joined by a well-choreographed 10-member team in the operating room, including nurses and the perfusionist operating

“Every child who comes to us is seen by a surgeon, cardiologist, echocardiologist, radiologist and specialized nurses. This kind of care is what we do every day.”

Samuel Weinstein, MD
Director, Pediatric
Cardiothoracic Surgery

the heart-and-lung machine that kept Lovely alive while doctors stopped her heart.

“Montefiore has a comprehensive pediatric cardiac team that is comfortable taking care of children of all ages with all types of problems,” says Dr. Weinstein, who estimates that he performs ASD surgery about twice a month. “Every child who comes to us is seen by a surgeon, cardiologist, echocardiologist, radiologist and specialized nurses. This kind of care is what we do every day.”

Dr. Weinstein notes that Lovely's treatment was very much in keeping with CHAM's mission to bring excellent care to children in need, across the New York region and beyond. “It takes on another layer of meaning when you have a child who otherwise would have no access to the care she needs,” he says.

“Lovely has such hopes for her future,” adds Dr. Desruisseaux, translating from French when Lovely, with a shy giggle but unmistakable commitment, voiced her newfound goal. “She wants to be a doctor.”

“Because of you,” says Lovely, who has now returned to Haiti. “You always encourage me.” ::



04

2011 Highlights

THE CHILDREN'S HOSPITAL AT MONTEFIORE

In 2011–2012, The Children's Hospital at Montefiore (CHAM) was ranked in all *U.S. News & World Report* specialties. Founded in 2001 with generous philanthropic support, CHAM has been named one of “America's Best Children's Hospitals” for the past four years.

With nearly \$90 million in active studies funded by the National Institutes of Health (NIH), investigators at CHAM are leading numerous basic, translational and clinical studies aimed at developing innovative therapies for childhood diseases and disabilities, a goal that informs and drives our exceptional care. Last year, CHAM ranked among the top 20 children's hospitals in NIH funding.

In 2011, we added a state-of-the-art pediatric hybrid cardiac catheterization lab — one of the first of its kind in the tri-state area — to the vast resources of CHAM's Pediatric Heart Center. CHAM's pediatric oncology program specializes in hematologic malignancies, such as leukemia and lymphoma, sarcomas and neuroblastomas, and treats more than 150 new cases each year. CHAM's transplant program is the second busiest in New York State. CHAM also offers superior primary care, from childhood vaccinations and asthma, to a multidisciplinary approach to hypertension, obesity and diabetes. ::

100%
heart transplant
one-year
survival rate

100%
renal transplant
one-year
survival rate

96%
success rate for
cardiac ablation
procedures

95%
survival rate of
babies treated in the
neonatal intensive
care unit (NICU)

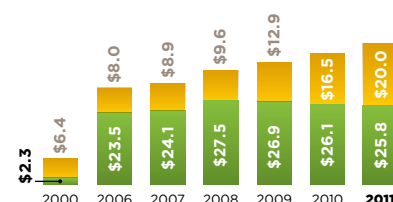
95%
leukemia
cure rate

NIH funding
for CHAM has
increased by
620% since 2000

NIH AND OTHER FUNDING

(since year prior to hospital founding)

Amounts in millions of dollars
■ NIH Funding ■ Other Funding



MONTEFIORE EINSTEIN CENTER FOR CANCER CARE

Taking Care of Mom — Family and Staff Work Together

Debra Hanton, a mother to three children, has always prided herself on taking care of her family. Now her family takes care of her as she battles Stage III pancreatic cancer. Her husband does laundry and is learning to cook meals while her two grown daughters “tag team” to make sure their mom has everything she needs.

Ms. Hanton also has a dedicated team of specialists who work closely together — and with her. “They’ve been right there with me,” she says. “They’re caring, compassionate and accessible. Dr. Shamamian, my surgeon, called me at home to check up on me when I got back from the hospital.”

“We work in real partnership,” says Peter Shamamian, MD, Chief of General Surgery, Director of Pancreas and Upper Gastrointestinal Cancer Program, and Professor of Clinical Surgery at Einstein, who removed half

of Ms. Hanton’s diseased pancreas. “She’s sweet and tough as nails. She’s not giving up, and neither are we.”

Ms. Hanton, who lives in Co-op City and works for the city’s Department of Homeless Services, came to Montefiore’s Emergency Department over the summer in severe pain. She had kidney stones removed, but doctors also discovered a mass in her pancreas and referred her to Montefiore Einstein Center for Cancer Care for further diagnosis and treatment. A team including Dr. Shamamian and medical

oncologist Santiago Aparo, MD, Assistant Professor, Department of Medicine, Einstein, working with a gastroenterologist, pathologist and radiation oncologist, enrolled her in a clinical trial for a novel combination of chemotherapy agents to shrink the tumor. After six months, she underwent surgery to remove the head of the pancreas, which Dr. Shamamian said revealed “robust response” to treatment.

“Patients like Ms. Hanton are the motivating influence for us to work together to find a better way,” says Dr. Shamamian.

Ms. Hanton will continue with chemotherapy and is glad to be home and steadily regaining her energy. She is relieved that regular follow-up care involves making a single stop to see multiple doctors at the Center for Cancer Care, where each knows



DEBRA HANTON

Cancer Patient

51 years old
Lives in Bronx, New York
Underwent surgery and received chemoradiation for pancreatic cancer



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- 01 Ms. Hanton’s medical team (left to right): Barbara Weinstein, PA; Peter Shamamian, MD; Maury M. Rosenstein, MD, radiation oncologist; and Sammy Ho, MD, gastroenterologist
- 02 Ms. Hanton with her daughter Justine

what the others have seen, done and recommended. “She has such a strong will,” marvels Barbara Weinstein, Surgical Oncology PA, who coordinates Ms. Hanton’s pre-, peri- and postoperative care. “The care team can operate and give her all the necessary treatments, but the patient does most of the work. It’s her resolve that keeps her going.”

“The Center for Cancer Care is set up under one roof, so I see all my physicians in one place,” says Ms. Hanton.

Adds Jeanne Hickey, NP, Patient Navigator at the Center for Cancer Care, “When patients are diagnosed with pancreatic cancer, as in Ms. Hanton’s case, the patient navigator is the liaison between the patient and multiple healthcare providers and services while also offering ongoing follow-up and support to the patient and family.”

In addition to day-to-day collaboration, the entire Center for Cancer Care team confers in weekly meetings to share ideas across organ and disease specialties and determine the best course of action informed by multiple perspectives and the latest innovations. The meetings, which Dr. Shamamian says are “often standing room only,” are distinguished by a compassionate, holistic, patient-centered approach to care. “The gastroenterologist who’s done the endoscopic ultrasound is there,” Dr. Shamamian says, by way of example. “He knows Ms. Hanton and can describe what he saw and explain his report. So the ultrasound is not impersonal but has a real human connection and gives us a more complete picture of what is happening with Ms. Hanton.” ::

“The patients themselves, patients like Ms. Hanton, are the motivating influence for us to work together to find a better way.”

Peter Shamamian, MD
Chief, General Surgery, and Director, Pancreas and Upper Gastrointestinal Cancer Program

2011 Highlights

MONTEFIORE EINSTEIN CENTER FOR CANCER CARE

Bringing together international experts with the latest technologies and pioneering research, Montefiore Einstein Center for Cancer Care is advancing the front lines of prevention, diagnosis and treatment of rare and common cancers. Multidisciplinary teams work together to provide each patient with the most effective, individualized treatment plan possible.

The Center for Cancer Care, in partnership with the National Cancer Institute-designated Albert Einstein Cancer Center, is the first facility in the Northeast to offer three types of “regional” chemotherapy treatments

that focus on the tumor site to reduce toxicity and spare healthy tissue. In addition, there are more than 100 clinical trials being offered by the Center for Cancer Care. Current trials include investigation of treatments for metastatic colorectal and liver cancers as well as metastatic neuroendocrine pancreatic and carcinoid tumors.

Patient-centered care is our hallmark, and our field-leading Patient Navigator program ensures that care truly revolves around the patient. ::

Because of its outstanding cancer program and the diversity of the community we serve, the U.S. State Department selected Montefiore to host a group of international cancer experts from 11 countries.

Becker’s Hospital Review included Montefiore on its nationwide list of “70 Hospitals with Great Oncology Programs.”

Montefiore Einstein Center for Cancer Care received the national 2011 Commission on Cancer’s Outstanding Achievement Award in recognition of its leadership in delivering exemplary cancer care.

CENTER FOR CANCER CARE TRIALS, VISITS AND PROCEDURES

Pediatric Hematology-Oncology Treatments and Visits	Outpatient Radiation Oncology and Medical Oncology Treatments and Visits	Surgical Visits and Procedures	Active Clinical Trials
11,903	86,947	27,992	125

MONTEFIORE EINSTEIN CENTER FOR HEART AND VASCULAR CARE

An Athlete Can Finally Catch His Breath

Richard Lyon is a devoted husband and an enthusiastic athlete who always enjoyed sports — baseball, basketball, football, golf. But more often than he cared to admit, he found himself breathing hard. “My wife and I would joke that maybe I needed to get into better shape, but I exercised all the time,” he says.

During an annual physical his doctor discovered that Mr. Lyon had a serious heart condition, severe mitral valve regurgitation, resulting in a leaky valve and an overworked heart. “I couldn’t believe what I was hearing,” says Mr. Lyon. “I’m the last guy you’d expect to have a heart condition. I worried what this would mean for me and my family.”

He visited a major academic medical center in Manhattan to meet with a well-respected cardiothoracic surgeon,

but despite the physician’s skills, Mr. Lyon found a humanistic approach to care was lacking. “It wasn’t the right place for me,” he recalls, and he continued his nationwide search. A colleague told him about Dr. Robert E. Michler and the extraordinary team that he built at the Montefiore Einstein Center for Heart and Vascular Care. “I did my homework and knew Dr. Michler and his team had the expertise, but it was how everyone treated me that made me feel like this was the

right place,” says Mr. Lyon. “The way everyone communicated with me and my wife, their genuine concern, the concern of everyone in that office...” Mr. Lyon’s words trail off as he grows overcome by emotion, even after so many months.

“Everything we do revolves around the patient,” says Robert E. Michler, MD, Surgeon-in-Chief, Professor and Chairman, Department of Cardiovascular and Thoracic Surgery and the Department of Surgery, Samuel I. Belkin Chair, and Co-Director of the Montefiore Einstein Center for Heart and Vascular Care. “Every patient who comes to Montefiore has a multidisciplinary opinion before walking out the door. They’ve seen every imaginable expert and received a consensus opinion on their options and next steps.”



RICHARD LYON

Heart Patient

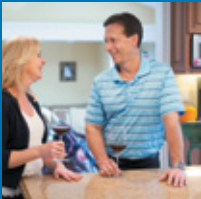
53 years old
Lives in Easton, Connecticut
Underwent mitral valve repair to correct mitral valve regurgitation



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- 01 Robert E. Michler, MD, in the operating room
- 02 Since his mitral valve repair procedure, Mr. Lyon has returned to his favorite activities, including golf. He watches his daughter Alyssa on the putting green
- 03 Mr. Lyon with his wife, Suellen, credits his care team at Montefiore for helping the family through a challenging time
- 04 A 3-D image of a heart valve

At the Center for Heart and Vascular Care, Mr. Lyon underwent a mitral valve repair, a complex procedure that involves inserting a ring around the valve to create a tight seal and eliminate further leakage. The surgery went well, as did Mr. Lyon's recovery, and he was moved by the high-touch care he received during his stay.

Mr. Lyon had entered the hospital ready for surgery, but was surprised at how debilitating the operation actually was. "It was one of the most difficult times of my life," he says. "After surgery, I was transferred to the cardiac intensive care unit to recover. The staff took care of me as if I were a member of their family. They graciously spent time with my wife, Suellen, comforting her and patiently addressing her questions and

concerns. The care and attention my family and I received was incredible, well beyond our expectations."

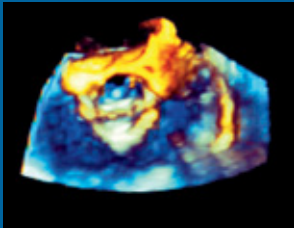
Today, Mr. Lyon runs, plays golf and lifts weights—but without that once-familiar struggle for breath. "I feel better than I have in as long as I can remember," he says.

The story doesn't end there. Mr. Lyon and Dr. Michler have since discovered that they are neighbors up the road in Connecticut, and Dr. Michler even bought a car from Mr. Lyon, who works at a Greenwich car dealership. "He gave me great service," says Mr. Lyon, "and now I give him great service." ❖

"Every patient who comes to Montefiore has a multidisciplinary opinion before walking out the door."

Robert E. Michler, MD
Surgeon-in-Chief

Professor and Chairman, Department of Cardiovascular and Thoracic Surgery and Department of Surgery



04

2011 Highlights

MONTEFIORE EINSTEIN CENTER FOR HEART AND VASCULAR CARE

Directed by world-renowned specialists recruited from the nation's elite cardiac programs, Montefiore Einstein Center for Heart and Vascular Care is a leader in the prevention, diagnosis and treatment of heart disease, providing innovative therapies and clinical best practices for adult and pediatric patients. The Center for Heart and Vascular Care offers a range of services, including cardiac imaging, interventional cardiology, arrhythmia services and the most advanced surgical care for mitral valve repair, aneurysms and heart failure.

Montefiore surgeons are experts in the use of mechanical assist devices—and in 2011 added the SynCardia Total Artificial Heart for patients too sick to

wait for heart transplants—as well as robotic and minimally invasive cardiac surgery. The Center for Heart and Vascular Care has multiple trials under way to advance the use of left ventricular assist devices, and Montefiore surgeons train colleagues from around the country to take this expertise back to their home institutions.

Driven by research to advance care, the Center for Heart and Vascular Care breaks new ground in the genetics of heart disease and the application of stem cells to treat heart disease. With more than 100 clinical trials in process, the Center recently received a multimillion-dollar five-year grant from the National Institutes of Health to study improvements in mitral valve repair and atrial fibrillation surgery. ❖



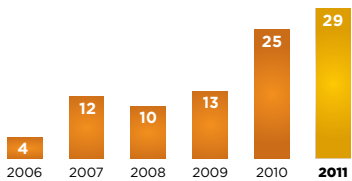
Highest one-year post-heart-transplant survival rate in New York State

Risk-adjusted operative mortality rates among the lowest in the nation



Awarded a top rating of three stars from the Society of Thoracic Surgeons, indicating top 12% of cardiac programs nationwide.

HEART TRANSPLANT VOLUME BY YEAR



MONTEFIORE EINSTEIN CENTER FOR TRANSPLANTATION

Teaming Up to Save a Life

When he traveled from Long Island to Montefiore to meet with Paul Gaglio, MD, Dennis Fearn brought his sister, Susan Brown, as a “second set of ears,” not realizing that soon she’d have a much more significant role to play. Together, they heard that his condition — primary sclerosing cholangitis, a chronic disease that damages the bile ducts of the liver — meant he would eventually need a new liver, which could take years to get.

“He was pretty sick already,” says Mrs. Brown, who had watched her brother grow so weak that he had to leave his job. “I couldn’t imagine us sitting there waiting.”

Fortunately, Dr. Gaglio, Medical Director of Adult Liver Transplantation and Professor of Clinical Medicine at Einstein, explained another option: living donor liver transplantation, in which the patient receives a portion of

a liver from a healthy person, usually a sibling. “I said, ‘I’m in. Let’s go,’” recalls Mrs. Brown, who, after a battery of comprehensive testing and patient education, was found to be a perfect match.

In November, Sarah Bellemare, MD, FACS, Transplant Surgeon and Assistant Professor of Surgery at Einstein, removed 60 percent of Mrs. Brown’s healthy liver for

transplantation. In a nearby operating room and starting an hour later, Milan Kinkhabwala, MD, FACS, Chief of the Division of Transplantation and Professor of Surgery at Einstein, removed Mr. Fearn’s diseased liver and successfully replaced it with the healthy liver segment. Several experts were on hand in both ORs to ensure seamless choreography and coordination. Over time, both organs will regenerate to become normal-sized livers.

“I’m in shock about how good I feel,” Mr. Fearn, 58, reported 11 weeks later. He has resumed driving and most daily activities, and Mrs. Brown, a mother of two teenage daughters, has returned to her busy routine, including treadmill workouts.

The surgery marked the first time living donor liver transplantation was performed at Montefiore (and



DENNIS FEARN
.....
Transplant Patient
.....

58 years old
Lives on Long Island
Received a liver donation
from his sister, Susan Brown



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- 01 Helping each other — Susan Brown (left) with her brother Dennis Fearn
- 02 The medical team (left to right): Pat McDonough, RN; Milan Kinkhabwala, MD; Sarah Bellemare, MD; Paul Gaglio, MD; and transplant coordinator Lisa Berger, NP
- 03 Mr. Fearn and Mrs. Brown enjoy a walk on the beach near their homes
- 04 Back to enjoying life — Mrs. Brown at home with her dog

in the Bronx), although the doctors involved — who were recruited to Montefiore from the nation's top transplant programs — had performed it hundreds of times between them. The successful surgery augments the wide range of leading-edge treatment options that the Montefiore Einstein Center for Transplantation offers patients with end-stage organ disease.

"As with any transplant, this was a team effort," says Dr. Gaglio, enumerating the many experts working together, including surgeons, transplant coordinators, anesthesiologists, hepatologists, nurses, social workers, psychiatrists, nutritionists and financial counselors. "But with a living donor, there's an even greater layer of team work, because there are separate teams taking care of the recipient and of the donor." The teams make their own

assessments along the way, to guard against conflict of interest, then come together at key junctures to make joint decisions that will ensure optimal outcomes for both patients.

Although the medical case was complex and significant, Dr. Gaglio believes that "what this story really shows is the heroism of the patient's sister."

For Mrs. Brown, the true hero is her brother, who has always been the dependable caretaker for their close-knit family. Even as she was donating a life-saving organ to him, Mr. Fearn was still stepping up as caretaker. "I was a smoker," Mrs. Brown confesses. "They wouldn't even look at me as a potential donor unless I stopped. I threw out the cigarettes then and there, and never looked back. So in a way, he saved my life, too." ::

"We're the support system for donors. We're their teachers. The donors have access to me all the time, my email address, my cell phone, and I bring their concerns to the care team."

Pat McDonough, RN
Living Donor Transplant Coordinator

2011 Highlights

MONTEFIORE EINSTEIN CENTER FOR TRANSPLANTATION

Our kidney transplant program is one of the nation's oldest, busiest and most respected. Our success in heart transplantation for both children and adults comes from our close collaboration with the Montefiore Einstein Center for Heart and Vascular Care.

Our liver disease pediatric and adult transplant program is approved by New York State Department of Health and combines Montefiore's specialty programs in liver transplantation (deceased and living donor), liver cancer, pediatric liver disease, general consultative hepatology and hepatobiliary surgery. Our pancreatic

transplant program, which had its first full year in 2011, is the only one in the Bronx and Westchester County for patients with severe end-stage diabetes. In partnership with Einstein, we conduct clinical trials to offer patients access to advanced treatments.

In 2011, we performed 113 kidney transplants and 25 liver transplants, and, together with the Center for Heart and Vascular Care, 29 heart transplants. We are proud to report that Dr. Paul Gaglio was recognized as Physician of the Year by the New York Chapter of the American Liver Foundation. ::

3,000 +

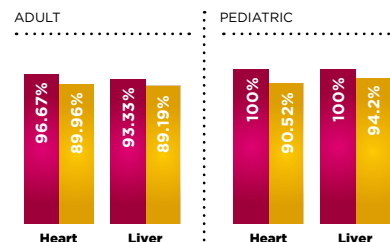
kidney transplants in adults and children with a current long-term survival rate greater than 90 percent.

93%

survival rate of liver transplant patients, exceeding national benchmarks

SUPERIOR TRANSPLANT OUTCOMES (one-year patient survival)

■ Montefiore ■ United States



* Scientific Registry of Transplant Recipients



DISCOVERING, WITH IMPACT

WE STAND AT THE VANGUARD OF CLINICAL AND TRANSLATIONAL RESEARCH

Medicine is driven forward by relentless inquiry. In partnership with Einstein, we are making great progress in translational and clinical research with approximately 400 ongoing clinical trials, including dozens of federally funded studies, some investigating stem cells, surgical interventions, infectious diseases, childhood neurological disorders, protocols in emergency medicine and endocrine disorders, including type 1 and type 2 diabetes.



Montefiore's commitment to research is reflected in its robust research portfolio and drive to find novel therapeutics that elevate patient care.



01

The Power of Partnership

The journey of scientific discovery requires creativity, and is so complex and arduous that no one succeeds alone. The vigorous partnership between Montefiore and Einstein, which includes joint funding and close collaboration at all stages of inquiry, allows the institutions to pool resources and scientific brain power in order to fully realize their research agendas.

“Montefiore and Einstein are investing so much in the partnership because this triggers other collaborations between the two institutions — ones that connect what’s happening in patient care with what’s happening in the labs,” says Brian Currie, MD, MPH, Vice President and Medical Director for Research at Montefiore, and Assistant Dean for Clinical Research at Einstein. “Modern medicine requires it.”

Montefiore and Einstein accelerate the pace at which laboratory breakthroughs become more-targeted treatments for patients. Our investigators have recently made key discoveries in, among many other areas, learning how cellular

mechanisms trigger inflammation and pain caused by joint replacement debris, testing nanoparticles against pancreatic cancer and using advanced imaging techniques to see how repeatedly heading soccer balls may increase brain injury and cognitive impairment.

With wide-ranging research in oncology, endocrinology, nephrology and cardiology, The Children’s Hospital at Montefiore was among the top 20 children’s hospitals in National Institutes of Health funding, signaling our commitment to drive discovery and bring patients the latest in diagnostic and treatment options.

For example, CHAM researchers are working to identify novel therapeutic agents that may have significant effects against childhood tumors and leukemia, while CHAM endocrinologists are working to define the role of two meal-related hormones in order to better address childhood obesity and diabetes. We have made significant advancements in the areas of drug discovery, human genetics and pure research.

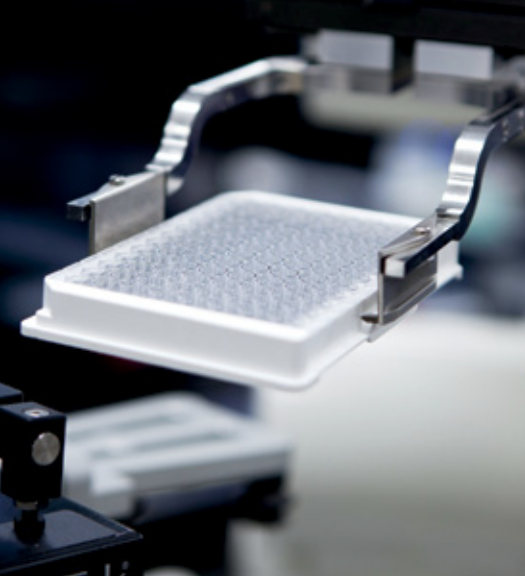
A key driver of our joint research is the Einstein-Montefiore Institute for Clinical and Translational Research (ICTR), launched with a five-year, \$22 million Clinical and Translational Science Award from the NIH. Helping accelerate the translation of scientific discovery into new therapeutics for patients, ICTR focuses on clinical trials, bioinformatics and epidemiology, among other areas. In addition, the Office of Clinical Trials, which had its first full year of operation in 2011, supports promising researchers, helping them navigate and expedite processes from a good idea to a funded, well-designed study enabling patients to have access to potentially cutting-edge therapies more quickly. ::

01 Montefiore is a leader in clinical and translational research, driving benchside discoveries toward bedside treatments. Clinical investigators across different disciplines work closely together

ROBUST TRIALS

Investigators are conducting more than 400 clinical trials across the institution, with diverse sources of funding.

RESEARCH



“I wanted to bring all these magnificent minds together to foster a deeper understanding of brain and spinal cord tumors that might eventually lead to a cure.”

ADELE ROEMER

Created the Erik Roemer Memorial Lecture Series in memory of her son, who died of brain cancer

RESEARCH

PEDIATRIC RESEARCH LEADERS

The Children’s Hospital at Montefiore broke into the top 20 children’s hospitals nationwide in terms of NIH funding.

RESEARCH



TRIAL SUPPORT

The Office of Clinical Trials had its first full year of operation to increase the availability of trials to our patients and support investigators in the full spectrum of the study process.

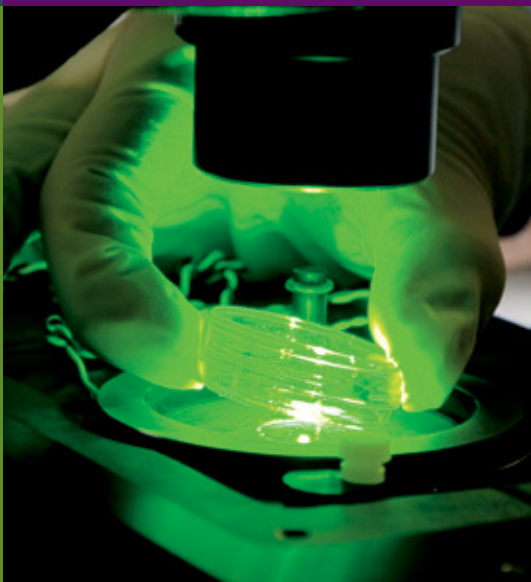
RESEARCH



PROTECTING PATIENTS

Infectious disease specialists are studying judicious antimicrobial use to improve patient safety, reduce drug resistance and lower the risk of healthcare-acquired infections such as *Clostridium difficile*.

RESEARCH



“I support Montefiore because it has one of the few Centers of Excellence that is treating all neuroendocrine cancers and doing so in a very effective way.”

TIMOTHY ROTHWELL

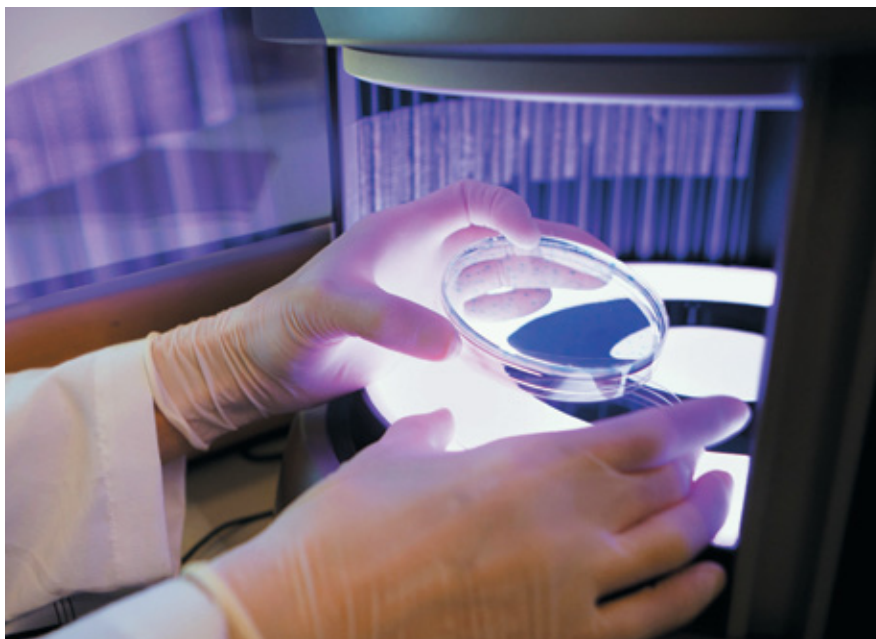
Montefiore Einstein Center for Cancer Care donor

RESEARCH

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Research Advancing Hospital Care

In addition to pursuing NIH-funded research in partnership with Einstein, Montefiore's investigators conduct robust research that advances treatment protocols and clinical best practices, reduces medication errors, and improves care quality and safety across the medical center—all part of the ongoing effort to align the organization's goals with the current national goals of healthcare reform. Infectious diseases specialist Belinda Ostrowsky, MD, MPH, Director of the Antibiotic Stewardship Program at Montefiore and Einstein, works closely with local facilities, hospital associations and national public health agencies to improve antibiotic prescribing practices to reduce the prevalence and incidence of *Clostridium difficile*, a serious hospital-acquired infection. Montefiore initiated a multifaceted interdisciplinary stewardship program to educate, support and advise practicing physicians throughout the extensive network of hospitals about *C. difficile*. The program is a collaboration

between the Department of Internal Medicine (Division of Infectious Diseases) and the Department of Pharmacy. Dr. Ostrowsky and her team educate prescribers to foster judicious antimicrobial use for better patient care and safety, as well as improved clinical outcomes, all toward reducing antibiotic resistance and fewer healthcare-acquired infections such as *C. difficile*. One of the goals is to identify effective activities to impact prescribing and related outcomes.

Hospital-based investigators draw on their deep knowledge of the community to increase access to care and, as a result, improve health outcomes. Working closely with Montefiore cardiologists and emergency department physicians, Neomi Shah, MD, MPH, Associate Director of the Adult Pulmonary Sleep Lab, and Assistant Professor, Medicine, Einstein, has enrolled heart attack patients to see if sleep apnea was a factor in their heart attacks, and is also looking at heart disease risks among

the Hispanic community. In other research, Montefiore was selected as one of five sites nationwide to pilot a new computerized family history tool developed by the March of Dimes to help healthcare providers screen for preterm birth and inherited conditions.

We received support in 2011 from diverse funding sources, in addition to NIH funding for our collaborative research with Einstein, with approximately \$13 million in federal government support, including from the Centers for Disease Control and Prevention, \$4 million from New York State and \$4.4 million from industries and foundations. ::

- 01 Steven K. Libutti, MD, Director of the Montefiore Einstein Center for Cancer Care, works with a colleague in the lab
- 02 Nir Barzilai, MD, Attending Physician, Endocrinology, Montefiore, studies the biological mechanisms of aging; assisting him is lab technician John Lofrese
- 03 Researchers investigate promising new therapies

GUIDING PATIENTS THROUGH THEIR CARE



JULIA ARNSTEN, MD, MPH:
GENERAL INTERNAL
MEDICINE RESEARCH

No matter how life-changing a medical or behavioral intervention is, it is only as good as the people it reaches. Antiretroviral medications, for example, can be a matter of life or death for HIV-positive patients. But many, in particular those addicted to drugs, find it difficult to comply with the daily pill-taking regimen.

What if this population had added assistance taking their medications? Julia Arnsten, MD, MPH, Chief of the Division of General Internal Medicine at Montefiore and Professor of Medicine, Epidemiology & Population Health, and of Psychiatry and Behavioral Sciences at Einstein, wanted to know. How would it affect their health outcomes? She and her team conducted a study in which HIV-positive patients who were also receiving methadone treatment for drug dependency were randomly assigned one of two medication strategies: one group received their pills along with their methadone treatment, under the watchful eye of healthcare providers—a strategy known as Directly Observed Therapy (DOT); the other group continued to take their medication at home, which was considered standard treatment.

The results were striking. For those receiving DOT, adherence overall was almost twice that of the control group, and the DOT group's viral load was three times more likely to be undetectable. "DOT was extraordinarily effective," Dr. Arnsten says. Her colleagues are similarly finding DOT a successful model for treating hepatitis C and providing smoking cessation interventions.

Dr. Arnsten's study is part of the Division of General Internal Medicine's wide-ranging portfolio of primary care research to evaluate and improve access to care for at-risk populations. Dr. Arnsten's team partners with community-based organizations, research and treatment centers such as the Einstein-Montefiore Center for AIDS Research, the Departments of Epidemiology & Population Health,

"Most of the patients we enroll in our studies have given up on themselves. But by the end of the trial, they begin to see that in order to survive and thrive, they have to find ways to live with the illness."

Julia Arnsten, MD, MPH
Chief, General Internal Medicine

Family and Social Medicine, and Pediatrics, and has recently forged a close research partnership with Montefiore Care Management.

DOT could have implications in the management of other chronic conditions, such as hypertension or diabetes. "When patients cannot achieve optimal blood pressure or hemoglobin A1c for diabetes, our first step should be evaluating adherence. If it's poor and they can't achieve better adherence with behavioral counseling, consider DOT," she says, emphasizing that this is only preliminary thinking.

However, as with many chronic-care interventions, questions arise on how to deliver the care effectively and affordably. When Dr. Arnsten's study protocol came to an end, the patients were unable to continue adherence, and the behavioral and medical improvements diminished. "The implications are quite serious," she says. "Does our nation have enough resources to deliver this kind of care to ensure treatment adherence for the rest of people's lives?"

For Dr. Arnsten's patients, the struggle for effective care has been long and hard, but the benefits of hands-on care are visible. "Most of the patients we enroll in our studies have given up on themselves," she says. "They have HIV, they're attending a methadone program. But by the end of the trial, they begin to see that in order to survive and thrive, they have to find ways to live with the illness. That's very moving." ::



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- 01 Julia Arnsten, MD, MPH (center), at a meeting with colleagues
- 02 Research has a significant effect on understanding treatment interventions. Dr. Arnsten is focused on ways to improve treatment compliance among HIV patients struggling with addiction

BRAIN WORKS



RICHARD LIPTON, MD: NEUROLOGY RESEARCH

When Richard Lipton, MD, first met the 25-year-old patient at the Montefiore Headache Center, her constant pain had caused her to drop out of graduate school. She suffered from debilitating migraines 20 days a month, could not sleep, took narcotic pain medication four times a day — although it no longer reduced the pain — and was overweight from eating when she couldn't sleep.

Thanks to research Dr. Lipton and his team had conducted in a longitudinal study investigating what causes occasional headaches to turn chronic, he knew he could help her. Working with 24,000 patients over five years, the study identified risk factors for developing intense chronic headaches — and she was hitting many of them: narcotic use, sleeplessness, obesity. He changed her medication, replacing narcotics with an anti-inflammatory, and put her on weight-loss and sleeping programs (in bed at 10 pm, up at 6 am). Six months later, with the frequency of her headaches significantly reduced, she was able to return to graduate school.

"Over the years, neurology has definitely moved from being a diagnosis-oriented specialty to being a treatment-oriented specialty," says Dr. Lipton, Director of the Montefiore Headache



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"There is nothing more interesting than human behavior and the way it emerges from our nervous systems."

Richard Lipton, MD
Director, Montefiore Headache Center,
and Vice Chair and Professor, Neurology

Center and Vice Chair and Professor of Neurology at Montefiore and Einstein. "Lots of conditions that were completely untreatable when I started as a neurology resident at Montefiore in 1981 have now become quite treatable. There's been explosive progress in multiple

sclerosis, Parkinson's, Alzheimer's, migraine, epilepsy. There've been so many insights into the mechanism of disease, and they are likely to translate into the next generation of treatments."

To continue rapid advancement of research and clinical trials on brain disorders, Montefiore, in partnership with Einstein, secured an NIH grant to establish a clinical trials center for the Network for Excellence in Neuroscience Clinical Trials (NeuroNEXT). Montefiore and Einstein's center is one of only 25 in the United States that were awarded the highly competitive grants from the National Institute of Neurological Disorders and Stroke, part of the National Institutes of Health.

Dr. Lipton likens his brain research to what has happened in the understanding of cardiovascular disease, where investigators uncovered major risk factors such as high cholesterol, hypertension, obesity and smoking, and now prescribes prevention and treatment that includes mitigating these risk factors. Recently, Dr. Lipton and colleagues at Brown University received an NIH grant to study behavioral weight reduction.

Dr. Lipton also directs the Einstein Aging Study, a long-standing interdisciplinary study that examines both normal aging and the special challenges of Alzheimer's disease and other dementing disorders. Through the study, which recently received an \$11 million renewal grant from the NIH's National Institute on Aging (NIA), Dr. Lipton seeks to answer some critical questions: What factors make for successful brain aging? What factors contribute to unsuccessful aging and Alzheimer's disease? How can we mitigate the risk factors?

"There is nothing more interesting," he says, "than human behavior and the way it emerges from our nervous systems." ❖

DRIVEN BY QUESTIONS



MICHELLE NG GONG, MD, MS: CRITICAL CARE RESEARCH

As a teenager attending Bronx High School of Science, Michelle Ng Gong, MD, MS, never had any question about what she wanted to be: a doctor. Once she started taking care of critically ill patients, however, she was driven by questions, all stemming from a central one: how could she improve their health?

For certain critical patients but not others, life-threatening insults such as sepsis, pneumonia or trauma can progress to acute lung injury and acute respiratory distress syndrome (ALI/ARDS). ALI/ARDS tends to develop rapidly and currently has no effective drug therapies. What are the risk factors for these fast-acting conditions? Why do some patients develop organ failure and die while others do not? How are they affected by obesity or certain medications such as statins or insulin? Can aspirin play a preventive role? Dr. Gong wanted to know.

As Director of Critical Care Research for the Division of Critical Care in the Department of Medicine at Montefiore, and Associate Professor of Medicine and Epidemiology & Population Health at Einstein, Dr. Gong and her team are pursuing a number of clinical trials designed to answer these questions—and, no doubt, raise more. As people live longer and with more co-morbidities, discoveries in critical care—a single field that captures multiple complexities of modern medicine—could have an exponential impact on patients.

“There are a lot of unanswered questions in medicine,” says Dr. Gong. “It is imperative that we as an academic medical center are active in clinical research so that we understand what is the best care for our patients and give them the best chance of accessing it.”

As a member of the U.S. Critical Illness and Injury Trials Group (USCIITG) Steering Committee, Dr. Gong works with colleagues across disciplines and across the nation to develop “prediction scores” for patients at

“It is imperative that we as an academic medical center are active in clinical research.”

Michelle Ng Gong, MD, MS
Director of Research,
Critical Care Medicine

risk of developing ALI. The more physicians know about risk factors, the better equipped they are to prevent the life-threatening condition. And in a multicenter clinical trial funded by NIH’s National Heart, Lung and Blood Institute, Dr. Gong is looking at whether at-risk patients could reduce their chance of developing ALI if they take a preventive course of aspirin before entering the hospital.

Another important issue in critical care is treating vulnerable ICU patients suffering from delirium, which has been shown to increase hospital stays, cost and mortality. In a clinical trial with colleagues at Vanderbilt University, Dr. Gong and her team are investigating optimal treatment for patients with delirium. With the rapidly expanding aging ICU population, the questions and subsequent answers take on even more urgency.

While the trial’s final findings are still years away, Dr. Gong says that she and her multidisciplinary team are already improving care today by refining how they assess patients for delirium and by using the minimal amount of sedation necessary. “Participating in these studies raises the awareness of doctors and nurses on the critical care team as to what are best practices for these patients,” she says.

“You can deliver an innovative drug to the patient, but it is not going to be effective unless the other aspects of care are optimized. The patient needs best practices in all aspects of care. That takes a team approach from the physicians, nurses, physician assistants, respiratory therapists and everyone else caring for the patient.” ■■



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- 01 A patient undergoes neurological evaluation
- 02 Richard Lipton, MD (second from right), with NeuroNEXT colleagues (left to right) Shlomo Shinnar, MD, Co-Principal Investigator of the NeuroNEXT trial; Director, Comprehensive Epilepsy Center, Montefiore; and Professor of Neurology, Pediatrics, and Epidemiology & Population Health, Einstein; and coordinators Christine O’Dell, RN, MSN, and Donna J. Patch, RN
- 03 Michelle Ng Gong, MD, MS (standing, center), reviews chest X-rays with staff
- 04 Rounding with residents and fellows in the intensive care unit



Residents join Catherine Skae, MD, Vice Chair, Education, and Director, Pediatric Residency Program, The Children's Hospital at Montefiore, as she rounds with patients. Training opportunities at Montefiore focus on translating skills toward improving patient care.



TRAINING THE NEXT GENERATION OF LEADERS

WE STAND FOR THE FUTURE

With the second-largest medical residency program in the country, Montefiore provides residents and other healthcare professionals an opportunity to learn state-of-the-art medicine and receive hands-on training in one of the most diverse urban areas in the country — one where the population is global, the chronic disease burden is high, and the need is great.

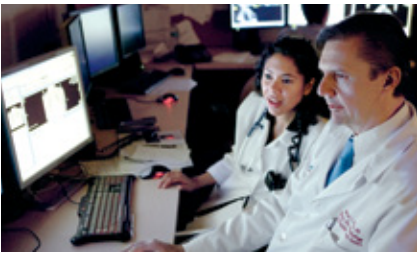
Mentoring Promise



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“Working with a large, complex patient population with a high degree of acuity, our residents are exposed firsthand, and play an active role in, our innovative and socially conscious brand of medicine,” says Jeffrey Weiss, MD, Medical Director at Montefiore and Assistant Professor, Medicine, at Einstein. “They’re on the ground floor, seeing real problems and making a real impact.”

Our progressive focus on longitudinal rather than episodic and fragmented care provides the ideal training ground for healthcare leaders of the future. Programs such as family medicine and social medicine, internal medicine, obstetrics and gynecology, pediatrics, psychology and surgery draw the top applicants in the country, who will go on to shape care for individuals, families and communities, and drive future innovations.

To remain on the cutting edge of training, we develop and expand programs that advance teamwork, communication and decision-making, such as simulation training to improve patient outcomes. Our Department of Obstetrics & Gynecology and Women’s Health expanded its innovative

simulation training with a particular focus on multi- and interdisciplinary team training to improve collaboration and prepare residents for new rare clinical scenarios. The Division of Critical Care Medicine has instituted simulation training focused on airway management and treatment of the most common syndromes. With evidence that simulation training improves care and reduces procedural errors and mortality rates, we are currently seeking to expand this vital model across our residency curriculum.

DEVELOPING THE BEST AND THE BRIGHTEST

Montefiore’s mission and vision draw residents from top medical schools, including Einstein, Harvard Medical School and Yale School of Medicine, who are committed to clinical and academic excellence, and to Montefiore’s mission to advance the health of its community. Many stay on to make their careers here. Forty-six percent of our doctors—including Steven M. Safyer, MD, President and CEO; Philip O. Ozuah, MD, PhD, Executive Vice President and Chief Operating Officer of Montefiore,

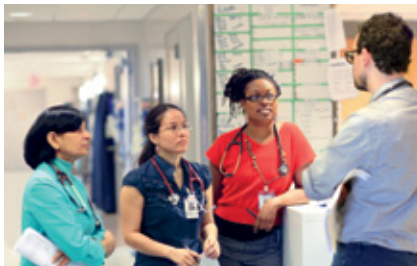
2011 Training Highlights

With 1,251 residents and fellows across 84 programs, Montefiore is the second-largest training program in the country.

For our 11 programs surveyed last year by the Accreditation Council for Graduate Medical Education (ACGME), the Resident Review Committee recommended a review cycle length of, on average, more than four years—signaling the programs’ excellent standing.

Twenty-six Montefiore residency programs participated in the 2011 National Residency Matching Program with remarkable results; almost 90 percent of our programs filled all of their available positions with their top choices in the first round.

In 2011, Montefiore introduced the Learning Network, a “virtual center” that provides associates with opportunities for professional and leadership development, training and skills advancement. ::



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Physician-in-Chief at The Children's Hospital at Montefiore, and Professor and University Chairman of Pediatrics at Einstein; and several other members of the senior leadership team — trained at Montefiore.

To ensure that we are providing the best residency experience, we initiated several forums to engage in dialogue and translate experiences and concerns into opportunities for learning and process improvement. We meet monthly with resident representatives from all 84 programs.

MAINTAINING EXCELLENCE IN A CHALLENGING ENVIRONMENT

Montefiore is committed to reducing fragmentation of care across its delivery system. In our training programs, we are harnessing information technology to maximize safety and efficiency during transitions of care. A testing site for GE's Documenter, a technology that allows clinicians to note information directly into the medical record, we are using such advancements as electronic sign-outs, medication reconciliation and online note-writing to ensure that patients can move across the different settings of care with their information easily accessible to all members of the care team.

The threat of cuts in federal graduate medical education funding, which largely pays resident and faculty salaries, loomed throughout 2011. If the cuts were to go through as proposed, they could cost Montefiore as much as \$100 million a year, challenging our teaching mission and



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our ability to secure access to care, as Dr. Safyer wrote in an op-ed piece in the *New York Daily News* in October. We will continue to take a stand to protect graduate medical education and to ensure that Montefiore can do its part in providing the country with exceptionally trained physicians.

LEADERSHIP IN DEVELOPING PHYSICIAN ASSISTANTS

Recognizing the key role that highly trained physician assistants play in patient care, Montefiore established the nation's first Surgical Physician Assistant (PA) residency program — which celebrated its 40th anniversary in 2011. Today, in addition to pioneering specialty PA training in other areas, Montefiore has developed a robust medicine PA training program and structure for PAs, modeled on the rigorous training of medical residents. In 2011, in recognition of this vital profession, we inaugurated the Montefiore Staff and Alumni Physician Assistant Distinguished Service Awards. ::



07

- 01 Neurology residents take a break in the gardens at Montefiore
- 02 Peer-to-peer training
- 03 Mario J. Garcia, MD, Chief, Division of Cardiology, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care, reviews images with a resident
- 04 Physicians and residents review a case together
- 05 At a House Staff awards ceremony (left to right) Vincent DeOrchis, MD; Tulay Aksoy, MD; and George Nicholson, MD, were nominated by their departments for demonstrating outstanding clinical acumen, rapport with fellow professionals and compassion for patients' needs
- 06 Steven K. Libutti, MD, Director, Montefiore Einstein Center for Cancer Care, leads a tour group of international visitors participating in a State Department program and discusses Montefiore's approach toward multidisciplinary cancer care. Robert E. Michler, MD, Surgeon-in-Chief, Montefiore (far left), attends
- 07 Obstetrics and gynecology residents participate in birth delivery simulation training

THE ART OF LISTENING



JAMES FAUSTO, MD: TRAINING IN PALLIATIVE CARE AND FAMILY MEDICINE

When James Fausto, MD, Medical Director of the Palliative Care Program, and Assistant Professor, Department of Family and Social Medicine at Einstein, meets with a family to discuss care for their severely ill loved one, he never begins, “Let me tell you what’s going on.” Instead, he asks, “What is your understanding about what is going on?”

That subtle shift, he says, makes a big difference and is essential to palliative care practice and training. “One of the core things we teach our medical trainees is to understand where the family or patient is coming from,” says Dr. Fausto, who is also the Program Director of Hospice and Palliative Care and was himself a fellow in the program. “That makes you a better doctor.”

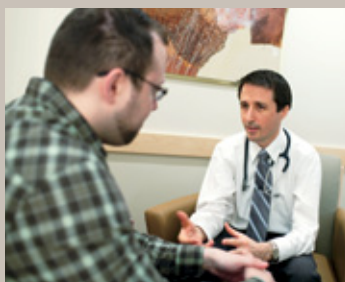
Not long ago, he says, he was discussing with a resident the case of a 20-something patient with end-stage cancer who wanted to be home for his final days. The resident thought the young man would be better monitored in a sub-acute nursing facility. Through “gentle questioning and exploring [the resident’s] concerns,” Dr. Fausto brought to the fore elements of the treatment plan that were every bit as important as shortness of breath, intubation and the bilevel positive airway pressure machine, which helps with breathing. “[The patient’s]

home is where he’s been for 20 years,” says Dr. Fausto. “They know him, they feed him what he wants, they will check on him all the time. We cannot remove whatever choice he has left because he and his family will encounter difficulties. In the end, the trainee realized this.”

After graduating from the University of Medicine and Dentistry of New Jersey in Newark, Dr. Fausto came to Montefiore in 2006 as a resident in Family Medicine, drawn by the medical center’s long-standing social mission. He sought, and found, mentors and peers who embodied that commitment. Although after his training he was accepted to many other palliative care programs throughout New York City, “I chose to stay here because Montefiore has a deep understanding of palliative care and how important it is to do things that improve the quality of patients’ lives,” he says.

The value of teamwork has been a constant from his first days as a resident to his current practice and teaching in palliative care. “A patient would come in for what you thought was a standard medical visit,” he recalls of his training in family medicine. “Then, nine minutes into the visit, you realize the patient is depressed, maybe even suicidal. So you call an onsite social worker into the office with you to help you develop a plan of care.”

“Training in an environment that uses teams enhanced my ability to be part of a team today,” says Dr. Fausto. “You learn when to lead and when to step back and listen.” ❧



01

STUDYING THE “IN-BETWEEN”



CATHY CAHILL, RN: BIOETHICS TRAINING

Cathy Cahill, RN, has been part of a sea change in healthcare education since she first attended Westchester School of Nursing 40 years ago, when training was about mastering a set of clinical skills.

“It’s easy to say to people, take insulin, don’t eat sugar, you’ll be okay,” says Ms. Cahill, who is one of Montefiore’s bioethics consultants and currently Director of Clinical Services, Pediatric Ambulatory Subspecialty Service and Dialysis. “But that’s not enough education. We educate caregivers that the person who makes the decisions is the patient. Honor the patient and honor the patient’s wishes.”

She is a student again, this time in the first class to enter the new Master’s of Science in Bioethics program offered in collaboration with Einstein and Cardozo Law at Yeshiva University — a program that focuses on honoring the patient’s wishes. “In bioethics, decisions aren’t black and white, right and wrong,” says Ms. Cahill, who has been working in bioethics since 1984 with the Montefiore Einstein Center for Bioethics, one of the longest-standing and most forward-thinking of its kind. “The action is in the in-between.”

The study of bioethics has been gaining urgency over the years as healthcare grows more complex, and technological and scientific advances prolong life. Increasingly, the field has been codifying its training, too, with

LEARNING FROM THE BEST



02

master's programs such as the Montefiore-Einstein-Cardozo one. Drawing a mixed group that includes young law and medical students and mid-career professionals like Ms. Cahill, the program provides the opportunity to further explore complex decision-making.

Ms. Cahill recalls a case discussed in her religion class in which a child with cancer needed a transfusion but the family's faith prohibited receiving human blood. "The physician could have said, 'It's the law, the child is under 18,'" she explains. "Instead, the doctor brought in the bioethics team to weigh the benefits and burdens of every possible decision. This puts a value on the parents' belief." After much conversation, the parents agreed to the transfusion.

Having entered the bioethics field to help patients navigate the roiling fear and uncertainty during the epidemic that would later be identified as AIDS, Ms. Cahill brings to the program decades of experience not only as a bioethics consultant but also as a nurse. "As a nurse caring for patients in the hospital, you see not just what should be but what *is*," she says, "You're in the room and you hear the family talking among themselves, asking questions. As a nurse, you see the reality of what is happening at the bedside." ::

- 01 James Fausto, MD, counsels a patient
02 Ms. Cahill and Adam Levy, MD, Director, Pediatric Neuro-Oncology, CHAM, talk with parents about a child's care
03 Left to right: Radiologists Renee M. Moadel, MD, and Jacob Cynamon, MD, with Dr. Hirschl perform surgery on a patient with a liver tumor



DAVID HIRSCHL, MD: FELLOWSHIP IN VASCULAR AND INTERVENTIONAL RADIOLOGY

Caring for patients who speak dozens of different languages, and diagnosing and treating conditions as varied as uterine fibroids, internal bleeding and cancer, requires experience. Montefiore was the perfect place, thought David Hirschl, MD, Fellow in Vascular and Interventional Radiology, to get the unique clinical experiences he craved.

Dr. Hirschl, who completed a residency in radiology at Montefiore, chose to remain at Montefiore for its world-class faculty at the forefront of this fast-growing field, which involves using image-guided procedures to diagnose and treat such serious conditions as vascular disease, blood clots, acute gastrointestinal bleeding and malignancy. Dr. Hirschl notes that Montefiore's liver transplant program draws many patients with liver cancer, cirrhosis and portal hypertension, who

can benefit from interventional radiology's minimally invasive, highly targeted solutions.

"Extraordinary faculty mentors at Montefiore taught me to understand disease and to care for people," says Dr. Hirschl, who completed his internship at Yale-New Haven Hospital.

Through his experiences at Montefiore, he has become a doctor who excels at listening to patients. "Patients don't always know why they're having a procedure," says Dr. Hirschl. "They're scared and may not fully understand. We address their questions and concerns. It's really a patient-centered approach that I've taken at Montefiore."

Working with faculty members who pioneered many "firsts" in the field of vascular and interventional radiology, Dr. Hirschl has mastered a variety of imaging modalities and treatment options to minimize the risk to patients, speed healing and improve health outcomes. Among the sophisticated outpatient procedures he performs are transarterial chemoembolization (TACE), in which doctors enter the patient's arteries, locate the vessel supplying a tumor and deliver chemotherapy directly into the tumor. Interventional radiologists are also consulted on patients with acute illness, such as gastrointestinal bleeding. Patients with infected gallbladders or kidneys, who are too sick for surgery, are referred to interventional radiology for drainage, the necessary first step to get them well enough for the operating room.

"Listening is at the heart of patient care," says Dr. Hirschl. "Physicians are always stretched for time, but what I learned from my mentors here is that taking the time to listen results in better outcomes and strengthens the physician-patient relationship." ::



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STANDING FOR A VISIONARY MODEL OF CARE

WE STAND AT THE FOREFRONT

Our integrated care delivery system is both an example and engine of our innovation, as we pioneer ways to increase access to quality care, improve the patient experience and streamline care to improve efficiency — a complex and urgent algorithm in today's healthcare landscape. We bring a remarkable degree of accountability to our patients, across all settings — from preventive and primary to broad-based specialty care and state-of-the-art life-saving care.



Patient care is all about communication between the provider and the patient and among the care team members across all disciplines. Patients are considered active participants in their care, and their input helps guide the development of a customized treatment plan that best meets their needs.

There's No "I" in Accountable

Countless times a day, primary care physicians, medical and behavioral health specialists, nurses, social workers, diabetes educators, nutritionists and pharmacists connect with each other and with patients to ensure that patients are managing their chronic health conditions in the real proving ground: their daily lives.

Long before the term “accountable care” gained currency—as a way of improving care and reducing costs in a fragmented healthcare system—Montefiore was innovating beyond traditional healthcare settings to meet our patients’ complex needs and improve their care management. Overall, the accountable care model is intended to make care delivery more seamless and achieve a “triple aim”: improve patient care, improve a population’s health and lower medical costs.

In recognition of its successes in these areas, Montefiore was named one of 32 leading healthcare organizations nationwide, and the only one in New York State, selected as a Pioneer Accountable Care

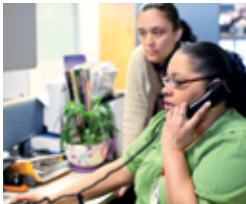
Organization (ACO), as part of a new federal initiative sponsored by the Center for Medicare and Medicaid Innovation. Approximately 23,000 traditional Medicare beneficiaries in the Bronx will be served by care coordination options from Montefiore, for a total of 170,000 patients whose care was managed by Montefiore Care Management at the end of 2011.

“We have been building this seamless delivery system and connecting to the community for a long time,” says Anne Meara, RN, Associate Vice President, Network Care Management. “We are getting to a tipping point now where we’re responsible for the care of enough people that not only can we improve the health of individuals, but we can also impact health outcomes in the Bronx as a whole.”

The need is great in a community where nearly a third of the population is obese, a third has high blood pressure, nearly 16 percent have asthma, 12 percent have diabetes and almost 35 percent smoke.



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EXPANDING ACCESS TO EXCELLENCE

We are committed to expanding access to primary care and advanced specialty care throughout the community. As we reimagine how care should be delivered and expand our reach, rapid progress in diagnostic and treatment options, as well as technological developments, make care more portable, allowing us to deliver cutting-edge specialty services in the community.

We expanded access to all levels of premier care by opening the Center for Orthopaedic Specialties at our new Hutchinson Campus in 2011. The largest full-service orthopaedics facility in the Bronx and Westchester, the new center unites multidisciplinary teams and expands patient access to in-depth consultations, cutting-edge protocols and treatment, and individualized diagnoses and therapies.

- 01 Henry Chung, MD (standing), Chief Medical Officer, Montefiore Care Management, talks with the team
- 02 A nurse at Montefiore Care Management takes a call from a patient
- 03 Care managers handle many questions from patients over the phone

INTEGRATING CARE

Montefiore Care Management received funding from the United Hospital Fund and New York Community Trust to integrate medical and behavioral healthcare for vulnerable, chronically ill patients.

INTEGRATED CARE



STATE RECOGNITION

The New York State Department of Health designated Montefiore as the leader of a Bronx-wide coalition, a Health Home for chronically ill Medicaid patients.

INTEGRATED CARE



NATIONAL MODEL

For leadership in comprehensive care management, Montefiore received a Pioneer Accountable Care Organization (ACO) contract from the Center for Medicare and Medicaid Innovation.

INTEGRATED CARE



EXPANDING SPECIALTY CARE

We opened the Center for Orthopaedic Specialties at our new Hutchinson Campus, increasing access to advanced, comprehensive specialty care in the community.

INTEGRATED CARE



CHANGING THE CULTURE

The American College of Medical Quality presented Montefiore with a leadership award for its model of accountable care, praising its “culture of care management” and success in keeping patients out of the hospital.

INTEGRATED CARE



“As a father of three children born at Weiler Hospital, I personally know that this is an amazing teaching hospital that gets better every year. I’m proud to be part of the Montefiore family and to see that a national model of clinical excellence was developed right here in the Bronx.”

U.S. REPRESENTATIVE ELIOT ENGEL (D-NY)
U.S. Representative Engel reviews IT innovation.

INTEGRATED CARE



We increased patient access to comprehensive eye and vision care with a new, high-tech outpatient practice at Montefiore's North Campus, Medical Arts Pavilion, staffed and equipped to diagnose and treat adults and children with virtually any eye disease or condition. And Montefiore's Liver Disease and Transplantation Program expanded its presence into Westchester County, so patients can see a Montefiore liver specialist close to home for testing, diagnosis and treatment.

CARING FOR THE CAREGIVER

Support of the caregiver positively impacts the health of the patient, the family and the caregiver as well. The role of the caregiver is a demanding and stressful one, and caregivers may lack support of their own.

Launched in 2011 with a grant from the United Hospital Fund, named with a gift from Oded Aboodi, and with generous support from the Emil family, the Arthur D. Emil Caregiver Support Center provides emotional support and practical assistance from



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specially trained volunteers supervised by a professional social worker.

While their loved one is in the hospital, caregivers find the warm and nonjudgmental atmosphere they need to better meet their many responsibilities. The Arthur D. Emil Caregiver Support Center serves as an oasis within the hospital setting.

CARING FOR THE MOST VULNERABLE

In the second busiest emergency department in the country, with more

than 300,000 visits per year, teams of doctors, nurses, social workers and care managers go to great lengths to coordinate care for the most vulnerable patients. Emergency Department nurse navigators proactively reach out on behalf of these patients, piecing together the expertise and resources they need in and outside of the healthcare system. In 2011, we expanded the reach of ED navigators and instituted a call-to-action system if an incoming patient is known to be homeless or is a regular visitor to the hospital.

Similarly, our Complex Case Advisory Team, a unique group representing experts in risk management, law, ethics, social work, nursing and medicine, works across the organization to coordinate complex care in and beyond the hospital for the most disenfranchised and challenging patients, and meets regularly to brainstorm humane and practical solutions in caring for them. These patients include those with unstable homes upon discharge, those facing complex social circumstances and those with extended hospital stays. ::

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■ Watch a video of the Caregiver Support Center at: www.montefiore.org/annualreport

- 01 The Caregiver Support Center was founded in 2011
- 02 Nurse navigators wait with a patient in the Emergency Department
- 03 Randi Kaplan, Director, Caregiver Support Center (right), talks with a colleague

SCHWARTZ CENTER ROUNDS

ON BEING HUMAN

The stories are personal, heartfelt and often heart-wrenching.

The phlebotomy nurse who escorted her patient to chemotherapy infusion because she was worried the young woman would miss life-saving treatments. Clergy members who felt their bonds to the healthcare team stressed when a patient refused treatment on religious grounds. Staff members who cared for—and lost—a close colleague who battled cancer. A staff member who made up beds because, he said, “it could be my son in that bed one day.”

Welcome to Schwartz Center Rounds, a multidisciplinary forum where Montefiore associates from across the spectrum convene bimonthly to talk about the emotional and social toll of caring for cancer patients. In contrast to most medical forums, this one focuses not on solving difficult cases or deciding on a course of treatment but on sharing experiences, finding common ground and acknowledging the challenges of caring for patients who often have significant medical and psychosocial needs. “We may not all have the answers, but we share the questions together,” says Alyson Moadel, PhD, Director of the Psychosocial Oncology Program and Associate Professor of Clinical Epidemiology & Population Health and Clinical Medicine at Einstein, and facilitator of the panel discussions that begin each forum. “This is about processing what we all go through as caregivers. The whole power behind it is to realize you are not alone.”

Run in conjunction with the Boston-based Schwartz Center for Compassionate Healthcare Rounds, the national program is the legacy of Kenneth B. Schwartz, a lawyer who grew close to his care providers before he died of lung cancer. Since Shalom Kalnicki, MD, Professor and Chairman, Department of Radiation Oncology at Montefiore and Einstein, and Jeffrey Weiss, MD, Medical Director at Montefiore and Assistant Professor of Medicine at Einstein, brought the Rounds to Montefiore in 2009, topics

“Take away the white coats and ID badges, and we’re all human beings trying to take care of patients.”

Jeffrey Weiss, MD
Medical Director, Montefiore

have included caring for patients who refuse treatment or are noncompliant, making and moving on after medical errors, and managing job stresses on marriages and families. “Feelings of frustration, anger, helplessness—those are difficult to handle vis-à-vis your stated mission to treat patients,” says Dr. Kalnicki. “The Rounds reveal that these feelings are normal, and from that catharsis, something positive always comes.”

Participants include doctors, nurses, social workers, clergy, administrative staff—anyone who interacts with patients. “Our front-desk clerks at the Center for Cancer Care get so close to patients, who often come in every single

day for six weeks,” says Cindy Vaca, who administers the program. “They suffer along with the patients.” Adds Dr. Weiss: “Take away the white coats and ID badges, and we’re all human beings trying to take care of patients. We work a lot of hours under challenging circumstances. Sharing the depth of our experience like this binds us closer together in our mission. I often walk out of that room feeling the most pride I’ve ever had in our team.” ::



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- 01 Shalom Kalnicki, MD (with microphone), leads the Schwartz Center Rounds
02 Lisa Weichmann, MD, Attending Surgeon, shares her experiences with the group

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MONTEFIORE CARE MANAGEMENT



“Patients can get so overwhelmed by their illnesses that they just let everything go...with continued education and reinforcement they start to learn.”

Veronica Chepak, RN
Clinical Coordinator,
Montefiore Care Management

EDUCATOR, GUIDE, LIFELINE

Epiphanies may not be what immediately come to mind in today's healthcare landscape, but care manager Veronica Chepak, RN, Clinical Coordinator, part of a new pilot program to integrate medical and behavioral healthcare for at-risk patients, has seen her share.

One of her patients suffered from diabetes, depression and alcohol addiction, entangled chronic conditions that had pitched the patient into a downward spiral. Through regular phone calls and robust communication as a member of the integrated medical and behavioral healthcare team, Ms. Chepak guided the patient through necessary finger sticks to test blood sugars and keep records to monitor alcohol use.

“The patient started noticing that after having a drink, blood sugars were way out of hand,” explains Ms. Chepak, who is with Montefiore Care Management. “This patient had an epiphany, and said, ‘Oh, I never put the two together. I am making myself sicker.’”

Treating conditions separately can worsen outcomes and even worsen the conditions being treated. Ms. Chepak is part of Montefiore's “wraparound care,” providing interventions and making connections to help patients stay healthier and out of the hospital. When her above-mentioned patient missed a scheduled psychotherapy appointment, Ms. Chepak called him immediately, learned he felt sick, and called another care manager on site at a Montefiore outpatient center. That care manager set up an appointment with the patient's primary care physician, and the care managers worked together to make sure the patient kept his appointment and took his prescribed antibiotics. Soon, he was back on track to better health.

Research indicates that chronic physical and behavioral health conditions are deeply interrelated and tend to precipitate or exacerbate one another if treated separately or if one

is overlooked, notes Henry Chung, MD, Montefiore Care Management's Chief Medical Officer. For example, antidepressants taken by diabetic patients who are also being treated for depression can raise blood sugar levels. At the same time, depression and alcoholism can interfere with treatment, including medications.

“You cannot get good outcomes if you don't treat the disorders together effectively,” says Dr. Chung, whose program received funding from the New York Community Trust and the United Hospital Fund to create the pilot program, which coordinates care among medical and behavioral doctors, nurses, social workers and care managers. “In addressing mental health needs along with physical needs, we're going to get a better outcome. That's what managing care means—keeping people well between visits.”

Ms. Chepak does just that, working with 60 to 70 patients—educating, listening, answering questions and helping patients navigate financial complexities. She essentially bridges the healthcare world and the day-to-day world that patients live in. Before holiday weekends, for instance, she calls patients to make sure they have enough medication to last when pharmacies are closed. She makes sure that all members of the patient-centered team communicate with one another, with her and with the patient. Technology plays a role here, as the Electronic Medical Record system allows all members of the team to have up-to-date access to vital information.

“Patients can get so overwhelmed by their illnesses that they just let everything go,” says Ms. Chepak, who serves as president of the Hudson Valley Chapter of the Care Management Society of America. “With continued education and reinforcement, they start to learn, ‘Okay, if I behave this way, this will happen’—instead of, ‘I'll just tell the doctor at an appointment.’” ❖

Wraparound Care



● UPS AND DOWNS

A healthy weight is critical to keeping diabetes in check. Montefiore Care Management nurses monitor a patient's weight.

● CHARTING THE COURSE

Members of the care team meet to discuss an action plan for the patient.

● FOLLOWING UP

The patient receives follow-up care from a physician at Montefiore Medical Group Bronx East, and is given information about diabetes testing at home.

● KEEPING DIABETES IN CHECK

The patient is shown how to monitor blood sugar levels at home.

● HEALTHY BODY, HEALTHY MIND

Psychosocial support is key to the success of any treatment plan. The patient meets with the behavioral health team.

● JUST A PHONE CALL AWAY

The patient calls her Montefiore Care Management pharmacist whenever she has questions about her medications or needs help with refills.



PARTNERING WITH OUR NEIGHBORS

WE STAND WITH OUR COMMUNITY

As a major medical center in a vibrant, diverse and often under-resourced borough, Montefiore has the unique opportunity — and responsibility — to improve the quality of life for individuals, families and the community. We advocate for healthier lifestyles, help make fresh produce readily available and promote proactive healthcare through screenings, fitness events, flu shots and other outreach to such places as senior and community centers, houses of worship and schools.

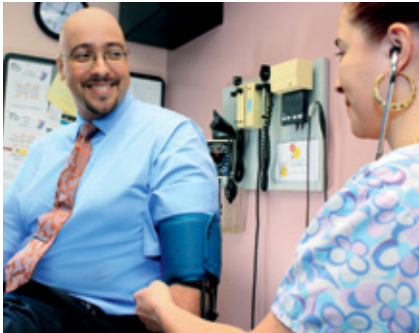


Community Health Organizer Laura Messing leads a group of elementary school students at PS 28 as part of a program called "Health Ambassadors." The program promotes healthy eating and teaches kids how to make smart food choices.

Promoting Healthier Lives



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We have been in the Bronx since 1913, when the community was considered the rural outskirts of New York City. Now, it is a mosaic of ethnic and cultural enclaves—a magnet for new immigrants where people speak different languages and practice different traditions.

Montefiore is committed to addressing the health challenges this culturally rich community faces. Acting strategically, we follow the data to identify emerging and urgent needs. We lead the way in battling chronic diseases that disproportionately afflict residents of the Bronx today: obesity, diabetes, hypertension and asthma. And Montefiore clinicians have been in the vanguard of interventions to combat HIV, tuberculosis and lead poisoning in children, taking a stand early on as the community faced outbreaks.

One of the most urgent problems facing the borough is obesity, a major risk factor in diabetes, cardiovascular disease and a range of other chronic illnesses. In the South Bronx, two in

three adults are overweight or obese, and nearly one in three preschoolers enrolled in the Head Start program is obese. Twelve percent of Bronx adults have diabetes—higher than the 8 percent national rate.

To reach more overweight and obese teenagers, Montefiore expanded the Bronx Nutrition and Fitness Initiative for Teens (B’N Fit) program. B’N Fit helps youngsters adopt healthier lifelong nutritional and physical activity patterns through comprehensive medical evaluation and management, including sessions after school and at summer camps.

Montefiore’s nationally renowned School Health Program, one of the largest in the United States, provides comprehensive primary care, mental health services and dental care to tens of thousands of Bronx students; provides reproductive care for adolescents; and works with Bronx leaders and community organizations to meet the Bronx CAN (Changing Attitudes Now) Family Health Challenge—an initiative launched by

Bronx Borough President Rubin Diaz and New York State Senator Gustavo Rivera that asked participants to set and meet personal health goals in an effort to raise the borough’s standing as dead-last in New York State on key health metrics. In addition to the direct participation of several schools, “Family Health Challenge” guidebooks were distributed to 1,000 students through Montefiore’s school-based health center servicing a Bronx elementary and middle school.

CREATING A SMOKE-FREE CAMPUS

Montefiore has been in the vanguard of successfully advocating for change in regulations and environmental conditions. As the largest healthcare provider and employer in the Bronx,

- 01 Montefiore associates participate in the annual Bronx Zoo 5k Run for the Wild
- 02 New York State Senator Gustavo Rivera gets a checkup at Montefiore Medical Group as part of the Bronx CAN Initiative to promote healthier living
- 03 B’N Fit staff lead an exercise program with Bronx teens

MONTEFIORE PROM

Child Life Specialist Madeline Urena crowns patient Kiara O'Loughlin prom queen at the 2nd Annual Pediatric Prom in May 2011.

COMMUNITY



SARCOMA WALK

Sarcoma patients raised awareness and nearly \$15,000 at CHAM's 5th Annual Stomp Out Sarcoma Walk held at Van Cortlandt Park in the Bronx. The walk was CHAM's largest yet, with more than 90 patients, family members and hospital staff participating.

COMMUNITY



CANCER SURVIVORS DAY

More than 300 cancer survivors attended the 2011 National Cancer Survivors Day celebration held at Albert Einstein College of Medicine. The annual event honors survivors' strength and courage.

COMMUNITY



FARMERS MARKET

From spring through fall, the Farmers Market at Montefiore sells a wide variety of foods, including fresh produce and baked goods, and flowers to patients, employees, visitors and the community.

COMMUNITY



CONCERTS IN THE GARDEN

Throughout the summer, local musicians performed at the Moses Hospital East Garden for associates, patients and visitors.

COMMUNITY

"Montefiore's leadership in school health, diabetes management, specialty care and support for the elderly is exemplary, and its programs address the lifespan and cut across all disciplines."

U.S. SENATOR KIRSTEN GILLIBRAND (D-NY)

U.S. Senator Kirsten Gillibrand (center), with Steven M. Safyer, MD (left), and Philip O. Ozuah, MD, PhD (right), visits CHAM.

COMMUNITY



Montefiore demonstrated its commitment to a healthier work site and community by implementing a new smoke-free campus policy. The policy builds on our agreement with the New York City Healthy Hospitals Initiative to support and promote tobacco-free environments for patients and hospital visitors and our relationships with Bronx BREATHEs, the official Tobacco Cessation Center for the borough of the Bronx representing the New York State Department of Health's Tobacco Control Program.

The policy extends no-smoking zones beyond established 25-foot perimeters around all Montefiore locations in the Bronx and Westchester, including its main hospital campuses, public areas such as parking garages, common areas in residential buildings, and community sites. Montefiore identified 10 percent of employees as smokers and offered them eight weeks of a free nicotine replacement therapy (NRT) program.

In addition, all Montefiore Medical Group physicians have been trained to utilize the Fax-To-Quit program for their patients and provide two weeks



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of free NRT (paid through New York State) to assist patients in quitting.

BEYOND WELLNESS

The community has been hard-hit by the economic downturn, with overall poverty approaching one-third, childhood poverty at 43 percent, and a significant number of Bronx residents insured through Medicare or Medicaid. We forged partnerships with community and government to create opportunities for workforce and community development, economic outlook, safety and education, among other fundamental quality-of-life issues. We worked with the New York City Department of Small Business Services and local

LEARN MORE

About Montefiore's wide-ranging community initiatives in our Community Services Inventory. Visit **www.montefiore.org/montefiore-in-the-community**.

merchants associations to revitalize Bronx businesses and commercial districts and help them secure support through the Department of Housing and Urban Development's grants to Hispanic-Serving Institutions Assisting Communities (HSIAC). ::

- 01 Getting fit during an American Heart Month exercise event
- 02 Planting trees at a Bronx park, a Montefiore School Health Program initiative in memory of its former director Meghan Charlop
- 03 A Montefiore School Health Program physician evaluates a patient's lung function
- 04 New York State's largest free bicycling event, Tour de Bronx, takes riders along 25- or 40-mile courses around the borough, encouraging community activism and exercise

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FAITH AND HEALING

REACHING OUT TO BRONX CHURCHES

Thanks to a Montefiore health and educational program that reaches out to community churches, Pastor Liz Townes-Shuler has a newfound appreciation for broccoli florets.

"I used to think those frozen weight-loss meals were healthy, but after Montefiore visited our church and took my blood pressure and explained to me about watching my salt intake, grocery shopping became much more difficult because I'm now reading every label," says Pastor Townes-Shuler of Jubilee Baptist Church. "I stand in the frozen food aisle for 10 or 15 minutes just reading sodium amounts, and then put them all back and think 'I've got frozen broccoli florets in the freezer. I'll eat those.'"

Pastor Townes-Shuler changed her diet after members of Montefiore's Office of Community Health and Wellness visited her church to conduct hypertension screenings and educational workshops. Hers was one of several churches selected to participate in the pilot program that Montefiore launched in 2011 to help reduce the risk of cardiovascular disease among congregants diagnosed with hypertension. By the end of the year, the team had collaborated with more than a dozen churches and reached 144 participants.

"In the Northeast Bronx, an astonishing 32 percent of adults have high blood pressure, a medical condition that puts people at very high risk for heart disease, stroke and premature death," says Nicole Hollingsworth, EdD, Senior Director, Community and Population Health. "Twenty-five percent of Northeast Bronx adults are obese, and 42 percent don't exercise. This presents a tremendous opportunity to have a real impact on this community."

The first round of screenings at Jubilee Baptist Church revealed that nine of the 10 women tested had pre-hypertension or hypertension, including the pastor. The program aims to decrease blood pressure by five points in 30 percent of participants through education and activities. Congregants are given nutritional advice and cooking tips such as replacing salt with flavorful herbs, suggestions of simple daily exercises such as "chair yoga" to reduce stress, and referral information.

Down the road at the Seventh-day Adventist Church in the Northeast Bronx, Andrea Williams underwent screening and was relieved to find her blood pressure was normal. As the health liaison for her church, she hailed the program for raising awareness and bringing much-needed health interventions to a population at risk. "A lot of people in our church have high blood pressure," she says. "But they aren't doing what they should be doing, exercising, eating right, following up with their doctors."

"We tailor our workshops to the needs of each congregation," says Helene Mayo, Program Director for

"We tailor our workshops to the needs of each congregation, and that generates a lot of discussion and questions."

Helene Mayo
Program Director, Community Education

Community Education at Montefiore, which funds the program. "We are beginning to see a change in mindset among many of the congregants, especially women. At a recent screening, nurses identified three women with critically high blood pressure who were sent immediately to the hospital for evaluation and treatment."

The program targets churches in areas where data show blood pressure to be a major problem, and results will be tracked so impact can be measured. Based on the evidence, Montefiore will expand the program to more churches whose congregants face stark health risks. ❖

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01 Pastor Liz Townes-Schuler, who leads Jubilee Baptist Church in the Bronx, gets her blood pressure checked



365 DAYS OF INSPIRATION

WE THANK THOSE WHO STAND WITH MONTEFIORE

Built by the generosity of New York philanthropists who wanted to deliver more equitable care to all, Montefiore has always believed great things happen when people work together. This belief holds true today, as leadership, staff and individuals who share our vision work side by side to provide excellent care to anyone who needs it.

Reza Ghavamian, MD,
Professor and Chair,
Department of Urology,
Montefiore and Einstein;
Director, Urologic
Oncology and Robotic
Urologic Surgery, and
Director, Prostate
Cancer Program,
Montefiore Einstein
Center for Cancer Care;
and Pedro Maria, DO,
Attending Physician, are
joined by other members
of the urology team.



Thanks to Those Who Stand with Montefiore



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Throughout our history, the generous contributions of our friends, benefactors, foundations and grateful patients have fueled Montefiore's growth into what it is today: a premier academic medical center changing the face of healthcare in America. Those who stand with Montefiore help us continue our transformation. This support means we can recruit more top physicians and scientists and equip them with the facilities, technology and talented teams they need to further build our exemplary programs. Our supporters invest in the future by underwriting life-saving scientific discoveries and helping train tomorrow's practitioners in effective, accountable and humane care. And it is an investment in the Bronx, where the need is great and the ramifications of quality healthcare are profound.

"Our world-class physicians and staff provide nationally recognized care to all of our patients, many of whom would simply go without because of their socio-economic status. This is a place that truly values humanity, carrying out a vision of

excellence in one of our nation's most underserved communities," says Stacey R. Lane, a member of the Board of Trustees.

Montefiore's leaders are developing plans for many exciting, new projects on four campuses in the Bronx. One is to expand its highly successful children's hospital because of the dramatic and growing need for pediatric care in the Bronx and beyond. Philip O. Ozuah, MD, PhD, Executive Vice President and Chief Operating Officer of Montefiore, Physician-in-Chief at The Children's Hospital at Montefiore, and Professor and University Chairman of Pediatrics at Einstein, reflects on building CHAM more than 10 years ago. "Our vision was to be able to look at a child and say we were able to take care of him or her, from vaccines to heart and liver transplants," he says. "That meant we had to build one of the best children's hospitals in the nation. We've done that through innovative science, cutting-edge technology and supreme clinical expertise." ❖❖



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WAYS TO GIVE

In addition to making a contribution with the enclosed envelope, there are a number of other ways to support care, research, education and community outreach at Montefiore, including:

- Gifts of stock and estate planning
- Fundraising events
- Naming opportunities
- Gifts in honor or memory
- Annual fund contributions

WITH OUR THANKS

We are deeply grateful to all those who stand with Montefiore, who promote inspired medicine every day and who inspire others to partner with us. Please consider making a contribution today.

Contact us for more information or to start a conversation.

Online: www.givetomontefiore.org

By mail:
Montefiore, Office of Development
111 East 210th Street
Bronx, New York 10467

By phone:
Rachelle Sanders, 718-920-6678
Paula Ammirato, 718-920-6656

- 01 Dominique Jan, MD, Chief of Pediatric Surgery, The Children's Hospital at Montefiore, gets a smile from a patient
- 02 A father looks on while a nurse takes a moment to play with a patient

FAMILY FUN DAY

To honor the memory of their son, the Gaynes family sponsors a “Family Fun Day” at Rye Playland for Montefiore’s young cancer patients. This generous and selfless gift benefits more than 300 people each year.

GIVING



GIVING BACK

Vera Donnelly, a Montefiore nurse since the mid-1970s, gives because “I see firsthand the outstanding dedication of staff. It is my way to be charitable to a place I wholeheartedly believe in. Also, I am part of the community that benefits from Montefiore’s efforts.”

GIVING



A GALA TO REMEMBER

Join us every fall at “Celebrate Montefiore!” Supporters like you help us to raise millions of dollars for much-needed programs and have a great time at the event.

GIVING



PAYING IT FORWARD

Some of Montefiore’s generous donors are young, grateful patients. Allison, a 13-year-old from Long Island, raised more than \$700 to purchase a flat-screen TV in a CHAM waiting room for other kids to enjoy.

GIVING



CREATING MUSIC, BUILDING SUPPORT

Advertising executives at Cline Davis & Mann in New York City created an amazing battle of the bands at the B.B. King Blues Club to benefit Montefiore’s Child Life Program, which helps our youngest patients better adapt to their medical environments. Not only do they raise money each year, but they volunteer their time as well.

GIVING



THINKING OF OTHERS

Ava Casazza and her family decided that they would ask for donations in lieu of gifts for her eighth birthday. Her designation? CHAM. Ava, an elementary student in Westchester, remembered the wonderful care her younger sister received here and wanted to make a difference.

GIVING



“FOR THE BENEFIT OF THE PATIENT”



01

JEROME L. AND DAWN GREENE

Jerome and Dawn Greene’s transformative effect on Montefiore can be seen in many faces and places—from the young cancer patient receiving world-class treatment at The Children’s Hospital at Montefiore to the elderly diabetic receiving outpatient ophthalmology care at the Jerome L. and Dawn Greene Medical Arts Pavilion, and from the new oncology nurse trained for the challenges of the job to the safety and vitality of nearby homes and businesses.

In the early days of his partnership with Montefiore, Mr. Greene was founding chairman of the Moshulu Preservation Corporation, a nonprofit organization established by Montefiore in 1981 to revitalize the community surrounding the medical center. Combining his skills as a lawyer with his belief in Montefiore as an instrument of social responsibility, Mr. Greene led the nonprofit community program that has saved housing, revitalized neighborhoods and created innovative improvement projects.

“My parents were both native New Yorkers,” says Christina McInerney, President of the Jerome L. Greene Foundation, who recently spoke about the medical center’s partnership with her stepfather, Jerome Greene, a longtime Montefiore trustee and benefactor who died in 1999, and her



02

mother, Dawn Greene, who served as a trustee and carried out her husband’s generous philanthropy until her death in 2010. “They loved this city and everything it provided. But they knew for a lot of people, medical assistance, cultural activities and education were barely affordable, so they were very committed to giving back.”

In 2007, Dawn Greene gave a seminal gift in her late husband’s honor that forever changed the nature of pediatric cancer care in the borough and in the region. The Jerome L. Greene Pediatric Hematology/Oncology Center at CHAM is the only fully integrated pediatric cancer center in the New York City area, addressing the complex needs of children with cancer and blood disorders through a combination of highly specialized care, the latest technology, leading-edge research, child-centered facilities and a compassionate team of experts.

Mrs. Greene was particularly impressed by the vision and the approach of Richard Gorlick, MD, Chief of Pediatric Hematology and Oncology; Vice Chairman, Pediatrics; and Professor, Pediatrics and Molecular Pharmacology. “Dr. Gorlick has infused the whole department with a very holistic approach to care,” says Ms. McInerney. “He cares about the whole child, the whole family, and works closely with the nurses, who are excellent, and communicate seamlessly with one another for the

benefit of the patient. The whole place has such a generous quality to it.”

When Dr. Gorlick was concerned about the attrition rate of oncology nurses, the Foundation supported his vision for a training program to better prepare nurses for the distinct challenges of caring for children with cancer. “The hospital always tells us what’s going on, and we always feel we can ask questions,” says Ms. McInerney. “What’s important is the dialogue. That’s how you build up a relationship over 40 years.”

Another pivotal gift from the Greenes enabled Montefiore to build the nine-story Medical Arts Pavilion, which opened in 1997, and is a centerpiece of our ambulatory care network and a vital part of our strategic plan to advance specialty care in the community. “This is a hospital with a social conscience,” Mr. Greene said at dedication ceremonies at the time.

“We continue to receive heart-rending letters from elderly people in the community, thanking us for supporting this,” says Ms. McInerney. “That’s what Montefiore has done—built not only an excellent medical facility but one that reaches out and serves the community, not turning anyone away,” says Ms. McInerney. “That’s what my stepfather found, and that’s why we have been proud to be able to support Montefiore for all these years.” ::

“[The Greenes] loved this city and everything it provided. But they knew for a lot of people, medical assistance, cultural activities and education were barely affordable, so they were very committed to giving back.”

Christina McInerney
President, Jerome L. Greene Foundation

GIVING BACK AFTER A HISTORY OF FIRSTS



03



04

LARI ATTAI, MD

As a young doctor who had recently immigrated to New York from Iran, Lari Attai, MD, became the first resident to train in cardiothoracic surgery at Montefiore in 1963. "I was the first resident, the first to graduate—a lot of firsts," he recalls. "And I suppose the rest is history." In his half century on the faculty, he estimates he has trained nearly 100 graduates of the Thoracic Surgery Residency Program. "I'm very proud of all of them," he says.

To give back to the institution where he made his career, and to continue to contribute to many areas in the organization, including graduate medical education, he established the Lari Attai, MD, Lecture Series, which brings leaders to Montefiore to discuss recent and historic breakthroughs and accomplishments in cardiovascular and thoracic surgery. "These pioneers can really influence the younger generation to be as innovative, attentive and humane in practice as we were," he says. Established in 2001, the series featured two giants in the field—Michael E. DeBakey, MD, who is known as the Father of Cardiovascular Surgery (he died in 2008), and Denton Cooley, MD, the pioneering heart surgeon who founded the Texas Heart Institute—as well as others of significant accomplishment, such as Tyrone David, MD, head of the cardiac surgery program at Toronto General Hospital.

"I didn't come from a well-to-do family," says Dr. Attai, Attending Surgeon in Cardiovascular and Thoracic Surgery at Montefiore and Professor of Surgery at Einstein. "Education has been the most important factor in my success—education and hard work. Montefiore and the Department of Cardiothoracic Surgery gave me a lot, and I felt obligated to give back."

"Education has been the most important factor in my success—education and hard work. Montefiore and the Department of Cardiothoracic Surgery gave me a lot, and I felt obligated to give back."

Lari Attai, MD

Attending Surgeon, Cardiovascular and Thoracic Surgery

Dr. Attai continues to advance cardiology at Montefiore in another vital way, by caring for patients. "I'm 80 years old," he says, "and I still can't wait to come to work every day." One of his most memorable recent patients was a 98-year-old woman—also, as it happens, a native of Iran—who fell ill while visiting the Bronx from her home in London. Inspired by her determined wish to attend her great-grandson's upcoming wedding, Dr. Attai weighed the options and decided to perform the open-heart surgery she needed. Today, at age 103, she is still going strong.

Much has changed at Montefiore and in cardiology since Dr. Attai first joined a small cardiovascular and thoracic surgery program in the 1960s, but the department's innovation and drive, and the institution's core values, have remained steadfast. "We have been at the forefront of technique and practice for many, many years," says Dr. Attai, "And today, our results and our outcomes are spectacular. What makes this department second to none is the spirit of cooperation among doctors, the focus on the patient, and our visionary leadership." ■■

01 Left to right: Christina McNerney, Jerome L. Greene and Dawn Greene at the opening of the Medical Arts Pavilion building at Montefiore

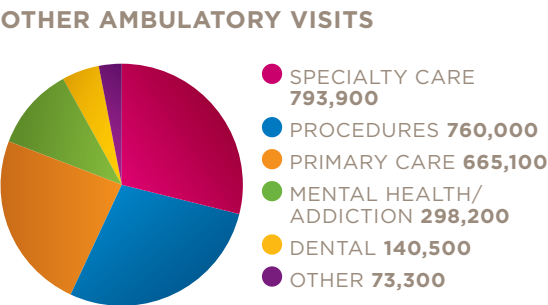
02 Richard Gorlick, MD, visits with a patient and nurse

03 Lari Attai, MD (left), with world-renowned cardiac surgeon Denton Cooley, MD, during a lecture

04 Dr. Attai, as an attending physician in 1969, demonstrates an early version of a ventricular assist device

Montefiore by the Numbers 2011

133 Locations, Including 4 Hospitals	90,000 Admissions
1,491 Acute Care Beds	170,000 Patients Participating in Pre-Payment Care
17,600 Employees	303,000 Emergency Department Visits
1,760 Employed Physicians	527,000 Home Care Visits
	2,731,000 Other Ambulatory Visits



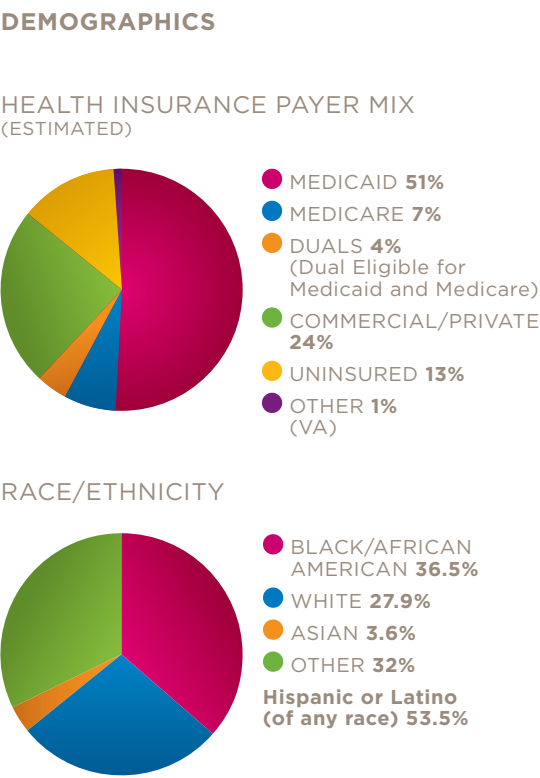
Financials

Total Consolidated Operating Revenue	Total Consolidated Operating Expense	Total Consolidated Operating Profit
\$2.98 BILLION	\$2.91 BILLION	\$71 MILLION

Bronx Community

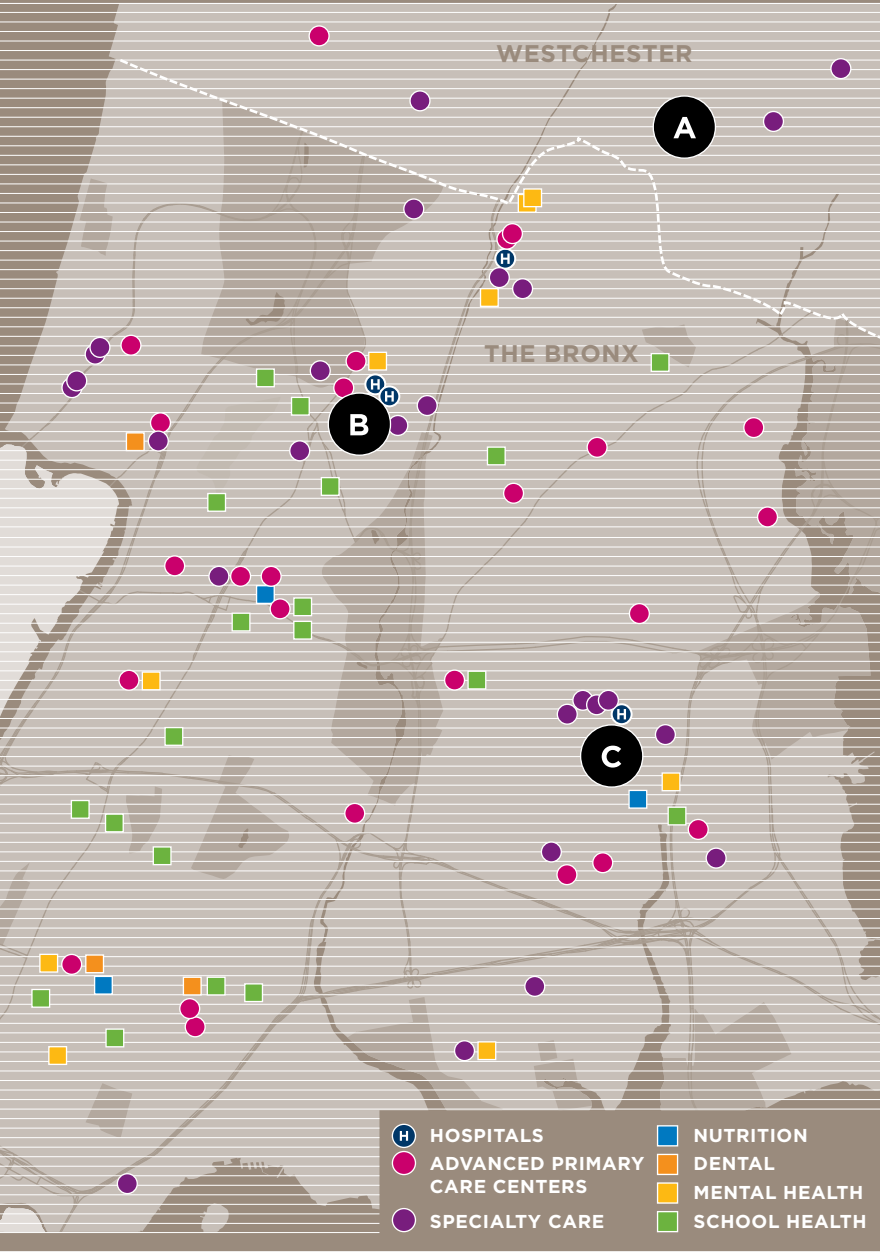
POPULATION
1.4 MILLION
SOCIOECONOMIC STATUS
\$32,568
Median Household Income (based on 2010 Census data)
12.5%
Unemployment Rate
30.2%
Overall Poverty
43%
Childhood Poverty

COMMUNITY HEALTH SURVEYS (2010)
CHRONIC DISEASE
34.9% Hypertension
16.3% Asthma
12.1% Diabetes
RISK FACTORS
16.2% Current Smoker
16.2% Former Smoker
18.4% Obese
38.7% Overweight but Not Obese



Sources: U.S. Census Bureau, NYC Department of Health & Mental Hygiene, U.S. Department of Labor, Center for Medicare & Medicaid Services, United Hospital Fund

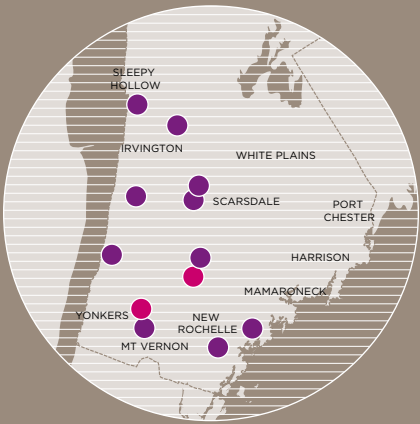
Integrated Delivery Network



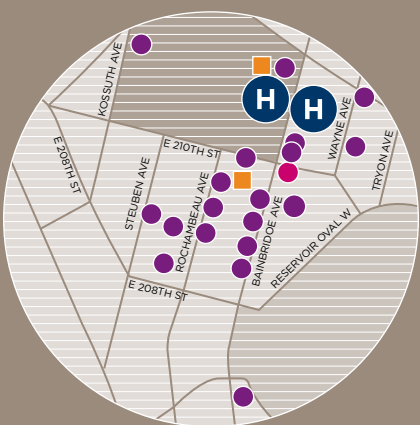
- ADVANCED PRIMARY CARE CENTERS**
More than 50 advanced primary care centers offering comprehensive care for patients with chronic conditions.
- SPECIALTY CARE**
Our notable Centers of Excellence and many programs and services offer multidisciplinary specialty care.
- NUTRITION**
Montefiore has helped improve access to healthy foods and provides nutrition education to the community.

- DENTAL**
We deliver comprehensive dentistry care including oral hygiene, restorative dentistry, root canal therapy, periodontal treatment, and implant dentistry.
- MENTAL HEALTH**
Because mental and physical health go hand in hand, we offer comprehensive psychosocial and behavioral health services.
- SCHOOL HEALTH**
One of the largest in the U.S., Montefiore's School Health Program serves more than 20,000 children in the Bronx.

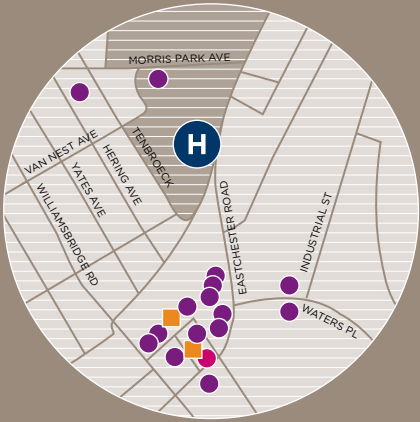
A. WESTCHESTER



B. WEST CAMPUS



C. EAST CAMPUS





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