



PREVENTING INFECTION

PATIENT SAFETY PROTOCOLS MINIMIZE HOSPITAL ACQUIRED INFECTIONS

Across the United States, hospital-acquired infections result in 100,000 deaths each year. Because an infection can be a devastating outcome for a surgical patient, infection prevention and control at ELIH is a priority.

In both 2009 and 2010, the New York State Department of Health shared data from all hospitals across the state. The infection rate at ELIH is below the state average.

“Infection prevention and control is practiced at every level of patient care – from washing hands to maintaining a clean and safe environment in the operating room and the entire hospital,” states Pat McArdle, Infection Control Coordinator.

The following factors contribute to the low infection rate at ELIH:

- **Surgery.** Surgical procedures are performed skillfully and quickly, with an average surgical time of 1.5 hours. The shorter the surgery, the less chance there is for infection.
- **Anesthesia.** The technique of regional anesthesia has been shown to reduce bleeding, minimize post-operative pain, and shorten surgical time. Most importantly, the use of regional anesthesia, a technique utilized at

ELIH, reduces surgical infections by 50%.

- Each operating room is equipped with a **high-tech air filtration system** designed especially for surgery. Air flow is directed away from the operation, reducing the risk of infection, as it simultaneously cleanses and replenishes the air.
- **Surgeons and OR Personnel wear specially-designed protective suits** to maintain the strictest sterile environment in the OR.
- **Hand hygiene.** Scrubbing hands before administering care is still one of the best ways to prevent infection

and keep you safe while you’re in the hospital.

- **Receiving antibiotics prior to surgery.** One important way to prevent infection is to administer the right antibiotic at the right time before surgery.

“While we are proud of our low infection rate and the effects of our current anti-infection program, we continually strive to improve practices that control infection for optimal patient outcomes,” adds Paul J. Connor, III, President/CEO.



Pain Specialist, Frank J. Adipietro, MD assisted by Chris Grattan, OR Tech.



WHAT'S YOUR LEGACY?

Leaving your “footprint” can be as easy as making a plan today to enrich the health of your family and your community. Just like planting a seedling adds to the continual growth of tomorrow’s flora and fauna, you can ensure a lifetime of quality care through gift planning -- a bequest, trust or gift annuity, etc.

Bequests: These gifts are as simple as naming your charity as a beneficiary in your will and allow you to leave a legacy.

Charitable Gift Annuities: For some, a charitable gift annuity offers a considerable tax deduction, fixed income and the satisfaction of knowing that the principal of the gift will ultimately support their community hospital. Charitable gift annuities can be established with as little as \$10,000. As you get older, the interest rate on a gift annuity goes up—a nice feature. For a detailed brochure on gift annuities, call the Foundation Office, **631.477.5164**.



HELP PAVE THE WAY AT ELIH ... BUY-A-BRICK CAMPAIGN

Personalize A Brick - \$125

Be among the first to purchase a commemorative brick for yourself, a loved one or someone who has significantly impacted your life. Your brick will be placed on the **Walkway of Honor** at Eastern Long Island Hospital. Each brick paver is engraved with your selected name or phrase and paves the way for today’s care and tomorrow’s technology. For more information, call **631.477.5164**.



BEHAVIORAL HEALTH FACELIFT

FRESH NEW LOOK...AN EXTREME MAKE-OVER

The Behavioral Health unit at ELIH has a fresh new look. The therapeutic atmosphere helps patients on the road to recovery.

With 5 additional beds to serve the community, the expansion has helped Long Island patients previously forced to go outside their community to receive care close to home.

Laura Fischer RN, Behavioral Health Coordinator, notes, "the team stands ready to support, educate and provide the best medical care for each patient. Everyone is very compassionate."

"With a focus on individualized comprehensive treatment by a multidisciplinary team, a small village heals this community," she adds.

Laura Fischer tells us, if you see an extreme change in the behavior of a

loved one or a long lasting feeling of hopelessness - other than the general seasonal blues, consult a health care professional for help.

Patients are commonly treated for:

- *Thought Disorders*
(such as schizophrenia)
- *Mood Disorders*
(such as bi-polar/depression)

With the proper treatment, these illnesses are manageable.

Treatment includes:

- Medication
- Group Therapy
- Recreational Therapy
- One-on-one patient care
- Family Therapy
- Family Education
- Pet Therapy

Each patient's treatment is customized and carefully discussed with a skilled team of professionals. No two patient illnesses are exact, so no two patient treatment plans are the same.

The ultimate goal is to get patients back to their normal routine. Patients stay an average of 7-10 days. The length of stay is based on the patient's individual needs.

The staff is highly skilled in helping patients adjust to new medications, assimilate back into their community and resume daily activities.

For admission information or to inquire about care for a family member, call 631.477.5268.

Eastern Long Island Hospital is pleased to announce the appointment of Douglas K. Hoverkamp, MD, as Director of Psychiatry.



Douglas K. Hoverkamp, MD

"Dr. Hoverkamp's compassionate style and clinical expertise fills a great need for those facing mental health issues," notes Paul J. Connor III, ELIH's President and Chief Executive Officer.

Hoverkamp's extensive training includes residencies in Adult Psychiatry with the University of Virginia Health System and North Shore University Hospital. He also completed a Child-Adolescent Psychiatry Fellowship at the Long Island Jewish Medical Center. He specializes in comprehensive mental health care for adults and children.

Hoverkamp is a member of the American Medical Association, the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry Association.

Dr. Hoverkamp sees patients by appointment at the Gladys Brooks Medical Village, 300 Atlantic Avenue, Greenport. For an appointment, call 631.627.1559.





HEARTBURN? OR SOMETHING MORE?

NEW TREATMENT PREVENTS CANCER

Despite its name, heartburn has nothing to do with the heart. Heartburn is an irritation of the esophagus that is caused by stomach acid.

Occasional heartburn isn't dangerous, but chronic heartburn can indicate a more serious condition and can develop into **Gastroesophageal Reflux Disease (GERD)**, often called "Acid Reflux." Most people experience occasional heartburn. Talk to a physician to diagnose symptoms if heartburn occurs twice a week or more, or if it persists for over a month.

Though heartburn is the most common symptom of GERD, nearly half of those affected by the condition don't experience symptoms.

Alternatively, GERD sufferers may feel food regurgitation into their mouth, or develop a dry cough, experience asthma symptoms, or have trouble swallowing.

It is important to diagnose and manage GERD, because left untreated, symptoms may damage the esophagus. Chronic reflux repeatedly exposes the esophagus' lining to gastric acid from the stomach's contents. Under these circumstances, normal cells can undergo genetic alteration, transforming into precancerous Barrett's cells. This condition, called Barrett's esophagus, is estimated to affect approximately 3.3 million U.S. adults.

Approximately 13% of Caucasian men over 50 who experience chronic reflux will develop **Barrett's esophagus** which can lead to esophageal cancer.

How is Barrett's esophagus treated?

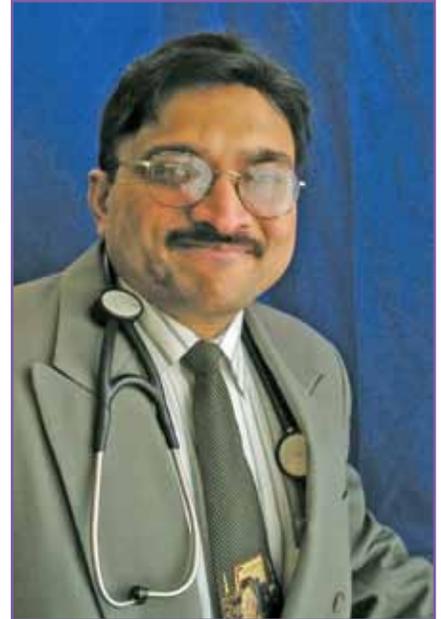
Standard of care has long been observation and medication or surgical intervention. ELIH is now able to offer a new state-of-art non-surgical option called "radiofrequency ablation" by Gastroenterologist, Dhiren Mehta, MD. Dr. Mehta is one of the first physicians to be certified in this procedure on the East End of Long Island.

"Radiofrequency ablation (RFA) is a new more proactive approach," reports Dr. Mehta. "Removing Barrett's cells can reverse years of damage to the esophagus without causing injury to healthy underlying tissue, allowing regrowth of normal cells."

The procedure is performed endoscopically under conscious sedation in an outpatient setting and usually requires three to four treatments. A short burst of ablative energy removes a very thin layer of the diseased esophagus. Minor discomfort following the procedure can be treated with medication. Following treatment, patients resume acid suppression therapy.



"Dr. Mehta dependably addresses the gastroenterology needs of our North Fork community. We are fortunate to have such an accomplished physician affiliated with our hospital," notes Paul J. Connor III, ELIH's President and Chief Executive Officer.



Dhiren Mehta, MD

Practicing on the East End for 15 years, Dr. Mehta completed his residency in Primary Care Internal Medicine at Mount Sinai Services at Elmhurst Hospital Center where he earned the distinction of Best Third Year Resident.

Following his residency, Dr. Mehta passed the American Boards of Internal Medicine, scoring in the 99th percentile on his certification. He later pursued a fellowship in Gastrointestinal and Liver Diseases at Mount Sinai Services at Elmhurst Hospital Center.

He has published nationally in the American Journal of Gastroenterology as well as the Journal of Clinical Gastroenterology and Angiology-Journal of Vascular Diseases. He presents frequently in his field of expertise.

To schedule a consultation with Dr. Mehta, call 631.727.4171.

INTRODUCING CUTTING EDGE TREATMENT FOR PROSTATE CANCER

Other than skin cancer, prostate cancer is the most common cancer in American men. About 1 man in 6 will be diagnosed with prostate cancer during his lifetime.

Even though, more than 2 million men in the United States have been diagnosed with prostate cancer at some point in their life, many do not die from the disease thanks to effective treatment options.

Prostate cancer commonly occurs in men over age 50. Symptoms include frequent or painful urination, blood in the urine, sexual dysfunction, swollen lymph nodes in the groin, and pain in the pelvis, hips, back, or ribs.

The likelihood of developing prostate cancer doubles if there is a family history. Treatment options typically include surgery, radiation therapy, hormone therapy, chemotherapy, or a combination of two or more of these approaches. A new less invasive therapy known as “cryoablation” is now available at ELIH.

What is cryoablation?

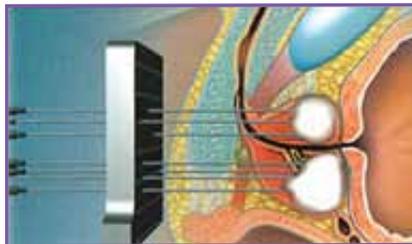
Cryoablation of the prostate, also called cryotherapy, is a relatively new prostate cancer treatment involving controlled freezing of the prostate gland to destroy cancerous cells.

“Cryoablation is a great alternative to a course of radiation,” reports Scott Press, M.D. “It’s a one-time outpatient procedure with a short recuperation period, performed here at Eastern Long Island Hospital’s Ambulatory Surgery Pavilion. Fully approved by the FDA, cryoablation results are equivalent to those of radiation therapy.”

How is the procedure performed?

The procedure is performed under anesthesia with an ultrasound probe.

The prostate is imaged and measured. Probes are placed through the perineum at predetermined sites within the prostate. Freezing is started and monitored continuously, both visually through the transrectal ultrasound and by computer. Two freezing cycles are usually done.



Cryoablation uses ultra-thin needles to produce ice balls of extreme sub-zero temperatures. The doctor uses ultrasound to accurately guide insertion of the needles, precisely control the size and shape of the ice balls and monitor the freezing.

What is the post-operative care?

Patients are discharged with a urinary catheter, typically removed in a week or less. Most patients resume normal activity in under two weeks.

A PSA test is usually performed three months following cryoablation, and repeated every three months. As with all treatments for prostate cancer, close patient follow-up is critical to detect and treat potential cancer recurrence.

Am I a candidate for cryoablation treatment?

Patients with organ-confined prostate cancer (stage T1 – T3) and with cancer recurrence after radiation therapy are suitable candidates for cryoablation.

To schedule a consultation with Dr. Press, call 631.477.1885.



*Scott M. Press MD,
Board Certified Urology Specialist*

About PSA Screening

Prostate-specific antigen (PSA) is a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in the blood. Because PSA is produced by the body and can be used to detect disease, it is sometimes called a biological marker or tumor marker. Since PSA level’s alone do not give physicians enough information to distinguish between benign prostate conditions and cancer, PSA cancer screening’s recommendations vary.

A PSA cancer screening is generally recommended in men between the ages of 40 and 75, and in men with an increased risk of prostate cancer. Dr. Press recommends consultation with your physician to make the best decision about screening based on your individual medical situation.

Dr. Press also recommends discussing your PSA levels with your physician to determine when to take the screening process to the next step of biopsy.

Notes Dr. Press, “always schedule an annual physical exam in addition to PSA testing.”



DIAGNOSTICS EARN GOLD SEAL

HIGHEST LEVEL OF IMAGE QUALITY CLOSE TO HOME

Eastern Long Island Hospital (ELIH) has been awarded a three-year term of accreditation in ultrasound as the result of an extensive review by the American college of Radiology (ACR). The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards, following a peer-review evaluation by board-certified physicians and medical physicists who are experts in the field.

The ultrasound accreditation rounds out the certification of all imaging modalities. General radiology, MRI, Mammography and Nuclear medicine are all ACR accredited.

“When you choose an ACR-accredited facility, you know that your hospital has voluntarily gone through a rigorous review process,” notes Susan Apicello, Vice President Administration. “Our highly specialized medical technologists are well qualified through education and certification to perform each procedure, ensuring the highest level of diagnostic confidence for every patient,” adds Apicello.

ELIH offers the following diagnostic imaging services to the community:

- **MRI (Magnetic Resonance Imaging)**
- **Digital Mammography**
- **Bone Density Scans**
- **CT scans (CAT scans)**
- **Ultrasound**
- **X-ray exams**

Easy online scheduling for mammography means you can make an appointment whenever its convenient for you. Visit www.elih.org/mammo to select a time and date preference. A staff member will call, to confirm your appointment.

Ample parking means you never need to leave extra time to find a spot. A comfortable waiting area welcomes you, and with our on-time appointment history, you can be confident your needs will be met promptly.



In keeping with ELIH’s commitment to patient care, “light sedation” is available during MRI procedures to enhance comfort for those patients who may be a little apprehensive or have difficulty remaining still.

Call Central Registration for all your outpatient testing needs, 631.477.5121. For CT scanning, call 631.477.5123.



2011 OUTSTANDING NURSES



Katherine Bach, RN
Nurse of Excellence



Carol Beasley, RN
Laura Goodale Award



Cissy Krupski, RN
Preceptor of Distinction



Ken Kinghorn, RN
Novice Nurse of Distinction



Stacey Fabry, RN
Nurse of Distinction

Each year, ELIH nominates members of the nursing staff who consistently demonstrate their commitment to the highest standards of quality healthcare - strong nursing skills, hard work, intelligence and a deep sense of caring.



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Everyday Heroes



Diane Dillon
Medical Surgical Unit

Employee of the Quarter

Welcome Aboard



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Better Health

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President and Chief Executive Officer

Frank J. Adipietro, Jr. MD
President, Medical Staff

Pat Kiernan
Vice President, Foundation

Eileen Solomon
Assistant Director, Foundation

MARK YOUR CALENDAR

June 13 – ELIH Auxiliary presents “Everyone Needs A Little Help”

A seminar that addresses the challenges of aging with Juliet Frodella, Director, Geriatric Center of Excellence, 2:30 pm, Brecknock Hall at Peconic Landing. Free and open to the public.

June 16 – Free Skin Cancer Screening

with Judy Ann Emanuele, MD
Board Certified Plastic Surgeon
9 am – 1 pm
Gladys Brooks Medical Village
300 Atlantic Avenue, Greenport
By Appointment, 631.477.5121

Please Join Us ...

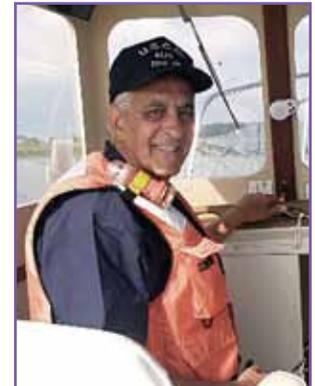
Emergency Dock Re-Dedication

In memory of

Salvatore C. Prato Dock Project Co-Chairman

June 30 at 1 pm
ELIH Emergency Dock (southside of hospital)

Light Refreshments ~ RSVP 631.477.5164



Eastern Long Island Hospital Gala

SATURDAY, AUGUST 13, 2011 · 5:00 PM · Rain or Shine

McCall Vineyard & Preserve, Cutchogue

“Experience a continuous bounty of Native American cuisine” —

Sweet Corn Chowder, Savory Buffalo Stew, Garlic-infused Grilled Chicken, Roasted Wild Turkey Sliders, Mini Salmon Cakes, Fried Squash Bread and more ...

Featured Guest Speaker: Terry Wallace

American Art Historian and Author of *Caroline M. Bell and the Peconic Bay Impressionists* and *Helen M. Kroeger & Otto J. Kurth; The Anchorage Studio and Peconic Bay Impressionism*. These books chronicle the lives of a small group of North Fork women, forming one of the earliest groups of plein-air painters in America.

For reservations call, 631.477.5164.

