In the hands of others 2007 Annual Report Yale-New Haven Hospital

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An ideal match
In the hands of others

Sometimes life’s most important decisions need to be made at the most difficult times.

When you’re confronting a crisis or dealing with a trauma … blindsided by the unexpected or devastated by a diagnosis …

At those times, you often need to place your health and your life in the hands of others.

You might be making decisions for someone you love who is unable to decide – a child who is vulnerable … a parent who is frail.

At those times, you need to trust. Trust in the name, the place, the reputation and the experience. Trust in the hands of others.

If you are facing cancer … heart disease … organ failure … a high risk pregnancy … trauma … or anything that threatens your health or your life …

Trust Yale-New Haven Hospital.
Some kind of miracle

If art truly imitates life, then Ben Shapiro and Meredith Grey of “Grey’s Anatomy” have a lot in common and a lot to be grateful for.
On February 15, 2007, Joan Abrams, of Upper Saddle River, New Jersey, and her daughter, Robyn Shapiro, were watching an episode of "Grey's Anatomy," in which Meredith nearly drowns at the site of a ferryboat accident.

Hours later, Abrams and her husband, Michael Shapiro, received a phone call from a nurse at the Yale-New Haven Trauma Center, telling them that their 23-year-old son, Ben, a senior at Quinnipiac University, had been in a terrible car accident. Like Meredith Grey, Shapiro had been submerged under water after the car he was driving veered off the slick, wintry road through a chain-link fence, causing his car to roll down an embankment and plummet upside down into the icy Mill River.

"There was no question in my mind when I spoke with the surgical resident at Yale-New Haven that Ben suffered an unsurvivable injury," said Michael Shapiro, MD, who is chief of organ transplantation at Hackensack University Medical Center in New Jersey.

When Ben's family arrived at Yale-New Haven, Ben's chance of recovery looked bleak. After more than 20 minutes under water, Ben was severely hypothermic and in critical condition. He had sustained significant pulmonary and head injuries as well as multiple facial fractures.

"When we arrived at the ICU [intensive care unit] at 4:30 in the morning, the doctors had very little hope for us," said Joan Abrams, Ben's stepmother, a registered nurse and administrative director of organ transplantation at Hackensack University Medical Center. "They told us he had likely succumbed to drowning, and that even if they could revive him, he would probably suffer massive brain damage. We were incredulous and devastated. We had no idea what to do or think. As medical folks, we knew that Ben had very little chance of surviving this tragedy but we had to hope."

Over the next 12 hours, the heroic feats of Shapiro's care team, led by Kevin Schuster, MD, attending trauma surgeon and assistant professor of trauma surgery at Yale School of Medicine, helped their patient overcome death.

"In the six to 12 hours after Ben was admitted, the trauma team had done a beautiful job of reversing most of the damage caused by the drowning," said Kimberly A. Davis, MD, chief of the section of trauma, surgical critical care and surgical emergencies at Yale School of Medicine and trauma medical director for YNHH. "He was re-warmed, his blood volume was restored and his lung damage began to reverse." Over the next nine days, Ben remained in a coma on life support.

"We had no idea if he would have any brain function," said Joan Abrams. "When Ben woke up and started talking and making sense, we were ecstatic! Dr. Felix Lui (assistant professor of surgery at Yale School of Medicine), one of the trauma surgeons, deserves special recognition. But everyone from the trauma service and in the surgical intensive care unit was amazingly skilled and comforting. As someone involved in trauma for over 20 years, I know how easy it is to forget the importance of being nice."

While he has no memory of his accident, Shapiro says the event was more painful for his family and friends "who watched and waited."

"I don't remember any details of the accident," said Shapiro, who said his last recollection, though somewhat foggy, was taking his girlfriend, Diana, for an expensive Valentine's dinner on February 14. "It wasn't until I received the American Express bill that triggered my memory leading up to that evening," said Shapiro.

Four weeks after his accident, Shapiro returned to Quinnipiac University to resume his studies and graduated on May 4, 2007, with a degree in communications. He juggles numerous jobs as a production assistant for Yonkers Raceway and as a freelance audio technician at major sporting events including the U.S. Open and Red Sox games. On October 24, Shapiro landed a gig at Fenway Park, where he was able to see his beloved Red Sox play in the World Series.

"To be able to work while watching the Red Sox play in the series was a dream come true," said Shapiro.

Dr. Davis and Dr. Shapiro, Ben's father, agreed that Ben was lucky his accident took place in winter, noting that the icy water was protective as it lowered his body temperature and decreased his body's metabolic needs.

"Ben made a miraculous recovery," said Dr. Shapiro. "I've been a surgeon for 30 years. I don't give compliments lightly. None of this would have been possible without the stellar care provided by the surgical critical care team members at Yale-New Haven."
Eighteen-month-old triplets David, Olivia and Michael Fritz of Wallingford are healthy, active, adorable toddlers who keep their parents hopping as they run around in three different directions, doing the things typical toddlers do. But their parents' journey to have them was anything but typical.
After five years of fertility counseling and several heart-wrenching miscarriages, Ariana and her husband, David, were emotionally and physically drained. Then, in November 2005, came the news that Ariana was pregnant. Once multiple heartbeats were confirmed, Ariana was referred to Yale-New Haven Hospital’s section of maternal-fetal medicine for observation. Ariana’s obstetrician and the maternal-fetal medicine group made plans to co-manage her pregnancy.

Although her emotions jumped back and forth from thrilled, to panicked, to terrified, to ecstatic, Ariana continued her daily routine, as much of a routine as anyone carrying triplets can have. She visited the hospital’s maternal-fetal outpatient facility at Long Wharf for check-ups, sonograms and fetal monitoring.

Five months into the pregnancy, at 21 weeks gestation, physicians diagnosed “Baby Boy A” (David) with a heart defect called Tetralogy of Fallot. They emphasized how important it would be for Ariana to carry the triplets for as long as possible, even though it was very likely that she would deliver the babies prior to their due date of August 16.

Two weeks later, a nervous Ariana began having contractions – she wasn’t sure what was happening, but she was sure that it was too early for the babies to be born. Yale-New Haven specialists were able to stop the contractions and placed her on at-home bed rest, where she remained for five weeks.

During week 29, physicians identified a problem with “Baby Boy C” (Michael). He was not growing as much as his siblings. His condition was attributed to intrauterine growth restriction (IUGR). At that point, doctors recommended that Ariana continue the pregnancy in the hospital’s maternal special care unit (MSCU), where she and the babies could be closely observed with the unit’s sophisticated fetal and maternal cardiac monitoring and a specially trained nursing staff.

Had Michael’s heart rate or blood flow started to fail, they would have had to deliver him right away, but his condition remained stable. For the next few weeks, Ariana and David continued on their emotional rollercoaster as they willed each baby to grow stronger in preparation for what likely would be an early delivery.

On June 21, 2006, David, Olivia and Michael arrived, weighing in at 3 pounds, 9 ounces; 2 pounds, 11 ounces; and 2 pounds, 3 ounces, respectively. Proud mom Ariana would have to wait to celebrate, though. After initial exams, the tiny babies were whisked off to the hospital’s Newborn Special Care Unit (NBSCU). Ariana, who experienced a difficult cesarean delivery, needed to remain in the operating room for further surgery.

“Yale-New Haven Hospital’s high-risk pregnancy group is unique in that we offer the entire spectrum of care from pre-conception counseling – particularly if a couple has reason to believe there may be risks involved in conceiving – through first trimester screening, prenatal diagnosis and monitoring throughout the pregnancy, and right up to birth and postpartum,” said Joshua Copel, MD, director of the Yale fetal cardiovascular center and vice chair of obstetrics.

“Our on-site maternal special care unit for pregnant women with extra-sensitive needs and our newborn special care unit for babies with health challenges make Yale-New Haven Hospital the best choice for overall care for expectant families,” he added. Yale-New Haven’s maternal-fetal medicine program delivers approximately 500 high-risk babies, plus another 150 mothers transferred from throughout the region annually.

“Caring for the special needs of the Fritz family was a true team effort involving many physicians, nurses and staff within our maternal-fetal medicine departments,” said Dr. Copel. “We are dedicated to doing our best to help families like theirs and others have successful pregnancies even with high-risk circumstances.”

Within a month after their birth, each of the Fritz babies was home with Mom and Dad. David has had two heart surgeries at Yale-New Haven Children’s Hospital and might need a third one someday, but is doing very well.

“Although we had a tough experience, we can’t say enough about the wonderful network at Yale-New Haven Hospital. We are grateful for not only the highly-skilled clinical care we received, but also the exceptional emotional support,” said Ariana.

“Each of them has his own personality and they keep us very busy,” said Ariana of her triplets. “But we are not complaining – we are thrilled to have them.”

“We have Yale-New Haven Hospital to thank for three beautiful babies...now if only they could help us chase after them!”
In the weeks he spent at Yale-New Haven Hospital last summer waiting for a liver donation, John Norman was plagued with yellowing skin and a relentless itching that came from inside his body. He was 17, and would rather have been hanging at the beach or tinkering with computers. Even the constant stream of visitors couldn't cheer him up.

by Kathy Katella
If it worked, a transplant would end a lifelong struggle to stay healthy. When John was four weeks old, doctors at YNHH diagnosed him with biliary atresia, a rare condition in which the bile duct between the liver and small intestine is blocked. He spent his first year in the hospital and underwent two major surgeries. Later he thrived and eventually grew to 6 feet tall. Then last May, he lost weight, and the itching and yellowing came back. His liver was failing, and doctors told him he would need a transplant.

"Unfortunately, no one knows when or if a liver will become available, so our initial goal in the hospital was to keep John alive and as comfortable as possible. There is a lot of multidisciplinary work that goes into caring for a patient like this," said Pramod Mistry, MD, PhD, director of the Inherited Metabolic Liver Disease Clinic at Yale-New Haven Hospital, and section chief of gastroenterology/hepatology at Yale-New Haven Children's Hospital.

In the next few months, John lost 25 pounds, and rising levels of ammonia in his blood began causing confusion. Substances accumulating from his bile duct made the itching so intolerable that he finally resorted to using credit cards to scratch himself.

"In cases like this, life expectancy is cut short dramatically," Dr. Mistry said. The doctor turned to "desperate measures," including frequent plasma exchanges, which involved putting John on a machine that essentially cleaned out his blood.

John's outlook changed with the arrival of Sukru Emre, MD, at YNHH last July to direct the Yale-New Haven Transplantation Center and serve as section chief of transplant surgery and immunology at YNHH and Yale School of Medicine. Prior to coming to New Haven, Dr. Emre directed both the pediatric and adult liver transplant programs at Mount Sinai Medical Center. Under his leadership, the program at Mount Sinai became one of the nation's best.

Dr. Emre, who is internationally known in his field, has participated in the transplantation of 3,500 livers – 1,500 of them by himself. He is among a handful of surgeons across the country with experience in living donor transplants, which use a portion of a liver from a live donor; and split liver transplants, which divide one liver between two recipients. He has also performed domino liver transplants, in which a liver that needs to be removed from one patient is transplanted into a second patient and the first patient receives a liver from a deceased or living donor.

"For John, the clock was ticking," said Dr. Emre. The young patient's father wanted to donate part of his liver to his son, but Dr. Emre was concerned that the surgery was too risky for him. Meanwhile, as John got sicker, his name moved higher on the list of patients waiting for an organ from a deceased donor.

Finally, at 2 in the morning, John got the call that a liver was available, and things began to move quickly. One of Dr. Emre's colleagues was dispatched to Rhode Island to get the liver, and by mid-morning the surgeon was walking alongside his patient on the way to the operating room.

John's operation was challenging and extremely tedious because of extensive scar tissue from his previous surgeries, which included a Kasai procedure – a way to bypass his blocked bile ducts when he was an infant. Dr. Emre carefully separated the scar tissue to avoid bleeding or perforation of the intestine. "When I explain this to patients and families, I give the example of sticking two sheets of paper together with Krazy Glue," Dr. Emre said, "then separating them without causing any damage."

Surgeons have been performing liver transplants for 40 years, and in the past five to 10 years the operations have grown increasingly sophisticated. Dr. Emre expects to do 80 to 100 liver transplants a year at YNHH, in addition to the heart, kidney and pancreas transplants performed by other Yale-New Haven surgeons.

Meanwhile, John comes back to the hospital only for follow-ups. He missed half of his senior year at Fitch High School in Groton, including his homecoming dance, but says that was a small price to pay considering how well things worked out for him. Now he is keeping up academically with his tutors and looking ahead to college next year. He may even consider a career in medicine.
Early last spring, Gerald Faris, PhD, was plagued with what he thought was a sinus infection and periodic low-grade fevers. But his energy level was high and he plowed through it. By May he was fine; in fact he was outside ripping up planks at his Hamden home so his deck could be rebuilt.

When experience counts

by Katie Murphy
hurt my back in the process, so I quit," said Dr. Faris, a clinical psychologist with a practice in Glastonbury. "I was lying down about 36 hours later, when it suddenly felt as though someone had driven a spike through my spine." The pain was so excruciating, he went to Yale-New Haven Hospital by ambulance. The paramedics took his temperature in the ambulance and it was 102.6 degrees.

At the hospital, blood cultures showed streptococcus bacteria. "The bacterial concentration was so high, they couldn't count it," said Dr. Faris. "Yet I had no symptoms."

An echocardiogram showed the source of the raging infection to be his heart – a clump of bacteria on his prolapsed mitral valve. The condition was diagnosed as "subacute bacterial endocarditis." Because of damage from the bacterial infection, the heart valve’s two flaps of tissue – which normally open and close to allow blood to flow in one direction – were no longer working properly. The flaps were allowing blood to regurgitate back into the ventricle. In time, this could cause the blood pressure to rise and the heart to enlarge.

In addition to the cardiac problems, an MRI revealed that Dr. Faris had ruptured a disc in his back, but there was no sign of infection near the spine.

Were the back injury and the bacterial infection in the mitral valve related? Was one the cause of the other, and if so, which came first? When would it be safe to repair the infected valve? And what about the damaged disc? The case was complicated. Medical students and residents visited Dr. Faris’ room daily to observe and learn about this unusual situation.

Communication would be key in both the diagnosis and the treatment. Internist David Melchinger, MD; cardiologist Steven Wolfson, MD; infectious disease specialist Jeffrey Topal, MD; orthopedic surgeon Michael Murphy, MD; and cardiothoracic surgeon Richard Shaw, MD, were on the case. To put the pieces of this medical puzzle together, it was crucial for these physicians to work collaboratively. "They did it just right," said Dr. Faris.

Drs. Topal and Melchinger were convinced the strep infection had invaded the spine. "It won't show up there for another month," they predicted, "but it will show up." Sure enough, the bacterial infection in the spine showed up on an MRI done four weeks later – as predicted. Unlike flesh infections, which show up easily in the blood, bone infections are harder to detect because bacteria buries itself and can hide in the bone.

Dr. Wolfson recognized that Dr. Faris would need valve surgery, and that while waiting for the bacteria count to go down his heart would need to be protected with medication to keep it from enlarging and his blood pressure from rising. Any surgery was out of the question until the bacteria were completely gone.

Dr. Faris was hospitalized for 10 days on intravenous antibiotics and painkillers. After he got out of the hospital, he was on antibiotics for three months – with an intravenous access called a PICC line (peripherally inserted central catheter) and a computerized medication pump for eight weeks and oral antibiotics for another six weeks. "Dr. Topal was intense about that infection," said Dr. Faris. "I had just turned 70 and had never been in the hospital or on medication," said Dr. Faris. "I was in great shape. Apparently, my immune system fought this infection until I strained my back which helped the bacteria rupture the disc."

Dr. Faris got lucky in one respect – after four months, the injured disc had disintegrated completely and the two vertebrae above and below the disc had fused perfectly. Dr. Murphy and the other physicians were surprised that no neurological damage had occurred in the legs from the ruptured disc.

By October 5, the coast was clear for Richard Shaw, MD, to perform open heart surgery – not only repairing the valve, but performing three small coronary artery bypasses for narrowings which had been revealed on an angiogram the day before.

"I am very grateful for the fact that I have a good genetic inheritance and for these top-notch physicians, nurses and technicians," said Dr. Faris.

"Experienced people like these are worth their weight in gold," said Dr. Faris. "These physicians are the best I’ve ever seen – they talked to each other, shared information and collaborated in what appeared to be a well-choreographed process." He joked, "On top of that, I’m a good patient!"
When Matthew Marino was 20, his doctors decided to enlarge the stent they had implanted in the narrow part of his aorta to accommodate his growing anatomy. But on the day of the procedure, they came out into the waiting room and told his mother and father something was wrong. The problem was something quite rare among 20-year-olds— an aortic aneurysm.

A gentler fix

by Kathy Katella

MATTHEW MARINO, PLAYING BASKETBALL AT HIS HOME IN CROMWELL
John Fahey, MD, pediatric cardiologist at Yale-New Haven Children’s Hospital, and associate professor of cardiology at Yale School of Medicine, told the family to relax—the doctors were going to go do their homework.

The Marino family had experience with cardiac specialists. When Matthew was 15 and playing basketball, he slipped and broke his wrist, and the emergency room doctors were surprised at how his blood pressure soared. They sent him for an MRI, which found an aneurysm, a narrowing of the major artery leading to the heart. Aortic coarctations occur in approximately 1 out of 10,000 people, and there are usually symptoms at birth, but Matthew’s newborn body had somehow compensated and the problem remained hidden.

After his broken wrist, Matthew was referred to the Yale-New Haven Children’s Hospital, where a pediatric cardiology team inserted a small mesh metal tube called a stent to keep the coarctation site open.

As Matthew’s body grew, along with his vascular anatomy, his doctors went back in once to stretch the stent. Recently he had been walking on a treadmill for up to an hour a day and had lost 45 pounds. Had exercise caused the aneurysm? Not at all, Dr. Fahey told him. It was likely that the stent caused a small nick the last time it was stretched, when Matthew was 16. This weakened the aortic wall, making it a likely place for an aneurysm to develop.

Historically, aortic aneurysms in need of repair are treated with major surgery, which can carry serious risks, including paralysis and even heart attack. A newer option would be to cover the aneurysm with a second stent—a covered stent that would act like a permanent Band-Aid, allowing any tear to heal and the aneurysm to shrink away.

However, because aortic aneurysms are generally an adult problem, all of the approved stents were too big for Matthew’s aorta. So Dr. Fahey and Jeremy Asnes, MD, a pediatric cardiologist and assistant professor of pediatrics at Yale, consulted with Bart E. Muhs, MD, PhD, recently appointed co-director of YNHH’s endovascular program and assistant professor of vascular surgery and radiology at Yale. While Dr. Muhs repairs aneurysms mostly on adults, he is a world expert on stents. He wrote his dissertation on stents, had worked in Europe pioneering stent procedures not yet available in the United States, and regularly visits factories to advise manufacturers on designing new stents.

“We needed a creative solution for Matthew,” said Dr. Muhs. He devised a simple one: Use a covered stent designed for a smaller vessel—one used to repair aneurysms in the iliac artery, which supplies the walls of the buttocks and pelvis in adults—deploy it outside of the body, and repackage it into a longer, straw-like delivery system able to reach Matthew’s aorta. This stent was made of Dacron and stainless steel, and measured about the width of a syringe. The three doctors performed dry runs by applying the stent to a syringe, which simulated the section of the aorta where the aneurysm was.

Meanwhile, Dr. Fahey tried to ease the growing anxiety for Matthew’s family. “He’s very comforting, caring and sincere, and very intelligent. He encouraged us not to worry about it; it was his job to worry about it,” said Debbie Marino.

An open operation for an aortic aneurysm would have meant up to two weeks in the hospital, and the risk of serious side effects. Instead, Matthew’s doctors brought him into the catheterization lab, where they made an incision in his groin and used a straw-like sheath to insert the stent and advance it up the aorta to the site of the aneurysm. They used X-ray images to guide them. Matthew was under anesthesia for two hours and woke up with a one-and-a-half-inch incision. He went home the next day. Two months later, he was shooting baskets and taking classes at a local community college.

At four weeks, a CT scan showed the aneurysm was gone. Doctors at Yale-New Haven will monitor Matthew closely with ultrasounds for what they fully expect to be a long and healthy life.
An ideal match

At 69, Terry Vidal of New Haven considers himself a lucky man. He loves his job as a manufacturing engineer, he enjoys keeping physically fit by hiking the trails of East Rock Park with his wife, Patricia, and he relishes the community of support at the Unitarian Society of New Haven in Hamden, where he serves on the membership committee.

Terry Vidal and his wife, Patricia, enjoying a day in East Rock Park.
I'm a yackey kind of guy. I do it religiously at church – put people at ease through talk," said Vidal, who credits this joie de vivre for helping shepherd him through his medical journey.

On July 3, after more than a month of feeling "fantastically tired," Vidal was diagnosed with adult acute myeloid leukemia (AML), a cancer of the blood and bone marrow that rapidly progresses if not treated immediately. He was admitted to the oncology unit at Yale-New Haven Hospital to begin the first phase of his treatment – a month-long induction of chemotherapy – led by Harold Tara, MD, associate section chief of hematology/oncology at YNHH and clinical instructor of medicine at Yale School of Medicine.

"I saw Dr. Tara every day," said Vidal. "I had a comforting sense that he and the rest of my healthcare team were people who had seen this stuff before and knew how to deal with it."

Once Vidal completed his course of chemotherapy to slow down and stop the spread of cancer in his body, he was discharged for a two-week reprieve before beginning a second, more intense phase of his treatment, the consolidation or intensification phase, aimed at killing off any remaining leukemia cells that may still be present.

"When I went home after my initial round of chemotherapy, there were minor setbacks," said Vidal. "Over the weekend, I started running a minor fever. Dr. Tara had insisted I call him if my fever ever went up. My first call was on a Saturday, and my fever was 99 degrees. He had me call him every four hours. My fever went to 99.8. At that, Dr. Tara said, 'I'm putting you in the hospital. I think by Sunday night your fever will be quite high and we will have to take action.' Sure enough, Sunday night the nurses were hooking up antibiotics to get my fever back down and on Monday they were pulling the infected catheter out of my arm. I thought: this guy is amazing. On the basis of a 1.2 degree rise over 12 hours, he made a critical decision that was right on."

"Treatment of AML in older adults remains a tremendous challenge," said Dr. Tara, who noted that older patients will often have difficulty tolerating standard induction chemotherapy. "Regimens that are used in younger patients may need to be adjusted in patients older than 60, which can certainly affect outcomes. There is a struggle between risk and benefit since the side effects can be quite serious."

Dr. Tara believed Vidal was a good candidate for a stem cell transplant because of his good physical condition, positive outlook and three healthy siblings willing to donate, although he admitted, it was exceptional to perform a stem cell transplant on someone Vidal's age.

During the next three weeks, Vidal returned to his job at Roche Applied Science in Branford, while preparations were being made for his stem cell transplant. His youngest sister, Evelyn, from Michigan, was determined to be an ideal match.

"She went every day to Yale-New Haven to get her shots and have her blood drawn," said Vidal. "The day after she left, I was admitted to the transplant unit."

Following a week of chemotherapy, Vidal was infused with his sister's blood. Eleven days later, his sister Evelyn's cells engrafted and his bone marrow started to produce white blood cells. Twelve days following his transplant, Vidal was discharged.

"Once I was in the care of Dr. [Dennis] Cooper [medical oncologist] and the transplant team, I didn't think I'd see much of Dr. Tara again. But he stopped in every so often. He made me feel confident that my new team would do a great job."

Vidal continued, "I was impressed by the level of interest and enthusiasm by the nurses, patient care associates, transporters and the cleaning people on the transplant unit," said Vidal. "They're like a big family operation. I felt well cared for by the chaplains and social workers. As a retired nurse, my wife is often quite critical because she's worked at a lot of hospitals; my healthcare team succeeded in making her feel secure."

"Terry Vidal is a good 69," said Dr. Tara, referring to Vidal's chronological and health age. "He's a dream patient in many ways – healthy, bright, compliant – a pleasure to take care of. He asked bright questions. You always want your patients to do well. But I'm so pleased he did well. He deserved it."
Dear friends and colleagues,

This was an extremely productive and memorable year for Yale-New Haven Hospital (YNHH).

During fiscal year 2007, we recorded the highest patient volume in the Hospital's history; demonstrated strong patient care and clinical quality performance; recruited and retained talented, committed employees; and exceeded our budgeted net gain. We implemented a comprehensive service excellence initiative, began construction of the Smilow Cancer Hospital, and for the first time, we were named to the U.S. News & World Report elite "Honor Roll."

The four main pillars of our organization's business strategy continued to be: providing safe, high quality patient care; serving as the provider of choice for patients and referring physicians; remaining the region's employer of choice; and maintaining financial strength – without which we would not be able to support our missions.
Year-end message

[Signatures]
Patient care safety and quality

Yale-New Haven Hospital’s highest priority continued to be ensuring that patients receive high quality, safe, efficient care. We focused on maximizing patient safety and achieving strong clinical outcomes – by avoiding hospital-acquired infections, preventing accidents and injuries, providing evidence-based care to reduce variations in care, and improving the timeliness and efficiency of care.

The results were impressive. On the “Hospital Compare” website, the federal Centers for Medicare and Medicaid Services’ (CMS) hospital performance reporting website, YNHH ranked among the top 10 percent nationally on 12 of the 21 core measures, outperforming peer teaching hospitals on 15 measures. YNHH earned the VHA leadership award for clinical excellence by ranking in the nation’s top tenth percentile for heart attack care and was listed among the Thomson/Solucient’s top 100 hospitals nationally. We also committed to the Institute for Healthcare Improvement’s “Five Million Lives” campaign – which has the goal of reducing surgical complications by 25 percent by December 2008. We have already implemented initiatives to prevent surgical site infections, surgery-related blood clots and ventilator-associated pneumonia.

Thanks to the hard work of our entire leadership team, the Hospital was well prepared for several regulatory reviews and inspections. We formalized a hospital-wide effort involving “Clean and Safe” rounds to immediately address any potential environmental safety issues and ensure compliance with all facility-related regulatory requirements. We gave particular attention to developing permanent solutions for recurring problems, increasing efficiency and preventing wasted time and resources. Team members from a variety of departments rounded weekly throughout the Hospital and for the more than 14,749 issues identified, successfully addressed 99 percent of them.

YNHH as a provider of choice

Almost 12 percent of Connecticut residents hospitalized last year were cared for at Yale-New Haven, a solid indication that we are Connecticut’s acute healthcare provider of choice. We discharged 51,505 patients – a historic record, and our 536,554 out-patient visits were almost 20 percent higher than last year.

Patients are attracted to YNHH for its reputation, the expertise of our physicians and staff, the range of services provided, and our contemporary facilities and technology. These are some of the reasons YNHH has been recognized consistently by U.S. News & World Report, and why this year, the
Hospital was listed among the top 15 hospitals in the country. In addition to ranking 15th in the nation overall, we were named among the best in 10 of 16 medical specialties, and reached top 10 status for psychiatry and geriatrics.

The Hospital received noteworthy recognition from other external sources. We were named among the nation’s best children’s hospitals for 2007 by Child magazine; among the tri-state area’s best hospitals in New York Magazine’s inaugural “best hospitals” survey; as having 69 YNHH physicians identified among the best doctors for 2007 by New York Magazine; and one of the top 100 “most wired” hospitals in the nation by Hospitals and Health Networks.

Key to Yale-New Haven’s strategic growth and the recognized uniqueness and excellence of our clinical services has been our service line planning initiative. In collaboration with our clinical leadership colleagues, we focused on planning for five clinical services (cardiac, cancer, transplantation, pediatric and neurology/neurosurgery) by understanding the way in which patients experience their care, as well as key clinical and scientific advances, and financial performance.

One of this year’s highlights was the successful recruitment of Sukru Emre, MD, a world-renowned liver transplant surgeon. Dr. Emre has performed 16 liver transplants since joining the Hospital in July, including two “firsts” in the state: a living donor transplant and a split liver transplant. Also, in July of 2007, the Yale-New Haven Primary Stroke Center celebrated its second year as a program certified by the Joint Commission for meeting the national criteria for delivering the highest standard of care to stroke patients.

This year the Hospital implemented a multi-dimensional Service Excellence initiative. With the “I am Yale-New Haven” pledge as the program’s hallmark, nine service excellence teams were formed to address ways in which each and every employee can positively affect a patient’s experience. Examples of their work included manager rounding in every patient care area; phone calls to discharged patients, noteworthy noise reduction on inpatient units, a reorganized emergency department waiting area, and a 35 percent reduction in the amount of time it takes for a patient to get from the emergency department to an inpatient room. Recognizing that patient satisfaction with hospital food is an issue throughout the industry, we established “At Your Request” room service dining this year, which has been very well received.

As a result of these and other efforts, adult inpatient and ambulatory surgery patient satisfaction scores reached all-time highs in the third quarter. Of particular note, gynecologic
2007 Year-end message

oncology (99th percentile); Shoreline Medical Center (96th percentile); and maternal special care (93rd percentile) all achieved exceptional patient satisfaction scores compared with hospitals nationwide.

As patient demand has continued to grow, 20 additional patient beds were brought on line, and Yale-New Haven Hospital and Yale Cancer Center jointly expanded clinical facilities to a second location at Long Wharf for medical oncology. These efforts will ease overcrowding until the Smilow Cancer Hospital is completed.

**YNHH as an employer of choice**

This year, YNHH achieved employee vacancy and turnover rates that were the envy of the industry, with an overall vacancy rate of 7.2 percent and an overall turnover rate of 11.3 percent. We took a multi-pronged approach to recruiting and retaining an engaged, committed and diverse workforce. Nearly 50,000 employment applications were accepted online – an all-time high – and 341 nurses were hired, which exceeded our goal by 15 percent. This recruiting success enabled us to safely staff the added beds and oncology services. At the same time, we were able to eliminate the need for traveling nurses and decrease the use of overtime by 11 percent. Additional career ladders were established to provide our staff with professional growth opportunities within our Hospital.

For the fifth year, Working Mother magazine named us among the 100 best companies for working mothers. And, we were able to recognize the tremendous efforts of our staff with a record 3 percent performance incentive program (PIP) award.

**YNHH as a community advocate**

YNHH’s commitment to its local community was reflected in numerous ways. A new mobile mammography van with digital equipment now offers breast cancer screening access to women throughout our communities, where they live and work. A new men’s health enrichment program sought to reduce hospitalizations for avoidable conditions by increasing outreach and improving access at the Primary Care Center. The pediatric dental program provided over 3,500 children – many of them uninsured, underinsured or medically compromised – with comprehensive pediatric dental services. Our eight school-based health centers recorded 8,953 visits this year. We were the lead sponsor for the annual NAACP health fair, which drew 2,000 people.

In the second year of YNHH’s community benefits agreement with the city of New Haven, YNHH honored its commitments by providing $400,000 of the $1 million, five-year pledge
to Gateway Community College for New Haven residents in its associate degree nursing program. We also made voluntary payments totaling $1,975,500 to the city; the Mayor’s Youth Initiative received $200,000; and $280,000 was provided for two new city health outreach coordinators.

The second year of a similar community benefits agreement with the Hill Development Corporation (HDC) was equally productive. YNHH provided a $150,000 grant, which was used by local families for home rehabilitation. Other families benefited from childcare subsidies provided to eligible working parents in the Hill. YNHH also awarded $1,500 scholarships each to three high school seniors pursuing health careers. The Hospital gave $50,000 toward various youth programs that benefited about 162 children last summer, and an additional $50,000 was donated for books at the new Courtland S. Wilson library branch in the Hill neighborhood.

Other community investments included support for agencies such as Casa Latina, the Boys and Girls Club and a learning program at Lincoln-Bassett School. YNHH again sponsored the United Way Days of Caring and the WTNH-TV “Make a Difference” campaign.

The cancer hospital
The most exciting news about the new cancer hospital came in late 2007 with the announcement that a major gift from Yale alumnus Joel E. Smilow and his wife, Joan, will support the new building, which will be named the Smilow Cancer Hospital.

We are proud that the project is currently on time and on budget. The foundation was completed by May 2007; over 14,500 yards of concrete were poured by July; and the steel frame started to rise in September. The steel work should be competed in August 2008 and the anticipated occupancy date is December 2009.

YNHH secured the necessary permits for two projects related to the cancer hospital – both located between North and South Frontage roads. The first is a new medical office-laboratory building on Park Street, right next to the Air Rights Garage. This building – which will house the department of laboratory medicine, the pharmacy and loading docks, as well as conference and retail space – will be connected to the cancer hospital by a bridge over South Frontage Road. A new tunnel under South Frontage will allow delivery trucks to directly access our loading dock under the Air Rights Garage, which should significantly improve traffic flow around the Hospital.
The second project is a new garage that will have 845 parking spaces, offices and retail space, as well as 24 housing units, some of which will be available for patients and families traveling great distances to the cancer hospital.

YNH exceeded the minority hiring targets that had been agreed upon as part of the cancer hospital approval process—hiring a workforce that was 27 percent minority, 7.2 percent female and 20 percent local residents. YNHH has also done advance planning for the day-to-day operations of the cancer hospital, and hired specialists to evaluate the operations design of the cancer hospital and verify that patient- and family-centered care is accessible and convenient.

Other highlights
We ended the year with an operating margin of 1.5 percent and a total margin of 4.7 percent—which will help support our clinical programs, technology and facilities, including the construction of the Smilow Cancer Hospital.

It will also help offset the losses from undercompensated services and care of the poor and uninsured, which this year cost Yale-New Haven more than $132 million.

As the state’s largest provider of Medicaid services, we took an active role in supporting legislation to increase Medicaid reimbursement. This proved to be a successful effort, as the state increased hospital Medicaid fee-for-service rates by $118 million over two years.

There were several important leadership changes this past year at the Hospital. In October 2007, Joseph R. Crespo was elected as Chairman of the Board of Trustees, succeeding Marvin K. Lender, who chaired the Board for six years. Michael Apkon, MD, was appointed vice president and executive director of the Yale-New Haven Children’s Hospital; William Aseltyne became general counsel and vice president for legal services; and Marjorie Guglin, MPH, RN, was named vice president, surgical services. Alvin Johnson retired in the spring after 13 years as vice president of employee relations, and shortly after the end of the fiscal year, Edward Dowling retired as YNHH’s and YNHHS’ senior vice president of human resources after 30 years of service.

Jack A. Elias, MD, was named the new chief of internal medicine, and Stephan Ariyan, MD, was appointed associate chief in the department of surgery.

We close by offering our gratitude to Yale-New Haven’s employees, volunteers, medical staff and trustees, whose dedication, hard work and focus were the reason for the successful performance we enjoyed in 2007.
### Comparative Statistics (As of September 30, 2007)

#### BALANCE SHEET

<table>
<thead>
<tr>
<th>(in thousands)</th>
<th>Year Ended September 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$15,058</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>75,610</td>
</tr>
<tr>
<td>Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately $23,768 in 2007 and $17,425 in 2006</td>
<td>124,686</td>
</tr>
<tr>
<td>Other receivables</td>
<td>27,041</td>
</tr>
<tr>
<td>Inventories</td>
<td>11,519</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>6,068</td>
</tr>
<tr>
<td>Amounts on deposit with trustee in debt service fund</td>
<td>2,800</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>262,782</td>
</tr>
<tr>
<td>Assets limited as to use:</td>
<td></td>
</tr>
<tr>
<td>Funds reserved for plant improvements and expansion, clinical programs and other</td>
<td>178,399</td>
</tr>
<tr>
<td>Funds reserved for the cancer hospital</td>
<td>228,083</td>
</tr>
<tr>
<td>Beneficial interest in perpetual trusts</td>
<td>14,120</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>420,602</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>301,126</td>
</tr>
<tr>
<td>Deferred financing costs, less accumulated amortization</td>
<td>7,477</td>
</tr>
<tr>
<td>Other assets</td>
<td>54,757</td>
</tr>
<tr>
<td>Property, plant and equipment:</td>
<td></td>
</tr>
<tr>
<td>Land and land improvements</td>
<td>10,942</td>
</tr>
<tr>
<td>Buildings and fixtures</td>
<td>454,609</td>
</tr>
<tr>
<td>Equipment</td>
<td>298,104</td>
</tr>
<tr>
<td><strong>Less accumulated depreciation</strong></td>
<td>763,655</td>
</tr>
<tr>
<td><strong>Construction in progress (estimated cost to complete – $383,832 in 2007 and $434,745 in 2006)</strong></td>
<td>265,394</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$1,397,440</td>
</tr>
</tbody>
</table>

#### Liabilities and net assets

| Current liabilities: |                         |                         |
| Accounts payable      | $54,494                | $41,756                 |
| Accrued expenses      | 96,183                | 78,542                  |
| Other liabilities     | 1,598                 | 2,229                   |
| Third party payor liabilities | 1,123               | 6,061                   |
| Current portion of long-term debt | 2,250               | 1,300                   |
| **Total current liabilities** | 155,648              | 129,888                 |
| Long-term debt, net of current portion | 398,499              | 401,499                 |
| Accrued pension and postretirement benefit obligations | 88,540               | 77,254                  |
| Other long-term liabilities and deferred revenue | 96,237               | 83,563                  |
| Long-term third party payor liabilities | 7,474               | 6,639                   |
| **Total liabilities**  | 746,658               | 698,823                 |
| Commitments and contingencies | –                     | –                       |
| Net assets:           |                         |                         |
| Unrestricted          | 524,025               | 476,690                 |
| Temporarily restricted | 97,906               | 98,240                  |
| Permanently restricted | 28,851               | 27,745                  |
| **Total net assets**  | 650,782               | 602,675                 |
| **Total liabilities and net assets** | $1,397,440            | $1,301,498              |
## Comparative Statistics (As of September 30, 2007)

### STATEMENT OF OPERATIONS

<table>
<thead>
<tr>
<th>(in thousands)</th>
<th>Year Ended September 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007</td>
</tr>
<tr>
<td><strong>Operating revenue:</strong></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>$934,600</td>
</tr>
<tr>
<td>Other revenue</td>
<td>39,970</td>
</tr>
<tr>
<td><strong>Total operating revenue</strong></td>
<td>$974,570</td>
</tr>
<tr>
<td><strong>Operating expenses:</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>478,907</td>
</tr>
<tr>
<td>Supplies and other expenses</td>
<td>398,513</td>
</tr>
<tr>
<td>Depreciation</td>
<td>41,982</td>
</tr>
<tr>
<td>Insurance</td>
<td>17,444</td>
</tr>
<tr>
<td>Bad debts</td>
<td>14,889</td>
</tr>
<tr>
<td>Interest</td>
<td>4,229</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>$829,746</td>
</tr>
<tr>
<td><strong>Income from operations</strong></td>
<td>$34,318</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-operating gains, net</strong></td>
<td></td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>$45,123</td>
</tr>
</tbody>
</table>

### SELECTED DIAGNOSTIC AND THERAPEUTIC SERVICES

<table>
<thead>
<tr>
<th>Year Ended September 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
</tr>
<tr>
<td><strong>Cardiology procedures:</strong></td>
</tr>
<tr>
<td>PCI</td>
</tr>
<tr>
<td>Cardiac catheterizations</td>
</tr>
<tr>
<td>ICD (Defibrillator)</td>
</tr>
<tr>
<td>Pacer implants</td>
</tr>
<tr>
<td><strong>Diagnostic imaging:</strong></td>
</tr>
<tr>
<td>CT Scan</td>
</tr>
<tr>
<td>MRI</td>
</tr>
<tr>
<td>Nuclear medicine</td>
</tr>
<tr>
<td>Ultrasound</td>
</tr>
<tr>
<td>X-ray</td>
</tr>
<tr>
<td><strong>Laboratory procedures:</strong></td>
</tr>
<tr>
<td>Blood Bank</td>
</tr>
<tr>
<td>Clinical chemistry</td>
</tr>
<tr>
<td>Clinical virology</td>
</tr>
<tr>
<td>Hematology</td>
</tr>
<tr>
<td>Immunology</td>
</tr>
<tr>
<td>Microbiology</td>
</tr>
<tr>
<td>Pheresis Transfusion Center</td>
</tr>
<tr>
<td>Prenatal testing</td>
</tr>
<tr>
<td>Shoreline Lab</td>
</tr>
<tr>
<td>Radiation therapy treatments</td>
</tr>
<tr>
<td>Rehabilitation services treatments</td>
</tr>
<tr>
<td>Respiratory care ventilator hours</td>
</tr>
<tr>
<td>Surgery:</td>
</tr>
<tr>
<td>Inpatient cases</td>
</tr>
<tr>
<td>Outpatient cases</td>
</tr>
<tr>
<td><strong>Ambulatory Services Division:</strong></td>
</tr>
<tr>
<td>Surgery</td>
</tr>
<tr>
<td>Radiology</td>
</tr>
<tr>
<td>Endoscopy</td>
</tr>
<tr>
<td>Gamma Knife</td>
</tr>
</tbody>
</table>

*Integrated effective July 1, 2007
## Comparative Statistics (As of September 30, 2007)

### OUTPATIENT CLINIC VISITS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Center</td>
<td>47,826</td>
<td>46,552</td>
</tr>
<tr>
<td>Women’s Center</td>
<td>73,388</td>
<td>71,387</td>
</tr>
<tr>
<td>Medicine</td>
<td>118,030</td>
<td>106,417</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>16,922</td>
<td>17,158</td>
</tr>
<tr>
<td>Surgery</td>
<td>25,078</td>
<td>22,469</td>
</tr>
<tr>
<td>Transplants</td>
<td>7,399</td>
<td>5,628</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>29,728</td>
<td>28,224</td>
</tr>
<tr>
<td>Dermatology</td>
<td>11,346</td>
<td>10,713</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>13,001</td>
<td>13,093</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>23,167</td>
<td>21,900</td>
</tr>
<tr>
<td>Dental</td>
<td>13,693</td>
<td>12,114</td>
</tr>
<tr>
<td>Urology</td>
<td>7,448</td>
<td>7,211</td>
</tr>
<tr>
<td>School-based clinics</td>
<td>7,342</td>
<td>7,055</td>
</tr>
<tr>
<td>Total outpatient clinic visits</td>
<td>392,368</td>
<td>369,921</td>
</tr>
<tr>
<td>Emergency services</td>
<td>122,775</td>
<td>113,921</td>
</tr>
<tr>
<td>Occupational health</td>
<td>21,411</td>
<td>19,814</td>
</tr>
<tr>
<td>Total outpatient visits</td>
<td>536,554</td>
<td>503,656</td>
</tr>
</tbody>
</table>

### INPATIENT DISCHARGES

<table>
<thead>
<tr>
<th>Category</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>31,666</td>
<td>31,079</td>
</tr>
<tr>
<td>Surgical</td>
<td>8,998</td>
<td>8,490</td>
</tr>
<tr>
<td>Total Adults</td>
<td>40,664</td>
<td>39,569</td>
</tr>
<tr>
<td>Total Pediatrics</td>
<td>6,249</td>
<td>5,986</td>
</tr>
<tr>
<td>Total Newborn</td>
<td>4,592</td>
<td>4,814</td>
</tr>
<tr>
<td>Total Inpatient</td>
<td>51,505</td>
<td>50,369</td>
</tr>
</tbody>
</table>
## Comparative Statistics (As of September 30, 2007)

### General Information Summary

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients discharged</td>
<td>51,505</td>
<td>50,369</td>
</tr>
<tr>
<td>Patient days of care provided</td>
<td>267,144</td>
<td>262,303</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>5.19</td>
<td>5.21</td>
</tr>
<tr>
<td>Average daily patient census</td>
<td>732</td>
<td>719</td>
</tr>
<tr>
<td>Volunteer hours donated</td>
<td>70,761</td>
<td>72,982</td>
</tr>
</tbody>
</table>

### Uncompensated & Undercompensated Care Costs

<table>
<thead>
<tr>
<th></th>
<th>Year Ended September 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007</td>
</tr>
<tr>
<td>Free care allowance</td>
<td>$22,510</td>
</tr>
<tr>
<td>Charity care allowance</td>
<td>33,740</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$56,250</td>
</tr>
<tr>
<td>Medicaid underpayments (net of state DSH and urban pools)</td>
<td>75,366</td>
</tr>
<tr>
<td>Bad debts</td>
<td>14,889</td>
</tr>
<tr>
<td>Total uncompensated and undercompensated care</td>
<td>$146,505</td>
</tr>
</tbody>
</table>

### Philanthropic and Other Support

<table>
<thead>
<tr>
<th></th>
<th>Year Ended September 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007</td>
</tr>
<tr>
<td>Charitable contributions</td>
<td></td>
</tr>
<tr>
<td>Annual Fund</td>
<td>$325</td>
</tr>
<tr>
<td>Fund for care of the indigent</td>
<td>413</td>
</tr>
<tr>
<td>Other gifts</td>
<td>6,288</td>
</tr>
<tr>
<td>Subtotal</td>
<td>7,026</td>
</tr>
<tr>
<td>Income and appreciation on invested funds</td>
<td>36,740</td>
</tr>
<tr>
<td>Total philanthropic and other support</td>
<td>$43,766</td>
</tr>
</tbody>
</table>
Administration  (As of September 30, 2007)

AMBULATORY SERVICES DIVISION
Diana Ellison

COMMUNITY AND GOVERNMENT AFFAIRS
Kyle Ballou

COMMUNITY HEALTH
James E. Rawlings

DEVELOPMENT
Susan St. Onge

HEART CENTER
Mariane Carma, RN

LABORATORIES AND RADIOLOGY
Denise Fiore

ONCOLOGY SERVICES
Arthur Lemay

OPERATIONS SUPPORT
Megan Wolfman

PERFORMANCE MANAGEMENT
Thomas Balcezak, MD

PSYCHIATRIC SERVICES
Leslie O'Connor, RN

SMILOW CANCER HOSPITAL PROJECT
William J. Mahoney

Administrative Departments
ADMITTING
Carol Holland

BED RESOURCES
Victor Morris, MD

CLINICAL SYSTEMS AND SUPPORT
Howard Goldberg

COMMUNICATIONS
Robert Hutchinson

COMPENSATION AND BENEFITS
Michael Dininesten

DAY CARE CENTER
Jody Platner

DENTAL
Brian Singletary, DMD, MS

EMERGENCY SERVICES
Gail D'Onofrio, MD

ENVIRONMENTAL SERVICES
Kent Zergiebel

EPIDEMIOLOGY
Louise Dembry, MD

FINANCIAL PLANNING AND ANALYSIS
C. Bradford Bevers

FOOD AND NUTRITIONAL SERVICES
Lisa Strada

GRADUATE MEDICAL EDUCATION
Jennifer Pascucci

MATERIALS MANAGEMENT
Carlos Lourenco

OCCUPATIONAL HEALTH SERVICES
Mark Russi, MD

OUTPATIENT REGISTRATION AND CIS
Harry Nicholls

PATIENT ACCOUNTS
Bernard Lane

PATIENT SERVICES
Cheryl Hoey, RN

PERIOPERATIVE SERVICES
Joseph Lederer

PHARMACY SERVICES
Lisa Stump

PHYSICIAN SERVICES
Theresa Zinck Lederer

PLANNING AND BUSINESS
Ahn

DEVELOPMENT
PLANT AND CLINICAL ENGINEERING
Douglas Doyle

PROFESSIONAL PRACTICE AND RESEARCH
Patricia Span, RN

PROTECTIVE SERVICES AND PARKING
Nicholas Proto

QUALITY ASSURANCE
William Crede, MD

RADIATION THERAPY
Nicholas Papale

RECRUITMENT AND STAFFING
Nancy Collins

RELIGIOUS MINISTRIES
Rev. Margaret Lewis

RESPIRATORY CARE AND REHABILITATION SERVICES
Michael Parisi

SHORELINE MEDICAL CENTER
Stephen Bencivengo

SOCIAL WORK
Paula Crombie

TREASURY
Donald Wagaman

VOLUNTEER, PATIENT AND GUEST
SERVICES
Jeanette Hodge

Auxiliary

Executive Committee

PRESIDENT
Katharine Neville

FIRST VICE PRESIDENT
Barbara Lounds

SECOND VICE PRESIDENT
Diane Petra

RECORDING SECRETARY
Gloria Schooffield

CORRESPONDING SECRETARY
Annmarie Lindskog

TREASURER
Eleanor F. Jones

IMMEDIATE PAST PRESIDENT
Gloria Schooffield

GIFT SHOP
Lynne Bradstreet
Sylvia Greene

TOY CLOSETS
Linda Cronan
Marjan Wackers

PROJECTS
Carolyn Gould

HEALTH EDUCATION
Stephanie Jatlow

MEMBERSHIP/TELECOMMITTEE
Elizabeth Fearon

ADMINISTRATIVE LIASON (ex officio)
Tucker Leary

HONORARY LIFETIME BOARD MEMBER
Ann Nyberg

Board of Managers
Melinda Adams
Karen Anderson
Marcelle Applewhaite
Peggy Dezimno
Louise DiRuccio
Christine Dowling
Louise Grober
Carolyn Howe
Sally Howell
Debbie Klotzer
Mary Jane Miller
Wendy O'Brien
Ingrid Parri
Katherine Patrick
Marion Russell
Dorothy Setaro
Sharon Shields
Pamela Stanton
Gay Steinbach
Beverly Weinberg
Medical Staff
Medical Staff (As of September 30, 2007)

Medical Board Officers

Chief of Staff
Peter N. Herbert, MD

Associate Chief of Staff
Thomas J. Balcezak, MD

Associate Chief of Staff
Victor A. Movhis, MD

Medical Board Officers

President
Brett J. Gerstenhaber, MD

President-Elect
Lee M. Cooney, MD

Secretary
Gordon V. Reid, MD

Past President
Robert M. Weiss, MD

Medical Board Members

Stephan Artyan, MD
Michael C. Bennick, MD
James A. Brink, MD
Richard D’Aquila
Richard L. Edelson, MD
Jack A. Elias, MD
John A. Federico, MD
Patricia Sue Fitzsimmons, RN, PhD
Gary E. Friedlaender, MD
Peter M. Giazzetto, MD
Peter N. Herbert, MD
David G. Hesse, MD
Robert L. Hines, MD
Margaret K. Hostetler, MD
Lee Jung, MD
Suzanne P. LaGarde, MD
Charles J. Lockwood, MD
Marc E. Mann, MD
Jon S. Morrow, MD, PhD
Michael J. Murphy, MD
Michael K. O’Brien, MD, PhD
Joel S. Silidker, MD
Brian K. Singleton, DMD
William H. Sledge, MD
Brian R. Smith, MD
Dennis D. Spencer, MD
Thomas F. Sweeney, MD
Harold H. Tara, MD
James C. Tsai, MD
Robert Uderman, MD
Fred R. Volkmar, MD
Gary R. Wanerka, MD
Lawrence J. Wartel, MD
Stephen G. Waxman, MD, PhD
Norman S. Werdiger, MD
Joseph H. Zelson, MD

ANESTHESIOLOGY

Chief
Robert L. Hines, MD

Attending
Shamsuddin Akhtar, MD
Muhammad Anwar, MD
Rima T. Aouda, MD
Jill F. Arthur, MD
Paul G. Barash, MD
Akeem R. Braverman, MD
James H. Chung, MD
Keun S. Chung, MD
Susan Dabu-Bondoc, MD
Jan Ehrenwerth, MD
Jorge P. Escandon, MD
Dorothy J. Gaal, MD
Susan Garwood, MD
Thomas E. Gendrach, Jr., MD
David B. Glassman, MD
Thomas J. Golombeski, MD
Ala S. Haddadin, MD
Thomas M. Halazynski, DMD, MD
Lars E. Helgeson, MD
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Associate 145
Courtesy 202
Honorary 143
Visiting 148
Affiliated 404
Fellows 239
Residents 646

Total 3,475

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Residents

Fellows

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Quassy Amusement Park

Quick Center for the Arts

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Racebrook Package Store

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Read to Grow, Inc

Redex Industries, Inc

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Mr. and Mrs. James H. Segaloff, Esq

Sarah Shrewsbury

Shubert Theatre – CAPA

Leah Smith

SoHo Hair Group and Day Spa

Dawn Solada

Tressa Spears

Pamela Stanton

Stirrings

Jeffrey and Robyn Teplitzky

The Tommy Fund for Childhood Cancer

Town Line Wine & Spirits

Trumbull Racquet Club

Diane Young Turner

Ultimate Image

Union League Cafe

The United Church of Christ

in Devon

Ronald Van Lier

Janet Verney

Theresa Viele

Village Chocolatier

Vineyard Vines

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Wave, Inc

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Yale Medical Group

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Yale University Golf Course

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Yale-New Haven Hospital
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