



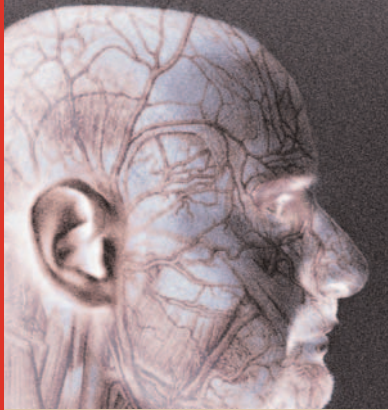
Clinical Update

January 2006

Golisano Children's Hospital at University Hospital

A \$6 million gift – the largest in SUNY Upstate's history – makes the CNY Children's Hospital the proud namesake of B. Thomas Golisano, philanthropist and founder and chairman of Paychex Inc.

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Striking Back at Stroke

The average stroke victim arrives at the hospital six hours after symptom onset – and too often late for timely intervention. The stroke team at University Hospital is spreading the American Stroke Association's urgent message: *Time Lost is Brain Lost.*

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New Orthopedic Surgeons Specialize in Upper Extremities

Two fellowship-trained surgeons – Vipul Nanavati MD and Kevin Setter MD – bring extensive expertise in shoulder, elbow and hand surgery to the Department of Orthopedic Surgery at University Hospital.

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SUNY UPSTATE MEDICAL UNIVERSITY
& University Hospital Syracuse, New York

CNY Children's Hospital Named for Golisano



B. Thomas Golisano

The Central New York Children's Hospital at University Hospital will be named the Golisano Children's Hospital, thanks to a \$6 million naming gift – the largest gift in SUNY Upstate history – from B. Thomas Golisano, philanthropist and founder and chairman of Rochester-based Paychex Inc.

Golisano said the gift is a salute to the “care and compassionate work” of Upstate's medical providers, “especially those caring for the smallest and most fragile among us. It is a pleasure to support a project that will benefit the parents and children of Central New York.”

SUNY Upstate President Gregory L. Eastwood MD said, “This generous gift from Thomas Golisano continues his longstanding commitment and support of children's health issues. His extraordinary gift will provide the Central New York community with one of the finest medical facilities for our children.”

Golisano, of Pittsford, NY, has parlayed Paychex Inc. into a leading national provider of payroll and human resource services for small- to medium-sized businesses. He is also owner of the Buffalo Sabres, a National Hockey League team. A graduate of the State University of New York at Alfred, Golisano was named the 2004 Outstanding Philanthropist by the Association of Fundraising Professionals.

During the past two decades, Golisano has contributed \$80 million to various institutions, including Strong Memorial Hospital to create the Golisano Children's Hospital at Strong; Rochester General Hospital; Thompson Health in Canandaigua for

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an emergency and diagnostic center; Rochester Institute of Technology for the College of Information Technology; Nazareth and Hartwick colleges for academic complexes; and WXXI Public Broadcasting in Rochester, among others.

The \$6 million gift from Golisano will bring SUNY Upstate's children's hospital campaign total to more than \$20 million, exceeding its \$15 million goal. The campaign was launched in the fall of 2003 and to date has received gifts and pledges from close to 21,000 individuals, corporations and foundations from across Central New York and beyond.

"Tom Golisano's philanthropic spirit is shared by many in Central New York, as is his commitment to enhancing medical care for children," said Mary Ann Shaw, chair of the Central New York Children's Hospital campaign committee. "We are grateful for his support and that of all who have given and will continue to give to the children's hospital."

The Golisano Children's Hospital increases the amount of space dedicated to pediatric medicine at University Hospital from 18,000 square feet to 87,000. It will feature 70 private patient rooms with pullout sofas or beds for parents who wish to spend the night in their child's room.

A unique feature of the children's hospital design is its 'tree house' entrance, which will allow patients, families and visitors to enter the hospital's east wing through a ground-



Golisano Children's Hospital at University Hospital, Syracuse

level reception area and proceed by elevator to the 11th floor, the first floor of the new children's hospital. The elevator will open to large area with a café, ample lounges and play spaces. A 15-bed pediatric intensive care unit will also be included in the children's hospital.

The new two-story children's hospital will crown the vertical expansion of University Hospital's east wing, which also includes new floors for cardiovascular, neurosurgery and oncology patients. Construction is expected to begin early this year, with completion of the Golisano Children's Hospital projected for early 2008.

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Striking Back at Stroke

University Hospital Stroke Team stresses urgency and benefits of prompt intervention

Seventy-five percent of patients who could benefit from timely thrombolytic therapy for ischemic stroke do not receive that treatment, often because they arrive at a hospital too late. This alarming realization is the major impetus behind University Hospital's efforts to heighten the urgency associated with stroke symptoms. As the American Stroke Association says, "Time lost is brain lost."

"Time is of the essence," agrees David Thomson MD, who works on the front lines of stroke response, as an Emergency Department physician at University Hospital. "We need to treat stroke with the urgency of trauma. The focus should be on getting to the hospital in the most expeditious manner."

Preferred Treatment

But the closest hospital may not be equipped to deliver prompt stroke intervention, he warns.

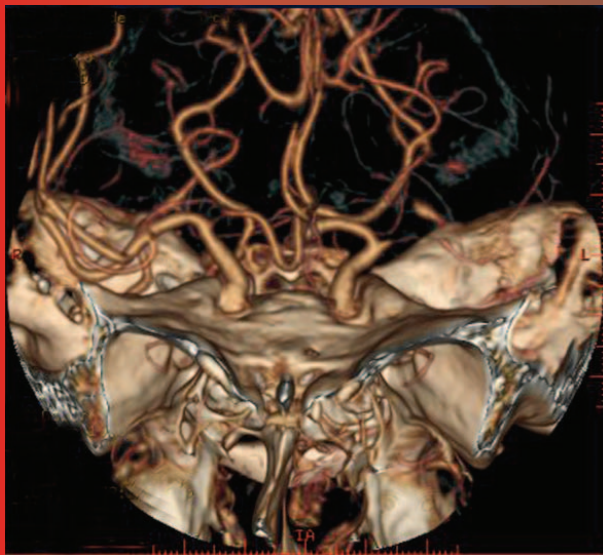
"The most important and immediate decision is which hospital has a CT scanner available," Dr. Thomson recently advised emergency medicine technicians gathered for a stroke symposium sponsored by University Hospital.

Experienced medical personnel must also be available 24/7 to interpret the CT images, which will confirm the stroke diagnosis. The CT scan also distinguishes between ischemic stroke, caused by a blood clot, and hemorrhagic stroke, caused by bleeding.

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A new 64-slice CT scanner debuts in the University Hospital Emergency Department in February.

tPA Therapy

Eighty percent of strokes are ischemic, and those patients are often candidates for tissue plasminogen activator (tPA), an enzyme which dissolves blood clots and helps resume blood flow to brain tissue. **But tPA therapy must begin within three hours of symptom onset.**

“The key is timely assessment, followed by timely medical intervention,” Dr. Thomson explains. “Organized stroke care saves lives.”

Hemorrhagic strokes may be treated, by a neurosurgeon, with surgical clipping or endovascular coiling.

Response Obstacles

The 2005 issue of *Neurology Research* addressed the under-delivery of stroke therapies, noting that eight years after tPA was FDA-approved, only three to four percent of stroke victims receive this treatment. “There is increasing interest in organizing and standardizing care for stroke,” the article concluded, “but challenges remain in public education, directing emergency transport to ‘stroke ready’ hospitals and linking stroke experts to primary care providers.”

Stroke Warning Signs*

- sudden weakness, paralysis or numbness of the face, arms and leg, on one or both sides of body
- loss of speech or difficulty speaking or understanding speech
- dimness or loss of vision, particularly in one eye
- unexplained dizziness (especially when associated with other neurologic symptoms), unsteadiness or sudden falls
- sudden severe headache and/or loss of consciousness

**warning signs of stroke depend on vascular territory involved*

Guided by NIH

University Hospital, the region’s only Level 1 trauma center, offers 24/7 access to a CT scanner, a large multidisciplinary stroke team and a stroke response protocol that conforms to National Institutes of Health recommendations.

The NIH, for example, states that patients with stroke symptoms be evaluated by an emergency room physician within 10 minutes of arrival at the hospital and begin the CT scan within 25 minutes of arrival.

Misinformation is greatest barrier to timely stroke intervention, according to neurologist Tarakad Ramachandran MD, interim director of the Stroke Unit at University

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Hospital. “There seems to be the nihilistic attitude that nothing can be done for stroke.”

In fact, he reports, “**Organized stroke care already results in a 21 percent reduction in early mortality, 18 percent reduction in 12-month mortality, decreased hospital stay and decreased need for institutional care.**”

Studies show that nurses are the most proactive about sending family members with stroke symptoms to the hospital. The general public is prone to delay, misunderstanding stroke symptoms or believing the damage to brain tissue is irreversible.

Stroke Certification

Because stroke mortality and disability can be greatly diminished by prompt intervention, the New York State Department of Health (DOH) has introduced a stroke certification process that verifies a hospital's advanced and integrated stroke response.

To date, University Hospital is the only Syracuse Hospital under consideration for the DOH certification.

Its immediate-response stroke team includes an emergency department physician and nurses, neurologist, neurosurgeon (as needed), radiologist, CT scanner tech and administrative supervisor, all prepared to respond, around the clock, within minutes of a patient's arrival at University Hospital.

Spectrum of Care

After patients have been diagnosed and admitted, the stroke team expands to include certified neuroscience nurses (AANN), physical therapists, speech therapists and others.

University Hospital offers additional advantages to stroke patients, including the only neuro-intensive care unit in CNY; a neuro-step down unit where stroke patients receive hourly monitoring and neuroassessment; neuro-interventional radiology capabilities (permitting tPA delivery directly to the blood clot); and comprehensive inpatient and outpatient rehabilitation programs.

University Hospital has also earned the highest rating – five stars – for its stroke care, according to HealthGrades.

For more information about stroke care at University Hospital, please contact MD Direct at 800-544-1605.



Stroke Epidemiology

- **Stroke is the second leading cause of death and the leading cause of adult disability in the USA.**
- **50 percent of stroke deaths occur before reaching hospital**
- **Stroke mortality higher for women (61 percent) and African Americans (87 percent male, 78 percent female)**
- **Onondaga County has the second highest stroke mortality rate in New York State (55.5 per 100,000 vs. the NYS average of 38.4)**

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New Orthopedic Surgeons

Specialize in Upper Extremities

Vipul Nanavati MD and Kevin Setter MD have joined the Department of Orthopedic Surgery as assistant professors, specializing in the treatment of upper extremity, shoulder, elbow and hand injuries for adult and pediatric patients.

Dr. Nanavati most recently served on the faculty for residents and medical students at Thomas Jefferson University Hospital, Department of Orthopedic Surgery in Philadelphia.

He received a bachelor's degree in biomedical engineering from Johns Hopkins University in 1998 and a medical degree from Robert Wood Johnson Medical School in New Jersey in 1998. He completed a residency in orthopedic surgery at Thomas Jefferson University Hospital in Philadelphia in 2003. His fellowships in hand surgery and in shoulder and elbow surgery were completed, respectively, at the Philadelphia Hand Center and the Rothman Institute, both at Thomas Jefferson University Hospital. He is a candidate member of the American Society for Surgery of the Hand and a member of other professional organizations including the Onondaga County Medical Society and the New York State Medical Society.



Vipul Nanavati MD

Kevin Setter MD

Dr. Nanavati's research interests involve athletic injuries, arthroplasty, instability and reconstruction of the shoulder, elbow and wrist.

Dr. Setter graduated magna cum laude from Cornell University in 1994, receiving a bachelor's degree in biology. He received a medical degree from SUNY Upstate Medical University in 1998, where he ranked in the top two percent of his class. He completed a general surgery internship in 1999 and an orthopedic residency training program in 2003 at SUNY Upstate; a shoulder, elbow

and sports medicine fellowship at Columbia Presbyterian Hospital in 2004; and a hand surgery fellowship from SUNY Upstate in 2005.

Dr. Setter's research involves rotator cuff repair, arthroplasty of the shoulder, elbow and wrist and sports-related injuries of the shoulder elbow and wrist.

Dr. Setter is published in the area of orthopedic surgery. He is the recipient of several awards, including the David G. Murray, MD, Award for Excellence in Orthopedics; and the SUNY Upstate Medical University Medical Alumni Scholarship for Academic Excellence. He is a member of the Onondaga County Medical Society.

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