

A PUBLICATION OF WHITE PLAINS HOSPITAL

HEALTH **matters**[®]

SUMMER 2021

NEW LIVER, NEW LIFE

One patient's success story

**INNOVATIVE CARTILAGE
TREATMENTS**

**BEHIND THE SCENES ON
WPH'S COVID FLOOR**

**HEALTHY SUMMER
RECIPES**



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COMPLEX HAND SURGERY PUT THIS GOLF PRO BACK ON COURSE

When Dana suffered a devastating hand injury, she knew her career as a golf professional was on the line. So she opted for a complex surgical procedure with an experienced hand specialist.

Dr. Paul Fragner and the orthopedic team at White Plains Hospital provided Dana with advanced surgical care and one-on-one support to help her regain full mobility of her hand and she was able to return to the sport she loves.

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A MEMBER OF THE MONTEFIORE HEALTH SYSTEM

From the desk of

Susan Fox

PRESIDENT AND CEO



President & CEO Susan Fox (far right) joins Chairman of the Board Larry Smith and EVP of Patient Care Services Leigh Anne McMahon to honor the Mary Ellen Healy Nurse of the Year Award recipients, Diana Pernicano and Christine Heflin.

HEALTH matters

SUMMER 2021

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Cover photo: Ken Gabrielsen

AS SPRING and the warmer weather arrived this year in the Hudson Valley, we felt a surge of hope as more of our neighbors were vaccinated against COVID-19. The vaccination efforts combined with the continued observance of safety protocols have led to a steady decline in the number of patients being admitted for COVID-19. I am hopeful that we may slowly be approaching a return to a more normal lifestyle.

However, recently, we have started to see the demand for vaccinations slow down. It is so important that we all get vaccinated and encourage our friends and loved ones to get the vaccine as well. At White Plains Hospital, we are doing all we can to educate our community and spread the word that vaccines are safe and to keep the movement going.

While the world eagerly awaits the end of the pandemic, we are also excited about the opening of our Center for Advanced Medicine & Surgery this month. This innovative outpatient facility will house many of our advanced programs and specialty physicians under one roof and will feature state-of-the-art operating rooms, a new Heart & Vascular Center, endoscopy suites, advanced imaging, wound care treatment, and numerous other physician practices. (More details about the Center can be found on the inside back cover of this issue.)

This new facility is a symbol of our commitment to providing you the highest level of care, which has also been reflected in recent accolades, including our “A” safety rating from the Leapfrog Group for the fifth consecutive time, making us the only Westchester hospital to receive this top designation. We were also

the only hospital in Westchester to receive four stars from CMS for both the Overall Star Rating and Patient Experience Star rating, based on our quality track record in areas such as the treatment of heart attacks and pneumonia, readmission rates, and safety. Additionally, the American Association of Critical-Care Nurses once again recognized our Intensive Care Unit and Cardiac Care Unit with its Beacon Award for safe, patient-centered, and evidence-based care, this time with its highest recognition of Gold.

In this issue, we share how advanced techniques in cartilage replacement are benefiting patients seeking pain relief. We explore innovative solutions for incontinence and share some startling statistics about the decline in cancer screenings during the pandemic. Finally, we showcase the strength of the Montefiore Health System by featuring a patient who received a lifesaving liver transplant with the help of surgeons at White Plains Hospital and Montefiore Medical Center. You will also be introduced to a special staff member who founded a nonprofit and sponsored children's programs in Africa.

As always, I would like to thank you for trusting us with your care. It is a pleasure to serve our community, and we are always here for you—much as we have been for well over a century.

Yours in good health,

Susan Fox
President and CEO
White Plains Hospital

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To receive more helpful tips and content from White Plains Hospital, visit wphospital.org/stayconnected

Wear and Tear—Fixed

Orthopedic surgeon Dr. Steven Andelman discusses innovative treatment options for cartilage injuries. **BY MELISSA PHETERSON**

AS LOCKDOWNS and stay-at-home orders have lifted, many adults and their families have again embraced fresh air, exercise, and activity.



Steven Andelman, MD
Orthopedic Surgeon

Whether you're a biker or jogger, tennis player or golfer, or a parent chasing after your children, you know that persistent pain in your joints—especially the knee—makes movement difficult to sustain.

Sometimes it stems

from an old injury; other times it's simply from overuse. Either way, the common culprit is torn or damaged cartilage. As pain-free movement becomes less frequent, and you find yourself out of commission for longer than you'd like, it becomes increasingly clear that grinning and bearing it is not an effective strategy—and in many cases, not even necessary anymore.

"Cartilage injuries are very common," says Dr. Steven Andelman, Orthopedic Surgeon at White Plains Hospital. "Since it protects and cushions your joints, torn cartilage may result in stiffness, pain, and limited range of motion as the bones grind together."

But if an MRI has confirmed a cartilage injury, you might have been told there's nothing you can do short of a knee replacement. Common advice is to rest out the injury, try the temporary fix of injections, or cut back on the activities that may be keeping you healthy (and sane).

The good news: You might qualify for cutting-edge procedures performed by fellowship-trained sports medicine surgeons at White Plains Hospital. Thanks to recent advancements in surgical techniques, cartilage can either be regrown or reimplanted into the knee. This can be done via a number of different techniques, such as transplanting new cartilage to the injured area, growing your own cartilage in a lab and inserting those cells into the knee, or poking small holes in the injured area to coax your own cells to come out and regrow new cartilage.



"Our goal with regrowing cartilage is to relieve pain, get patients back into action, or delay the need for a total or partial knee replacement."

How do you know if these procedures are right for you? "We look at the overall status of the joint: the presence or absence of other injuries; the size, depth, and location of the injury; the patient's age, lifestyle, and needs," Dr. Andelman says. "Our goal with regrowing cartilage is to relieve pain, get patients back into action, or delay the need for a total or partial knee replacement."

The matrix method is one exciting option available at White Plains Hospital. It sounds like science fiction, but it's surgery—two surgeries, to be precise. This procedure, known as MACI (matrix-induced autologous chondrocyte implantation), allows your own cartilage to multiply in a lab. In the first surgery, surgeons at White Plains Hospital gently extract a small amount of cartilage. Over several weeks, it grows on a special matrix of collagen. The cartilage is then implanted onto a thick, jelly-like sheet, resembling kelp. In the second surgery, doctors make a small incision at the joint to expose the damaged cartilage, then glue on the new cartilage using a bioadhesive.

Surgeons at White Plains Hospital are well-versed and experienced in both the MACI procedure and other cartilage restoration options. "Our surgeons are excited to meet with patients to discuss their options," Dr. Andelman says.

Incontinence Has Gotta Go

Breakthroughs to benefit your bladder

CONCENTRATING AT WORK, relaxing at leisure, or even getting a good night's sleep isn't easy when the urge to urinate intrudes, as many women seeking help can confirm. And you don't have to suffer from accidents to benefit from treatment.



Nicole
Fleischmann, MD
Urologic Surgeon

"The broader problem is really urinary issues: not just incontinence but frequency or always running to the bathroom," says Dr. Nicole Fleischmann, urologist and urologic surgeon at White Plains Hospital. "These issues affect probably one-third to one-half of women in their lifetimes."

It's important to draw a distinction between urge incontinence and stress incontinence. Both are rooted in the weakening of the bladder muscles, but stress incontinence results from pressure on the bladder, whereas urge incontinence results from spasms in the bladder itself.

URGE INCONTINENCE, the frequent and persistent feeling of having to urinate, is also known as "over-active bladder." The most typical cause is aging, though some women have spastic pelvic floor muscles or neurological issues that underlie the condition. "We first advise women to modify their diets and try exercises such as Kegels. The next option is medication. For women who might not tolerate medicine, we have a therapeutic option called nerve stimulation, or InterStim," Dr. Fleischmann notes.

Like a pacemaker for the bladder, this technology is implanted under the skin to control the bladder's nerve impulses and function, "normalizing" the signals between bladder and brain. One short-term solution to urge incontinence is injecting Botox directly into the bladder, through a small tube called a cystoscope, to control bladder spasms for six to nine months.

STRESS INCONTINENCE occurs when activity like coughing, sneezing, laughing, or heavy lifting places enough stress on the bladder to cause leakage. The leading risk factor for this condition is childbirth, says Dr. Fleischmann, but previous pelvic surgeries, or tissue that's genetically weak, can also contribute.

One traditional therapy is a mid-urethral sling, a minor outpatient surgery in which a mesh implant is placed under the urethra to strengthen it. A newer option is bulking, an injection to tighten and cushion the opening of the bladder. Rather than using solutions like collagen, the FDA has approved a permanent water gel called Bulkamid—the first bulking agent that does not dissolve over time—to seal off bladder leaks.

Bulkamid has been a mainstream procedure in Europe for over a decade, Dr. Fleischmann says, so she flew to Finland to observe the procedure and bring it to her practice. "A significant number of my patients were struggling with stress incontinence, and existing treatments were proving to be too invasive to effectively fix the issue," she says. "The Bulkamid is noninvasive yet very effective." At White Plains Hospital, she has performed a few hundred Bulkamid procedures already. "This takes five minutes to inject into the urethra, has no downtime, and has proven 80 percent effective at eradicating stress incontinence completely," she says.

Dr. Fleischmann adds that newer medicines for incontinence, such as beta adrenergics, have a very low side-effect profile and do not cause the dry mouth and constipation of traditional treatment medicines.

Although it can be difficult to discuss, your doctor can likely help address the problem and improve your quality of life. "It's embarrassing for women to bring it up to their doctors, and oftentimes patients think there is nothing they can do," Dr. Fleischmann says. "Incontinence is more common than women realize; the good news is we can usually make it better."—MP



How to Prevent Incontinence

- Drink eight glasses of water over the course of the day.
- Limit coffee and soda intake.
- Keep your pelvic floor muscles in shape with exercises such as Kegels.
- Pick a physical activity you enjoy in order to maintain a healthy body weight.
- Treat UTIs immediately.



Has COVID-19 Derailed the Fight Against Cancer?

Oncologists say it's essential to keep up with preventive screenings.

OVER THE LAST 25 YEARS, cancer death rates have dropped 25% in the United States, largely due to screenings like mammograms and colonoscopies, which allow for early detection and action. But after COVID-19 became a national emergency in March of 2020, many patients put their cancer screenings on hold. This caused a major disruption in both treatment and preventive measures and could have serious repercussions. Delays in screenings may lead to more malignant tumors, advanced stages of cancer, and possibly death.



Daniel Sammartino, MD
Hematologist/
Oncologist

"In spring 2020, when everything shut down, routine screenings took a sharp decline, and elective procedures were postponed or deferred," says Dr. Daniel Sammartino, Hematologist/Oncologist at White Plains Hospital. "It seemed like a temporary disruption at first, which became more long-term. The cancers most threatened by this disruption are those with effective screening protocols in place, such as breast, colon, lung, and cervical cancers."

Silver Linings for 2021

"Mirroring national trends, we've seen a great rebound in screenings over the second half of 2020," says Dr. Sammartino.

"Having adapted to new protocols, hospitals are extremely safe places for routine care, even for higher-risk immunocompromised patients. As oncologists," he says, "we're always weighing risks and benefits of treatments for patients. We're glad that patients are now returning for routine screenings, and we're encouraging any patient who didn't get screened to catch up."—MP



National Trends by the Numbers:

Last spring and summer:

- Breast cancer screenings dropped nearly **90%**
- Colorectal screenings dropped around **85%**
- Prostate cancer screenings dropped roughly **74%**
- Lung cancer screenings dropped **56%**

Hospitalization and treatment:

- Cancer-related hospitalizations dropped **30 to 40%** in the first half of 2020
- Chemotherapy dropped **20 to 30%** through June 2020

Outlook for 2025:

- Deaths from breast cancer will rise **10%**
- Deaths from colorectal cancer will rise **15%**
- Deaths from lung cancer will rise **5%**

Source: CancerNetwork.com, JCO Clinical Cancer Informatics, OncLive.com





New Liver, New Life

One patient overcomes a complex medical history by undergoing several advanced medical procedures—with incredible results.

BY DEBORAH SKOLNIK • PHOTOS BY KEN GABRIELSEN

WITH A LONG HISTORY of elevated liver enzymes that were climbing consistently higher beyond the normal range, Long Island resident Ralph Lauria was sent by his local gastroenterologist for a liver cancer screening in 2019. The results were unsettling: There was evidence of a tumor on his liver. His doctor suggested he visit Dr. Jonathan Schwartz, a Gastroenterologist and Transplant Hepatologist with White Plains Hospital and Montefiore Medical Center.

Lauria, 69, was impressed with his new physician: “Dr. Schwartz was extremely intelligent and told me everything,” he remembers. The news, though, was not good. “He thought there was liver cancer there and that I’d probably need a liver transplant,” shares Lauria, who is a retired electrician. “I was scared. I’d never dreamed I’d end up on an organ transplant list,” he says.

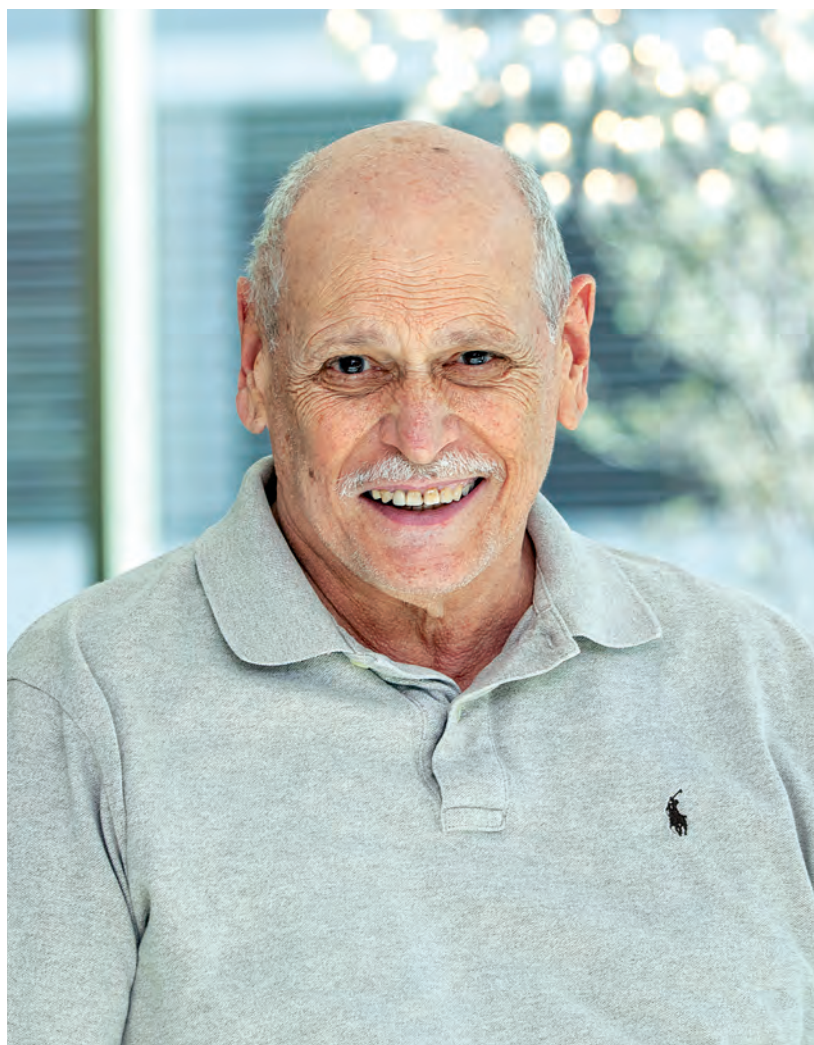
In fact, Lauria’s medical journey would stretch beyond a liver transplant. Prior to that procedure, Lauria would need two other operations: one targeting his cancerous liver, the other to address a potentially dangerous heart condition. Yet his original gastroenterologist’s hunch was correct—no one was better equipped than Dr. Schwartz, along with his colleagues at White Plains Hospital and Montefiore Medical Center, to handle Lauria’s needs. Working together seamlessly, his medical team tapped its deep bench of expertise to offer complex and lifesaving care.

A Question of Qualification

Dr. Schwartz ordered an MRI, which yielded even more upsetting results: Lauria actually had three liver tumors. “We reviewed his circumstances in our multidisciplinary committee within White Plains Hospital,” says Dr. Schwartz. The committee, which includes experts such as a radiologist, radiation oncologist, oncologist, and surgical oncologist, determined that the best course of action would be a liver transplant with a treatment to contain the liver tumors during the waiting period.

To keep Lauria’s tumors from growing and thereby disqualifying him for a transplant, Dr. Sasan Roayaie, a Hepatobiliary and Pancreatic Surgeon at White Plains Hospital who was part of Lauria’s medical team, decided to treat them with a technique called microwave ablation. The procedure was performed laparoscopically, meaning he made only a few incisions to access the liver. “The largest one was about the size of your index finger,” Dr. Roayaie explains.

Next, Dr. Roayaie inserted a camera and an ultrasound probe into the incisions. Using feedback from the ultrasound as guidance, he positioned a needle in each tumor and used microwaves to ablate, or burn, it. The operation was fairly swift, lasting only about two hours, and Lauria spent just one night in the hospital. “We



“I was happy—it meant life—but it was scary at the same time.”

—RALPH LAURIA

got an MRI afterward that showed we completely destroyed the tumors,” Dr. Roayaie says.

Another hurdle lay ahead, however. During tests to assess Lauria’s ability to withstand transplant surgery, physicians discovered his aortic heart valve was faulty. When this valve is unable to open fully, blood flow from the heart to the rest of the body is limited. This can cause problems, including shortness of breath and

fainting, and at its most extreme can result in heart failure or even sudden cardiac death. “I couldn’t believe all this was happening,” Lauria says. “I thought I was finished.”

Fortunately, there was a solution: Lauria underwent a transcatheter aortic valve replacement, or TAVR. During the minimally invasive procedure, a heart surgeon guided a thin, hollow catheter, which was tipped with an artificial heart valve, into the heart’s existing aortic valve. Once the artificial valve was in place and properly expanded, the catheter was removed. After a brief hospital stay, Lauria was able to return home.

Preparations, Then a Green Light

Physical preparedness is only one facet of transplant readiness. Lauria quickly learned there was much more ground to cover. “You have to go through psychological tests to make sure you understand what’s going to happen and will be able to handle it,” he shares. “I had to meet with a transplant surgeon, and I had to go to a class where they showed us films and taught us what the surgery is like and what to expect.”

In January of 2020, Lauria learned he had been officially qualified by the transplant selection committee at Montefiore for a liver transplant. “I was happy—but it meant life—but it was scary at the same time,” he confesses. “It made it that much more real. It was going to happen now, but I didn’t know when; there’s no set time and place.”

In late August, when COVID infection rates were low, Lauria and his wife made a quick trip to Atlantic City. “On the morning after our second night there, my cellphone rang,” he says. “There was a liver available.” Lauria and his wife immediately left for a quick stop home, where they met up with their son. From there, it was on to the Montefiore Einstein Center for Transplantation for the long-awaited transplant.

A Delicate, Detailed Operation

A world-class transplant team, ranked among the best in the nation for patient survival rates based on Scientific Registry of Transplant Recipients data, was ready for Lauria at Montefiore, headed by Dr. Jay Graham, the attending Abdominal Transplant Surgeon and an associate professor at Albert Einstein College of Medicine. Though Dr. Graham was aware of Lauria (transplant candidates are discussed during weekly meetings in which their cases are presented), he had not yet met him personally.

Dr. Graham and his team had learned of the liver via a notification from Donor Net, a system run by the United Network for Organ Sharing. Immediately, a set of carefully coordinated events was set in motion. A team of liver transplant surgeons from Montefiore was dispatched to fly to Camden, NJ, where the donor was. After assessing the liver to make sure it looked healthy, they worked in tandem with the donor hospital’s heart and lung teams to remove the liver and flush it of blood. “This is probably one of the most delicate points; the donor surgery is as important as

the recipient surgery,” Dr. Graham notes. “They have to be extremely careful not to damage anything when taking out the liver.” After the retrieval, which took about two hours, the liver was cooled and packed in a box with ice, then flown back to New York and transported to Montefiore via ambulance. “The clock is ticking,” says Dr. Graham. “You try to get the donor liver [into the recipient] within four to six hours.”

Dr. Graham spoke to Lauria shortly before the transplant. “I told him things would be okay,” he remembers. “It’s a little bit like taking off in a plane: We get on planes all the time, and things generally go fine, but there are a lot of safety protocols; you just try to humanize the situation.”

Soon after, Lauria was placed under sedation, and the operation began. Working with precision, Dr. Graham separated the liver from all its attachments within the abdomen and clamped off the four places

at which it connected to the body’s blood supply. “This is probably the most dangerous part of the operation,” Dr. Graham notes. The clamps, he says, also reduce blood flow to the heart by about 70%, requiring the anesthesiologist to maintain adequate blood pressure.

After cutting those four points of connection, Dr. Graham shares, “You have about 30 to 45 minutes to get the new liver in, so you’re just sewing as fast as you can.” Once he finished reattaching the liver to the blood supply, Dr. Graham slowly, carefully removed the clamps. “This is an extremely dangerous part of the case, too,” he says. “You’re sending all that blood that the heart wasn’t getting before back up to the heart. Sometimes the heart gets shut off and can stop.” Arrhythmias, too, may occur, because of built-up acid from the intestines entering the restored bloodstream and making its way to the heart. Fortunately, Lauria suffered neither complication.

Dr. Graham entered the final stages of the operation. These included warming the liver with saline solution, resewing the ends of the hepatic artery, and connecting the bile ducts together. Soon after these steps, the operation, which Dr. Graham estimates took between six and eight hours, was over. Reflecting on Lauria’s numerous medical needs, Dr. Graham says, “Only in a health system like Montefiore’s are you able to get the care you need to make something like this a total success.”

After a week in intensive care and two more weeks in the hospital (“The nursing care was great” says Lauria), he was able to return home.

Lauria’s prognosis is looking good. His most recent MRI showed no evidence of cancer. Once he was more fully recovered, he wrote a letter to his donor’s family,

expressing his heartfelt gratitude for their generous gift. Lauria is also grateful to the incredible group of physicians, nurses, educators, and counselors who gave him his second chance at life. “The care was excellent,” he reflects. He feels fortunate so many skilled medical professionals were on hand to help him, working together across two hospitals. “It’s amazing, the association that White Plains Hospital and Montefiore have,” he says. “It really benefited me.” •



(Top to bottom) Ralph Lauria’s doctors:
Jonathan Schwartz, MD,
Sasan Roayaie, MD, and
Jay Graham, MD

Life-Changing Work

How one organization—with the help of a White Plains Hospital physician—is improving women’s health in Rwanda.

BY MARISA IALLONARDO

WHEN DR. RUTH BARROW, an OB/GYN at White Plains Hospital, heard from a colleague about taking part in a program in Rwanda to work with medical professionals there and share her knowledge on Cesarean sections, she jumped at the chance. “I had always wanted to go with one of these organizations in the past,” she says, “but I had small children and family responsibilities, so I wasn’t able to.” But with her daughters now in college, the timing was right.

Helping others has always been important to Dr. Barrow. She’s worked in inner-city communities and underserved areas, and she says she wanted to “go to another country and see how best I could provide the services and knowledge that I have.”

So, in May 2019, Dr. Barrow set off with a group from the International Organization for Women and Development (IOWD) on one of their trips to Kibagabaga Hospital in Kigali



From left: OB/GYN, Ruth Barrow, MD; Urologist, Stephanie Kielb, MD; Rwandan OB/GYN Resident, Irakoze Magnifique, MD; and OB/GYN, Lee Ann Richter, MD

(the capital city of Rwanda) to take part in the organization's Hands-On Cesarean Section Program.

HELPING WOMEN

The IOWD was founded by Barbara Margolies in 2003. At the time, Margolies was teaching for the U.S. State Department in Niger and became aware of the devastating impact that obstetric fistulas were having on women in the country.

An obstetric fistula can occur when the tissue breaks down between the vagina and either the bladder, uterus, or rectum during childbirth—with the most common instances occurring between the bladder and the vagina, explains Dr. Barrow. A fistula can happen as a result of prolonged labor and its complications, a complication from a C-section, or an infection. It can cause a lot of discomfort, and if left untreated, potentially have serious complications including bacterial infection that can result in sepsis.

For Margolies, discovering that a group of women with fistulas were living in the courtyard of a hospital in Niger after having been turned away by their families and forced to leave their homes proved to be a turning point. Even though she had no medical background, she says she knew she had to do something about it.

Soon, Margolies started IOWD, a nonprofit organization, and visited Niger regularly with groups of urogynecologists/pelvic floor reconstructive surgeons who are specially trained to perform fistula-repair surgery. The organization worked in Niger for seven years before political unrest resulted in a move to Rwanda, where they've been working since 2010.

MAKING AN IMPACT

Before the COVID-19 pandemic hit, a group of around 35 volunteer physicians and nurses from across the U.S. went to Rwanda three times a year for two-week stints. Volunteers pay their own way. "Whatever money we raise is literally going to the program and not to overhead," Margolies explains.

While there, Dr. Barrow also met with her fair share of surprises. There were power outages, limited supplies, and basic equipment that sometimes malfunctioned. There were cases of undiagnosed twins, ruptured uteruses, and postpartum hemorrhage. As a group, they worked diligently to provide the best possible care. The work there has been life-changing—and Dr. Barrow talks about how the patients often expressed their gratitude. She explains that "the patients spoke mostly their dialect of French. And the staff of course, assisted in translation. They were just always very thankful."

The hands-on C-section program is just one of the organization's programs having such a life-changing effect. Fistula repair not only impacts a woman's health but also their social and economic lives. Margolies tells the story of a mother of four who worked with her husband selling homemade beer. After developing a fistula, the woman had to step away from the business. After IOWD physicians performed surgery to fix the problem, she could then go back to her village and resume helping her husband. "And her whole economic situation changes for the better," Margolies explains. "So her kids



Above: An IOWD anesthetist working with Rwandan anesthesia nurses.
Right: Kibagabaga Hospital



have the proper food; they can go off to school; and they don't have to help the husband. [The surgery] changes everything."

SHARING HER SKILLS

The organization has since expanded to other medical services, like pediatrics, as well as the C-section program that Dr. Barrow took part in. The aim of that program, which launched in 2018, is to help cut fistula rates by working with and exposing Rwandan medical students, residents, general practitioners, and consultants to various C-section methods and techniques.

For Dr. Barrow, the experience was extremely rewarding. "It was humbling to work with the team—they were so appreciative, so polite, so nice," she says.

And Margolies says Dr. Barrow was a perfect fit for the program. "She came in with so little equipment, in a dark, poorly lit operating room," says Margolies. "And she just took over. Nothing phased her. She did it with a smile—and she taught."

Dr. Barrow had planned to volunteer again in May 2020 but was sidelined by the pandemic. Margolies hopes the program can resume in person this October after having offered a virtual component the previous summer. She also wants to expand the C-section program and is hoping to have more OB/GYNs join on future trips.

"It's become my heart and soul, truthfully," says Margolies. "The relationships that I have made have been incredible." And in learning about a culture, she has found that while there are differences, there are so many similarities, as well. "We women have the same problems; we have the same feelings; we have the same fears; we have the same joys," she says. •

INSIDE

4F: CARING FOR COVID PATIENTS

One year later, the number of COVID patients continues to decline, but one unit remains dedicated to fighting this virus.

“I FEEL LIKE ALL OF US are still shocked by it,” says Aimee Monaghan, a registered nurse on White Plains Hospital’s designated COVID unit, an intermediate or “step-down” care area of the Hospital known as 4F. “We’re the only floor that has been COVID the whole time, so it’s been a lot; I think we haven’t even reflected yet on what we’ve been through and what we’ve seen.”

Behind the nondescript metal door with the sign that reads “Do Not Enter: Authorized Personnel Only,” a multidisciplinary team of doctors, nurses, nurse technicians, respiratory therapists, social workers, and other clinicians are caring for seriously ill patients 24/7 and reminding us that this pandemic is still not over.

While COVID hospitalizations at White Plains Hospital and throughout the Hudson Valley region and New York State have been on the decline with the rise of vaccinations, the virus is still out there, and those hospitalized still need specialized care. The 4F team has been exclusively treating COVID-19 patients at White Plains Hospital for more than a year and has remained on

high alert since the very first coronavirus patient arrived at the Hospital, on March 9, 2020.

INSIDE A COVID CARE UNIT

“4F was chosen as the COVID unit because we knew we had all levels of care covered,” says Jennifer Bello, Senior Director of Nursing for Critical Care. “If patients needed standard medical care or if they progressed and needed a higher level of care—we had that all on the same floor.”

The transition took an all-hands-on-deck approach. To support the clinicians caring for patients on 4F, members of the Hospital’s engineering, environmental services, facilities, project management, and logistics teams worked collaboratively to enact remarkable and rapid changes. Together, they repurposed and redesigned spaces, brought on additional intensive-care capacity, constructed negative-pressure environments for increased patient safety, and ensured convenient storage for PPE and other crucial supplies.



Joanne Laguerre, Nurse Technician on 4F



PHOTO BY CHARLES CHESSLER PHOTOGRAPHY



Susan Fox and White Plains Hospital Senior Leadership celebrate the entire 4F staff for their efforts during the pandemic.

“We built an additional supply chain inventory space for them inside that unit,” says Ky Pringle, Director of Supply Chain & Logistics. “We added covered carts with a complement of supplies (PPE and medical supplies) that would ensure the clinical team didn’t have to exit the area to obtain what was necessary to care for patients. Doing this helped to minimize the possibility of cross-contamination.”

Adjustments were also made to the workflows of support staff including food-service workers and members of the housekeeping staff to ensure maximum patient safety and clinical effectiveness. No detail was overlooked.

“All teams—nursing management, senior management, Environmental Services—everyone worked together to bring 4F to where it needed to be,” said James Ingersoll, Director of Engineering.

A SPECIAL TEAM

With the proper infrastructure in place, the doctors, nurses, and therapists were able to work side by side to provide the highest level of care, often during the direst of circumstances. Perhaps the biggest takeaway for the staff on 4F is the critical nature of their teamwork. “We were always tight-knit, and we worked together well through this—thank God we had each other. We bounced ideas off each other, and it was just nice to know someone was always there,” says Jeannine Chillino, RN.

Not surprisingly, the 4F staff has encountered every possible patient scenario and felt the entire range of emotions that go with providing care on the front lines of the pandemic.

Despite the overwhelming changes and the nonstop onslaught of patients, “There was no panic,” says Jennifer Henry, Nurse Manager on 4F. The attitude was, “We have to get together, figure out what we’re going to do, and do it for the patients.”

One of the most difficult aspects of working on 4F has been serving as emotional surrogates for patients who were not allowed to have family members at their bedsides, even in end-of-life cases. Facilitating FaceTime calls with family members, holding hands, and being there as the patients they spent weeks caring for succumbed to

“There was no panic. [The approach was], we have to get together, figure out what we’re going to do, and do it for the patients.”

—Jennifer Henry, Nurse Manager on 4F

the virus left a painful imprint that will never fade.

“If someone needed us for an hour and a half on the phone, we would give them that time, and I think our communication was key in helping our patients and their families cope and get through these extremely distressing circumstances,” adds social worker Samantha Stilo, from the Care Management Department.

On the other hand, watching the thousands of patients who were able to leave the Hospital and rejoin their families was the best reward, staffers say. “One firefighter, when he finally got to go home, the whole fire department came by the ED, and there was a parade. That was very touching for us,” notes Nurse Technician Joanne Laguerre.

The messages of encouragement from strangers, drawings from children, weekly shout-outs, and other kind gestures from the community made more of a difference in the daily lives of the team than most people probably realize. That support continues to keep them all pushing forward even now, they say. “At the end of the day, you wonder if you did everything you could,” Monaghan adds. “There’s nothing better than hearing that we are doing a good job and that patients are thankful for our care.”

As the 4F team continue to heal with a new hope for the future, they are equally grateful for what this experience has left them. All told, they have cared for more than half of the Hospital’s COVID patients, and if it has taught them anything, it is that these skilled clinicians and extraordinary, resilient people can handle anything. •

3 REASONS to Vaccinate Your Younger Child Against COVID-19

Pfizer's COVID-19 vaccine is now approved for 12-to-15-year-olds. Dr. Ellen Lestz, Pediatrician, shares what you need to know and why you should schedule a shot as soon as possible.

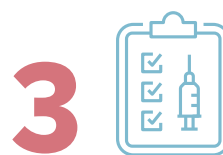
AS A PEDIATRICIAN and someone who is very familiar with all types of childhood vaccines, I encourage everyone to sign up their tweens and young teens for a COVID-19 vaccine appointment as soon as they are able to do so. As the parent of a 14-year-old (and an 18-year-old who is already vaccinated), I know I will. Here's why:



COVID-19 CASES ARE GROWING IN CHILDREN. According to the American Academy of Pediatrics, children now represent more than 20% of all new infections. With the loosening of restrictions at school, as well as more than transmissible mutations, this is a concern. While the effects in children have been reported to be less severe than in adults, COVID-19 is still a serious illness that has resulted in pediatric hospitalizations and even deaths. Young children are also more likely to be asymptomatic carriers and could put our more vulnerable or unvaccinated family and community members at higher risk.



IT'S SAFE! Despite the false perception that this vaccine was "rushed," the mRNA technology that is being deployed in the Pfizer vaccine has been under development for the past decade. This technology essentially "tricks" our body's defenses into activating without the virus actually being present (it bears reminding that there are no live viruses in the vaccine). These advances were one of the reasons the vaccine was brought to market expeditiously.



IT LIKELY WORKS EVEN BETTER IN KIDS. While studies are still underway to prove just how much better the vaccine works in children, it makes sense this would be the case. As has been shown in some of the other routine childhood vaccines that we administer, the immune system of younger children recognizes and responds to the "appearance" of a viral infection more robustly than that of older children or adults. You can be confident that the vaccine is doing its job in protecting your most cherished asset and closing the door on this health pandemic. •

Dr. Ellen Lestz is a board-certified pediatrician, seeing patients at White Plains Hospital Medical & Wellness in Armonk. To make an appointment, please call 914-849-7900.

Healthy Eats

White Plains Hospital Clinical Nutrition Manager **SARAH CUNNINGHAM** shares three satisfying summer recipes that pack a healthy punch.



STRAWBERRY CAPRESE FARRO SALAD

Adapted from *ABeautifulPlate.com*

(Serves 4-6)

1 cup farro, rinsed (can substitute wheat berries)
1 small garlic clove
1 cup fresh basil leaves, packed
1/4 cup toasted pine nuts
1/2 cup extra virgin olive oil
2 Tbsp finely grated Parmigiano-Reggiano cheese
Kosher salt
Freshly ground black pepper
1 cup fresh strawberries, hulled and quartered
5 oz fresh mozzarella pearls
1/2 cup sungold, cherry, or other small
heirloom tomatoes, halved

1. Fill a medium saucepan with cold, salted water and bring to a boil. Add the rinsed farro; stir and cook for 25 to 30 minutes or until the farro is tender and cooked through. Drain and place in a large mixing bowl. Cool completely at room temperature or place in refrigerator for 10-15 minutes to speed up the process.

2. As the farro is cooling, prepare the pesto. In a large food processor, pulse the garlic until finely minced. Add the basil leaves and pine nuts and pulse until coarsely chopped, scraping the sides of the bowl as necessary. Slowly pour in the olive oil, processing until mostly smooth. Stir in the grated cheese. Season to taste with salt and pepper.

3. Once the farro has cooled, place in a large serving bowl and generously toss with the pesto until evenly coated. Add the strawberries, mozzarella pearls, and tomatoes and toss gently. Season to taste with salt and pepper. Serve at room temperature.



GRILLED GARLIC AND BLACK PEPPER SHRIMP

Adapted from *Epicurious.com*

(Serves 4)

1 fresh red chile, seeds removed, finely grated

3 garlic cloves, finely grated

1 Tbsp coarsely ground pepper

1 Tbsp fresh lime juice

2 Tbsp canola oil, plus more for grill

1 lb large shrimp, peeled and deveined

Kosher salt

Lime wedges and chili powder or paprika (for serving)

***Special equipment:** Four 8-inch metal skewers or bamboo skewers, soaked 30 minutes in water

1. Wisk chile, garlic, pepper, lime juice, and 2 Tbsp oil in a large bowl. Add shrimp and toss to coat; season with salt. Thread shrimp onto sets of two skewers.

2. Prepare grill for medium-high heat; clean grates well, then oil. Grill shrimp, turning once, until cooked through and lightly charred, about 5 minutes total. Serve with lime wedges dipped in chili powder or paprika.

MANGO YOGURT POPSICLES

Adapted from *SeriousEats.com*

(Makes six 3-oz popsicles)

5 1/2 oz (3/4 cup) cubed, fresh, ripe mango flesh from 2-3 medium-sized fresh mangoes or frozen mangoes (see note)

3/4 cup full-fat Greek yogurt

3 oz granulated sugar (1/4 cup plus 1 Tbsp)

2 1/2 oz water (1/4 cup, plus 1 Tbsp)

1/4 cup heavy cream

3/4 tsp fresh lime juice, from one lime

1/2 tsp kosher salt

1. In a blender, combine mango, yogurt, water, cream, lime juice, and salt and process until very smooth, about 30 seconds.

2. Divide mango mixture evenly between six 3-oz popsicle molds and freeze until solid, at least 4 hours.

NOTE: If using frozen fruit, place frozen mango in a bowl and let thaw at room temperature until slightly softened, about 30 minutes. Discard any liquid that has accumulated in the bottom of the bowl.



CARING FOR THE COMMUNITY

White Plains Hospital staff members continue to reach out, give back, and share the importance of health and wellness.



White Plains Hospital partnered with the NYS Department of Health to run weekend pop-up vaccination sites to help vaccinate the community. White Plains Hospital has helped vaccinate thousands of community members so far this year. Pictured here are the WPH physicians, nurses, and staff who organized and facilitated the vaccinations.



WPH Director of Quality Dr. Rafael Torres and County Executive George Latimer are pictured together at a recent pop-up distribution site in New Rochelle.



Scott Kaufman, founder of Love From Lauren, donated 1,500 blankets to patients at the White Plains Hospital Center for Cancer Care. The foundation was created in memory of Lauren Kaufman, who bravely fought and lost her life to metastatic breast cancer. Find out more at www.lovefromlauren.org.



Members of the White Plains Fire Department gathered outside the hospital for one final community applause in recognition of the one-year anniversary of COVID-19 in our community.



THE CENTER FOR ADVANCED MEDICINE & SURGERY

BUILT TO CARE **FOR YOU**

White Plains Hospital's **newest and largest dedicated outpatient facility** is now open. The 9-story, 250,000 square foot state-of-the-art facility is located on 122 Maple Avenue (on the corner of Longview Avenue) in White Plains and connects our campus to both the Hospital and the Center for Cancer Care.

The new Center for Advanced Medicine & Surgery will offer specialized clinical programs including hyperbaric medicine, dedicated non-oncologic infusion, and the **only PET MRI in Westchester County** – as well as innovative operating suites for same-day procedures.

To find out more visit
wphospital.org/new

WP White Plains Hospital
A MEMBER OF THE MONTEFIORE HEALTH SYSTEM



A NATIONALLY RECOGNIZED **LEADER** IN SAFETY

During these times, safety is more important than ever.

Now, for the fifth time in a row, White Plains Hospital's dedication to the highest level of patient care and safety earned it an "A" from the Leapfrog Group – making White Plains Hospital the only Hospital in Westchester County to earn this top rating.

To find out more visit
wphospital.org/awards

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