CARDIOVASCULAR SERVICE LINE CLINICAL LEADERSHIP TEAM: DAVID TECCHIO, PA-C, DIRECTOR OF CT/SURGICAL PA SERVICE; ANDREAS SPIRIG, MD*, CHIEF, DIVISION OF VASCULAR SURGERY; DIANE BARR, RN, ASSOCIATE NURSING MANAGER; KATHY ABEND, RN, DIRECTOR OF PATIENT CARE SERVICES FOR PCU; ANNE LUCAS, DNP, DIRECTOR OF CARDIOLOGY ADVANCED PRACTICE PROVIDERS; MOHAN SARABU, MD, DIRECTOR, CARDIOTHORACIC SURGERY; SIMON GORWARA, MD, PRESIDENT, THE HEART CENTER†; DANIEL O’DEA, MD, SENIOR VICE PRESIDENT, CARDIOVASCULAR SERVICES HEALTH QUEST SYSTEMS, INC.
We are pleased to present our 2017 Cardiac Services Report, featuring outcomes for the cardiovascular service line including cardiology, cardiothoracic surgery and vascular surgery. This document reflects the collective work of the Mid-Hudson Valley’s premier heart and vascular center, as we transform healthcare on the Hudson.

Our program combines clinical excellence and innovation with a focus on patient safety and satisfaction. We adopt evidence-based standard protocols and best practices as we work to meet and exceed the highest national standards of care. By measuring and reporting our clinical outcomes, we promote an atmosphere of continuous improvement in quality.

As healthcare continues to evolve, our organization is changing with it. We are expanding our footprint in the Mid-Hudson Valley and beyond, offering new offices in Putnam County and Chester, New York, as well as in Sharon, Connecticut. We’re reaching out even farther by exploring the possibilities of telemedicine, using “virtual visits” to consult with patients where and when it is most convenient for them.

Under the leadership of M. Zubair Jafar, MD, and Pat Soriano, BSN, RN, the dedicated physicians, advanced practice nurses and staff in our cardiac catheterization laboratory are adding services and achieving excellent results. For example, our structural heart disease program not only offers transcatheter aortic valve replacement, but also procedures to treat mitral regurgitation without surgery as well as advanced closure devices that can help prevent stroke by closing congenital heart defects like patent foramen ovale.

Our tertiary referral center, Vassar Brothers Medical Center, is equipped to manage even the most complicated cases. This growing center, which will soon include a new inpatient pavilion in Poughkeepsie, continues to work with community hospitals to provide comprehensive care for cardiac patients. Last year, there was a 20 percent increase in transfers (see figure). Under the direction of Mohan Sarabu, MD, our cardiothoracic surgeons make even the most complex surgeries appear routine.

The following pages reflect exemplary clinical outcomes, the result of the effort of staff across our Health Quest hospitals. As we look toward the future, we remain focused on our number one goal: delivering transformational care to improve the health of our community.

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* The physician identified is neither an agent nor an employee of Health Quest or any of its affiliate organizations. This physician has selected our facilities as the place where he wants to treat and care for his private patients.

† The Heart Center, a division of Hudson Valley Cardiovascular Services, P.C.
Cardiothoracic Surgery

A TEAM OF HIGHLY TRAINED SURGEONS EMPLOYS OPEN AND MINIMALLY INVASIVE TECHNIQUES TO OPTIMIZE PATIENT OUTCOMES.

Board-certified cardiothoracic surgeons offer the highest level of surgical expertise here in the Mid-Hudson Valley for patients who require surgery for valve stenosis or insufficiency, acute myocardial infarction, multivessel coronary disease, aortic aneurysms, dissections and other cardiac conditions. Vassar Brothers Medical Center (VBMC) boasts the first and only cardiothoracic surgery center located in the Mid-Hudson Valley.

At VBMC, a dedicated team of highly trained cardiothoracic surgeons, with more than 75 years of combined experience, performs complex and life-saving surgeries and provides convenient follow-up cardiac care. Surgical outcomes meet or exceed those of leading medical centers in New York State, and the surgical site infection rate has been lower than the New York State average for a decade.* VBMC remains well below the Society of Thoracic Surgeons (STS) benchmark for reoperation and complications.

We provide this high level of care to the region so patients and their families can benefit from our surgical expertise without the need to travel far for the procedure, recovery and follow-up care. We offer aortic, mitral and tricuspid valve replacement and repair, as well as minimally invasive alternatives, such as transcatheter aortic valve replacement (TAVR) and minimally invasive mitral valve repair. (For more information, see Structural Heart, page 8.)

Our surgeons can perform complicated reoperations for most patients, including those who have had unsuccessful surgery at other centers.

For our smallest patients, surgeons can perform surgery to correct congenital defects such as patent ductus arteriosus (PDA) with minimally invasive PDA ligation.


SURVIVAL RATES

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AVR & CAB, MV & CAB, MVR & CAB


VBMC has a 100 percent survival rate for valve surgery since 2014.
SYMPTOMS: Worsening pain in chest, head and back, feeling disoriented, pins and needles in fingers and toes, sweaty with cold and clammy skin
DIAGNOSIS: Acute myocardial infarction with three occluded arteries
TREATMENT: Double coronary bypass surgery

Most 40-year-olds don’t worry about having a heart attack. But when a local man experienced the symptoms of myocardial infarction, doctors at Sharon Hospital in Connecticut promptly referred him to VBMC, where he received the care of cardiothoracic surgeons. Imaging revealed three occluded arteries — two of them 100 percent blocked, and the third 95 percent blocked. Our surgical team promptly performed a coronary artery bypass graft (CABG) procedure, and an interventional cardiologist inserted an intra-aortic balloon pump to support the heart’s ability to pump blood to the body, saving his life. Today, the grateful patient says that his physician and the amazing staff in VBMC’s CTICU, ICU and step-down unit helped him transition from surgery back to his normal routine.


VBMC has low complication rates, consistently below the STS benchmarks.
Cardiothoracic surgeons hold multidisciplinary rounds every morning, inviting colleagues in other areas, such as hematology and cardiology, to provide their unique expertise for the comprehensive care of our patients. A physician assistant is in-hospital to appear bedside 24 hours a day, supplying patients with around-the-clock access to compassionate and caring medical supervision. Adding to this multidisciplinary approach, our valve clinic brings together a team of specialists, including a cardiac surgeon, cardiologist and a coordinator, to help determine the best course of treatment for every case, from medical management to open surgery and the latest percutaneous procedures.

**EXCELLENCE IN CORONARY ARTERY BYPASS GRAFT (CABG) SURGERY**

**IN-HOSPITAL/30-DAY RISK-ADJUSTED MORTALITY**

ISOLATED CABG SURGERY IN NEW YORK STATE 2013 (MOST RECENT DATA)

- NYS AVERAGE = 1.84 OMR
- Lower is better

**IN-HOSPITAL/30-DAY RISK-ADJUSTED READMISSION**

ISOLATED CABG SURGERY IN NEW YORK STATE 2013 (MOST RECENT DATA)

- NYS AVERAGE = 13.72
- Lower is better


_2016 TOTAL_ 363 OPEN HEART PROCEDURES

Source: Internal VBMC Data.
Centerpieces of our exceptional cardiac facilities include state-of-the-art operating suites for cardiac surgery (including a hybrid catheterization laboratory designed for procedures like TAVR), a dedicated CTICU, and an emergency department with monitored beds and 24-hour urgent care for cardiac patients. We offer dedicated cardiac units for surgical and nonsurgical patients, a post-cardiac unit and a coronary ICU.

**OUR PATIENTS SPEAK. WE LISTEN.**

Excellent clinical outcomes are matched by a sincere respect for patients and their well-being. That’s reflected in Health Quest Medical Practice Cardiac Surgeons’ HCAHPS scores:

- **98th percentile** for “MDCourtesy and Respect”
- **99th percentile** for “MD Listens Carefully”
- **100th percentile** for “MD Explains”
- **99th percentile** for “Overall Quality of Care”

Compared to the Professional Research Consultants National Client Database

*Source: HCAHPS, Professional Research Consultants National Client Database.*

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**DEEP STERNAL INFECTION/MEDIASTINITIS**

![Graph showing deep sternal infection rates](source: Society of Thoracic Surgeons National Adult Cardiac Surgery Database. Harvest 3 Site Report Images. 2016. Most recent data available.)
Aortic valve stenosis is a common condition, and its prevalence increases with age: More than one in eight people over the age of 75 have moderate to severe valve disease. Once symptoms appear — including chest pain, heart palpitations and shortness of breath — the disease progresses quickly, impacting survival rates.

Vassar Brothers Medical Center (VBMC) is the first and only provider in the Mid-Hudson Valley to offer TAVR, which can restore quality of life for intermediate-to-high-risk patients with aortic valve stenosis.

This minimally invasive procedure is performed by a multidisciplinary team including interventional cardiologists, imaging cardiologists and cardiac surgeons, using a catheter to advance an artificial valve through an artery. It’s then placed over the diseased aortic valve and immediately begins to function in its place.

Although this procedure was initially indicated only for the oldest, highest-risk patients, the FDA recently approved it for patients at intermediate risk levels. Our Valve Clinic performs rigorous evaluation of all potential candidates, beginning with a multidisciplinary valve conference to ensure personalized care throughout treatment.

We are committed to innovating valve care to improve the quality of life for patients with aortic valve stenosis.

CASE STUDY

M. Zubair Jafar, MD and Rajeev L. Narayan, MD reviewing a 3D echocardiogram with valve coordinator Geraldine Kenny, NP

SYMPTOMS: Worsening fatigue, shortness of breath, dyspnea on exertion

DIAGNOSIS: Severe aortic stenosis

TREATMENT: Transfemoral replacement of aortic valve using TAVR

A 79-year-old grandfather was getting more and more tired, with shortness of breath, particularly when he tried to walk or exert himself. Imaging at VBMC showed severe narrowing in the aortic valve, preventing it from opening and closing properly. A specially trained interventional cardiologist, working in tandem with a cardiothoracic surgeon, replaced the damaged valve with a minimally invasive procedure called TAVR, introducing an artificial valve into the aorta through a catheter in the femoral artery. The patient did not need open heart surgery, and he was able to return home in just two days, compared to an average hospital stay for open surgery of five days. He reports that he no longer experiences fatigue or shortness of breath, and he has returned to his usual daily activities.
THE FIRST AND ONLY MID-HUDSON VALLEY PROVIDER TO OFFER TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), IMPROVING THE QUALITY OF LIFE FOR PATIENTS WITH AORTIC VALVE STENOSIS.

New technology to reduce stroke risk

Structural heart specialists and electrophysiologists offer a left atrial appendage closure device designed to reduce the risk of stroke in people with atrial fibrillation who are not candidates for blood thinners. This safe and effective device can eliminate the need for long-term use of anticoagulants and the associated risk of bleeding.

COORDINATING TAVR CARE

“TAVR is a complex multidisciplinary procedure that brings together many subspecialties — cardiac surgery, interventional cardiology and radiology, to name a few,” explains Geraldine Kenny, NP. Kenny is a valve coordinator, and part of her job is to ensure a patient-centered experience. When a patient is referred for TAVR, she facilitates the workup process. After the workup is completed, a multidisciplinary team conference is held to determine the best treatment plan for each patient. VBMC takes a team approach to treating each case, and the patient, his or her family, and the referring physician are very much part of that team. Patients recommended for TAVR are among the most complex cases, often older and with many comorbidities.

“Although organizing the referrals, lab tests and scheduling can be complicated and overwhelming at times, our goal is to always deliver patient-centered care,” says Kenny, “Patients have enough to worry about. I tell them, ‘I’m like your phone-a-friend. If you have an issue, you call me and we’ll figure out the next step together.’”
Innovative repairs for mitral valves

At VBMC, we are instituting an innovative repair technique for patients with mitral valve regurgitation who are too sick for open heart surgery. Interventional cardiologists can install a tiny clip that’s placed through the mitral valve to restore normal valve function. This minimally invasive “beating heart” procedure is designed to improve quality of life and reduce hospital visits for heart failure.

New monitoring program and closure devices help patients with cryptogenic stroke

A new cryptogenic stroke monitoring program brings together structural heart interventional cardiologists and electrophysiologists to help prevent stroke in young patients. An implantable loop recorder can help physicians remotely monitor these patients for signs of atrial fibrillation. Additionally, for patients with structural heart defects such as patent foramen ovale (PFO) that can increase the risk of stroke-causing thrombi traveling to the brain, we offer closure devices or occluders that can correct these conditions. Interventional cardiologists are able to reduce embolic stroke in patients who previously had no treatment options.

The area’s only catheter-based pulmonary embolism intervention program

This year, VBMC will launch the Mid-Hudson Valley’s first catheter-based pulmonary embolism intervention program. Previously, treatment options were limited to thrombolytic therapy, which carries the risk of dangerous intracranial bleeding, and anticoagulants, which may fail to restore cardiac function in patients with large blood clots. This novel catheter-based approach will offer interventional cardiologists a safer alternative, in which a system of catheters delivers a low-dose clot-busting medication, augmented by ultrasound, directly to the clot, thereby improving cardiac function and hemodynamic parameters faster, and reducing the risk of bleeding.

New catheter-based approach to treating chronic total occlusion

VBMC has introduced a chronic total occlusion (CTO) program that employs new devices and technologies to open totally blocked heart arteries. This new CTO program employs specialized devices and unique techniques to open fully blocked arteries in a minimally invasive manner for patients who cannot tolerate bypass surgery.

Minimally invasive valvuloplasty

Interventional cardiologists also perform balloon valvuloplasties for patients with mitral valve and aortic valve stenosis. When appropriate, the procedure can delay the need for surgery and offer shorter recovery times. Under fluoroscopy, experienced physicians advance a catheter to the stenosed mitral or aortic valve, expanding a balloon to improve blood flow through the valve.
Percutaneous Coronary Intervention

FROM ROUTINE DIAGNOSTIC CATHETERIZATION TO THE CLOSE COORDINATION REQUIRED FOR EMERGENCY REvascularization after a Heart Attack, Vassar Brothers Medical Center offers a full range of catheter-based treatments with excellent outcomes.

For many cases of coronary artery disease that once required complex open heart surgery, percutaneous coronary intervention (PCI) offers patients a minimally invasive option that in many cases allows them to return home the same day. Vassar Brothers Medical Center (VBMC) has been performing PCI since 2000, with a commitment to making the procedure safer and more convenient for patients, demonstrated by our low rates of mortality and complications.

At VBMC, we perform a large volume of this minimally invasive procedure. Our interventional cardiologists bring wide experience to the Mid-Hudson Valley. Many patients with symptoms consistent with coronary artery disease are referred to our center for diagnostic catheterization. Balloon angioplasty and stenting to relieve the obstruction are employed to treat blockages on the same day as diagnosis.

VBMC interventional cardiologists utilize a radial approach where appropriate, in 60 to 70 percent of cases. This is associated with quicker recovery times, reduced access site bleeding and lower complication rates compared to traditional femoral access.

VBMC was one of only four hospitals in New York State with a risk-adjusted mortality rate for all acute myocardial infarction that was significantly lower than the state average.

Source: 30-Day Risk-Adjusted Mortality After Acute Myocardial Infarction in New York State, Hospital Observed, Expected and Risk-Adjusted Mortality Rates for All AMI, STEMI and NSTEMI in New York State. 2014. Most recent data available.
For heart attack patients, interventional cardiologists at VBMC are on call 24/7, 365 days a year, to be at the patient’s bedside within 30 minutes. Nearly 99 percent of heart attack patients receive a PCI within 90 minutes of arrival. In fact, our average door-to-balloon time is 61.25 minutes — 31 percent below the American Heart Association’s standard of 90 minutes.

Advanced technologies help us continually build upon our successes and work toward even greater outcomes. Mobile technology allows our specialists to receive 12-lead EKG data from the ambulance wirelessly while the patient is en route to our emergency department. This allows our ED physicians to assess the patient’s condition and prepare for prompt treatment upon arrival.

For all Health Quest hospitals, the rate of 30-day inpatient readmission for acute myocardial infarction was better than the national average.
PCI IN-HOSPITAL RISK-ADJUSTED MORTALITY (EMERGENT AND NON-EMERGENT)


Radial artery access is associated with a reduced risk of bleeding events and quicker ambulation.

PCI IN-HOSPITAL RISK-ADJUSTED RATE OF BLEEDING EVENTS

Heart Failure

A MULTIDISCIPLINARY TEAM OFFERS COMPASSIONATE, COMPREHENSIVE CARE TO IMPROVE QUALITY OF LIFE FOR HEART FAILURE PATIENTS, FROM HOSPITAL TO HOME.

At Vassar Brothers Medical Center (VBMC), cardiologists, interventional cardiologists, registered nurses, nurse practitioners, pharmacists and case managers take a team approach to managing heart failure. They work together to care for patients in the hospital and to monitor them over the long term. When needed, they also work with other providers to build a bridge to transplant.

Monitoring heart failure patients remotely

Advanced technologies are the bedrock of our heart failure program. This includes remote heart failure monitoring, a state-of-the-art device that measures changes in pressure in the pulmonary artery and wirelessly transmits data to our cardiac team. The dime-sized monitor helps our specialists track cardiac filling pressure, allowing proactive, remote patient treatment, which reduces the likelihood of hospitalization. Doctors can adjust medication based on the device’s data without the need for a clinic visit.

This device is delivered to the right side of the heart via catheter and implanted in the pulmonary artery in an outpatient procedure. The daily at-home monitoring takes just five minutes, and the system has been proven to help reduce hospital admissions and improve quality of life.*

Comprehensive cardiac care for advanced heart failure

For patients with advanced heart failure, VBMC offers knowledge and expertise that are unparalleled in the Mid-Hudson Valley.

For inpatients, peripheral ultrafiltration removes sodium and fluid in hospitalized patients who don’t respond to diuretics. Patients typically respond well to this alternative to volume management, which tends to shorten hospital stays, reduce readmissions and lower the diuretic doses needed at home. On average, our patients lose 26.1 pounds of water during their hospital stay.†

Specialists at VBMC include James Lyons, MD, the area’s only board-certified advanced heart failure and transplant cardiologist, providing crucial care for patients with advanced disease.

In our Bridge to Transplant program, patients with implanted left ventricular assist devices (LVADs) receive medical support locally while they await heart transplantation. Through the Shared Care program, a cardiologist teams up with a patient’s transplant center to provide interim LVAD care through monthly follow-up visits, where specialists interrogate implanted devices, screen for complications, such as bleeding or infection, and adjust medications.

Our heart failure program specialists team up with hospice to provide skilled heart-failure-specific care at home, in a nursing facility, or in the hospital. The goal is to improve quality of life for people with advanced heart failure while reducing hospital visits and unnecessary stress.

† Source: Internal VBMC data. 2015.
VBMC is in the top decile nationwide for avoiding heart failure mortality with a low observed-to-expected ratio of just .53.

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Lower is better

Source: Crimson Continuum of Care. Most recent data available.

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**BRINGING SUPPORT HOME**

VBMC has partnered with local emergency medical services to provide cardiovascular patients with home visits from community paramedics. “The service helps people who lack family support or home health aides with crucial follow-up care during the weeks after their return home,” says Matthew Brennan, paramedic and program manager. “We also supplement care for patients who receive organized home care.” Six paramedics are involved in the program, monitoring patients with chronic diseases and providing post-discharge follow-up in the home. They learn about each patient’s particular needs, reinforcing compliance for lifestyle changes and medication schedules and understanding of his or her disease process. Free to patients, the program is designed to reduce readmissions. Patients say they appreciate visits from paramedics, whom they come to know, during the 32-day program. “It fills a gap for people, both medically and emotionally,” adds Brennan.
State-of-the-art diagnostic tools and treatments for arrhythmias

Evaluation of patients with heart rhythm disorders begins with an electrophysiology (EP) study, which records the heart’s electrical activity and pathways to detect irregularities and properly diagnose arrhythmias. We can also map the spread of electrical impulses during each heartbeat to locate an arrhythmia’s source.

EP studies can help determine the best treatment, ranging from conservative medical therapy to catheter ablation, which is frequently performed at the same time as the EP study, or implantation of a defibrillator or pacemaker.

The device clinic provides follow-up care for patients who receive pacemakers or defibrillators, and the team works with primary cardiologists throughout the process to ensure comprehensive cardiac care for patients.

Leaders in technologies to treat arrhythmias

In many cases, irregular heart rhythms, such as supraventricular tachycardia, Wolff-Parkinson-White syndrome and ventricular tachycardia, can be treated by applying radio waves (radiofrequency ablation) or cold (cryoablation) to the impacted area. Vassar Brothers Medical Center (VBMC) is a leader in adopting the latest technologies for treating patients with arrhythmias right here in the Mid-Hudson Valley.

Employing the latest technology allows electrophysiologists to perform more accurate ablations to ensure long-term success and avoid recurrence of the arrhythmia.

To help guide them in the creation of an impactful lesion, electrophysiologists employ new catheters that feature contact force technology. This remarkable innovation provides real-time measurements of atrial tissue contact during ablation to ensure a full conduction block and minimize recurrence. Similarly, stereotaxis permits precise catheter positioning in difficult-to-reach areas through computerized, magnetic navigation, thereby reducing exposure to radiation.

Device implantation

In addition to EP study and ablation, a significant element of the electrophysiology service is the implantation and maintenance of devices, including implantable cardiac defibrillators, pacemakers and cardiac resynchronization therapy (CRT) devices, and related services such as lead extraction. Electrophysiologists combine broad experience with adoption of the most promising new technology including MRI-compatible devices and leadless pacemakers. Other cutting-edge developments include:

Electrophysiology

VASSAR BROTHERS MEDICAL CENTER OPERATES THE ONLY FULL-SERVICE ELECTROPHYSIOLOGY LABORATORY IN THE MID-HUDSON VALLEY.

EP TEAM: SANKAR VARANASI, MD; SARAH LEVIN, MD; JOHN RESPASS, MD
Cryptogenic stroke monitor. A small, implantable loop recorder, which can remain in place for up to three years, helps doctors remotely monitor patients with ischemic stroke of unknown origin for intermittent atrial fibrillation. The device is implanted under the skin of the chest with a narrow insertion tool, is performed under local anesthesia and does not require sutures.

Subcutaneous ICD. An implantable defibrillator placed under the skin on the left side of the chest provides lifesaving defibrillation for people with arrhythmias who are at risk for sudden cardiac death. It has no wires that touch the heart.

For patients who are at risk for heart failure, electrophysiologists collaborate with heart failure specialists to provide interventions and treatments that regulate arrhythmias. Approaches may include implanting and maintaining devices that monitor for signs and symptoms of heart failure and performing cardiac resynchronization therapy (CRT), which delivers electrical impulses to correct irregular heart rhythms.

The leadless pacemaker is a remarkable innovation that eliminates some of the inconvenience of a transvenous lead, contributing to better quality of life for patients.

GUIDING MORE ACCURATE ABLATIONS

“We use remote real-time magnetic navigation, in concert with procedures like ablation that modify the heart’s electrical system, to eliminate arrhythmias, such as atrial fibrillation,” explains John Respass, MD. Typically, electrophysiologists use a CT scan as a guide for this advanced mapping system to create a 3D map of the heart chamber where the ablation will occur. During the procedure, two large magnets mounted on pivoting arms on each side of the patient’s body create a magnetic field that helps guide electrophysiologists to the damaged tissue that is causing the irregular signals so they can ablate it. The system requires just one doctor to operate it, and it cuts down on radiation exposure for both the patient and the physician.
The vascular team* at Vassar Brothers Medical Center (VBMC) is committed to improving cardiovascular health by using both time-tested medical and surgical procedures and novel techniques not available elsewhere in the Mid-Hudson Valley. At VBMC, patients with complex and life-threatening or life-changing vascular conditions, such as aneurysm, stroke, deep vein thrombosis (DVT), carotid artery disease, chronic venous insufficiency and thoracic outlet syndrome, have access to excellent care.

Providing solutions for dangerous vascular obstructions

Vascular surgeons* on the medical staff at VBMC work together to treat patients with deep vein thrombosis, a potentially life-threatening condition that can lead to pulmonary embolism.

Depending on each patient’s case, a range of treatments is available, from thrombolytic medication delivered directly to the clot, to devices that mechanically dissolve or break up the lesion and remove it from the body. Pharmacomechanic thrombectomy (PMT) is also available, which combines the two approaches, infusing medication into the vein through a catheter to break down the clot before removal.

VBMC OFFERS A PHARMACOMECHANIC THROMBECTOMY (PMT) PROGRAM FOR PATIENTS WITH DEEP VEIN THROMBOSIS IN THE MID-HUDSON VALLEY.
The vascular team* at VBMC can also perform venous stenting to open narrowed central veins. These metal stents act like scaffolding to keep the vein open, allowing proper blood flow and improving health.

For patients with carotid artery disease, the surgeons are experienced with carotid endarterectomy, skillfully removing plaque from the carotid artery to prevent the onset of an ischemic stroke.

**The area’s only interventional and surgical treatments for thoracic outlet syndrome**

When thoracic outlet syndrome compresses nerves, arteries or veins between the collarbone and the first rib, vascular specialists* can provide relief. Treatments can include balloon angioplasty to open narrowed arteries in the chest and arm, balloon venoplasty to open narrowed veins and surgery. VBMC is the only medical center in the Mid-Hudson Valley to provide interventional and surgical treatments for this condition, which affects people who perform repetitive arm motions in sports and at work.
Repairing complex aneurysms

The team of vascular specialists* at VBMC assesses and treats complex aneurysms through minimally invasive, endovascular approaches, including endovascular aortic aneurysm repair (EVAR) and percutaneous endovascular aortic aneurysm repair (PEVAR). In these procedures, small incisions are made in the groin to access the femoral artery, and a graft is advanced to the aneurysm for repair. The result is less pain and blood loss and shorter recovery time.

Vascular surgeons* on the medical staff at VBMC can repair the most complicated aneurysms, including those in the aortic arch near the heart. In aortic arch debranching, vascular surgeons sew bypass grafts onto aortic arch blood vessels and seal off the aneurysm with an endograft. There is no need for open surgery — and therefore no need for a heart-lung machine. The result is lower morbidity and risk — and greater peace of mind — for patients with this type of complex disease.

AT VBMC, PATIENTS WITH BOTH ROUTINE AND COMPLEX, LIFE-THREATENING VASCULAR CONDITIONS HAVE ACCESS TO EXCELLENT CARE.
Treating venous insufficiency

For patients with leg swelling of unknown etiology, VBMC physicians recommend tests for venous insufficiency, in which valves in the veins of the legs stop working properly, causing blood to leak backwards. Symptoms can include heavy, painful legs, swelling, skin color changes and even ulcers.

While treatment of venous insufficiency once required the removal of the saphenous vein that runs from the thigh to the foot, venous ablation has changed that. Now, team members, including cardiologists and vascular surgeons* on the medical staff at VBMC, can perform minimally invasive, in-office procedures to insert a sheathed probe into a vein behind the knee and use heat to close off the damaged vein. Patients leave the same day with just a small bandage on the single incision, and return to their normal activities the next day.

Unlike diuretics, venous ablation addresses the underlying cause of the venous insufficiency. And unlike saphenous vein removal, it offers quick recovery times without permanent scarring up and down the legs.

Patients who are at risk for venous insufficiency include women, especially those who have had several babies, people who stand for long periods while at work, people treated for blood clots in the legs and those with a family history of venous insufficiency.

CASE STUDY

THROMBOLYSIS

**SYMPTOMS:** Pain and coldness in leg and foot

**DIAGNOSIS:** Acute arterial occlusion of the popliteal and tibial arteries with thrombus

**TREATMENT:** Minimally invasive catheter-directed thrombolysis

For one week, the 59-year-old patient felt pain and “coldness” in his leg and foot. Naturally, he became increasingly alarmed. And with good reason: Imaging at VBMC revealed a dangerous clot blocking blood flow in his popliteal and tibial arteries. If it was left untreated, he could lose his leg. Vascular surgeons* on the medical staff at VBMC performed a catheter-directed thrombolysis, in which X-ray imaging guides a catheter to deliver clot-busting medication to dissolve the clot. Now, the patient says he has no more pain in his leg. He can walk and exercise again, enjoying life with his wife, who is a nurse. He’s even back at work as one of New York State’s top hair colorists and a part-time actor.
New performance evaluation program offers athletes cutting-edge assessments

Vassar Brothers Medical Center (VBMC) has launched a new program designed to help community and college athletes take their training to the next level with performance evaluations that capitalize on state-of-the-art equipment.

The Sports Cardiology program offers tests that provide insights into biochemical markers to show what’s happening physiologically during exercise. This allows doctors to make tailored recommendations to enhance training, so athletes can take their performance to the next level.

Specially trained sports cardiologists perform cardiac exercise stress tests using treadmills, stationary bicycles and ergometers, provide pulmonary function testing and offer V02 testing, which measures aerobic capacity during exercise. V02 testing, once reserved for elite athletes, is increasingly becoming an important indicator of overall wellness. In fact, the American Heart Association has stated that it should be considered a vital sign. Software provides data about metabolic testing, CO2 analysis and anaerobic threshold detection. The result is personalized workouts to meet an athlete’s individual needs.

Keeping high-risk cardiac patients healthy

At VBMC, cardiologists are dedicated to providing wellness testing and recommendations for people with cardiac risk factors. VO2 max testing provides a cardiac marker that’s similar to testing for hypertension and diabetes, allowing doctors to help patients maintain good health. This baseline gives both cardiologists and primary care doctors targets to personalize treatment recommendations beyond the usual “lose weight and exercise.”

Monitoring patients after cardiac events

After patients have heart surgery, it’s crucial to monitor their health to help them through a coordinated outpatient cardiac rehabilitation program. At VBMC, trained cardiac rehabilitation professionals work together to help rehabilitate and educate patients, with a goal of preventing future cardiac events. This includes classes to teach patients about exercise guidelines, nutrition and stress management. Patients also have access to our medically focused fitness center to optimize their recovery.

VO2 testing, once reserved for elite athletes, is now recognized as a more important indicator of overall wellness.
“Calcium scoring is traditionally thought of as a tool to provide early detection of heart disease in people with risk factors, such as diabetes, smoking, high blood pressure or a family history of the condition,” explains M. Zubair Jafar, MD.

But a new clinical trial underway at VBMC explores calcium buildup in a subset of healthy people — ultra-athletes who participate in grueling training for ultra-distance races. Though the clinical significance isn’t yet clear, an increased incidence of calcium buildup in the arteries has been found in ultra-athletes, even if they have no other risk factors. This spring, the results of the study were presented at the American College of Cardiology’s annual meeting. Further research is needed to determine if training for ultra-distance events is “too much of a good thing” when it comes to cardiovascular health.
At Vassar Brothers Medical Center (VBMC), our specialty-trained cardiovascular nursing team — including registered nurses, nurse practitioners and nursing assistants — is present 24/7, 365 days a year to provide patients with evidence-based care in a healing environment.

These compassionate and skilled professionals, who are often the first and last people patients see at VBMC, supply a supportive continuum of care from diagnosis to discharge. Nurses monitor each case, from healthy outpatients to the most complex cardiac emergencies, and provide valuable education and emotional support to patients and their families. They also act as liaisons between the hospital and the family or the extended care facility.

Our staff includes highly trained nurses with critical care expertise and skills to support cardiac specialists and technologists for interventional procedures, which include cardiac catheterization, percutaneous coronary intervention (PCI) and structural heart procedures such as transcatheter aortic valve replacement (TAVR), cardiac surgery and electrophysiology.

“Our specially trained cardiac nurses provide compassion, experience and ambition to bring a higher level of care to their patients.”

— LORE BOGOLIN, MSN, RN, VP OF PATIENT CARE SERVICES, CHIEF NURSING OFFICER

At VBMC, we support a culture of self-advancement and continuing education among our nursing staff; many nurses pursue master’s degrees, and several have achieved PhDs. We encourage nurses to work collaboratively and take a creative approach while also having the autonomy to provide the best care possible for patients. VBMC nurses are agile at helping implement advanced technologies, such as stereotaxis for complex arrhythmias. They interpret data and track trends to offer a proactive approach to cardiac care that can help prevent emergencies.
Nurses also provide patients with crucial care after surgery and through discharge, from the ICU to the CT step-down unit to the final moments before returning home. They provide a culture of caring that even extends beyond the medical center, by teaching patients post-procedure care and answering questions about what to expect following cardiac intervention.

At VBMC, you can find a caring nurse by the patient’s side around the clock, providing support to the patient and the family throughout the continuum of care.

“Our nursing staff is a vital component of transitioning patients home after surgery at VBMC,” says Lana Cohen, RN. “Not only do we play a significant role in safety and care, positively affecting outcomes, but registered nurses, nurse practitioners and nursing assistants are also responsible for educating patients and their families about their post-procedure care once they leave the hospital.”

Before discharge, nurses explain to patients how to manage their health by properly taking medications, making lifestyle changes such as adjusting their diets and supporting their cardiac medical devices. They also identify patients who are candidates for aftercare programs like community paramedic services or cardiac rehab, designed to support their care outside the hospital, and assist patients to locate area pharmacies that have newer medications available. It’s this dedication to education and support that puts nursing at the forefront of keeping patients informed and improving compliance, thereby potentially reducing the need for repeat hospital visits.
The three hospitals in our system — Vassar Brothers Medical Center (VBMC), Putnam Hospital Center (PHC) and Northern Dutchess Hospital — and our cardiology group, The Heart Center, a division of Hudson Valley Cardiovascular Practice, P.C., offer advanced imaging technology. Patients have access to sophisticated noninvasive diagnostic services, such as implantable loop recorders for longer-term monitoring. Each service is designed to identify potential heart issues before a serious cardiac event occurs. With early detection, cardiologists work with their patients to develop a personalized treatment plan.

**Unique cardio-oncology unit**

At the Dyson Center for Cancer Care, surgical oncologists, radiation oncologists and specially trained cardiologists are at the forefront of the growing field of cardio-oncology, offering the Mid-Hudson Valley’s first and only clinic of its kind to provide personalized cardiac care for cancer patients during and after treatment.

Cardiac imaging technicians employ 3D imaging of the heart to detect even very small changes in function while patients are undergoing chemotherapy and radiation treatments, opening the door for early intervention before permanent harm is done. At VBMC, compassionate treatment of patients prevents unnecessary discomfort during imaging of areas still tender from surgery, particularly for breast cancer patients who have had testing and treatments near the heart.

We apply a team approach to provide unparalleled cardio-oncology expertise for cancer patients and survivors in the region. As improvements in cancer care extend survivorship, the long-term cardiovascular effects of treatments are still being revealed. The cardio-oncology program is dedicated to remaining at the leading edge of technology and treatments to improve cardiac care for oncology patients.
Available services

- Abdominal aortic ultrasound
- Abdominal aortic aneurysm screening
- Aortoiliac artery duplex
- Automatic implantable cardioverter defibrillator interrogation
- Bubble study and Definity® contrast echocardiograms
- Cardiac catheterization
- Carotid ultrasound
- CT scan
- Echocardiography
- Electrocardiography
- Event recorders
- Holter monitoring and scanning
- Magnetic resonance angiogram
- Nuclear, pharmacological and routine stress testing
- Pacemaker interrogation
- Peripheral arterial duplex
- Peripheral venous duplex
- PVR studies with ABI, segmentals and exercise
- Renal artery duplex
- Stress echocardiography
- Transesophageal echocardiography
- Transtelephonic arrhythmia detection

SEAMLESS MEDICAL IMAGE ACCESS

“It’s important to provide consistent information across the continuum of care, with primary care providers, cardiologists and specialists at our hospitals sharing access to the same patient imaging,” explains Daniel O’Dea, MD, senior vice president of cardiovascular services. “Our picture archiving and communication system (PACS) allows for quick, effortless sharing of patient studies with referring physicians seamlessly and remotely. Doctors at any computer in the Health Quest system can access patient test results performed at any of our hospitals. This includes percutaneous coronary intervention (PCI), cardiac catheterization, echocardiogram and nuclear stress tests.

“For instance, technicians can perform an echocardiogram at PHC [pictured above] and share results with their colleagues at VBMC instantly. It helps avoid the need for repeat testing while providing same-day test results throughout the health system.”
Rehabilitation

CARDIOLOGISTS AND REHABILITATION SPECIALISTS HELP PATIENTS GAIN STRENGTH AND ENERGY AFTER SURGICAL TREATMENTS FOR CARDIOVASCULAR CONDITIONS.

Cardiac Rehabilitation

After treatment for cardiac conditions, cardiac rehabilitation is essential for restoring health. The American Heart Association reports that cardiac rehabilitation can lead to a 20 to 30 percent decrease in all-cause mortality rates.

That’s why we’re dedicated to providing rehabilitation services that can reduce symptoms and ease recovery. In this program, professionals use a comprehensive written assessment to provide medically supervised exercise programs tailored to each patient’s needs. The cardiac rehabilitation program offers a team approach to cardiac risk factor modification and improved physical and psychosocial function, focusing on individual goals and capabilities. An individual plan of care is developed and evaluated by a trained clinical team. A team of cardiologists, exercise physiologists, specially trained nurses, registered dietitians and exercise leaders focuses on helping patients reach optimal fitness in a safe, supportive atmosphere.

Patients can participate in several conveniently located and specially equipped fitness centers at Vassar Brothers Medical Center (VBMC), Putnam Hospital Center and Northern Dutchess Hospital. There, they receive medically supervised exercise, risk factor analysis and management, EKG monitoring during exercise, dietary guidance, stress management tips and education. For optimal results, participants are encouraged to attend one-hour classes three times per week.

THE AMERICAN HEART ASSOCIATION REPORTS THAT CARDIAC REHABILITATION CAN LEAD TO A 20 TO 30 PERCENT DECREASE IN ALL-CAUSE MORTALITY RATES.
Pulmonary rehabilitation

At VBMC, our pulmonary specialists provide patients who have chronic obstructive pulmonary disease (COPD), interstitial lung disease, pulmonary hypertension and other conditions with a comprehensive rehabilitation program that’s personalized to their individual needs. The multidisciplinary team includes pulmonologists, physiologists, specially trained registered nurses, nurse practitioners, registered dietitians, pharmacists and respiratory therapists who work together to provide outpatient pulmonary rehabilitation in a supportive atmosphere.

Patients take part in medically supervised exercise classes, which are at the heart of the program; they are designed to help them improve their respiration while teaching them good habits for exercising on their own. Classes are held for two hours per day, three days per week, for six weeks. Exercise physiologists create a customized exercise program that may include low-intensity cardiovascular exercises, like employing light weights for an upper-body workout while sitting in a chair.

A weekly series of roundtable lectures provides patients with valuable education from a variety of experts. Exercise physiologists teach patients about the benefits of exercise, pulmonologists explain the mechanisms of and treatments for disease, and respiratory therapists and pharmacists show patients how to use inhalers and oxygen treatments. Nurse practitioners advise patients and their families about the psychosocial issues associated with living with chronic pulmonary conditions and offer strategies for coping.

The goals of our pulmonary rehabilitation program are to help transition patients from the hospital, support those with chronic pulmonary conditions and decrease hospital readmissions.
New wellness program offers cardiology-based tools for improving health

This year, Vassar Brothers Medical Center (VBMC) has launched a new wellness program to help our community maintain good health and prevent disease. It’s part of our commitment to providing the Mid-Hudson Valley community with resources that focus not only on treating disease, but also promoting wellness to prevent its onset. It’s geared to a wide range of patients, including diabetics, those at risk for cardiovascular disease and anyone who wishes to adopt a healthier lifestyle.

Our cardiology-focused approach relies on a multidisciplinary team that includes cardiologists, exercise physiologists, registered dietitians and social workers who work together to develop personalized wellness programs based on each patient’s goals and needs.

Patients receive evaluations of their basal metabolic rate (BMR), providing them with a targeted caloric intake level that’s based on their individual body size and composition, gender, age and activity level. This allows our team to supply patients with a more precise plan to achieve their wellness goals beyond the generic advice to eat less and exercise more. What’s more, patients will be able to track their progress toward their health goals.

Planned services include nutrition counseling designed to help patients achieve weight loss and reach wellness goals, stress management tips, mindfulness techniques, smoking cessation programs, depression screening, fitness programs and yoga classes. Many of the services will be provided in a group setting, allowing patients to support one another throughout their wellness journey.

Resources and care in the community

Healthy hearts start with prevention, and at Health Quest, we believe that education and community involvement are important pillars of that mission.

Our cardiologists have a robust presence in the greater Hudson Valley, often attending community events and fundraisers, educating the community about preventing and detecting heart disease. They offer seminars for their colleagues in the medical community and public lectures to raise awareness about different cardiovascular topics. The team is also a go-to source when local media outlets need a knowledgeable professional to turn a complex topic into something their audiences can understand.

Our new wellness program is part of VBMC’s commitment to treating the whole patient—mind, body and spirit.
HEALTHY HEART, HEALTHY BABY

“Pregnancy can add stress to the body, aggravating existing cardiac conditions. Our cardiac specialists have the expertise to manage obstetric patients who are at risk for cardiac-related complications caused by congenital heart disease, coronary artery disease, hypertension or high cholesterol,” says Benoit Bewley, MD.

This unique expertise is crucial, because pregnancy can mimic symptoms of many cardiac conditions, causing confusion for patients. That’s why cardiologists work as a team with obstetricians and maternal fetal medicine specialists to monitor patients for syncope, chest pain, arrhythmias and other symptoms of cardiovascular disease. It’s a collaborative approach to providing comprehensive high-risk obstetric care — and peace of mind — for patients when they need it most.
Across Health Quest, clinical researchers provide local access for national and international clinical trials for a wide range of research studies, right here in the Mid-Hudson Valley. Researchers and clinicians work together to help influence the future of medicine by spearheading and taking part in clinical trials that lead to innovations in cardiac medicine. Participating patients help researchers understand illnesses and find new treatments.

**Evaluating the effectiveness of cardiac medications**

Vassar Brothers Medical Center (VBMC) is continually involved in researching the effectiveness of medications that can prevent and treat diseases and improve quality of life. Patients have the opportunity to participate in clinical trials designed to assess the effectiveness of medications for treating and preventing cardiac conditions, including heart attack, stroke, arrhythmia, atherosclerosis and heart failure. The focus includes the evaluation of new medications, combinations of medications or new ways to use current medications, with the goal of improving care for cardiac patients here and around the world.

**Researching tomorrow’s cardiac devices**

Researchers evaluate medical devices designed to help identify symptoms of life-threatening cardiac diseases or to correct heart rhythm disorders to improve quality of life. Studies that VBMC researchers participate in include the evaluation of implanted medical devices that alert physicians to symptoms of heart failure remotely, over the internet. Another is an evaluation of cardiac resynchronization therapy devices for arrhythmias, which can be a sign of underlying heart disease.

**Assessing affordability of treatments**

An evaluation of prescribing patterns and clinical outcomes sets out to determine whether healthcare costs affect patient compliance. The study will help uncover whether reducing patient costs for certain medications helps reduce cardiovascular events.
Current Clinical Trials

**Dal-GenE Trial** | A study focused on the role of the AA genotype in determining patients’ clinical response to treatment with dalcetrapib.
Site Principal Investigator: Louis W. Kantaros, MD

**TWILIGHT** | A study to determine the effectiveness and safety of ticagrelor alone compared to ticagrelor plus aspirin in reducing clinically relevant bleeding and in reducing ischemic adverse events among high-risk patients who have had a placement at least one drug-eluting stent.
Site Principal Investigator: Louis W. Kantaros, MD

**CardioMEMS HF** | A study to evaluate the use of the FDA-approved CardioMEMS HF System in patients with Class III heart failure in a commercial setting.
Site Principal Investigator: James Lyons, MD

**PSR** | A registry whose purpose is to collect information over time about medical devices made by the company Medtronic, in patients who have had such a medical device placed in the body for a medical condition.
Principal Investigator: Sankar Varanasi, MD

**ADAPT Response** | A study to test the hypothesis that market-released cardiac resynchronization therapy (CRT) devices which contain the AdaptivCRT® (aCRT) algorithm have a superior outcome compared to standard CRT devices in CRT indicated patients with normal atrio-ventricular conduction and left bundle branch block.
Principal Investigator: Sankar Varanasi, MD

**ARTEMIS** | A clinical trial that will assess the impact of copayment reduction by equalizing the copayment of clopidogrel and ticagrelor.
Site Principal Investigator: Louis W. Kantaros, MD

**FOCUS ON CLINICAL TRIALS**

At VBMC, we believe that the best medicine is personalized medicine. One promising frontier is medical therapy that is tailored to a patient’s genetic profile. A recent genetic sub-study showed promising results with dalcetrapib therapy for patients with a certain genetic polymorphism, the AA genotype of the ADCY9 gene.

Our center is a participant in the Dal-GenE Trial, which will study the effectiveness of dalcetrapib versus a placebo on 5,000 patients with recent acute coronary syndrome and the AA genotype. The patients will be monitored for adverse cardiac events for 30 months, and the study is expected to be completed in late 2020.

This study reflects an overall commitment to a future of personalized multidisciplinary care that seeks the best care for every patient on an individual basis.
SPIRE 1 & SPIRE 2 | A study evaluating the investigational treatment of bococizumab, a class of drugs known as PCKS9, a monoclonal antibody, administered every two weeks by subcutaneous injection to lower patients’ LDL-C while on background statin therapy.
Site Principal Investigator: Daniel O’Dea, MD

THEMIS | A study is being carried out to see if an investigational medication called ticagrelor is effective in preventing the occurrence of heart attack, stroke and/or death due to cardiovascular events in patients who have type 2 diabetes.
Principal Investigator: Louis Kantaros, MD

CAMELLIA/TIMI 61 | A study to assess whether the drug lorcaserin HCI (brand name belviq) affects the risk of developing cardiovascular disease in men and women who meet the medical definition of obese or overweight and are at increased risk of heart disease or stroke.
Principal Investigator: Daniel O’Dea, MD

DECLARE/TIMI 58 | A study being carried out to see if adding dapagliflozin to diabetes treatment is effective in reducing events such as heart attack, stroke and death from heart disease.
Principal Investigator: Louis W. Kantaros, MD

ODYSSEY LTS13463 | A study assessing the long-term safety of alirocumab when added to lipid-lowering therapy in patients with heterozygous familial hypercholesterolemia (heFH).
Principal Investigator: Louis Kantaros, MD

REVEAL | A study to determine if improving levels of cholesterol with anacetrapib can help reduce the chance of having a heart attack, stroke or death.
Principal Investigator: Daniel O’Dea, MD

EUCLID | A study to determine if ticagrelor, in comparison to clopidogrel, is effective in preventing the occurrence of a heart attack, stroke and/or death due to heart problems in patients who have peripheral arterial disease.
Principal Investigator: Michael Yen, MD

ODYSSEY Long Term | A study to determine whether alirocumab, a study drug, is effective and safe in reducing cholesterol.
Principal Investigator: Louis W. Kantaros, MD

ODYSSEY Alternative | A study to determine whether alirocumab is effective and safe compared to ezetimibe in reducing cholesterol for patients with high cholesterol who have had side effects with the standard statin therapy and are at risk for cardiovascular disease.
Principal Investigator: Daniel O’Dea, MD

ODYSSEY Outcomes | A study designed to compare the effect of alirocumab with placebo on the occurrence of cardiovascular events in patients who have experienced an acute coronary syndrome (ACS) event 4 to 52 weeks prior to randomization and are treated with evidence-based medical and dietary management of dyslipidemia.
Principal Investigator: M. Zubair Jafar, MD

ACCELERATE | A study whose purpose is to demonstrate the safety and efficacy of evacetrapib in reducing cardiovascular death, heart attack, stroke or hospitalization for chest pain in patients who are at high risk for cardiovascular outcomes.
Principal Investigator: M. Zubair Jafar, MD

RAID | A study whose purpose is to see how effective ranolazine with standard medications, is in reducing the risk of arrhythmias and death in people with implantable cardioverter defibrillators.
Principal Investigator: Sankar Varanasi, MD

If you are a patient, researcher or sponsor interested in our clinical trials, we would welcome the opportunity to speak with you and answer any questions you may have.

Please contact
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Recognition and Accreditation

Top Doctors
Thirteen Vassar Brothers Medical Center (VBMC) heart doctors were named Castle Connolly Top Doctors® of the Hudson Valley for 2016.

U.S. News & World Report
High Performing Hospitals
VBMC and Putnam Hospital Center were recognized by U.S. News & World Report as among the nation’s highest-performing hospitals for Heart Failure and COPD (2016-2017).

VBMC was named by consumers as their hospital of choice for the 11th consecutive year.

Top Performer on Key Quality Measures (2015)
The Joint Commission recognized VBMC as a top performer on key quality measures for heart attack, heart failure, pneumonia and surgical care.

THE HEART CENTER® RECOGNITION
Center of Excellence, endorsed by the American College of Cardiology (2015)


IAC Accredited Facility Echocardiography (2016-2018)


IAC Accredited Facility Nuclear Cardiology (2016-2018)

IAC Accredited Facility CT (2014-2016)

American College of Cardiology’s Platinum Practice Center of Excellence Award for first quarter 2015 for patients with atrial fibrillation. The award is based on the Pinnacle Registry of the National Cardiovascular Data Registry.

*The Heart Center, a division of Hudson Valley Cardiovascular Services, P.C.
At Your Service

THE HEART CENTER†

Physicians
Benoit R. Bewley, MD, FACC
Joseph W. Christiana, MD, FACC
Ronald P. Cuffe, MD, FACC
Simon K. Gorwara, MD, FACC
Richard R. Gosselin, MD, FACC
Ethan L. Gundeck, MD, FACC
Kamran Haleem, MD, FACC
Ali Hammoud, MD, FACC
Mark A. Harrison, MD, FACC
M. Zubair Jafar, MD, FACC
Sanjaya Jha, MD, PhD, FACC
Louis W. Kantaros, MD, FACC
Douglas J. Kroll, MD, FACC
William Lee, MD, PhD, FACC
Sarah B. Levin, MD, FACC
Julie Ling, MD, FACC
James J. Lyons, MD, FACC
Anthony J. Messina, MD, FACC
Rajeev L. Narayan, MD, FACC
Daniel J. O’Dea, MD, FACC
Shalin Patel, MD, FACC
Anthony J. Patrello, MD
John Portelli III, MD, FACC
John T. Respass, MD, FACC
Benjamin Schaefer, MD, FACC
Lawrence W. Solomon, MD, FACC
Sankar N. Varanasi, MD, FACC
Harshan Weerackody, MD, FACC
David J. Weinreich, MD, FACC
Michael H. Yen, MD, FACC

Physician Assistant
Deirdre McKibbin-Vaughn, PA

Nurse Practitioners
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Stephen Burns, FNP
Erin H. Gillen, DNP, FNP, ANP-BC
Jaymie Imperato-Wilber, ANP
Laurel Kemp, FNP
Anne M. Lucas, DNP, FNP-C
Doris Maggiacomo, ACNP-BC
Rachel Moscicki, ANP
Stephanie C. Mulcahy, DNP, FNP-BC
Maria Noa, FNP
Rachel Paskey, FNP
Paula Portelli, ACNP-BC
Jennifer Schmidt, FNP-C
Dina Sedore, FNP
Sabrina Stent, NP-C

† The Heart Center, a division of Hudson Valley Cardiovascular Services, P.C.
The physicians identified are neither agents nor employees of Health Quest or any of its affiliate organizations. These physicians have selected our facilities as the place where they want to treat and care for their private patients.

CARDIOTHORACIC SURGERY

Surgeons
Mohan Sarabu, MD, FACS
Rohit Shahani, MD, FACS
Peter Zakow, MD, FACS

Physician Assistants
Christopher Fillerup, PA
Atanas (Tony) Kostov, PA
Maria Kostova, PA
Alfred Menard, PA
Amanda Pazian, PA
Ronald Prince, PA
Mary Suleiman, PA
David Tecchio, PA
Adam Wiesenthal, PA

VASCULAR SURGERY

Physicians
Stephanie Saltzberg, MD, FACS
Andreas M. Spirig, MD, FACS
Mark J. Kulbaski, MD, FACS
Britt H. Tonnessen, MD, FACS

FROM ROUTINE TO THE MOST COMPLEX, WE OFFER THE FULL SPECTRUM OF CARDIAC CARE FOR OUR PATIENTS IN THE MID-HUDSON VALLEY.

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HEALTHQUEST.ORG/HEARTHEALTH
ADVANCING EXCELLENCE IN CARDIOVASCULAR SERVICES

At Health Quest, heart and vascular specialists collaborate across the health system using the latest technology and treatment techniques. We deliver patient-centered care with a commitment to continually exceed expectations and achieve our goal of top-decile outcomes.