Good Samaritan Hospital
Leading the Way in Cardiac Innovation
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BY VALERIE LAUER

FROM THE HEART OF LONG ISLAND, GOOD SAMARITAN HOSPITAL REDEFINES COMMUNITY-BASED CARDIAC CARE, DELIVERING A FULL-SERVICE HEART PROGRAM, ON-SITE PROVIDERS FROM ONE OF THE NATION’S TOP CARDIOLOGY TEAMS AND A CLEAR FOCUS ON IMPROVING PATIENT OUTCOMES.

THE THERESA PATNODE SANTMANN Division of Cardiovascular Services at Good Samaritan Hospital offers a unique combination of leading-edge cardiac innovations from a central West Islip location, assuring patients convenient community access.

“We’ve carefully built the cardiology program to empower us to always do the right thing for patients, whether their concerns are minor or life-threatening,” says Ezra Deutsch, MD, Director of Interventional Cardiology and the Cardiac Catheterization Laboratory at Good Samaritan Hospital. “We provide a complete range of procedures, therapies and recovery support in a place that allows many of our patients to stay close to home. That sets us apart.”

SETTING THE STANDARD
Prior to joining Good Samaritan Hospital in 2000, Dr. Deutsch spent 12 years leading cardiac catheterization laboratories in university hospital settings. That experience served him well, as he played an instrumental role in establishing Good Samaritan Hospital’s interventional cardiology program to treat patients experiencing myocardial infarction.

As interventional cardiology laboratory technology has evolved, Dr. Deutsch and his colleagues have seen the modalities evolve to match the promise of minimally invasive treatments for a number of cardiac conditions, such as myocardial infarction.
When the program was conceived, patients in severe cardiac distress were sent to larger centers, which were thought to be better equipped to deal with such cases. The time-consuming patient transfer via emergency services required for severe cardiac distress costs precious time and increases the risk of further damage to patients’ health.

“At the time our cardiac interventional program was established, hospitals were severely limited in what they were allowed to do to help patients in an acute situation without an on-site open-heart surgery program,” says Larry Altschul, MD, FACC, Chief of Cardiology for Good Samaritan Hospital. “I became chief of the department in 2000, before the cardiac interventional program was established. Together with colleagues from around the state, we spearheaded a campaign to allow locations like Good Samaritan Hospital — which at the time did not have an advanced cardiac surgery program — to immediately intervene with patients presenting with an acute myocardial infarction by quickly

A Clear Picture

TO TREAT COMPLEX cardiac conditions, physicians need to obtain a clear picture of what is happening inside the veins, arteries, muscles and organs of the cardiovascular system. Diagnostic and imaging studies can be used alone or in conjunction to create a detailed rendering of function, blood flow and potential blockages, ultimately guiding the use of advanced cardiovascular intervention.

In the cardiac catheterization laboratory, intravascular ultrasound is used to assess the well-being of blood vessels. A minuscule ultrasound device is attached to a catheter and threaded through the arteries toward the heart, collecting images of potentially troublesome areas of narrowing, collapse or blockage. This same catheter system can then be used to deliver therapy to the area in a rapid intervention.

Utilizing a similar theory as ultrasound, optical coherence tomography (OTC) imaging uses light waves instead of sound, bouncing them off of tissue to capture real-time, detailed images of the interior of blood vessels. OTC is positioned using catheters and captures detailed information about the function of tissue found inside blood vessels, such as whether or not neointimal scar tissue has developed in an artery after stenting or other interventional procedures.

In a non-emergency situation, positron emission tomography (PET) technology can be used to assess heart function. To collect images, traceable radioactive material is inserted into the vein. Clinicians follow the progress of the isotope to identify damage to the heart muscle by precisely targeting what portions of the heart are functioning properly and which are not.

“Using PET technology to perform a nuclear stress test requires very specific equipment, but the results are extremely helpful,” says Larry Altschul, MD, FACC, Chief of Cardiology for Good Samaritan Hospital. “I have personally had five patients in the past year who had serious conditions revealed using PET technology. These conditions would have gone undiagnosed using less advanced modalities. Our commitment to leading-edge diagnostic technology is saving lives.”

PET technology, found at St. Francis Hospital – South Bay Cardiovascular in West Islip, can be used in conjunction with other modalities to gather information in multiple dimensions. It is used together with CT technology to perform myocardial perfusion imaging (MPI). MPI reveals how blood flows through the heart, and can be used to identify portions of the muscle that may not be receiving enough blood due to a blockage or valve failure.

PET scans are considered a noninvasive diagnostic test, even with the introduction of a traceable marker to the blood. Noninvasive diagnostic cardiac tests available at Good Samaritan Hospital include:

- Echocardiography
- Electrocardiography
- Electrophysiology
- Holter monitor
- Thallium stress testing
- Stress testing
- Tilt table testing

When physicians require additional information about patients that cannot be collected with noninvasive methods, multiple invasive diagnostic tests are also available on-site, including:

- Diagnostic cardiac catheterization
- Pulmonary artery catheter pressure measurements
- Transesophageal echocardiography
inserting coronary stents to open the blocked artery. Before this, patients would have to be transferred to tertiary care hospitals to receive their stents, thereby losing precious, potentially lifesaving time.”

In 2001 Good Samaritan Hospital was one of the first facilities in the state approved to participate in a pilot program allowing its team to treat heart attack patients instead of just diagnosing and transferring them. The results shifted the paradigm of interventional cardiology care in our community, and survival rates spiked. “After the pilot program’s success, interventional cardiology programs across the state were given the all-clear to begin helping these patients,” Dr. Deutsch says. “We are proud of the role Good Samaritan Hospital played in setting the new standard for myocardial infarction patient care. Establishing the interventional cardiology program was really the first step in creating the comprehensive cardiology program for which we are well-known today. We have treated nearly 1,500 patients experiencing acute heart attacks since the pilot program launched.”

There are three cardiac catheterization laboratories at the hospital, in which the team uses tiny catheters and state-of-the-art imaging to identify and treat blockages and other cardiac concerns, restoring blood flow to the heart. Intervventional cardiology at Good Samaritan Hospital is a complete program, offering coronary stenting, atherectomy, cardiac device implantation and management, as well as other diagnostic and therapeutic procedures.

OPEN-HEART IN WEST ISLIP
A member of Catholic Health Services, Good Samaritan Hospital is a sister hospital of fellow New York institution St. Francis Hospital, which is consistently recognized by U.S. News & World Report as home to one of the top heart institutes in the country, The Heart Center.

“For years, St. Francis Hospital has been helping patients from Suffolk and Nassau counties with their cardiac needs, especially when they require open-heart surgery,” says Christopher La Mendola, MD, FAPF, FAPC, Chair of Cardiothoracic Surgery and Director of the St. Francis Hospital Open-Heart Surgery Program at Good Samaritan Hospital. “Traffic on the island can make travel to Roslyn especially stressful for patients who require open-heart surgery and their loved ones, so we extended the reach of our program. We had already established a working relationship between St. Francis Hospital and Good Samaritan Hospital. It was only natural that we work together to create an open-heart program on Long Island to serve our patients in this area.”

So began the process of replicating St. Francis Hospital’s world-class open-heart program in the halls of Good Samaritan Hospital, a stepwise process that was implemented over the course of several years to ensure optimization.

Parts of the fourth and fifth floors at Good Samaritan Hospital Medical Center were completely renovated and rebuilt, adding two open-heart surgery operating rooms and an adjoining cardiac ICU, for a centralized program location within the hospital that helps maintain a simple and streamlined patient experience. St. Francis Hospital physicians, nurses, anesthesiologists and other medical professionals man the St. Francis Hospital Open Heart Surgery Program at Good Samaritan Hospital, creating seamless delivery of care.

“We didn’t want the partnership between St. Francis Hospital and
Good Samaritan Hospital to just be an alliance on paper,” Dr. La Mendola says. “We had to create a true extension of the existing program and partnership with the cardiology team at Good Samaritan Hospital; otherwise it simply wasn’t going to work or be fair to patients. Open-heart surgery is a sort of ballet. Working alongside the right people — some of whom I’ve known for 20 years — and paying close attention to every detail creates better patient outcomes. The experience and dedication of my colleagues are unsurpassed. The end result is a program that mirrors the award-winning program at St. Francis Hospital in a convenient community setting that is closer to home for many of our patients.”

The St. Francis Hospital, The Heart Center Open-Heart Surgery Program at Good Samaritan Hospital opened in January 2014. Since its launch, approximately 600 patients have undergone open-heart surgery in the unit. Patient satisfaction scores are consistently high, and survival rates equal those of St. Francis Hospital.

Such a high level of care wouldn’t be possible without close collaboration among the St. Francis Hospital open-heart program team and Good Samaritan Hospital cardiologists, surgeons, anesthesiologists, perfusionists, nurses, interventional cardiologists and other key personnel. The teams interact smoothly and constantly. Patients are the focus of every interaction and effort.

“We’ve created a state-of-the-art program that maintains a high standard of care and is helmed by physicians who are truly accessible to patients, no matter the time of day,” Dr. La Mendola says. “It’s an environment in which anyone would be proud to work.”

GOING THE DISTANCE

Follow-up throughout the course of care for cardiac patients is key to long-term success and survival. At Good Samaritan Hospital, post-intervention care includes medical management, symptom monitoring, routine follow-up visits with cardiologists to track patient progress, and also education about habits and behaviors that can have short- and long-term effects on the well-being of patients with heart issues.

Focusing on the importance of eating deliberately, dietitians work hand in hand with patients to provide thorough guidance about making informed food choices that will enhance and support their heart health. Dietitians are available to work with patients on inpatient and outpatient bases for continued support throughout recovery and return to normal life.

Similarly, cardiac rehabilitation can help restore and ensure the well-being and vitality of heart patients in a safe, structured setting.

“Our cardiac rehabilitation program is a comprehensive resource for patients,” Dr. Altschul says. “Whether they have undergone a procedure such as bypass surgery or are attempting to manage a cardiac condition such as congestive heart failure or malignant arrhythmias, patients are placed on programs tailored to their needs by exercise physiologists using input from participants and their physicians.”

During structured, supervised cardiac rehabilitation, those with heart issues see exercise physiologists several times a week for three months. Each step of the process is
Patients with cardiovascular disease, angina, congestive heart failure, heart attack, or who recently had heart surgery or an interventional procedure, undergo cardiac rehabilitation with exercise specialists at Good Samaritan to meet outlined goals for a healthy lifestyle.

documented, and heart health is monitored closely. After three months, participants embark on the next phase of rehabilitation — an additional three-month exercise program under less direct supervision. Cardiac patients meet less frequently with exercise physiologists and are gradually cleared to continue exercising on their own.

“One of the benefits of being in a community setting is that this helps reinforce the rehabilitation and education they need to be successful after a cardiac event,” Dr. Altschul says. “Strong relationships develop between our cardiology patients and the medical professionals with whom they work to regain their strength and well-being.”

LOOKING AHEAD
After achieving much during the past 15 years, Good Samaritan Hospital continues to push forward as an innovator in the fields of cardiac diagnostics, intervention and care.

Plans are in place to add the transcatheter aortic valve replacement (TAVR) procedure to the interventional offerings at the hospital. TAVR allows surgeons to replace damaged valves in the heart without requiring the removal of the damaged valve. Using minimally invasive techniques, surgeons insert the TAVR implant through the femoral artery or a tiny opening in the chest. The TAVR implant is inserted in its collapsed form, then maneuvered into place where it is expanded, wedging open the damaged valve without the risks associated with the traditional open surgical procedure that can sometimes preclude patients from qualifying for surgery if they have medical complications or are frail.

Arrangements are also in place to collaborate with St. Francis Hospital, Mount Sinai Hospital and other area institutions as a share care center for patients with left ventricular assist devices, one of the final pathways in the management of severe refractory heart failure or as a bridge to cardiac transplantation. In addition, on-site seminars and lectures allow patients to learn more about managing devices without the need to travel to St. Francis Hospital or other facilities further from their home areas, saving patients time and reducing the stress that upkeep places on their daily routines.

“With the support of hospital leadership, our strategic relationships with area leaders in heart health and a team of consummate professionals whose true passion is cardiology, Good Samaritan Hospital is poised to continue doing what we do best — bringing in the latest advances in cardiac care and empowering our providers to offer patient-centered care to those we serve,” says Dr. Altschul. “This is a full-service program staffed by physicians, nurses and support personnel who are both passionate and proud to have developed a program that now delivers the full spectrum of cardiovascular care, from patient education through state-of-the-art diagnostic modalities, cardiac intervention and surgery, and arrhythmia management to comprehensive cardiac rehabilitation. Those we take care of can take comfort in our setting and experience, and referring physicians can trust our commitment to open discussion, collaboration and always keeping patients’ needs first.”

For more information about Good Samaritan Hospital’s cardiology services, visit good-samaritan-hospital.org/cardiology.