

Spring 2013

Advancing Medicine.

Touching Lives.



**150 Years of Healing
Our Patients
and Serving Our
Local Communities**

A Message

from the President and Chief Executive Officer



Timothy J. Babineau, MD
President and Chief Executive Officer,
Lifespan
President, Rhode Island Hospital

As we celebrate the 150th anniversary of Rhode Island Hospital's founding on March 10, 1863, we look back on 15 decades of incredible advancements in our facilities, technologies and medical knowledge. While much has changed over the years, one thing has never wavered—and that is our extraordinary commitment to providing the best care for our patients and their families.

As a 21st-century academic medical center, we carry that commitment into the future through our tripartite mission of outstanding clinical care, research and education. The advancements we have made these past 150 years would not have been possible without the enduring generosity of generations of caring donors. And your continued support will help propel us forward for the next 150! (See pages 8 and 9 for a timeline of major milestones at the hospital.)

In your new issue of *Advancing Medicine. Touching Lives*, we take you inside our emergency department and the state's only Level 1 trauma center, and share a story guaranteed to move you beyond words from our acclaimed burn center, the only one of its kind in the state. We introduce you to a research powerhouse in our Department of Orthopaedics, and one of just a handful of body dysmorphic disorder programs in the country. You'll also read about our new chair of psychiatry and human behavior, Dr. Steven Rasmussen, a key addition to the Norman Prince Neurosciences Institute team.

On behalf of the hospital leadership and staff, thank you for your support. Your generosity ensures that Rhode Island Hospital will continue to be a beacon of hope for the people of southern New England for all the decades that follow.

JOIN THE PRESIDENT'S CIRCLE

The Rhode Island Hospital President's Circle is a giving society that recognizes supporters who make annual gifts of \$150 or more. By making a yearly commitment at this level, you help save lives and shape Rhode Island Hospital's future. Your gift of \$150 or more sustains and strengthens Rhode Island Hospital's lifesaving work. With your generosity, we can continue to provide the most cutting-edge medical advancements and superb care right here in Rhode Island.

PRESIDENT'S CIRCLE BENEFITS

Gifts of Kindness (\$150-\$249.99)

- Rhode Island Hospital pen and notepad
- Subscription to *Touchpoints* with latest hospital updates
- Invitation to VIP hospital tour

Gifts of Strength (\$250-\$499.99)

- All of the above, plus set of specially designed Rhode Island Hospital note cards
- Recognition in annual Honor Roll of Donors Listing in online honor roll
- Subscription to *Advancing Medicine. Touching Lives*.

Gifts of Healing (\$500-\$749.99)

- All of the above, plus complimentary parking passes on request
- Invitation to President's Circle Breakfast with doctors

Gifts of Compassion (\$750-\$999.99)

- All of the above, plus invitation to Grand Rounds to go "behind the scenes" at the hospital
- Invitation to Research Roundtable luncheon

Gifts of Inspiration (\$1,000-\$4,999.99)

- All of the above, plus personalized brick placed in Legacy Park
- VIP Rhode Island National Guard Air Show package
- Two individuals will be our guests to The Rhode Island Hospital 150th Anniversary Celebration in November 2013

Gifts of Hope (\$5,000+)

- All of the above, plus personalized AT Cross pen
- Special invitation to have lunch with the hospital president
- Four individuals will be our guests to The Rhode Island Hospital 150th Anniversary Celebration in November 2013

To learn more, please call Sara Bomberger at 401-444-6213 or email sbomberger@lifespan.org.



Always at the Ready: The Continuum of Emergency and Trauma Care

It's a late winter night in Providence. The wailing music of sirens cuts through the chill air. Three ambulances arrive one after another at the doors of the Andrew F. Anderson Emergency Center at Rhode Island Hospital. The first carries a 30-year-old woman whose car slid off an icy road into a tree, her ribcage collapsing. The second brings in a 65-year-old man having a heart attack, paramedics busily performing CPR. The third delivers a 78-year-old woman with a fractured hip caused by a bad fall.



Brian Zink, MD

To an outside observer, this is a harrowing dance of chaos. But as soon as the stretchers are wheeled in, Dr. Brian Zink takes over as choreographer, executing a

complicated but well-practiced routine, directing the EMS personnel and leading a team of emergency nurses and physicians through a lifesaving ballet.

"All in a night's work at the state's only Level 1 trauma center, and the pace rarely lets up, night or day," says Zink, chief of emergency medicine here and at The Miriam Hospital. He and his teammates are prepared at a moment's notice to use their broad expertise and intensive training to solve whatever medical problem comes through the doors.

With a staff of more than 500 medical personnel, our emergency department (ED) is one of the busiest in the country, treating more than 100,000 patients yearly and providing care to anyone, regardless of their ability to pay. It is the main referral center for the state's other hospitals and a teaching site for The Warren Alpert Medical School of Brown University.

Rhode Island Hospital physicians performed the first outpatient cardiac catheterization in New England. We were also among the first in the United States to perform angioplasty, as well include a laboratory directly inside our ED.



Healing Steps

“We treat the entire spectrum from minor cuts and bruises, to heart attacks and strokes, to the worst traumatic injuries—there’s nothing we haven’t seen or are unequipped to handle,” Zink says. “As stressful as working in an ED can be, we emergency physicians live for these crucial, life-or-death moments.”

While Zink and company move through their healing steps, there is still the faint echo of sirens, and all around them flash and buzz the many tools of a modern ED: monitors tracking vital signs and complicated machines with luminous displays and pinging alarms.

Zink remains unfazed as he works to stabilize the cardiac patient. In just over an hour the patient will be in the cardiac catheterization lab with an angioplasty balloon unblocking his clogged artery. This time window is among the best in the nation.

“The community expects us to deliver expedient and expert care to people in a crisis situation, which extends to behavioral and substance use crises, and we are fine-tuned to respond and give state-of-the-art care,” says Zink.



Our Andrew F. Anderson Emergency Center offers:

- An innovative system for efficiently triaging patients
- A chest pain observation unit with a cardiac catheterization laboratory within the ED
- A nationally ranked stroke treatment program
- A behavioral health unit for patients with psychiatric emergencies
- An expanded suite of radiology and diagnostic testing areas
- A highly coordinated disaster preparedness system
- A decontamination room for toxic exposures and biological hazards
- A medical simulation center for training our staff and students



A Team Approach to Trauma

Only minutes have passed since the ambulances arrived, and the second and third cases—the car accident survivor and the fracture patient—have already been triaged to trauma surgeons who partner with other specialists to ensure that the ED patient receives the full range of services the hospital has to offer.

“To be a Level 1 trauma center—equipped and ready to handle any injury of any severity at any moment—is like keeping open an all-you-can-eat buffet for 300 hungry people around the clock, and you never know when the rush is going to come in,” says Dr. Charles Adams, chief of trauma and surgical care. *“This represents a massive, unending investment in staffing, facilities and technology, and it’s an essential part of what we offer the people of southeastern New England.”*

“For those who think trauma means merely treating victims of gang violence, it’s important to understand the magnitude of trauma. It’s the single biggest killer of people under 45, and it cuts across all of society.”

— William Cioffi, MD

From the time of injury through surgical, intensive and inpatient care and beyond, there are many people touching the patient and interacting with the family, including paramedics, physicians, nurses, technicians, counselors, social workers, and therapists.

About 10 percent of our total ED volume is trauma-related, and we treat between 10,000 and 12,000 trauma patients each year.

The most common causes of traumatic injuries are falls, motor vehicle collisions, and assaults of various types.

“For those who think trauma means merely treating victims of gang violence, it’s important to understand the

magnitude of trauma. It’s the single biggest killer of people under 45, and it cuts across all of society,” says Dr. William Cioffi, chief of surgery.

Burn Patient Heals by Helping Fellow Survivors



Brian Menard (right) with his wife and son

Early one morning in July 2009, Brian Menard was starting up a cement mixer at a construction site in Pawtucket when the gas accidentally ignited. The flames burned more than a third of his body—head and chest, arms and hands—and rescue personnel rushed him to the Rhode Island Hospital ED. The 45-year-old carpenter from Seekonk spent the next four weeks in the trauma intensive care unit, heavily medicated throughout much of his time there.

Brian woke up in the worst pain he had ever experienced, barely able to move, and at first he felt helpless and wholly dependent on the nurses. He quickly bonded with several caregivers and remains grateful to them for every action, every kind word, and every smile. His face and upper body disfigured beyond recognition, Brian turned his focus to the biggest challenge of his life: learning to walk again.

“I still remember the first time I got out of bed,” he says. “I took two or three steps to a chair. The next day I walked to the door, and the following day I went into the hallway. Each day I progressed, and the nurses helped gently push me along. I was so sad when I had to leave that floor for my week in a step-down unit. I broke down and started crying. I just didn’t want to leave.”

“Every morning I had to stretch and stretch just to keep moving. It was two years before I began to feel sort of normal, waking up and not having to do so much. Moving my hands, my mouth, turning my head—those are things I no longer take for granted. As a carpenter, it’s such a blessing that I kept my hands.”

— Brian Menard

my mouth, turning my head—those are things I no longer take for granted. As a carpenter, it’s such a blessing that I kept my hands.”

To reconstruct Brian’s face, plastic surgeon Dr. Rachel Sullivan and her team used the Integra procedure, which incorporates shark cartilage rather than human tissue. They then took skin grafts from his legs, back and other areas.

Brian’s doctor, Dr. David Harrington, is a trauma surgeon and director of the state’s only accredited burn center, which treats about 100 patients each year. The burn center, while not having a designated space, cuts across every area and specialty of care at the hospital, with some beds in the surgical and trauma intensive care units set aside for burn patients.

“Burns represent an extreme of trauma,” says Harrington. “Treating burn survivors requires the tapping of multiple parts of the hospital, and these patients require complex care for months or even years: nutrition, reconstructive and plastic surgery, wound management and infection control, occupational and physical therapy. We also help the patient recover psychologically and to reintegrate into society...all the while supporting the family through social work and case management.”

Brian finally went home in September 2009, after eight painful weeks of acute care and rehabilitation. He continued rehabilitation off-site, and over the course of three years has had more than a dozen reconstructive and mobility-enhancing

surgeries on his face, arms, elbows, hands and fingers.

Once Brian regained use of his hands, he needed to relearn to tie his shoes and pick up a fork to feed himself. *“Every morning I had to stretch and stretch just to keep moving. It was two years before I began to feel sort of normal, waking up and not having to do so much. Moving my hands,*

"The face was the hardest part," Brian says. "They kept a frame strapped to my head for two weeks and used staples to keep everything in place. It was very uncomfortable, but as I told my wife and son, 'You do what you can to get better.'"

Each new patient provides an opportunity for our burn specialists to expand the types of care they offer. In 2012, at the urging of Brian and others, Harrington and his team created a burn survivor support group at the hospital that meets monthly and gives survivors, along with medical staff and counselors, the chance to share their successes and challenges, gaining strength from one another.

Today, nearly four years later, Brian is back to working part-time as a carpenter. He also visits burn patients in the hospital and has become a dedicated advocate for their care. This October, he will attend The Phoenix Society's World Burn Congress in Providence. This annual event for burn survivors and caregivers is being hosted by Rhode Island Hospital in conjunction with the tenth anniversary of The Station nightclub fire on February 20, 2003.



"While I was in the hospital, I saw a counselor, but it would have helped me in a different way to also be able to speak with another burn survivor. You get those dark days and nights, and you need someone who's been through all of it to talk with about the procedures and the pain and the recovery. It seems never-ending when you're in the middle of it, but it does get better."



David Harrington, MD (right) with his team

Rhode Island Hospital's First 150 Years



1863

Rhode Island Hospital charter is enacted by the General Assembly on March 10. Nearly \$400,000 subscribed by people of the state for construction of hospital.

1868

Hospital opens on October 1, with 60 beds; 6,000 visitors the first day.

1882

Training School for Nurses opens; 17 students enroll.

1892

Ambulance service is established.

1896

The "City Ward" for contagious diseases opens. Hospital is wired for electricity. X-ray equipment is installed.

1931

Joseph Samuels Dental Clinic for Children opens. More than 2,000 youngsters are treated in the first six months.

1963

Rhode Island Hospital celebrates centennial with large campaign to construct five new buildings.

1973

The Ambulatory Patient Center opens.



1983

The Davol Building for Emergency and Surgical Services opens.

1994

Hasbro Children's Hospital opens.

2000

First in utero fetal surgery in Northeast performed at Hasbro Children's Hospital

2004

Rhode Island Hospital first in world to use microwave ablation to destroy tumors.

2005

Rhode Island Hospital opens new emergency department that includes 4- and 16-slice CT scanners, chest pain unit and critical care unit.

2008

Rhode Island Hospital first in world to use the Axxent Electronic Brachytherapy system to treat endometrial cancer.

2009

Rhode Island Hospital first in nation to treat an inoperable kidney tumor using NanoKnife technology, employing pulses of electricity to destroy tumor cells.

2010

Rhode Island Hospital receives largest gift from the Frederick Henry Prince 1932 Trust. Used to establish the Frederick Henry Prince Memorial Fund and create the Norman Prince Neurosciences Institute.

2012

Rhode Island Hospital is first in world to acquire the BodyTom CT scanner, a portable, intra-operative, multi-slice CT body scanner.



Accomplished Clinician and Researcher Drives Effort to Study and Treat Skeletal Joint Disorders



Dr. Michael Ehrlich, Surgeon-in-Chief, Department of Orthopaedics at Rhode Island Hospital and The Miriam Hospital, is a man of glorious contradictions. He is a renowned pediatric surgeon whose research focuses on skeletal joint disease typically associated with adults. His patients and their families describe him as a “serious and brilliant surgeon” and a “fountain of knowledge” who is also a “giant teddy bear” and a “marshmallow” with children. Dr. Ehrlich, who has been instrumental in building the orthopaedics program at Rhode Island Hospital and Hasbro Children’s Hospital over the past 22 years, sees a direct connection between his clinical practice and his research.

“Arthritis starts in childhood for many people, and by understanding the principles behind the illness, we hope to intervene early and minimize damage down the line,” he says.

He notes that many children and young adults incur injuries to joints that can have a long-term impact. *“If we can change what happens at the time of the injury, we may be able to prevent them from having arthritis in their 50s.”*

His research at Rhode Island Hospital’s Center of Biomedical Research Excellence (COBRE) in Skeletal Health and Repair is making progress toward that goal. Years ago, Dr. Ehrlich demonstrated that the enzymes that destroy the cartilage matrix are found in the cartilage itself and that the severity of the skeletal joint disease is directly connected with the level of these degradative enzymes.

Winner of the Kappa Delta Award from the American Academy of Orthopaedic Surgeons as one of the nation’s best orthopaedic researchers, Dr. Ehrlich was one of the first to demonstrate that a rabbit model of osteoarthritis had the same biochemical properties as the human disease. He came to Rhode Island Hospital and Brown University from Boston in 1990, after serving as chief of pediatric orthopaedics at Massachusetts General Hospital and Harvard Medical School. *“Coming to Rhode Island Hospital was an amazing opportunity to build something from the ground up. It was kind of like working at Apple in the early days—when they were working in the garage!”*

There were only four orthopaedic doctors at Rhode Island Hospital then. Now, there are 30 in his department. He also leads a team of dedicated researchers looking at various aspects of arthritis and skeletal disease while continuing to attract prominent grants.



Dr. Qian Chen, who is the Ehrlich Professor and works alongside Dr. Ehrlich, led the COBRE in Skeletal Health and Repair, which has been awarded a \$10.8 million grant from the National Institutes of Health (NIH), one of the largest grants in our hospital's history. This five-year grant funds Phase II of a long-term study of cartilage and joint health. The team had received \$11 million from the NIH for Phase I in 2007.

"The costs associated with arthritis treatment, its complications, and the resulting disabilities are enormous," says Dr. Peter J. Snyder, Lifespan's senior vice president and chief research officer. "The groundbreaking research Dr. Ehrlich's team is embarking on has the potential to help patients worldwide lead more active lives."

Nationally, 24 percent of women and 18 percent of men have cartilage joint diseases, often called arthritis. In Rhode Island, those numbers are 33 percent and 25 percent, respectively, due to the aging population. By 2030, the numbers are projected to increase by 40 percent to nearly 67 million nationally—a quarter of the adult population.

"The costs associated with arthritis treatment, its complications, and the resulting disabilities are enormous.

The groundbreaking research Dr. Ehrlich's team is embarking on has the potential to help patients worldwide lead more active lives."

— Dr. Peter J. Snyder

Dr. Ehrlich envisions a time when we can do more than just treat these conditions. *"I get excited every day at what we are doing. We are close to finding a treatment for arthritis. Other than joint replacement, there is no real treatment now. We can palliate symptoms but not stop arthritis. The endgame is*

to stop, reverse or repair the destruction. The goal is to ultimately be able to not just fix patients, but to understand the biology of the disease to prevent further damage."

That is why Dr. Ehrlich has dedicated his professional career to this area of study. *"I started in internal medicine but felt I couldn't do research and still have time to*

make people better. I would have to choose one or the other. If I were a surgeon I could still help a certain number of children walk or improve their lives and at the same time I could close in on treating a disease that affects millions of people."

"The hospital and the research administration have been extremely supportive in giving me the opportunity to recruit and keep researchers," Dr. Ehrlich says. "We have a system that allows them to grow in many ways. We have built an empire of research and creativity."

Kristen Kasper Leaps Beyond Expectation

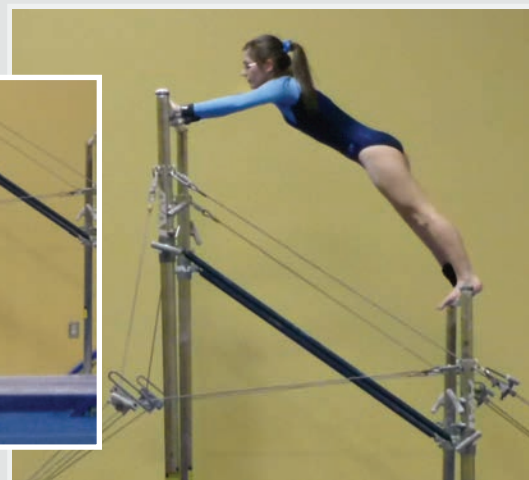
Kristen Kasper, a patient of Dr. Ehrlich's who is now a competitive high school gymnast, knows firsthand the difference creativity and a can-do approach in research and patient care can make.

Kristen was born with fibular hemimelia, which affected the development of her right leg and foot. When she was just two weeks old, a pediatric surgeon in Boston wanted to amputate the leg because it was shorter than the other and the foot only had three toes. Research and a word-of-mouth referral led Kristen's family from their home in Nashua, New Hampshire, to Dr. Ehrlich at Rhode Island Hospital.

Marilyn Kasper, Kristen's mom, recalls what a relief it was to meet Dr. Ehrlich. *"He was shocked they wanted to amputate. He looked at it from the approach of 'This is a kid. What can we do to make it work?'"* she recalls.

Dr. Ehrlich proposed an involved treatment plan to lengthen the right leg through surgery and bracing.

With his surgical team, Dr. Ehrlich cut the femur and implanted a device called an Ilizarov apparatus that they pinned to the two pieces of bone to stretch the leg.



They also put staples in Kristen's other leg to stunt its growth. *"It was harrowing surgery and lengthy recovery, but it worked,"* Marilyn says.

Now, four surgeries and 16 years later, Kristen is an active teenager. She had her final appointment with Dr. Ehrlich two years ago, but he's always available if she needs him. She competes on the uneven bars in gymnastics, plays tennis and swims. She can't imagine her life any other way.

"I had no idea until a couple of years ago that they talked about amputating my leg. I'm so glad we found Dr. Ehrlich."

Facing Herself in the Mirror Again: A Woman's Struggle with Body Dysmorphic Disorder

For Heather Davis, it started in seventh grade. While everyone else saw an adorable young woman with long eyelashes, Heather saw a hideous face disfigured by acne. Feeling as though others were staring at her and seeing only imperfections in the mirror, Heather became withdrawn and often missed school.

"I always felt like I didn't fit in—that I was too ugly to leave the house. It became an obsession," Heather says.

Despite reassurances from family and friends, and the hope that she was going through normal adolescent insecurity, by the time she was 19, Heather felt her life spiraling downward. She and her mother were watching television one night when they saw a show about body dysmorphic disorder (BDD) and Dr. Katharine Phillips's specialized treatment. Her mother urged her to call.

"I don't think anyone could really understand what I was going through," Heather says. *"I had never heard of BDD until I saw that show."*

BDD is a serious psychiatric disorder that affects nearly 7 million Americans, making it more prevalent than anorexia nervosa or schizophrenia. While BDD occurs around the world, until recently it has been significantly under-recognized, including in the United States.

Facing the Problem

At Rhode Island Hospital, we offer one of less than a dozen BDD specialty programs in the country and are leading the field with groundbreaking research and treatments. The program attracts patients from across the nation.

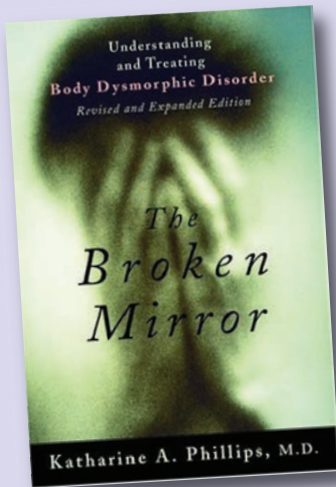
Those with BDD are obsessed with perceived flaws in their physical appearance that are not observable to other people or appear only slight. BDD most commonly involves preoccupation with one's skin, nose or hair, although any area of the body can be the focus of concern. The disorder brings about anxiety, depression, and even thoughts of suicide. Patients often avoid social situations, frequently check mirrors, conceal disliked body areas, pick at their skin,



and may undergo unnecessary cosmetic procedures such as surgery and dermatologic treatment. Substance abuse, depression and obsessive compulsive disorders frequently accompany BDD.

"BDD causes tremendous suffering and can ruin patients' lives. It's common for people to suffer with BDD for decades before the disorder is properly diagnosed," says Dr. Katharine Phillips, the program's director at Rhode Island Hospital and a professor of psychiatry and human behavior at The Warren Alpert Medical School of Brown University. Phillips is internationally known for pioneering research studies on BDD for more than 20 years.

"BDD can easily be confused with vanity, but it's not vanity. The preoccupation and distress that BDD causes, and the way it impairs day-to-day functioning, differentiates the disorder from more normal appearance concerns. People get caught up in their preoccupations and rituals, such as excessive grooming and mirror-checking, that typically interfere with their schoolwork, their job and their relationships; it's distressing, difficult to concentrate and focus, and usually causes social anxiety."



While BDD's onset ranges from early childhood to middle age, the most common age of onset is 13 and nearly two-thirds of sufferers experience the disorder by age 18. A recent study found that 20 percent dropped out of school as a result of BDD.

While some might envision BDD as affecting mostly women, approxi-

mately 40 percent of sufferers are male. Women, however, are more likely to develop an eating disorder in addition to BDD, while men are more susceptible to a form of BDD known as muscle dysmorphia and may abuse potentially dangerous anabolic steroids to gain muscle mass.

Retraining the Brain

Research has also found that BDD patients experience abnormalities in visual processing. The part of the brain that looks at the big picture, or holistic visual processing, is underactive, while the part that processes detail is overactive.

"This research underscores that BDD is a brain-based disorder," says Phillips. "It's critical that we understand what's going on in the brain to determine why these patients have distorted views of themselves. What they report seeing is not what others see."

Phillips and her team employ medications such as serotonin re-uptake inhibitors (SRIs) and have also developed a unique type of cognitive behavioral therapy (CBT) that helps patients control obsessive thoughts about their appearance while working to correct misconceptions in thinking. For example, they learn that they cannot predict or know what others are thinking.

Patients practice leaving the house and participating in social activities, avoiding excessive mirror-checking, and refraining from other harmful behaviors.

In late 2011, Phillips and her team at Rhode Island Hospital received a \$1.5 million grant from the National Institute of Mental Health for a five-year study on the effectiveness of Phillips's and her colleagues' CBT for BDD versus supportive psychotherapy—the kind of therapy that most BDD patients receive in the community. It is the first

study of its kind and is providing 22 sessions of treatment to 120 adults with BDD.

As part of the study, Phillips and a team of researchers are comparing the long-term effectiveness and durability of CBT in reducing BDD symptoms and improving quality of life. Whereas supportive psychotherapy focuses on establishing a strong relationship with a patient, supporting adaptive coping skills, and expressing emotion, CBT focuses on learning specific skills to change one's thinking, distorted perceptions, and problematic behaviors. In January, Phillips and her coauthors published a CBT treatment manual for clinicians.

"Cognitive behavioral therapy is a very here-and-now and practical form of therapy," says Phillips.

While more research is needed to fully understand BDD, the work being done at Rhode Island Hospital is making incredible progress in changing lives.

"It's important to understand how common and severe

BDD truly is. Someone you know may have it; it's often hidden," Phillips says. "It's easy to trivialize, but it may be one of the most impairing of all psychiatric disorders. With the right treatment, most patients get better."

Seventeen years have passed since Heather, now 36, first met Phillips and began treatment. Today, she is a speech

and language therapist for young children. She approaches each day with a newfound zest for life, no longer obsessing in front of the mirror.

"I definitely go out more than I used to; it's become a lot easier," she says. "Had it not been for Dr. Phillips, I don't even want to think about where I'd be."

**"Had it not been for
Dr. Phillips, I don't even
want to think about
where I'd be."**

— Heather Davis



Katharine Phillips, MD


Edwin G. (Garry)
Fischer, MD

Michael W. (Misha)
Joukowsky


Scott Donnelly



David Dooley



Brad Faxon



Ted Fischer



Charles Gustin



Richard Horan

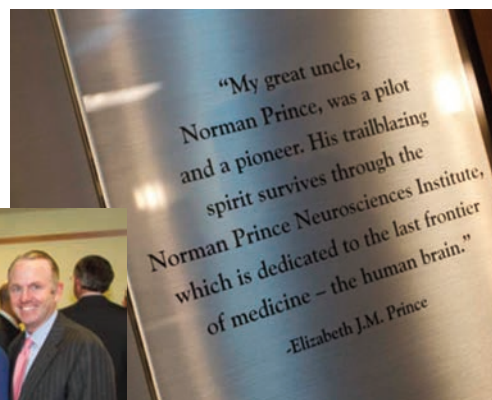
Dedication of Norman Prince Neurosciences Institute Draws a Crowd

On October 17, Rhode Island Hospital formally dedicated the Norman Prince Neurosciences Institute (NPNI) and recognized the founding family of the NPNI—Elizabeth J.M. Prince, Guillaume de Ramel, Diana Oehrli, and Régis de Ramel. The NPNI was established in 2010 with a \$15 million gift from the Frederick Henry Prince 1932 Trust—the largest single gift in Rhode Island Hospital’s history.

As the clinical arm of the Brown Institute for Brain Science, the NPNI brings together the state’s leading experts in neurosurgery, neurology and psychiatry and connects them with the top brain scientists at Brown.



L-R. John Robson, PhD, administrative director; Edward J. Wing, MD, dean of medicine and biological sciences at Brown University; Karen Furie, MD, co-clinical director; G. Rees Cosgrove, MD, FRCS, co-clinical director; Guillaume de Ramel; Elizabeth J.M. Prince; Molly de Ramel; and Timothy J. Babineau, MD, president, CEO of Lifespan, and president, Rhode Island Hospital



Inscription on NPNI plaque

New NPNI Advisory Council Named

The NPNI Advisory Council supports the mission of the institute to advance the neurosciences and reduce human suffering from disorders of the nervous system through world-class research, outstanding clinical care and advanced education. Its co-chairs are **Edwin G. (Garry) Fischer, MD**, an associate professor of surgery at Harvard Medical School who is on the staff of the Beth Israel Deaconess Hospital in Boston, and **Michael W. (Misha) Joukowsky**, chairman of GCi Acquisition Corp. and co-founder and manager of Resolute Racing Shells in Bristol, R.I.

Advisory Council members (pictured above) include:

Scott Donnelly, chairman and CEO of *Textron, Inc.*
David Dooley, president of the *University of Rhode Island*
Brad Faxon, 28-year PGA TOUR veteran
Ted Fischer, president of *ConnectEDU, Inc.*
Charles Gustin, chairman and CEO of *Gustin Partners, Ltd.*
Richard Horan, senior vice president of the *Slater Technology Fund*
Richard Murphy, PhD, founder of *Richard Murphy & Associates, Inc.*
Paul O'Reilly, president and CEO of *Newport Harbor Corporation*
Jonathan Roberts, executive vice president of *CVS Caremark Corporation* and president of *CVS Caremark Pharmacy Services*
Tom Ryan, former chairman and CEO of *CVS Caremark Corporation*
Paul Salem, senior managing director at *Providence Equity* and director of *Education Management Corp.*
Neil Steinberg, president and CEO of the *Rhode Island Foundation*
Diane Weiss, psychologist and neuroscience researcher
Laurie White, president of the *Greater Providence Chamber of Commerce*



Richard Murphy, PhD



Paul O'Reilly



Jonathan Roberts



Tom Ryan



Paul Salem



Neil Steinberg



Diane Weiss



Laurie White

Dr. Steven Rasmussen Named Chair of Psychiatry and Human Behavior



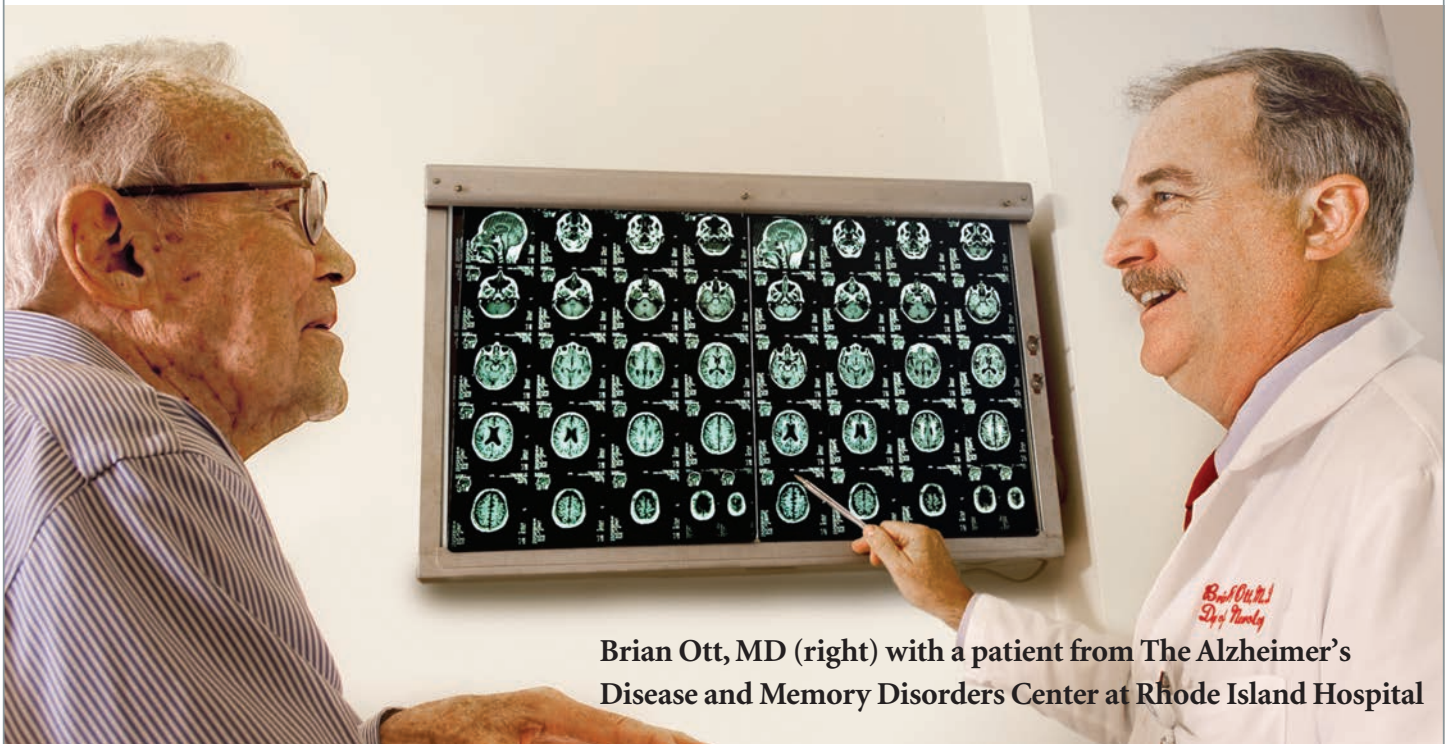
Dr. Steven Rasmussen, a clinician and scientist widely known for his research in developing circuit-based neuromodulatory treatments for psychiatric disorders, is the new chair of the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University.

He now oversees academic activities in psychiatry, human

behavior and brain sciences across all Brown University affiliated hospitals. His appointment completes a series of three key hires of academic chairs and clinical chiefs over the past two years. He joins Dr. Karen Furie, chair of neurology, and Dr. G. Rees Cosgrove, chair of neurosurgery.

In his 29 years at Brown University and Butler Hospital, Rasmussen has collaborated with Rhode Island Hospital neurosurgeons to develop, study and implement precise treatments such as gamma knife surgery to treat obsessive-compulsive disorder and deep brain stimulation to treat depression. In November 2012, Rasmussen and John Donoghue, director of the Brown Institute for Brain Science, helped to dedicate the new Center of Excellence for Neurorestoration and Neurotechnology at the Providence VA Medical Center.

"Steve has long been a vital part of the rich medical and scientific fabric of Providence," says Dr. Timothy J. Babineau, president and CEO, Lifespan, and president, Rhode Island Hospital. "His appointment is a critical one—it is the final step to support the growth of the Norman Prince Neurosciences Institute, bridging psychiatry with neurosurgery and neurology, and will further strengthen our collective role as a leader in the neurosciences."



Brian Ott, MD (right) with a patient from The Alzheimer's Disease and Memory Disorders Center at Rhode Island Hospital



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PO Box H
Providence, RI 02901

President's Pursuit of Excellence Dinner Raises Nearly \$300,000 For Rhode Island Hospital

On November 14, more than 550 people gathered at The Westin in Providence for the fourth annual President's Pursuit of Excellence Dinner for Rhode Island Hospital. Hosted by Timothy J. Babineau, MD, president and chief executive officer of Lifespan and president of Rhode Island Hospital, the event kicked off the hospital's yearlong 150th anniversary celebration. Generous supporters helped raise more than \$290,000 to benefit clinical care, research and education at the hospital. The Rhode Island Hospital Guild was the signature sponsor.

The event honored three champions of the hospital: individual champion David A. and Heidi Kirk Duffy;

community champion The Champlin Foundations; and partner in service champion, the Rhode Island National Guard. *"Their extraordinary passion and commitment to Rhode Island Hospital truly deserve recognition. They are shining examples of what is possible when hard work and motivation come together for a great cause,"* says Cathy E. Duquette, executive vice president, nursing affairs, Lifespan, and senior vice president and chief quality officer, Rhode Island Hospital, who co-chaired the event with James Winoker, chief operating officer of Belvoir Properties, Inc., and David Winoker, president of Belvoir Properties.

Please join us for

Rhode Island Hospital's 150th Anniversary Celebration

Saturday, November 16, 2013

Rhode Island Convention Center

You too can continue to Advance Medicine and Touch Lives at Rhode Island Hospital through your generosity.

We invite you to learn more by contacting
Sara Bomberger, 401-444-6213 or sbomberger@lifespan.org or
Emily Quinn, 401-444-6509 or equinn@lifespan.org

Visit us on the Web at www.rhodeislandhospital.org
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