

Advancing Medicine. *Touching Lives.*

A publication for
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Rhode Island Hospital
Fall 2012

**Driving 37 years of
cardiac advancement:
Dr. Arun Singh**

Full story on page 3



Rhode Island Hospital
A Lifespan Partner

A Message

from the President and Chief Executive Officer



As Rhode Island Hospital prepares to celebrate its 150th anniversary next year, it is my great privilege to continue to steward Rhode Island Hospital and The Miriam Hospital on their well-traveled path of advancements. It is also my great honor to be named the new president and chief executive officer of Lifespan.

Health care has become the foremost societal, political, judicial and economic issue of our time. Now health care is beginning a transformation that, if executed correctly, will retain the best of what we have and combine it with new models of care that are more patient-centered, less fragmented, more accessible, and more affordable. I believe that Rhode Island Hospital—with emerging and evolving centers of excellence such as our Norman Prince Neurosciences Institute, Cardiovascular Institute, and Comprehensive Cancer Center featured in this issue—has the opportunity to help shape that transformation right here in our community, where its impact will be the most tangible and needed.

At our *President's Pursuit of Excellence Dinner* on November 14, we will celebrate three champions who have helped further the mission and vision of Rhode Island Hospital: **David A. and Heidi Kirk Duffy**, our individual champions, whose gifts and leadership have truly made a difference here in the lives of our patients and their families; **The Champlin Foundations**, our community champion, whose support extends from their first gift of \$50 to provide eyeglasses to needy patients in 1933, to their multimillions in support of the construction of Hasbro Children's Hospital in 1991, to funding crucial advances in brain science today; and the **Rhode Island National Guard**, our partner in service champion, whose courageous members exemplify the very best of what it means to serve the public good, and the region's children and families, through their annual Open House and Air Show.

We have the tripartite mission of clinical care, creating new knowledge through research, and training the next generation of health care providers. There is absolutely no reason anyone in southern New England should travel outside our community to get the best care American medicine has to offer. As the state's premier academic medical center and only Level 1 trauma center, we have a moral obligation to provide the latest and most technologically advanced care close to home. I am personally committed to making sure this happens.

Working together with you and other generous donors, I know we can—and will—make this a reality.

In the steadfast pursuit of excellence, I remain,

Sincerely yours,

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



A Legacy of Care, A Vision for the Future

In nearly 40 years of cardiac surgery, Dr. Arun Singh has seen just about everything that can go wrong with a heart. He has performed countless open heart surgeries—he stopped counting after his staff hosted a 10,000th surgery party in the late 1990s.

Yet, as he approaches his fifth decade in the field, Singh clearly isn't ready to retire. Upon first meeting him, his vibrancy and commitment to the field and his patients are readily apparent. He clearly thrives on the intensity of his discipline.

Singh is a clinical professor of surgery at The Warren Alpert Medical School of Brown University and a surgeon in the Division of Cardiothoracic Surgery and Division of Surgical Research at Rhode Island Hospital. He is also the author and co-author of 150 articles in peer review journals, and a member of numerous prestigious societies.

"We are now saving patients that 40 years ago, we couldn't have offered anything. The patients we are treating now are older and sicker because we are able to extend life later," Singh says.

The number of open heart surgeries has decreased

nationally. People are generally healthier longer as a result of better preventive care, diet, exercise, non-invasive procedures and technology such as intracoronary artery stents for coronary artery disease. What this means in practice is fewer open heart surgeries are required—but the ones that do happen are more complicated. This is among the things that keep Singh going in his high stakes career.

The medical issues created by "older and sicker" patients don't concern him; they invigorate him. *"I like the challenge, the drive to make someone better, to serve people."*

Sitting comfortably behind a desk in a consulting room after completing a lengthy emergency surgery, Singh leans forward with enthusiasm as he talks about his love—cardiac medicine. *"Heart surgery is a team effort requiring the cooperation and expertise of many specialties and personnel. The team includes cardiologists, anesthesiologists, nurses, physician assistants, the perfusion team, intensivists, and many more ancillary personnel. We are fortunate to have a great team here at Rhode Island Hospital, and working together we are able to take care of older and sicker patients. Our outcomes are a reflection of all of us."*

As one might expect of a surgeon who literally has a patient's heart in his hands when he goes into the operating room, Singh is confident, direct and focused—in conversation

and in practice. Yet, perhaps surprisingly, his patients speak about his caring and commitment as much as his admirable expertise.

Ray Hutchins relates that when he went to Singh for surgery a year ago, the cardiothoracic surgeon remembered him from a consult 15 years prior. *"I don't think it's just because my case was so unusual. He really remembered me. He is just an incredible person."*

Singh says he tries to get to know his patients and get a feel for their life, rather than just focusing on their case. *"I like to develop a personal relationship. That's my nature."*

Does this help him in the surgery or make it more difficult? *"It definitely helps,"* he asserts immediately when asked. *"I think about my patients at night before I go to bed and I wonder if they are going to be OK...if they will still be with us."* The weight of this question upon him is evident. He manages by focusing on helping those he can, now and in the future.

He is somberly reflective about the individuals he couldn't save and very understated about his achievements in his distinguished career. *"I think I'd say I tried my best. Most of the time we are successful but sometimes we're not. The disease is just too advanced. It's very painful and frustrating in those circumstances—for us and the family."*

He modestly sidesteps questions about his numerous achievements, turning the conversation back to today and the future. *"It's not so much about the number of operations I do—it's my goal to help to build a world-class cardiac facility for the people of Rhode Island."*



"We are now saving patients that 40 years ago, we couldn't have offered anything."

— Dr. Arun Singh

His approach and his perseverance are inspired by his roots. *"I grew up in Patna, India, about 30 miles from where Buddha was enlightened. I used to visit there. And I see the same tree that Buddha sat beneath. Although I am not Buddhist, it gave me great strength and inspiration and allowed me to focus on what I do."*

That perspective balances the intensity of the operating room. He notes that in the 38 years since he was recruited to Rhode Island Hospital, originally for pediatrics, he has had the same secretary, Cindy, despite all the other changes taking place around him.

His personal life also reflects that consistency and commitment. He has been married to his wife, Barbara, for 42 years. *"Without her love and support, I would not be able to do what I do."* Their shared desire for a "nice place to raise a family" played a strong role in his decision to come to Rhode Island.

He was recruited to come here for pediatric surgery after completing his residency at Columbia Presbyterian Medical Center in New York City and his fellowship at the Hospital for Sick Children in London. He earned his medical degree with honors from Darbhanga Medical School, Bihar, India.

His wife encouraged him to look seriously at Rhode Island Hospital, rather than other more well known or better paying positions, because the area would be a great place to live and raise children. The couple found what they sought: they have lived in the same home where they raised their two children since first moving to the state in 1972.

The children are now grown and pursuing their own interests in New York City, but Singh and his wife are content right here. *"Rhode Island Hospital gave me a tremendous opportunity and I'm delighted we came here. I work with wonderful people and Rhode Island is a very nice place to live. I am fortunate to have two mother countries—India gave me life and America gave me opportunity."*

In addition, the commitment to cardiology by Lifespan and Rhode Island Hospital means a great deal to the physician. He is invigorated by the recent creation of the Cardiovascular Institute (CVI), a collaborative effort between two outstanding cardiac centers—Rhode Island Hospital and The Miriam Hospital.

As with the continuous change in the field itself, Singh views the creation of the combined cardiac center at Lifespan positively. *"We don't live in a static environment."*

Change is part of nature. If you don't make changes, you are not going to be at the forefront for treatment of cardiac disease."

Both Rhode Island Hospital and The Miriam Hospital have rich histories and strong track records in cardiac care. It is this proud tradition of excellence that drives Singh to want to do more. *"We are building upon the work and successes and upon what those who came before us have created. We stand on their shoulders and will try to build a bigger and better program."*

While the number of open heart operations has decreased due to the success of other interventions, he notes that cardiac is still the leading cause of death in the United States and in Rhode Island.

"You or one of your family members will likely be affected by it. We have an obligation, a duty to make sure patients have a top notch cardiovascular facility to go to for the latest in care, right here in Rhode Island. Such a facility will provide state-of-the-art care for future generations."

Heart Surgery Invigorates Patient's Life

After two decades of living cautiously, Ray Hutchins now approaches life with vigor. He no longer lives with the constant fear that the aneurysm in his heart will burst. He is more "awake" and energetic, and it shows.

This spring, Ray signed up for, and completed, a 5K walk for the first time in his life. *"My goal now is to enter and run a 5K. I feel like I can do it all now,"* Ray says.

He credits Dr. Arun Singh and the cardiac team at Rhode Island Hospital with this transformation. Last year, Singh repaired his aortic valve and reconstructed the aortic root where the aneurysm was located. This is known as the "David" procedure, named after its inventor, Dr. Tirone David. Only a handful of hospitals on the east coast perform this kind of procedure, and Rhode Island Hospital has been doing so for the past 15 years.

The results have been dramatic for Ray. *"I think my medical situation impacted my endurance and my life far more than I realized. It was always in the back of my mind. Now, I am confident that I can do whatever I want."*

The problem—a leaky aortic valve and a related aneurysm—was discovered in a routine exam about 20 years ago. It wasn't just any leaky valve. The location of the aneurysm, at the root of the aortic valve, posed an added challenge.

Ray also has a mild case of Treacher-Collins syndrome, a rare hereditary condition occurring in 1 in 10,000 births, which, interestingly enough, is not directly related to the heart condition. For Ray's treatment, it was vital for the team to understand the syndrome and cross-reference any procedure or medication to avoid complications.

When the cardiac problem was first diagnosed, the only choice surgeons were able to offer was to replace the



damaged valve with a mechanical one, which would require Ray—who wasn't even 30 yet—to be on blood thinners for the rest of his life.

Last year the effect that the leaky valve had on his heart had worsened; his heart had enlarged. Even doing basic yard work was becoming too much. *"I thought it was my age. I told myself, 'You're not 20 anymore.'"*

It was time to fix the problem, and Ray's cardiologist, Dr. Michael Gilson, was confident they could do just that. *"Dr. Gilson said, 'We are going to take care of this whether we have to go to Boston, Cleveland or wherever.'"*

Ray went back to Singh, who surprised him by remembering him. *"He has an excellent memory and is just an incredible person. When I met with him, he told me he had just performed the same procedure on an 18-year-old yesterday."*

He gave me the feeling that ‘we have a job to do and we are going to do it the best way possible.’ I knew that he would do the best that could be done.”

Singh selected a specific anesthesiologist who was familiar with Treacher-Collins syndrome and this kind of operation; the entire team had heightened awareness and read up on the syndrome to provide the best possible care.

“Singh and Gilson assured me that I would be able to do all that I had been doing and more.”

They were right. Even though the surgery took nearly eight hours—the aneurysm was thinner than they thought—Singh and his team got the job done.

As Ray recalls from the six-month follow-up visit, Singh characterized it as a tough surgery and said, *“I’m very pleased.”* For a man of few words, that was very telling, Ray says.

The operation restored his valve to near optimal

function. *“Not only do I feel great, but I don’t have to take the blood thinning medicine for the rest of my life.”*

“The results I am experiencing are a testament to the expertise and quality of care at Rhode Island Hospital,” he adds. “I am the beneficiary of Dr. Singh’s life achievements. It’s quite profound.”

Ray believes his overall health, which was generally good because he tried to take care of himself, also contributed. *“I never let physical challenges stop me, but thinking back, I think it impacted my endurance so I was never motivated to do a specific exercise regime or participate in sports.”*

Now he exercises regularly and has a new outlook on life with his wife and two children. *“It sobers you a bit. It was surreal. It’s not like I had a heart attack or even chest pain. I never had extreme pain, just fatigue and some discomfort. I had built it up in my mind for 20 years. It’s such a relief that this thing that was constantly with me is gone.”*

Humor Keeps This Lifelong Cardiac Patient Going



I’ve got \$40,000 worth of cardiac equipment embedded in my chest,” says Rudy Wilson Galdonik. And she says it every chance she gets, all in the name of helping others deal with heart disease.

Rudy was born with a congenital heart defect that wasn’t discovered until she turned 5. She was monitored

occasionally throughout her childhood because options for children born in the 1950s were so limited. When she turned 25, bad heartbeats finally convinced doctors to operate. Her first open heart surgery was in 1978 to patch a hole between the top two chambers of the heart and to repair a leaky mitral valve (AV canal).

After recovering from her first surgery, Rudy was told that she was cured because that was what doctors believed in the 1970s. Then in 1999, Rudy, who had been living in Rhode Island since 1995, was hospitalized at Rhode Island Hospital with a heart infection. Several months later, she suffered cardiac failure resulting from damage that the infection had caused. At age 47, she needed to have heart surgery again. She went to see Dr. Arun Singh, who ultimately replaced both her damaged aortic and mitral cardiac valves with mechanical ones.

“When my cardiologist, Dr. Alan Sherman, said I needed surgery, I said, ‘Let’s pretend I’m your wife. Who would you want to operate on her?’ He immediately said, ‘Dr. Singh.’ So I was confident.”

Now a veteran of cardiac care—including getting a pacemaker installed in 2000—she jokes about being just short of bionic and the woes of getting through airport security with all that equipment inside her.

Joking aside, she knows the realities of heart disease

and readily shares her insights and her energy to help others cope. She travels, speaking nationally on women's heart disease. She brings her unique blend of optimism and pragmatism to audiences, adding a strong dose of humor as she relates her personal and inspiring experiences. And she encourages audiences to "see the funny" in life's challenges.

Rudy didn't set out to be a motivational speaker or advocate. It just kind of happened after she wrote a first-person story for *The Providence Journal* in 1995 about relocating to Rhode Island, and losing her husband to cancer just four months later. At age 42, she was a widow.

A local women's group asked her to come share her experiences with death and loss, and the rest is history. She was soon speaking for the American Heart

Association's women's group and ended up developing a business as an inspirational speaker. She is also a published author with her own book, *Take Heart!*, and inspirational stories in *Chicken Soup for the Soul*, *Teatime Stories* for

Women, *Stories of God's Abundance*, and *Teens Can Bounce Back* as well as numerous articles. In 2007, she was asked by Praeger Publishers to write a chapter offering the patient's perspective for a book on the business of health care titled *Improving Systems of Care*.

Hailed as the Erma Bombeck for the 21st century, Rudy uses humor "to encourage women to step out to be all they were meant to be and to see today's challenges as tomorrow's credentials."

She embodies this philosophy. "When I had my first open heart surgery I thought afterward that I was fragile. But I learned that wasn't true. When I had my valves replaced, I knew better. I realized that if Dr. Singh said I could do something, I had to push myself to the limits."

Now, she is back on the speaking circuit and able to do the things she enjoys, such as hiking

on a recent vacation. "I have a love-hate relationship with the blood thinners I have to be on," Rudy says, adding, "I am fortunate that I have the energy and the ability to live a full life. I'm very grateful for what Dr. Singh and his team have done."

"I am fortunate that I have the energy and the ability to live a full life. I'm very grateful for what Dr. Singh and his team have done."

— Rudy Wilson Galdonik



The Cardiovascular Institute

The newly created Cardiovascular Institute (CVI) is committed to providing leading-edge cardiovascular care, close to home.

Rhode Island and The Miriam hospitals have consolidated their cardiovascular surgery programs and are able to offer patients renowned surgeons, highly skilled and experienced nurses, the most advanced technology and a world-class healing and recovery environment.

Patients can choose to go to either hospital for intervention procedures, based on their own and/or their cardiologist's preference. If it turns out that they need more extensive cardiac care, such as open heart surgery, they would be transferred to Rhode Island Hospital. In the past year, the two facilities performed about 9,700 cardiac procedures, including 700 open heart surgeries.

Both facilities have earned numerous coveted awards for their level of cardiac care and expertise. The Miriam Hospital was named among the nation's 100 top hospitals for cardiovascular care by Thomson Healthcare, formerly Solucient, six times in the past 10 years. Rhode Island Hospital's Critical Care Unit has earned the Beacon Award for Critical Care Excellence, the most prestigious award possible for critical care nursing. Rhode Island Hospital is the only adult unit in Rhode Island and the Boston area to be so honored. The Beacon Award for Critical Care Excellence has been given to just four percent of the more than 6,000 critical care units in the United States.

By combining the strengths of the cardiothoracic surgeons from both hospitals into one institute, patients now reap the benefit of all that combined experience and the surgeons and staff keep their skills finely honed.

We are highly experienced with techniques such as off-bypass coronary artery bypass and less invasive approaches to valvular and other types of cardiac surgery. Widespread use of these techniques means that many of our patients leave the hospital within four days of their operation and return to work within two or three weeks. Transcatheter aortic valve replacement (TAVR) is currently

being performed at Rhode Island Hospital, one of a few institutions in the Northeast using this technique.

We also offer an innovative array of more traditional invasive cardiac surgeries for coronary artery disease, valvular disease, surgery on the aorta, heart rhythm abnormalities, and heart failure. With the exception of transplants, we perform all types of complex cardiac surgeries each year with a high success rate. The sheer volume of our open heart surgeries and positive results underscores our skill and expertise.

"The creation of the Cardiovascular Institute is a significant step in the development of cardiac care in Rhode Island. It is the fruition of years of planning. We are excited by the enhanced opportunities it presents for all facets of cardiac care. Our staff is already working on shared research and collaborating on cases in ways that would not have happened before," says Dr. Frank W. Sellke, chief of cardiothoracic surgery at Rhode Island Hospital and The Miriam Hospital. *"We also continue to invest in our cardiac facilities to ensure our surgeons and staff have access to the best and the latest technology and that our patients benefit from an environment that is most conducive to healing and recovery."*

Dr. Arun Singh adds, *"We have a tremendous opportunity here. With the institutional commitment to the CVI, we have the opportunity to create a prime institution for the vast majority of complex cases. I'd like to see us develop it so that in 10 years we are on par with the world-renowned cardiac centers such as The Mayo Clinic and the Cleveland Clinic."*



Braving the Brain's New Frontiers

When Dr. Garth Rees Cosgrove was 10 years old, his pet dog—a mutt his family adopted from a pound—started having seizures.

Cosgrove's father, a neurologist at the Montreal Neurological Institute, suspected a brain tumor or distemper. As the seizures worsened, the dog was given an anti-seizure drug, but it worked for only a few months. One morning, the family found their dog seizing continuously and it had to be put to sleep. The ending was sad for everyone. As heartbreaking as this was for young Cosgrove to witness, it sparked an insatiable interest in the workings of the brain, leading him on a path of remarkable innovation... and ultimately, to Rhode Island Hospital.



Dr. Garth Rees Cosgrove

A Unique Opportunity

Dr. Cosgrove completed his residency in neurosurgery and later served as chief resident in neurosurgery at the same institution where his father practiced—the Montreal Neurological Institute. The Institute was founded in 1934 at McGill University by Dr. Wilder Penfield, who had the novel idea of combining patient care with research in the same building. Today, it is one of the world's preeminent neuroscience institutes.

Cosgrove has had a distinguished career as a surgeon, educator and researcher in Canada and the United States. He was associate professor of surgery at Harvard Medical School and attending neurosurgeon at Massachusetts General Hospital. This led to positions as chair of the neurosurgery department and senior neurosurgeon at Lahey Clinic in Burlington, Massachusetts. He was also professor of neurosurgery at Tufts University School of Medicine.

In 2010, Cosgrove was approached by Brown University and Rhode Island Hospital to become the new chief of neurosurgery. Here he would have the opportunity to build upon Penfield's model of a joint clinical and research institute while taking advantage of Rhode Island's deep expertise in the neurosciences, its impressive infrastructure for brain science research, and its connected community of physicians and scientists. Cosgrove accepted, and the program has had a spotlight shining on it ever since.



Later that year, a \$15 million gift from the Frederick Henry Prince 1932 Trust established The Norman Prince Neurosciences Institute (NPNI) at Rhode Island Hospital, helping to make Cosgrove's vision a reality.

"The reason Rhode Island Hospital is the perfect place to launch and grow the NPNI is opportunity," Cosgrove says. *"We combine world-class neuroscience at Brown University with world-class clinical activity at Rhode Island Hospital. We have them work shoulder to shoulder on a common problem, and one group informs the other. Every so often, we have that eureka moment when real discovery and real progress happen."*

A Patient's Journey – Meet Meredith

At 25, Meredith Clynes made a gut-wrenching choice. She decided to let Dr. Cosgrove open her skull and remove a part of her brain.

Diagnosed with epilepsy at age 14, Meredith—who lives in Glens Falls, New York, near Albany—added having seizures and taking medications to her list of adolescent struggles.

“As a seventh grader, I refused to accept that I was associated with the word ‘seizure,’” Meredith says. *“There are many different types of seizures, but the word conjures up this idea of an all-out, on-the-ground motion that one cannot recover from. That is often not true. Sometimes my friends and family may not even realize I’ve had one.”*

Imaging showed that she had a broad area of brain malformation in her right temporal lobe that was present from birth. Not uncommonly for those with epilepsy—and possibly due to medication shifts and hormonal changes that neuroscientists don’t entirely understand—Meredith’s seizures began in puberty and changed in presentation and frequency as she grew to adulthood.

When a seizure is coming, Meredith might feel nauseous and get a sense of déjà vu or an out-of-body feeling. Stress, lack of sleep, and exercise often bring on seizures, and the restrictions she had to impose on herself sometimes hurt her social life in college.

“It was tough having to ask, ‘If I do this, will I have a seizure?’” During her junior year of college, she tracked the patterns for her neurologist. *“I still remember a page from a purple notebook,”* she says. *“As I watched it fill with dates and times, I became more and more apprehensive, knowing my medication wasn’t doing the trick. I knew I had to talk to my doctor.”*

After graduating from college, she was evaluated at Albany Medical Center using long-term video EEG



monitoring. *“My neurologist mentioned surgery as a possibility, and at first I adamantly refused. As my medication doses increased and seizure control decreased, however, a small part of me started to think that it might not be such a bad idea.”*

Meredith knew that she would only entrust her life to the best neurosurgeon she could find. After months of research and soul-searching, she took the advice of a close friend who had been a patient of Dr. Cosgrove. In February 2012, Meredith and her parents made a 200-mile trek from Glens Falls to Providence to meet with the neurosurgeon.

“My parents and I came in with a list of questions,” she says. *“Dr. Cosgrove asked me to tell him everything from the beginning because that’s how he forms relationships with his patients. He is incredibly approachable, and there was no question I felt I couldn’t ask. He spent as much time as we needed to have all our questions answered, and he spoke in a language my family and I could easily digest.”*

A Complex Procedure

Dr. Cosgrove and his neurosurgical team first had to determine the precise location in the right temporal lobe where Meredith’s seizures originated. They performed a diagnostic operation in March 2012, exposing most of the right side of her brain, placing a grid of extremely sensitive and highly localized electrodes on the brain’s surface, and then closing over the skull and scalp. The wires came out through the top of her head and attached to EEG machines

that recorded her brain activity 24 hours a day for about a week.

“When she had a seizure, we could look at this extensive EEG record and see exactly where it started,” says Cosgrove. *“We could say, ‘It starts at electrodes 29 and 32,’ and we have images that show exactly where those electrodes are in relationship to the brain. That’s how you pinpoint the zone of seizure onset so that you know with great accuracy what*

you have to remove without causing any permanent neurologic deficits.”

Meredith returned to the operating room in early April. They removed the electrodes and, based on the EEG findings, excised that portion of the right temporal lobe that had caused her seizures.

What also makes Meredith’s case exceptional is that it provided an ideal opportunity for conducting basic research on the mechanisms of epilepsy. She agreed to allow Cosgrove’s team to place a research microelectrode array into her temporal lobe in one area, and this tiny array recorded not just from small areas of the brain, but from the individual neurons.

“One of our strengths is the application of advanced technology, specifically neurotechnology, to diseases of the nervous system,” Cosgrove says. “This procedure required all the expertise we have here at Rhode Island Hospital and

Brown University: biomedical engineers, neurophysiologists, mathematical people who could interpret these data. It provided a window into understanding—at a level that’s never been done before anywhere else in the world—what’s happening on a neuronal basis, a nerve cell basis, in epilepsy. We all felt the thrill of discovery.”

Meredith recovered from the surgeries within a few months and, as of this writing, has not had a single seizure. She looks forward to working again and possibly attending graduate school.

“I am extremely hopeful that my seizures will remain controlled. That way, I can finally begin my life—maybe even be able to drive. This surgery and the whole amazing experience at Rhode Island Hospital have allowed me to just begin. I am so thankful.”

- Meredith Clynes

Meredith’s mother and father agree wholeheartedly. *“Dr. Cosgrove and Rhode Island Hospital have brought hope back to our family.”*

“I am extremely hopeful that my seizures will remain controlled. That way, I can finally begin my life—maybe even be able to drive. This surgery and the whole amazing experience at Rhode Island Hospital have allowed me to just begin. I am so thankful.”

The Norman Prince Neurosciences Institute

Physicians and scientists at the Norman Prince Neurosciences Institute (NPNI) are committed to making scientific breakthroughs in brain sciences, developing them into effective tests and treatments, and quickly delivering these new models of medical care to patients who need them most.

The NPNI unites world-class physicians and scientists from Rhode Island Hospital and its Hasbro Children’s Hospital, Brown University and the Brown Institute for Brain Science, Butler Hospital, Bradley Hospital and the Providence VA Medical Center.

Work at the NPNI focuses on:

- Disorders of the developing brain, such as epilepsy, autism and attention deficit disorder;
- Diseases of the aging brain, including Alzheimer’s and Parkinson’s;
- Restoring function to the damaged brain, including brain-machine interfaces and deep brain stimulation.



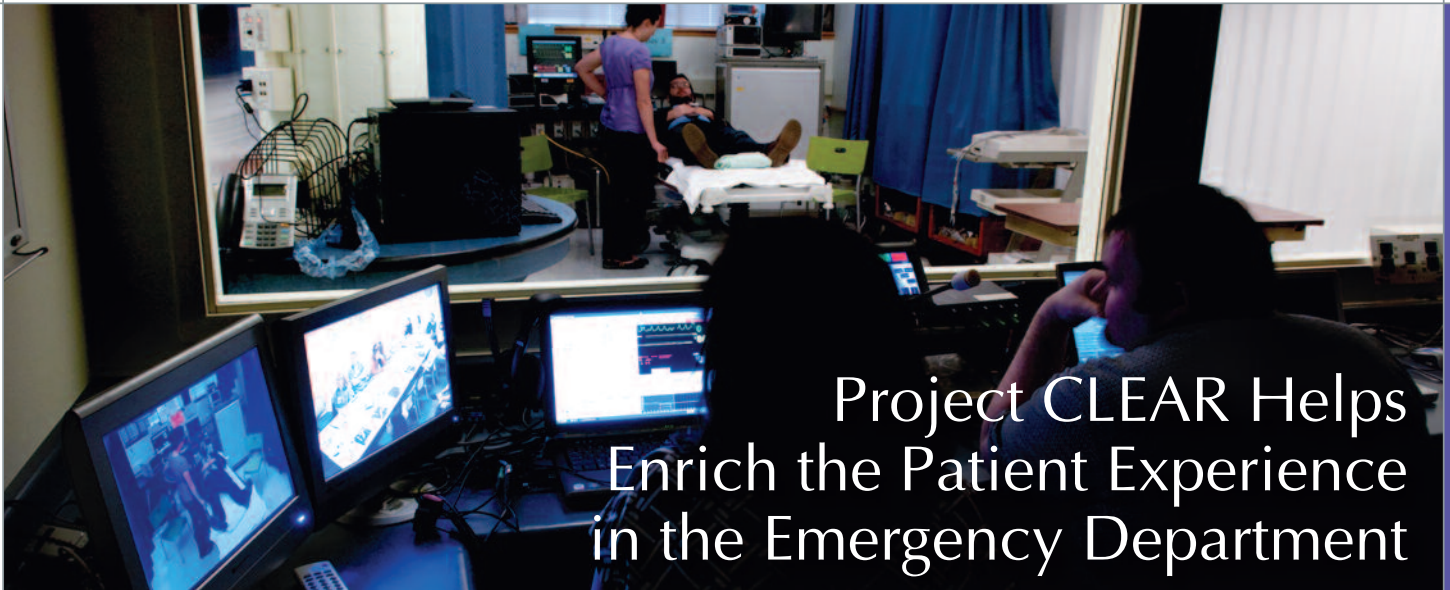
Introducing Our New Chief of Neurology: Dr. Karen L. Furie

Dr. Karen L. Furie, new chief of neurology at Rhode Island Hospital, The Miriam Hospital and Bradley Hospital, is responsible for managing clinical services, educational and research activities, and administration of the department of neurology on the three campuses. She also serves as chair of the department of neurology at The Warren Alpert Medical School of Brown University. Furie most recently served as associate neurologist and director of stroke service at Massachusetts General Hospital. She was also an associate faculty member at the Center for Human Genetic Research and associate professor in neurology at Harvard Medical School. We are delighted Dr. Furie has brought her extensive background and expertise to Rhode Island and extend the warmest of welcomes to her from the entire Lifespan family.

In Gratitude

"I never knew Dr. Melvyn M. Gelch, but he was one of the pioneer neurosurgeons here and was devoted to Rhode Island Hospital. He was beloved as a neurosurgeon. His primary goal was to ensure that the next generation of neurosurgeons was properly trained. What he did—and what Mrs. Joan Gelch and her entire family continues to do to this day—is provide funding to allow our chief neurosurgical resident to have a unique educational experience outside Rhode Island Hospital. They'll go and travel to another institution to gain insight into something they have a particular clinical interest in. Traveling around the country or around the world to see how others do things is what opens people's eyes to different approaches to a problem. It's the dissemination of knowledge. There are many ways to accomplish that, but often the best way is to actually take someone relatively knowledgeable and expose them to someone even more expert. That way they can take that additional expertise, incorporate it into their own practice back at home, and share it with their colleagues. It is a wonderful opportunity for the residents. Most hospitals don't offer that chance. The Gelch family has given Rhode Island Hospital a marvelous gift, and we are so very grateful."

Dr. G. Rees Cosgrove, Fall 2012



Project CLEAR Helps Enrich the Patient Experience in the Emergency Department

Taking very good care of our patients' needs is at the core of everything we do at Rhode Island Hospital.

In an emergency setting, those needs are frequently numerous and intense. Responding to all of them requires nimbleness, a calm veneer, and the ability to tend to multiple issues at once. Our dedicated staff in the Andrew F. Anderson Emergency Center know this all too well. We have one of the nation's five busiest emergency departments, and one that is the point of entry for 55 percent of our patients.

To ensure that the patient experience is as comfortable and seamless as possible, Rhode Island Hospital and Lifespan are investing in an innovative training program for caregivers called Project CLEAR (Communication Leading to Excellence and Ameliorating Risk) that began in the Anderson ED and is now moving out to both the Newport Hospital and The Miriam Hospital emergency departments.

"Communication is the key to a successful experience for our patients. This means focusing on close, careful, compassionate interactions with our patients and their families, as well as improving communication among all members of our caregiving teams," says Dr. Lynn Sweeney, an emergency medicine physician at Rhode Island Hospital who has spearheaded the project.

Rhode Island Hospital has been a pioneer in simulation-based teamwork training for more than a decade. Project CLEAR adds a new dimension to conventional training by expanding the traditional curriculum to include a customer service component.

During training sessions, caregivers take part in simulated emergency scenarios—resuscitating a patient who is not breathing, for instance—that include improvisational

actors playing patients and family members, high-fidelity manikins, and video playback to reinforce skills.

"In the resuscitation scenario, we practice teamwork skills as the team goes about its work," says Dr. Sweeney. *"We then introduce a conflict—the arrival of an upset family member—and we look at how the individuals and the team as a whole manage that conflict. Ultimately, we use a well-tested set of steps to help solve that particular problem."*

The crux of CLEAR's customer service component is a simple-to-learn, five-step approach to managing each patient encounter: Intentional Introductions (address patient by name and introduce yourself to each family member); Show Empathy ("You have been through a lot this month"); Present the Plan ("We recommend the following..."); Gain Agreement ("Does that sound OK?"); and Close the Encounter ("How can we make you more comfortable?").

"Physicians are problem-solvers by nature," Dr. Sweeney says. *"And these procedures help remind us—in even the most stressful situations—that there is a person behind the problem who needs our empathy as well as our expertise."*

The words of Amanda Marcello, an emergency department patient, are proof positive of the impact of this program: *"The ED can be the loneliest place in a hospital. You sit by yourself. You don't know what's happening or who anyone is. It's nerve-wracking. My experience at Rhode Island Hospital was not like that. I felt instantly reassured. Everyone I met made eye contact right away, and they were always friendly, professional and respectful. That level of personal interaction and consistent communication made a huge impact on me and my family. I wouldn't want to go anywhere else for emergency care."*



Thermal Destruction of Cancer

Dr. Damian E. Dupuy treats tumors a bit differently than most physicians. He doesn't cut them out or attack them with chemicals. He destroys them with intense heat or cold.

Using a small needle, guided by ultrasound or CAT scan imagery, he applies extreme temperatures, usually heat, to the solid tumor to kill the cells immediately. Known as image-guided tumor ablation (IGTA), this is one of the innovative services available at Rhode Island Hospital's Comprehensive Cancer Center.

"It is similar to a biopsy, except instead of just taking a piece of the tumor, we apply the thermal treatment directly to the tumor,"

says Dupuy. He is the director of interventional oncology and director of the tumor ablation department of diagnostic imaging at Rhode Island Hospital.

IGTA was first used in cancer therapy to treat liver tumors. More recently, Dupuy has pioneered the successful use of IGTA in many other types of cancer including tumors

of the lung, bone, kidney, adrenal gland and soft tissue. It is also used to reduce the size of certain tumors, providing pain relief to patients with tumors in the extremities or the thoracic or abdominal cavities that can't be entirely ablated.

He has been at the forefront of this treatment since it was first approved by the FDA in 1997. In fact, Dupuy was

involved with studies before the FDA approval, during his previous staff position at Massachusetts General Hospital and Harvard Medical School.

They were having positive results using radio

"Ninety-five percent of the patients go home the same day. The outcome, the quality of life and the money saved are amazing."

— Dr. Damian E. Dupuy

frequencies to treat the benign, yet painful, bone tumors children can get. Dupuy suggested the same technique might be effective with cancerous tumors, thus beginning a study with adult patients.

Dupuy came to Rhode Island Hospital in 1997, just about the time the FDA approved the minimally invasive treatment. Since then, more than 2,000 patients have undergone tumor ablation at Rhode Island Hospital—the largest user of this technique in treating malignancy in North America. Dupuy is now leading trials funded by the National Cancer Institute (NCI) in the use of ablation for the treatment of tumors.

He has published more than 150 papers and given over 90 invited presentations nationally and internationally in the field of imaging and minimally invasive cancer therapies and currently is a founding member of the World Conference of Interventional Oncology and chair of the Interventional Oncology Symposium of the Radiological Society of North America. He is a member of the Society of Interventional Radiology where he helped develop the Oncology Task Force. He is also a professor of diagnostic

imaging at The Warren Alpert Medical School of Brown University.

“When we heat the tumor up, it releases antigens. The immune system identifies the tumor as bad. This could be the Holy Grail if we can stimulate the immune system to attack the cancer.”

— Dr. Damian E. Dupuy

He and his team just completed a two-year follow up to a study for the treatment of lung cancer and will be publishing the results in about six months. The hospital is the lead institution on this NCI-funded study. The hospital is also the second lead investigator, behind The Mayo Clinic, on a study involving freezing painful bone tumors.

“The studies are important because we need good clinical

efficacy data to convince the cancer community that this is the way to go,” Dupuy says. Typically ablation therapy is used now when all other options have been exhausted or the patient is not a good candidate for surgery.

However, he adds, *“We are starting to get more patients where this is the first line of defense. Patients have been doing their reading and they don’t want the more invasive treatment. Especially if it’s a small tumor, like a kidney tumor, ablation makes more sense than removing part or all of the kidney.”*

There are about 65,000 kidney cancer cases annually in the United States, according to the American Cancer Society. *“We are now finding small cancers, the size of a quarter or smaller, in the kidney before they cause any symptoms.”*



Rather than perform surgery on the kidney, we can heat it for six to ten minutes. The needle comes out and we put a Band-Aid on it. That's their cancer treatment.

"Ninety-five percent of the patients go home the same day. The outcome, the quality of life and the money saved are amazing," Dupuy says.

In addition to healing clinical research, they are also doing "basic science" research to determine what is happening during the treatment and what changes

ablation makes. *"Are there proteins that could be markers? We are comparing blood samples from before the procedure with ones six months after the procedure to look at what's happening with the antibodies and proteins," he says.*

"When we heat the tumor up, it releases antigens. The immune system identifies the tumor as bad. This could be the Holy Grail if we can stimulate the immune system to attack the cancer."

Thanks to tumor ablation, patient's tumor is gone. Her liver is not.



In 2004, Donna Casuscelli had a mastectomy and her lymph nodes removed to "get rid of the breast cancer." By all accounts, it seemed to have worked. Fast forward eight years.

Donna was doing great and recovering from knee replacement surgery. She suddenly experienced the worst pain she could imagine, just beneath her ribs. *"It was like a knife stabbing me every time I breathed,"* Donna recalls.

After two CT scans, her doctor in Massachusetts found a tumor the size of a tennis ball on her liver. Biopsies determined it was the breast cancer that had metastasized. Donna immediately began chemotherapy.

But the pain persisted. Nothing seemed to help.

"I couldn't do anything for months. It hurt to even breathe," Donna says.

After three months of chemo, the tumor had shrunk only half an inch. At that point, Donna's oncologist referred her to Dr. Damian E. Dupuy at Rhode Island Hospital for

tumor ablation. The hospital is about a three-and-a-half-hour drive from her home in North Adams, Massachusetts.

Coincidentally, Donna had just read about Dupuy and the ablation procedure on the internet. *"I was totally impressed by what I read. I thought I'd rather try that than have to be cut open and have part of my liver removed. I was fortunate to be a candidate for this approach."*

On June 11, Dupuy performed the procedure, under anesthesia. Donna's husband and one of her three adult children stayed in Providence, spending the night to be near her.

"After the procedure, I had three little holes and a Band-Aid. Dr. Dupuy warned me that I'd be in a lot of pain for five to seven days. He was right. I appreciate that he didn't candy coat it so I knew what to expect."

By the seventh day she was able to walk a bit, and each day was better. Just a week later, she was able to breathe easily and "even sneeze without pain."

Three weeks later, a follow-up scan showed that all the cancer cells were dead. *"The operation saved my life. The best thing about tumor ablation is that it worked. I believe I would never have recovered without it,"* says Donna, who is 62.

"I'm living now. I'm walking a mile every day. I'm playing golf. I'm doing everything I haven't been able to do since January. I don't take anything for granted now. After sitting in a chair for months when it hurt to breathe, I'm so grateful to be able to do things. I tell my husband, 'Let's not sit around; let's go do something.'"

Rhode Island Hospital Board of Trustees Mourns the Loss of its Vice Chairman, Edmund C. Bennett (1942-2012)

Ed Bennett, who died in February from complications of acute leukemia, was a Providence attorney who most recently served as vice chairman of the Rhode Island Hospital board of trustees. Ed became a trustee in 1998, and was previously the board's secretary. He was a trustee of the Rhode Island Hospital Foundation from 1992 to 2008, a member of Lifespan's audit and compliance committee, and a director of Rhode Island Hospital Ventures. In 2008, he chaired the search advisory committee for Rhode Island Hospital's new president.

"Ed provided tremendous leadership on the board for the past several years," says Dr. Timothy J. Babineau, president and chief executive officer, Lifespan, Rhode Island Hospital and The Miriam Hospital. "His wisdom and intellect helped guide Rhode Island Hospital in its mission, and his presence is deeply missed by the entire Rhode Island Hospital community."

In addition, Ed was a trustee and officer of Bradley Hospital from 1989 to 2003. He was active in the Episcopal Diocese of Rhode Island, where he has served as chancellor since 1980. The Providence Preservation Society

presented him with its President's Award in 1988, and the Rhode Island Bar Association presented him with the Dorothy Lohmann Community Service Award in 1992. *"Ed Bennett's integrity was important to his work on Rhode Island Hospital's board of trustees. He enjoyed the respect of others by delivering more than he promised,"* says



Dr. Edward A. Iannuccilli, former chairman of the board. *"Ed also played important roles in the wider community with his commitment, honesty and loyalty. Philanthropy and service were central to Ed's life. Rhode Island Hospital is a stronger institution because of his years of excellent service."*



Lifespan Announces Steve Sorin Memorial Fund for the Arts, Education and Mentoring

On December 9, 2010, Steve Sorin lost his four-year battle with cancer and we lost a dear friend and colleague. Steve was the senior director of development for Lifespan and, as such, helped build a solid infrastructure for our development operation.

Steve was the consummate development professional, with nearly 25 years of leadership experience in the field. Before coming to Lifespan in late 2006, Steve spent 10 years as the director of development at Trinity Repertory Company in Providence.

Prior to Trinity Rep, he was with St. Andrew's School in Barrington. Given Steve's great passion for the arts, music, education and mentoring, and the unique relationship he had with each of the Lifespan affiliates, a permanently endowed memorial fund in his honor has been designed specifically within Lifespan to address these interests.

The Steve Sorin Memorial Fund for the Arts, Education and Mentoring allows donors to support a specific Lifespan hospital or project with a gift to one of the following programs: art or music as a source of healing; the enhancement of the health care experience for patients; educational programs for patients and/or their families or continuing education for staff; and youth employment or youth mentorship programs at any of the Lifespan hospitals or corporate offices.

To support the Steve Sorin Memorial Fund, please visit giving.lifespan.org/SorinFund or contact Mark T. Cummings, senior vice president for development, Lifespan, at 401-444-7540.

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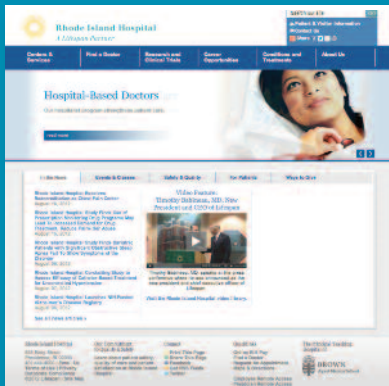
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Dental Center Honors its Past While Investing in its Future

Something marvelous is taking place at The Samuels Sinclair Dental Center at Rhode Island Hospital. Indeed, magic has been taking place here for the past 81 years. This innovative program is actually the oldest and largest dental practice in the state that provides dental care for children and individuals of all ages with special needs. For the lower-income populations it serves, it is often the only place to turn for affordable dental care. And it's unique in that it's on a hospital campus. For many this means a seamless medical and dental home.

Driving the program toward the future is an integral goal to innovate and improve. And that, of course, takes funding.

"We're ahead of the curve in terms of technology," says Dr. Shirley Spater Freedman, the center's director for the past 17 years. *"We introduced digital X-rays this past winter, and last year added new laptop computers in each operatory. The new technology is safer and more efficient, and our patients receive less radiation as well as timelier and better quality images."*

At an open house in May, the center recognized and thanked its two biggest benefactors: Delta Dental of Rhode Island and the Joseph & Rosalyn Sinclair Foundation. The Foundation's recent gift of \$200,000 continues the Sinclair family's multi-decade legacy of philanthropy and will go a long way toward ensuring the hospital's dental center has the capacity to treat the patients who need its highly specialized care.

"We've retained many of our staff, for decades in some cases, because they know they're part of something bigger than themselves," says Dr. Spater Freedman. *"That's a testament to the unwavering support of our amazing donors who continually affirm how essential we are to the people of Rhode Island. We are so grateful."*

