



Mount
Sinai
South
Nassau

Physicians' Forum

medical news for mount sinai south nassau's physicians

Ensuring Patient and Staff Safety in the Era of COVID-19

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Rajiv Datta, MD, Medical Director of the Gertrude & Louis Feil Cancer Center and Chair of Surgery, left, removes a golf ball-sized lump from a patient.

Photo Credit: Newsday/Jeff Basinger

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A Message from

Richard J. Murphy, President and CEO

Eric J. Hanauer, MD, President, Medical Staff

Here Comes the Sun

There are some experiences for which no amount of training, no amount of anticipation and no amount of expertise can prepare us. Together, we have surmounted such an experience. Side by side, we faced an unprecedented challenge as we cared for the initial wave of critically ill COVID-19 patients filling our hospital. Although, sadly, the novel coronavirus crisis is not entirely behind us, and we may still face more challenging work in the weeks and months ahead, today we can pause, take a deep breath, and hum the Beatles tune "Here Comes the Sun." This song gave us hope as it played over the hospital loudspeaker each time a COVID-19 patient was discharged during the most trying days of March and April.

Whether you were here in the hospital, continuing to see patients in your practice, modifying your office to accommodate the needs of patients whose elective procedures had to be rescheduled, or figuring out how to safely bring staff and patients back, your life has been irreversibly altered by the pandemic. We mourn the patients who did not survive, as well as members of our staff, including pediatrician Jesús Zambrano, MD, who succumbed to the virus.

In this issue of *Physicians' Forum*, we are looking ahead and sharing our best estimation regarding what many are calling the new normal. Our cleaning and infection prevention protocols have made the hospital a safe environment for your elective and emergency patients to obtain the care they need, and we want to reassure you and them that delaying care is an unnecessary and potentially dangerous tactic.

Many lingering questions about the pandemic are answered in our Q&A with Aaron E. Glatt, Chair of the Department of Medicine and Hospital Epidemiologist. On page 4 of this publication, Dr. Glatt shares his knowledge and insight regarding vaccine development, whether children can safely return to school, and the efficacy of face coverings.

Also in this publication, we pay tribute to our entire medical staff. You have proven yourselves to epitomize the phrase "healthcare heroes," and in recognition, you as a group have been named our "Physician of the Quarter." You will be honored alongside our entire front-line staff at our 36th annual Golf Outing, scheduled for September 14. We look forward to celebrating with you on that day.

For your extraordinary dedication and efforts to care for our patients over these past five months, and for the selfless care you will continue to provide in the future, the words "thank you" seem woefully inadequate. On behalf of our patients as well as our administration and board, we extend our sincere thanks as well as hope that we can continue to maintain the manageable level of coronavirus infection that we have worked so hard to achieve until a vaccine is available to all. ■



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The New Normal in the Age of COVID-19

The past several months have largely focused medical attention on treating patients infected with the novel coronavirus as elective procedures and non-emergency surgeries came grinding to a halt. While New York has contained COVID-19 for now, the hospital is adapting to the new normal and rewriting protocols to fortify against the spread of the virus. Patients are prescreened before a doctor's visit, undergo coronavirus testing prior to a procedure, wear masks or personal protective gear, and physically distance.

"We are adjusting to the new normal and that means a hypervigilance on patient safety, cleaning procedures, and infection control to ensure patient and staff safety," said Richard J. Murphy, President and CEO of Mount Sinai South Nassau, one of the only hospitals on Long Island designated as an Infectious Diseases Society of America Antimicrobial Stewardship Center of Excellence. "Reassure your patients that it is safe to come to the hospital, including to our Emergency Department, if they need medical care. They should not put their health on hold."

Ensuring Patient Safety

The hospital has taken extraordinary measures to ensure that all its facilities, including the network of outpatient specialized health care centers, are deep cleaned and safe for patients and staff.

All areas that once housed COVID-19 patients, including the Emergency Department and Intensive Care Unit, have been terminally cleaned with EPA approved, hospital-grade sterilization agents. Some areas are also receiving fresh coats of paint and new fixture repairs. All of this is in addition to the daily deep cleaning of the hospital.

While a small number of COVID-19 patients are still being treated at Mount Sinai South Nassau, they are housed in separate units, isolated from non-COVID-19 patients. The Emergency Department also has separate areas for patients with non-COVID-19 ailments who are seeking emergency treatment.

Patients visiting the hospital for any procedure, cancer care or infusion treatment, or surgery are required to undergo pre-procedure COVID-19 testing within five days before the procedure at a drive-up site in the hospital's Washington Ave., parking lot. Hospital staff also are instructed to take all precautions, including wearing full personal protective equipment when needed, to ensure the safety of staff and patients.

"Emphasize to your patients that putting off getting medical care out of concern about the coronavirus might be something they'll pay for later," said Adhi Sharma, MD, Chief Medical Officer and Executive Vice President at Mount Sinai South Nassau. "Underscore that the hospital and the ambulatory centers are taking every safety precaution and that they shouldn't be afraid to seek care." ■



Environmental Services team members scrub and sterilize the hospital.

“Underscore that the hospital and the ambulatory centers are taking every safety precaution and that they shouldn't be afraid to seek care.”

— Adhi Sharma, MD

Update on the Novel Coronavirus

Information regarding the novel coronavirus is a rapidly changing landscape. As soon as new data surfaces, assumptions made by the scientific community shift. Armed with the most up-to-date information at press time, Aaron E. Glatt, MD, Chair of the Department of Medicine, Chief of Infectious Diseases and Hospital Epidemiologist at Mount Sinai South Nassau, answers important and frequently asked questions, including vaccine development and a return to in-person school classes.



Q What progress is being made in the development of a safe and effective COVID-19 vaccine?

Dr. Glatt: *The New England Journal of Medicine* published an open-label trial of 45 healthy adults, ages 18 to 55, who received two doses of the Moderna vaccine candidate, mRNA-1273, in their arm, 28 days apart. Fifteen participants each received a “low,” “medium,” or “high” dose of the vaccine. After the second vaccination, serum-neutralizing activity was detected in all participants, with values generally similar to those in the upper half of control convalescent serum specimens. Adverse events occurred in more than half of the participants and included fatigue, chills, headache, myalgia, and pain at the injection site. Systemic adverse events were more common after the second vaccination,

and particularly with the highest dose. These safety and immunogenicity findings support further development and advancement of this mRNA-1273 vaccine, which is partially funded by the National Institute of Allergy and Infectious Diseases, to later-stage clinical trials. The strong neutralization response coupled with an improved adverse effects profile makes the “medium” dose more favorable than the “high” dose. A Phase II trial of mRNA-1273 in 600 healthy adults, evaluating doses of 50 ug (“low”) and 100 ug (“medium”) is already underway, and a large Phase III trial of the 100 ug dose began on July 27.

A University of Oxford Phase I/II vaccine trial involving 1,077 healthy adult volunteers, testing against a meningitis vaccine in the control group, was published in *The Lancet*. This vaccine alters the genes of a common chimpanzee adenovirus (cold virus), which mimics COVID-19, and is intended to induce a COVID-19 immune response in its recipients. And indeed, their vaccine induced a powerful immune response, yet caused few serious side effects. While recipients had minor side reactions, such as fever, chills, and muscle pain, more often than those who got the control meningitis vaccine, there were no serious side effects. More than 10,000 participants in Britain, Brazil, and South Africa are now receiving doses. A Phase

III test involving 30,000 participants in the U.S. began in late July, along with a similar test of the Moderna vaccine.

In the same issue of *The Lancet*, Chinese researchers published a study on their own experimental COVID-19 vaccine in approximately 500 volunteers. The researchers used a technique similar to the one the Oxford scientists used, except their vaccine is produced with a human cold virus. China’s government actually gave approval for its military to use this vaccine while it continues experimental trials on it in Abu Dhabi and other locations.

Vaccines BNT162b1 and BNT162b2 manufactured by Pfizer and Biopharmaceutical New Technologies were granted fast-track regulatory approval by the FDA. Researchers enrolled up to 30,000 subjects in a Phase 2b/3 trial in July. If the ongoing studies are successful, they claim they can manufacture up to 100 million doses by the end of 2020 and 1.2 billion doses by the close of 2021.

More than 30 candidate vaccines for COVID-19 have reached human trials to date. This is very positive news. As I have said on multiple occasions, it is my belief that we will return to normal, unmasked and socially closer lives, when a safe and effective vaccine is available.

“More than 30 candidate vaccines for COVID-19 have reached human trials to date. This is very positive news. As I have said on multiple occasions, it is my belief that we will return to normal, unmasked and socially closer lives, when a safe and effective vaccine is available.”

— Dr. Aaron E. Glatt



Q How safe is it to return children to in-person classes?

Dr. Glatt: Do children transmit COVID-19? In mid-April, Israel was featured widely as one of only seven countries in the world who “beat COVID-19.” On May 17, Israel reported only 10 new cases of COVID-19 in the entire country, and the Israeli government opened the entire school system at once.

However, by June 3, just two weeks later, hundreds of students and staff at these schools tested positive for COVID-19. Since then, over 2,000 adults and children have contracted the virus with an additional 28,147 in quarantine. Now, approximately 400 summer kindergartens/schools that were scheduled to open have been shut.

Similarly, a just-published paper from South Korea in *Emerging Infectious Diseases* demonstrated the highest COVID-19 transmission rates were among household contacts of school-aged children between ages 10 and 19, and the lowest were for household contacts of children 0 to 9 years old. They concluded that current mitigation strategies, including physical distancing, optimized the likelihood of reducing individual, family, and community disease. Implementation of public health recommendations should be encouraged to reduce transmission.

However, in a *New England Journal of Medicine* paper analyzing 722 contacts of infected children in Iceland, not a single instance of an infected child passing on the virus was identified. In contrast, infected adults, who had many contacts (102), did transmit infection. Data from the Netherlands also showed that children play a minor role in the spread of COVID-19. The virus was mainly spread between adults and from adults to their children. They concluded the following:

- Spread of COVID-19 among children or from children to adults is less common
- Children appear significantly less likely to acquire COVID-19 than adults when exposed
- There are significantly fewer children infected in the community than adults
- In the literature to date, children are rarely the index case in a household cluster
- It is unclear how likely a COVID-19 infected child passes on an infection compared to an adult. There is no evidence that children are any more infectious or are “super-spreaders”
- Six-foot distancing is less important for children
- Children up to age 12 do not have to maintain 6-foot distancing from each other and adults

“Based on available data, I feel comfortable telling adults with young grandchildren in day camps that they can continue to visit them if they are healthy and there are no known cases of the virus in camp (or in summer schools).”

— Dr. Aaron E. Glatt

Which approach is correct? I suspect the correct answer is somewhere in between, and this opinion was just verified in an updated CDC guidance released July 23, 2020 that schools can reopen if certain conditions regarding COVID-19 incidence are met, and if stringent precautions are taken. Based on available data, I feel comfortable telling adults with young grandchildren in day camps that they can continue to visit them if they are healthy and there are no known cases of the virus in camp (or in summer schools). If grandparents are still concerned, they should take extra precautions and wear a mask when around them. The same advice should be followed as schools hopefully reopen in September.

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› Novel Coronavirus Update

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Q Are there any proven published cases of individuals contracting COVID-19 a second time?

Dr. Glatt: Nothing yet. Doesn't mean it can't happen; it doesn't mean it won't, but nothing has been proven yet. Interestingly, a paper just published in *Lancet Infectious Diseases* added to the speculation on this subject. During follow-up of 651 COVID-19 "recovered" patients, 23 (3 percent) tested positive after at least two negative swabs. The median duration from hospital discharge to a positive retest was 15 days. At the time of the positive retest, seven patients (30 percent) had antibody for both IgM and IgG, five (22 percent) were only IgG-positive (IgM-negative) with the remaining 11 patients (48 percent) negative for any antibodies. Fifteen patients (65 percent) were asymptomatic at the time of the retest; eight (35 percent) had at least one symptom associated with active COVID-19. At the time of the last follow-up, all 23 patients with a positive retest were alive. No viral transmission could be ascribed to these patients with a positive retest. What does this paper tell us? While frequently quoted, I am not sure it really provides any new information. Many recovered COVID-19 patients have intermittent positive swabs, and antibody development in this study is far less than that seen in every other paper, suggesting their laboratory testing might be suboptimal. In any event, the chronological proximity of their "second case" to the original episode of COVID-19 is the most compelling evidence against their accurate description of a new COVID-19 infection in previously diagnosed individuals.

“Professional and social interactions in the community present opportunities for spread of COVID-19. Broader implementation of face coverings could mitigate the spread of infection in the general population.”

— Dr. Aaron E. Glatt



Q Is there anything new about COVID-19 transmission?

Dr. Glatt: *MMWR* published an interesting report that face coverings prevented COVID-19 spread in a high likelihood exposure scenario. Among 139 clients exposed to two symptomatic hair stylists with confirmed COVID-19, no secondary cases were reported since both the stylists and the clients wore face masks. What are the implications for public health practice?

Professional and social interactions in the community present opportunities for spread of COVID-19. Broader implementation of face coverings could mitigate the spread of infection in the general population.

JAMA published an important paper providing additional

evidence that universal masking reduces transmission of COVID-19. Prior to implementation of universal masking in late March 2020, new infections were increasing exponentially, from 0 percent to 21.3 percent (a mean increase of 1.16 percent per day). However, after universal masking was instituted, positive tests quickly and steadily declined to only 0.49 percent per day.

CDC Director Dr. Robert Redfield, CDC's chief medical officer Dr. John Brooks, and Deputy Director for Infectious Diseases Dr. Jay Butler wrote a commentary in *JAMA* that stated: "The science shows face masks work both to protect the wearer and to protect others from coronavirus, and everyone needs to wear one when around other people in public. At this critical juncture when COVID-19 is resurging, broad adoption of face coverings is a civic duty (I would have said a mitzvah), a small sacrifice reliant on a highly effective, low-tech solution that can help turn the tide favorably in national and global efforts against COVID-19."



Q What type of mask is best?

Dr. Glatt: It is extremely important that people wear a mask that covers the mouth and nose whenever in close proximity to others not living in their household. This is one of the best ways to prevent transmitting COVID-19 as well as getting it.

This can be accomplished by wearing either a standard three-ply surgical mask or a three-ply cotton face covering.

While data are limited, these are superior to single or double-ply cloth face coverings, and are certainly better than a bandanna or scarf covering the mouth and nose.

N95 or KN95 masks are usually worn only by health care workers in close proximity to patients with COVID-19. They require fit testing to be worn properly.

Masks that have air vented outside should NOT be worn. While they offer some protection to the wearer, they potentially put everyone else at risk from breathing their exhaled air through the vent.

Q Is there an association between blood type and severity of COVID-19?

Dr. Glatt: Two new studies showed that blood type did not make a significant difference in COVID-19 outcomes, although both did demonstrate that it was slightly better to have type O. One paper showed type A blood had a slightly worse outcome, but the other article did not, although the latter paper showed B and AB did slightly worse. Bottom Line: There are very slight associations between blood group type and risk of death in COVID-19 patients. This has no practical import, as you cannot change your blood type and no one should think they are safe from catching COVID-19 because they have blood type O.

COVID-19 Viral and Antibody Testing in Long Beach

Mount Sinai South Nassau has partnered with Nassau County to offer Nassau residents COVID-19 viral and antibody testing at Mount Sinai South Nassau's Center for Primary Care at Long Beach located at 761 Franklin Blvd., Long Beach. To date, more than 200 tests have been conducted. There is no charge to the patient.

Testing is available

Tuesdays and Thursdays, from 9 am to 1 pm.

Appointments are required.

Call 516-544-2351 for an appointment.



Aaron E. Glatt, MD, Chair of Medicine and Hospital Epidemiologist, Mount Sinai South Nassau, second from right, joins Nassau County Executive Laura Curran, New York State Senator Todd Kaminsky, and Long Beach community members at the announcement.

Capsules

*a column on
medication matters.*



Mount Sinai South Nassau's Pharmacy Residency Program Receives Accreditation

The American Society of Health-System Pharmacists (ASHP) has granted Mount Sinai South Nassau's postgraduate year-one Pharmacy residency program a four-year accreditation.

According to ASHP, the PGY-1 residency builds on the PharmD education (Doctor of Pharmacy, which must be earned to take the North American Pharmacist Licensure Examination to practice as a pharmacist) and serves as a pathway for pursuing specialized PGY-2 residency training and earning board certification.

Under the leadership of Administrative Director of Pharmacy Services

Edward DeLucie and Residency Program Director Carl Zipperlen, residents take on the role of clinical pharmacists and provide care to patients in a variety of practice areas, including antimicrobial stewardship, critical care, cardiology, geriatrics, emergency medicine, internal medicine, family medicine, inpatient endocrine and pharmacy administration. Residents not only gain clinical acumen, but also hands-on experience in teaching, research, pharmacy operations, medication use policies, and evaluation practices. At the completion of the program, residents will function independently as practitioners of pharmacy with the ability to provide quality care to diverse patient populations through a multidisciplinary teamwork.

"Our residency program fully integrates pharmacy residents in a variety of

clinical, research, teaching, and administrative learning experiences that are beneficial to both the education of the resident as well as to the organization, said Mr. DeLucie. "Ultimately, we are producing quality pharmacists who are better prepared to enter today's workforce."

The ASHP is a national professional organization of nearly 40,000 members, including pharmacists, pharmacy technicians, and students who provide patient care services in hospitals, health systems, and ambulatory clinics. According to its website, the organization has been at the forefront of efforts to improve medication use and enhance patient safety for the past 70 years. ■

THANK YOU HEALTH CARE HEROES



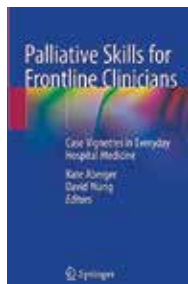
Kudos

Mount Sinai South Nassau has recognized the entire medical staff for their heroic efforts in answering the call of duty during the COVID-19 pandemic. They were honored for their commitment, courage, dedication, and professionalism.

The Physician of the Quarter award was established by the 13-member Physician Engagement Committee, part of the Service Excellence Steering Committee, which aims to enhance patient-centered performance initiatives. Once per quarter, the program recognizes an upstanding physician member of the medical staff, but due to the pandemic, administrative leaders decided to honor the work of the entire medical staff.

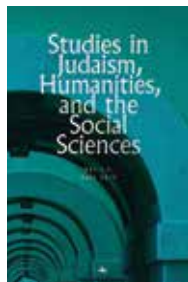
News Notes:

Indra Daniels, MD, nephrologist and hospice and palliative medicine specialist and Clinical Assistant Professor, Icahn School of Medicine, Mount Sinai South Nassau, has authored the chapter *End-Stage Renal*



Disease and Shared Decision-Making Dilemmas in the recently published textbook, “Palliative Skills for Frontline Clinicians,” Springer Publishing 2020. (Online at link.springer.com/book/10.1007/978-3-030-44414-3.) The book is written by physicians who are dually trained in palliative care and in such specialties as emergency medicine, surgery, critical care, obstetrics, neurology, and nephrology. The case-study format compares traditional care with a palliative-based approach.

Dr. Daniels, Mark Epelbaum, DO, Internal Medicine Resident; **Steven Weiss, MD**, Director, Internal Medicine Residency Program; and **Aaron E. Glatt, MD**, Chair, Department of Medicine, have coauthored “Ethical Dilemmas in Palliative Care: Application of Jewish Medical Ethics to Inform Decision-Making” in *Studies in Judaism, Humanities and the Social Sciences*. Academic Studies Press, Annual Review Fall/Winter 2020 (in press).



The article addresses how Jewish medical ethics informs palliative care when families face ethical dilemmas at the end of life. The discussion encompasses cardiopulmonary resuscitative options, continuation of life support when there is minimal hope of recovery, and withdrawal from hemodialysis.

Paul Moglia, PhD, Associate Residency Director and Director of Faculty Development, edited *Salem Health: Aging, Second Edition*, Salem Press: Ipswich, MA (online) & Grey House Publishing (print): Amenia, NY. The



700-plus pages covers 378 topics from health care resources for the elderly and their caretakers to the epidemiology and psychology of aging and a review of age-related literary media works. The 120 contributors included Claire Joseph, Director, Medical Library; Anubhav Agarwal, MD; Linda Roethel, MD; Dr. Moglia; Robert Cavera, PsyD, Health Psychologist; and Rachel Chan, DO, former transitional resident.

Samuel Sandowski, MD, Vice President of Medical Education and Designated Institutional Official, has been appointed Professor of Medical Education at the Icahn School of Medicine at Mount Sinai. In January, Dr. Sandowski presented “Using Observed Structured Teaching Experiences as a Faculty Development Motivator—Innovations in Medical Education Conference” at the Keck School of Medicine of the University of Southern California in Los Angeles. **Dr. Sandowski** and **Dr. Moglia** presented “It’s Not the ACGME CLER; It’s Our Learning Environment” at The American College of Osteopathic Family Physicians virtual 57th Annual Convention and Scientific Seminars, March 19–22.

Appointments

Iman Andalib, MD, Joins Center for Interventional Endoscopy

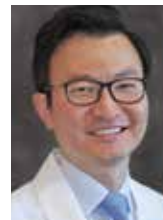


Interventional gastroenterologist Iman Andalib, MD, is Mount Sinai South Nassau’s newest member of the hospital’s Interventional Endoscopy team. Headed

by Frank Gress, MD, the Center for Interventional Endoscopy provides comprehensive diagnosis and treatment for a range of digestive diseases and conditions with endoscopy.

Dr. Andalib is board certified in internal medicine. He completed residency training in internal medicine at Georgetown University Hospital/MedStar Washington Hospital Center and was fellowship trained in gastroenterology and endoscopy at SUNY Downstate Medical Center in Brooklyn, and Robert Wood Johnson University Hospital in New Brunswick, New Jersey, respectively.

Won Jun “Wayne” Park, MD Joins Center for Cardiovascular Health



Cardiologist Won Jun “Wayne” Park, MD, has joined the staff of the Cardiology Division in Department of Medicine.

Dr. Park is board certified in cardiology, internal medicine, adult echocardiography, nuclear cardiology, and vascular interpretation. Dr. Park earned a medical degree from Hallym University College of Medicine in South Korea and completed a residency in internal medicine at Mount Sinai-Brooklyn Hospital Center. He was fellowship-trained in heart failure at Mount Sinai Beth Israel and in cardiovascular disease at Mount Sinai-Brooklyn Hospital Center, respectively, where he served as Chief Fellow.

In Memoriam

Harbhajan Singh, MD, Former President, Medical Staff, Chief of Pulmonary Medicine, 81

Harbhajan Singh, MD, of Rockville Centre, former President of the Mount Sinai South Nassau Medical Staff and Chief of Pulmonary Medicine, passed away on November 24. He was 81.

A native of India, Dr. Singh joined the South Nassau medical staff in 1977 and was named section Chief of Pulmonary Medicine in 2000. He served as President of the Medical Staff from 2000 to 2002.

During his tenure as Medical Staff President, Mount Sinai South Nassau completed an expansion of its Ambulatory Surgery Unit, established an Outpatient Dialysis Center and introduced advancements in medical technology, including the multi-slice CT scanner, a 3-D diagnostic imaging system to detect rapid heartbeats, and microendoscopic discectomy, a minimally invasive surgical procedure

used to correct disabling spinal disc problems.

In the course of his more than 30 years at Mount Sinai South Nassau, he also held other hospital appointments, including Director of Respiratory Therapy and Chair of the Respiratory Therapy Committee.

In 2017, Mount Sinai South Nassau named the hospital's Medical Library in honor of Dr. Singh's passion for lifelong learning. "When we look at the history and growth of Mount Sinai South Nassau, they are indelibly marked with Dr. Singh's passion for patient-centered medicine and devotion to the hospital's mission and vision," said Richard J. Murphy, President and CEO.

Dr. Singh is survived by his wife, Naginder, a devoted Mount Sinai South Nassau supporter and volunteer, and two sons. ■



Harbhajan Singh, MD, left, poses with his son Charnjit Singh, MD, a Mount Sinai South Nassau gastroenterologist, at the 2017 dedication of the Medical Library in his honor.

Due to the COVID-19 pandemic, publication of the spring issue of Physicians' Forum, which included notice of Dr. Singh's passing, was canceled.



Dr. Zambrano poses with his family in an undated photo.

Pediatrician Jesús Zambrano, MD, 54

Jesús Zambrano, MD, an Attending Pediatrician at Mount Sinai South Nassau since 2010, died on March 30, from complications of COVID-19. He was 54.

Regarded as a caring and compassionate physician, Dr. Zambrano prided himself in providing the best care possible to his patients, recalled Luis Herrera, MD, a Mount Sinai South Nassau Attending Pediatrician and Dr. Zambrano's partner in his pediatric practice.

Graduating cum laude from the Universidad Autonoma de Santo Domingo in the Dominican Republic in 1990, Dr. Zambrano worked in his native country as a physician for four years before emigrating to the U.S.

For several years, he worked in Queens as a home health aide and medical assistant while he prepared for the United States Medical Licensing Exam and to become certified as a graduate from a foreign medical school. By 2010, he completed a residency in pediatrics at Lincoln Hospital in the Bronx, and a year later, he joined the practice of Luis Herrera, MD, in Freeport.

Said Dr. Herrera: "Dr. Zambrano taught me to never give up, to fight for your dreams. Even if it takes a long time to achieve them, with discipline, you will succeed."

He leaves behind a wife, Sandra, daughter, Angelyne, and son, Jesús Jr. ■

Mount Sinai South Nassau Elects Medical Staff Officers and Members-at-Large

On June 16, Mount Sinai South Nassau elected Eric J. Hanauer, MD, President of the Medical Staff to a two-year term. The Chief of Neurology replaces Raul Mendoza, MD.

Dr. Hanauer has been serving as Mount Sinai South Nassau's Chief of Neurology since 2017 and as director of its Stroke Unit since 2004.

Board-certified in neurology, vascular neurology and clinical neurophysiology, he is also a member of the hospital's ICU Committee.

Following graduation from SUNY Buffalo School of Medicine and Biomedical Sciences, he completed a residency in neurology and was fellowship-trained in clinical neurophysiology at the University of Rochester, Strong Memorial Hospital.

Serving with Dr. Hanauer are Stelios Koutsoumbelis, MD, Department of Surgery, Vice President; Ramin Rak, MD, Department of Surgery, Secretary; and Ira Bachman, MD, Department of Obstetrics and Gynecology, Treasurer. ■

The following physicians are serving as Members-at-Large:

Ciro Ciccarelli, MD,
Department of Medicine
Frank Coletta, MD,
Department of Medicine
Olanrewaju Esan, MD,
Department of Medicine
Gary Lefkowitz, MD,
Department of Surgery
Louis Saffran, MD,
Department of Medicine
Miriam Sheikh, MD,
Department of Anesthesiology
Louis Swartz, MD,
Department of Medicine



Outpatient Internal Medicine Residency Training Site Opens

Mount Sinai South Nassau recently opened an internal medicine ambulatory training site in Freeport. In addition to Mount Sinai South Nassau Primary Care at Long Beach and Mount Sinai Doctors Long Island in Hewlett, internal medicine residents are also seeing patients at 155 West Merrick Rd., Suite 101, in Freeport, under the supervision of Attending Cardiologist Michael Smar, MD. ■

New Medical Staff

Tobin Abraham, MD
Medicine/Rheumatology
Edward Cussatti, MD
Surgery/Bariatric Surgery
Christina D. D'Agrosa, DO
Pediatrics/Neonatology
Alexis DerHagopian, NP
Anesthesia/Presurgical Evaluations
Steven J. Feldstein, MD
Anesthesia/Anesthesiology
Ronnie G. Fine, MD
Surgery/Pediatric Urology
Katie R. Forman, DO
Pediatrics/Neonatology
Brian Housman, MD
Surgery/Thoracic Surgery
Arif Husain, DO
Medicine/Neurology
Chana Kulefsky, PA-C
OB/GYN/Obstetrics and Gynecology
Daniel B. Kurbanov, MD
Medicine/Pulmonary Medicine
Ayanna Lewis, MD
Medicine/Gastroenterology
Ronald Marino, DO
Pediatrics/General Pediatrics
Alyssa R. Mierjeski, MD
Emergency Medicine
Issac E. Moradi, MD
Surgery/Ophthalmology
Abraham Pathak, MD
Surgery/Plastic Surgery
Sarabjit S. Phokela, MD
Pediatrics/Neonatology
Florian Radu, MD
Surgery/Surgical Critical Care
Rosamma Saji, NP
Medicine/Nephrology
Rebecca J. Stworzyjanek, PA
Emergency Medicine
Seanna Thompson, MD
Obstetrics and Gynecology
Effie Tsomos, MD
Medicine/Endocrinology

One Healthy Way
Oceanside, NY 11572

Save the Date

Mount Sinai South Nassau's 36th Annual Golf Outing is On!

Honoring Mount Sinai South Nassau's Front-line Staff

WHEN: September 14; 8 am and 1:30 pm shotguns at each course

WHERE: The Seawane Club, Hewlett Harbor and
Rockaway Hunting Club, Lawrence



A number of measures will be taken to ensure the health and safety of golfers, including golf carts for each player and elimination of high-touch areas like sand bunker rakes. More food will be provided on the courses, but the traditional barbecue dinner after the round has been eliminated.

Register online at
<https://www.southnassaulifesaver.org/donate/golf-tournament-2020/a>

For more information,
call Tim Matejka at 516-377-5360 or
email tmatejka@snch.org.



Physician's Event Calendar

WHAT: Quarterly Staff Meeting

WHEN: **Tuesday, October 1;**
Tuesday, December 1;
5:30 – 7:30 pm.

Business meeting
starts at 6 pm.

WHERE: May be held virtually.
If in-person, will be held in
Conference Rooms A, B and C

Providing Language Assistance to Limited-English-Proficient Patients



Office-based Medicaid providers can now be reimbursed for language interpretation services to limited-English-proficient patients in their offices. This includes language services provided over the phone through companies such as CyraCom, which offers interpretation services in more than 170 languages, 24 hours a day, seven days a week, or if you use a **certified hospital interpreter** for the interpretation. Note: Use of an interpreter must be documented in the EMR to bill Medicaid.

For more information, refer to the "New York State Medicaid Update," October 2012, V. 28, № 1, or call the Mount Sinai South Nassau Language Coordinator, Lina Hoyos, at 516-632-3484.

Read Physicians' Forum online!

go to mountsinai.org/southnassau and click on the "Medical Staff" link.

