



# DOWNSTATE TIMES

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The Newsletter for SUNY Downstate  
University Hospital of Brooklyn



## Greater Brooklyn Cleft and Craniofacial Team Restores Smiles for Young Patients

An orofacial cleft is an opening in the lip and/or at the roof of the mouth and is one of the most common birth anomalies, affecting as many as 1/1000 children born each year in the United States. Brooklyn has the highest number of births of all boroughs in New York City, making attention to clefts and other birth anomalies an important priority for physicians and other clinicians.

Surgical repair is staged during the first year of life, beginning with repair of the lip followed by repair of the palate. In most cases, by the time the child is one year old, the lip and palate have been reconstructed, which affords patients the best functional outcomes. Development of normal speech and symmetry of the upper lip are the goals for all patients.

Sydney C. Butts, MD, FACS, chief of facial plastic and reconstructive surgery in the Department of Otolaryngology, specializes in helping children born with this condition get a good start in life. Before coming to Downstate, Dr. Butts trained at SUNY Upstate, which has a very active



Dr. Sydney Butts

Over the past four years, Dr. Butts has worked to develop a multidisciplinary team of physicians and allied health

The highly skilled and experienced physicians of the Greater Brooklyn Cleft and Craniofacial Team, based at SUNY Downstate Medical Center, provide comprehensive, cutting-edge treatment for children with cleft lip and palate.

cleft team. "It was a great experience," she says, "and what attracted me to Downstate was the opportunity to create a much needed service here."

professionals at Downstate that networks with other Brooklyn medical centers to provide coordinated services for children

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## Did You Know? No smoking within 15 feet of a hospital entrance or campus grounds: **It's the law!**

On July 31, 2003, Governor Cuomo signed into New York State law a bill prohibiting smoking within 15 feet of any entrance to or exit from a hospital's outdoor grounds. The law, supported by the American Lung Association and the American Cancer Society, goes into effect October 30, 2013. Similar New York City law was passed in 2009.

The legislation underscores a June 2012 Tobacco Free Resolution passed by the SUNY Board of Trustees that bans the use of tobacco anytime, anywhere, by anyone on campus grounds, facilities, or at campus-sponsored events, with recommendation that implementation be imposed no later than January 1, 2014.



New York City and State laws ban smoking within 15 feet of a hospital entrance or grounds. The State law goes into effect as of October 30, 2013.

See *Downstate Times* online for more information.

# Spotlight On: Dr. Kaiser Islam



Dr. Kaiser Islam



When Downstate moved the Family Health Service Clinic from Throop Avenue to onsite at the UHB main campus, the clinic acquired a new name: The Annex. Located adjacent to the handicapped ramp at 470 Clarkson Avenue, The Annex is part of the division of Internal Medicine and was built with funding from a HEAL grant that Downstate received to enhance primary care.

Dr. Kaiser Islam, who has been with Downstate since 1994 when he started his residency here, is medical director of The Annex, and also of the Brooklyn Free Clinic, which has now moved to the Family Health Services site at Lefferts Avenue.

Downstate Times recently sat down with Dr. Islam:

## Why did you decide to practice at Downstate?

"I heard a lot of good things about Downstate and knew this was absolutely the right place for me. When I finished my residency, this was where I wanted to practice."

## What's your field of specialty?

"I'm board certified in internal medicine and pediatrics, as is my colleague, Dr. Ernest Garnier, who also did his residency at Downstate and stayed here to practice. That means we can treat patients across a broad spectrum of life issues. We also know Downstate and our community extremely well, and that's also a benefit for patients."

## What types of cases do you treat at The Annex?

"We see a broad variety of conditions here. Mostly primary care cases, but we can take care of lacerations and other semi-urgent conditions."

## So you work hand-in-glove with the ER?

"We do see patients who come to us with emergent conditions. We will see them if it's appropriate, but we can send patients directly to the ER depending on their complaint. Our mission is the same as Downstate's: We will welcome and see anyone who comes to us, regardless of their ability to pay."

## Did moving here from Throop benefit the practice?

"Our patients are very attached to us, and roughly 90 percent of them followed us here. We have a good reputation in the community. For our patients, there is a big benefit to the clinic being on the main campus. When patients need services such as X-rays or lab tests, we can get them taken right away and at one location. Or if patients need to be seen by an expert, say in ophthalmology or dermatology, those experts are right here. So it's closer to the "one-stop shopping" concept that patients find attractive. And we have the residents here, who also see patients."

## What's the difference between The Annex and Suite J?

"We're very similar. We are both part of Internal Medicine Associates. Here at The Annex, we do have a regular residents' clinic, which Suite J doesn't have. And they have specialists in gerontology, which we don't. But, again, we work collaboratively with each other."

## Is there a difference between who The Annex sees and Family Medicine?

"We both provide primary care services in an academic setting. Because Dr. Garnier and myself are board certified in pediatrics, we provide primary care to both adults and children. Internal Medicine tends to be heavily involved with chronic disease management, though these services are also provided by Family Medicine. Family Medicine also provides screening and treatment for all patients over the age of 18 for depression, psychological counseling, couples counseling, obstetric care, women's health and home visits on our chronically ill patients. At The Annex, a good 15 percent of our patients get referred to us for follow-up after they have been an inpatient at UHB."

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# My Patient Needs Help – Who Should I Call?

## UHB EMERGENCY CODES

By Dianne Forbes Woods RN, MA, NE-BC  
Deputy Nursing Director

The shift had started out pretty much like other shifts for Mary Smith, RN, (name changed), a staff nurse on one of our medical-surgical units. She had received report from the night shift and all her patients were doing well. However, when she went to assess Mr. James (fictitious name), his condition had changed significantly – he was having difficulty breathing and his blood pressure and pulse were changing rapidly.

Ms. Smith knew she had to summon help immediately and did so by dialing extension 2323 to activate the Emergency Code system - Rapid Response Team. The Rapid Response Team arrived immediately; Mr. James was assessed and treated by the physicians and transferred to the Coronary Care Unit for more intensive therapy.

Hospital Emergency Codes are used in hospitals worldwide to alert staff to various emergencies. The use of codes conveys essential information quickly to staff, while preventing stress and panic among other patients and visitors to the hospital.

Codes allow the hospital to quickly mobilize expert assistance according to the type of emergency. Each type of code has a designated and trained team who respond to that particular emergency. For example, UHB has long used the familiar “Code Red” for fire. Cardiac arrest was designated as “Code 99,” since this was simple and easy to remember.

Over the years, other codes have been added to address situations that are likely to occur at our hospital. However, we have tried to limit the number of codes because the more codes a hospital uses, the greater the difficulty remembering what each one is.

Several years ago, when we recognized the need to address medical emergencies that required a rapid response but were not full cardiac arrests, we decided to use the same designation (Code 99) and have one team for both. This simplified the process and improved patient safety.

Most of our codes use a letter, such as “N” for neonatal emergency, “MOM” for maternal emergency– and “S” for stroke. The letters were chosen to match the type of emergency, and to be clear, brief, and easy for staff to remember. Although most of our codes are unique to UHB, we do use “Code Pink” for infant abduction, which is used throughout many hospitals in the United States.

Codes are announced on the overhead paging system. Hearing codes paged overhead can sometimes be a noisy process. However, response to a code may require locating practitioners who are in different parts of the medical center and thus we need to use the overhead paging system for the greatest patient safety.

All staff are educated yearly on the codes through the Annual Mandatory Education program. Posters of the Codes are displayed on unit bulletin boards as an easy reference for staff. In addition, the codes are published in the newly released What Every Employee Needs to Know booklet.

Thanks to the use of an emergency codes system, Mr. James received the emergency treatment he needed -- quickly and calmly.

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#### Editorial Staff:

Associate Vice President, Policy and Planning  
Dorothy Fyfe

Assistant Vice Presidents, Institutional Advancement  
Zipporah Dvash  
Ellen Watson

#### Biomedical Communications

Aaron Cormier - Web  
Ernest Cuni - Photography  
Frank Fasano - Design  
John Zubrovich - Project Management

#### Contributing Writers and Photographers:

Dianne Forbes Woods

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**FOR CARDIAC ARREST  
(aka CODE) and  
EARLY ACTIVATION  
CALL EXT 2323 – adult  
CALL EXT 4040 - child**

The operator will  
announce this as a Code  
99- a notification that a  
patient, visitor, or staff  
member is experiencing  
medical emergency

### Do We Have Other Codes? Yes!

**Code D - Full Disaster**  
4-4-4 Bells

**Code H**  
Acute Chest Pain (Dial ext. 2323)

**Code M (MOM)**  
Maternal Hemorrhage/Emergency  
(Dial ext. 2323)

**Code PINK**  
Infant Abduction (Dial ext. 2121)

**Code N**  
Neonatal Emergency (Dial ext. 4040)

**Code S**  
Acute Stroke (Dial ext. 2323)

*Restoring Smiles continued from page 1*

with cleft lip and palate. In addition to surgical intervention, the Greater Brooklyn Cleft and Craniofacial Team works closely with the staff of the Infant and Child Learning Center at Downstate, the neonatal intensive care unit, and with other pediatricians, dentists and speech pathologists that treat cleft disorders

These conditions encompass a wide spectrum, Dr. Butts explains, sometimes not manifesting themselves until later in childhood.

In most cases, however, malformations are evident at birth and often can be detected in utero. This enables the Downstate cleft team, working closely with the OB service and the NICU staff, to educate and prepare parents in advance for the surgery and follow-up care their infants may require.

Earlier this year, the team published a brochure "The Care of a Child with Cleft Lip and Palate: A Guide for Parents" to provide information to families caring for children who are referred to the multidisciplinary team. See <http://www.downstate.edu/physicians/pdf/Cleft-Brochure.pdf>



Source: Lonley Planet

Dr. Butts provided hope to children in Rwanda with the Free the Future Foundation. In addition to serving the Brooklyn community, Dr. Butts has visited Viet Nam and other countries in need of her surgical skills. Earlier this year, she went on a medical mission to Rwanda along with five other otolaryngologists/facial plastic surgeons that was sponsored by the Face the Future Foundation.

Rwanda has only one plastic surgeon serving a nation of 11 million people. As a result, many adults and children with facial deformities since birth or as a result of trauma or cancer remain untreated.

Dr. Butts and the other members of the team worked at two main hospitals in the capital city of Kigali, evaluating and treating patients with congenital craniofacial disorders, facial injuries due to trauma, head and neck tumors, and secondary deformities after tumor removal. They operated on 17 patients suffering from a wide range of problems. Some surgeries lasted 10-12 hours. In one case, an exploded hand grenade had destroyed the lower half of the patient's face. Working together to perform microvascular reconstruction, the surgeons used donor bone and tissue to sculpt a new face.

"The end results were so rewarding," says Dr. Butts, recalling the hugs the team received from grateful patients and their families. "I gain a deeper appreciation of how fortunate we are in the United States to have modern conveniences and state-of-the-art medical tools and technologies after these international trips. The experiences provide motivation for the work I do in Brooklyn to ensure that our patients have access to well-coordinated care."

*Dr. Kaiser Islam/The Annex continued from page 2*

### Because Downstate is an academic medical center, do you get involved in teaching and research?

"We have Resident Clinic on Wednesdays and Thursdays, and we also have third-year medical students who do rotations with us. We've been too busy to conduct our own research studies, but we do refer patients to ongoing clinical trials here at Downstate."

### Will The Annex be part of the medical home concept and other changes Downstate will be adapting under the Affordable Care Act?

"We already have in place a lot of elements that are critical to the medical home concept. We offer same-day appointments to patients who need them, and this is now factored into to a formal system of appointment setting. Patients don't even have to call The Annex, they can just contact the Call Center for an appointment. We're also on-call 24/7 – either through our answering service or the page operator. Patients can always reach us, even if it's 4:00 am in the morning."

### Would you say that The Annex and Internal Medicine play a role in helping to bring down the number of patients inappropriately visiting the ER for primary care?

"I think we do. Our patients know that they can see us whenever they feel sick and we have broad expertise. We always fit them in. Patients should know that they don't always have to be seen in the ER. I would like to get the word out that The Annex can be a good alternative to the ER."

### What should the staff know about The Annex?

"That we are here and open every day, except for weekends, and that we are open on Tuesday and Thursday evenings in a small intimate facility that is conveniently located. That we have excellent physicians who are board certified in several disciplines, and we go out of our way to be available to patients. And that we work closely with other Downstate resources, such as the Preventive Cardiology Clinic, to make sure that all of our patients get the best care."

"If you are looking for a new healthcare resource, please check us out!"