



RESEARCH

PATIENT CARE

**University of Rochester Medical Center
+ Strong Health**

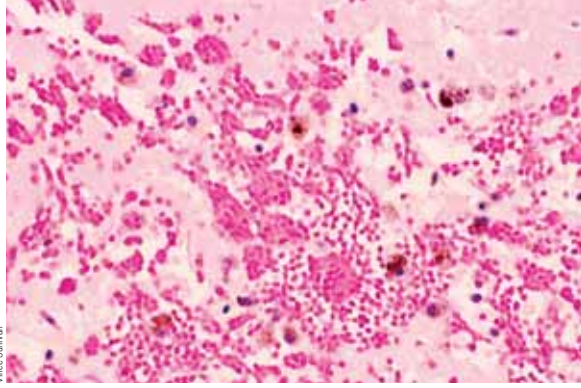
Transforming Health >

Our mission is to use education, science and technology to improve health – transforming the patient experience with fresh ideas and approaches steeped in disciplined science, and delivered by health care professionals who innovate, take intelligent risks, and care about the lives they touch.

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EDUCATION

COMMUNITY
& ECONOMIC
DEVELOPMENT



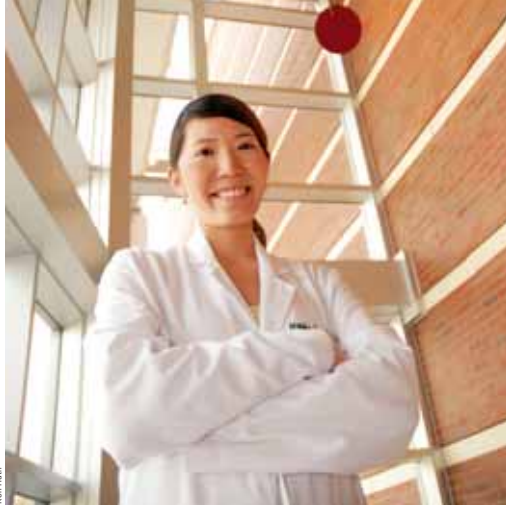
Vince Sullivan



Vince Sullivan



Vince Sullivan



Ken Huth



Vince Sullivan







**Message from Robert H. Hurlbut
Board Chair
University of Rochester Medical Center >**



Vince Sullivan

This past year has brought many changes to the University of Rochester Medical Center. Most obvious has been our smooth transition in leadership, from the very capable C. McCollister Evarts, M.D. to our new Senior Vice President and CEO Bradford C. Berk, M.D., Ph.D. Already, Dr. Berk is continuing in the tradition of outstanding leaders who have left their mark on this great institution, heading a comprehensive strategic planning process that will serve as our roadmap for the next 10 years.

I've been impressed with Dr. Berk's deep commitment to our community. Perhaps it's because he grew up in Rochester and has an honest respect for

its people and institutions. Perhaps it's because he is a graduate of this medical school, is steeped in its biopsychosocial model, and recognizes its remarkable potential. Or perhaps it's because of his personal investment in building top-tier cardiovascular research and a stellar Department of Medicine.

I also know that our University President, Joel Seligman, is a great leader and possesses the caring, the commitment and ability that our future requires.

This same commitment to improving the health and vitality of our region inspires our volunteer board members. They are true friends of the University of Rochester Medical Center. Together,

they root this Medical Center to our community, providing their insight, talents and resources, and for that I owe them my sincere gratitude. I am proud to share this 2006 Annual Report. The achievements it chronicles are a tribute to all those who care deeply about Rochester and its health care.

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**Message from Bradford C. Berk, M.D., Ph.D.
Senior Vice President for Health Sciences and CEO of the
University of Rochester Medical Center and Strong Health >**



Richard Baker

Health care and biomedical science are, by nature, dynamic. New knowledge further illuminates our understanding of the human body and our environment; it alters our approach to injury and illness; it improves the way we educate health care professionals; it creates new hope for patients and their families. New knowledge transforms our region's health and prosperity.

As one of the country's 123 academic medical centers, the University of Rochester Medical Center leads this transformation. Discoveries made here have boosted survival rates of the tiniest of premature babies, have virtually wiped

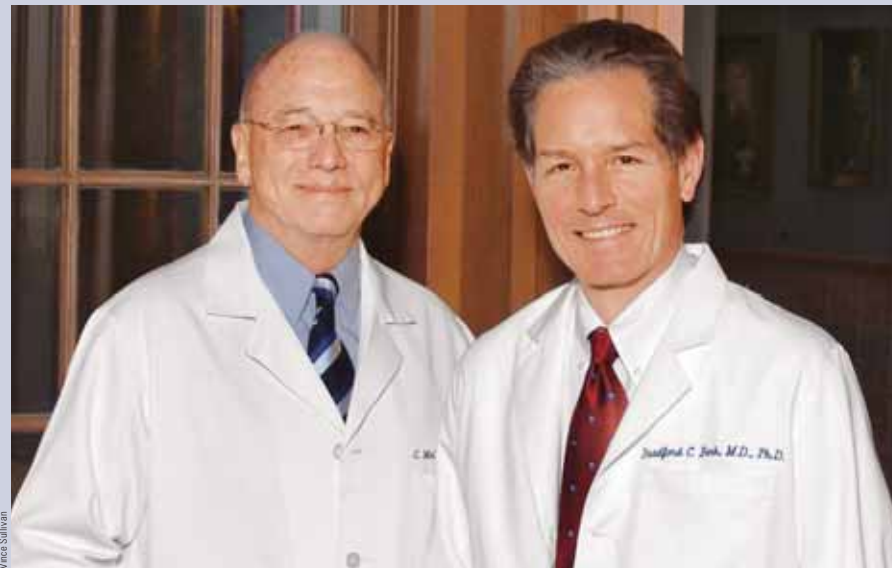
out preschoolers' deaths from bacterial meningitis, have changed the way doctors think about cardiac arrhythmias, have contributed to the world's first cancer vaccine, and more. Impressive results indeed, yet our mission to use education, science and technology to improve health remains more important than ever.

Taking our lead from the National Institutes of Health, the University of Rochester Medical Center will work to accelerate the process of turning scientific discoveries into clinical care breakthroughs. In recent months, we were chosen as one of only 12 medical schools in the United States to receive a Clinical

Translational Science Award from NIH — a resounding vote of confidence from peers throughout the nation.

This 2006 annual report highlights the accomplishments of our faculty and staff that occur every day in the research labs, classrooms, and patient care settings of the University of Rochester Medical Center and Strong Health. As its new Chief Executive Officer, I present this report with both humility and unbounded optimism, knowing that the years ahead will further the transformation of the nation's health care system, with Rochester taking a leadership role.

Leadership Transition



On August 1, 2006, Bradford C. Berk, M.D., Ph.D. became the Senior Vice President for Health Sciences and CEO of the University of Rochester Medical Center and its patient care network, Strong Health. Berk's appointment culminated a national search chaired by University

of Rochester President Joel Seligman and shaped by a Search Committee and four advisory committees. In announcing Berk's selection, Seligman noted Berk's "outstanding track record of building and integrating research, teaching, and clinical programs, and his understanding of

how to accelerate the progress of this Medical Center."

Berk follows in the footsteps of C. McCollister Evarts, M.D., who has served in the post for the last four years and continues to serve as a Distinguished University Professor. "As a Rochester

native and an alumnus of this Medical School, Brad understands our culture and values. He appreciates how this institution interfaces with the community. I am convinced that this Medical Center is poised for greatness, and Brad Berk is the ideal person to lead us there," he said.

RESEARCH

A pattern of growing investment by both public and private donors into the medical school, combined with sustained and excellent research efforts, is now changing the face of treatment for major diseases. In the most significant example, the U.S. Food and Drug Administration this year approved the first vaccine against cervical cancer, a vaccine based in part on early work done here at the University of Rochester Medical Center (URMC). It is hoped that the newly approved vaccine will help prevent cancers that now kill 230,000 women annually worldwide.

University of Rochester Medical Center infectious disease experts (left to right) Richard Reichman, M.D., Robert Rose, Ph.D., and William Bomez, M.D., specialize in researching the human papilloma virus, which causes cervical cancer.

Photo: Richard Baker

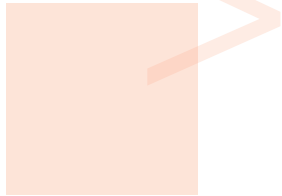


Richard E. Imhoff

*Robert E. Rose, MD
Infectious Disease*

*William B. ...
Infectious*

TRANSFORMING RESEARCH



Vince Sullivan

NIH Roadmap

In 2002, Elias A. Zerhouni, M.D., then newly appointed as director of the National Institutes of Health (NIH), began crafting his “roadmap,” a new vision for the nation’s federal agency for supporting medical research as it moves into the 21st century. A main goal of the roadmap was to accelerate the translation of basic discoveries about how the body works into dramatic improvements in the treatment of disease.

After consulting with hundreds of experts, NIH leadership concluded that the quickest way to deliver the next wave of medical breakthroughs would be to assemble large, multidisciplinary, multi-institutional teams that could tackle the unexpected complexity of disease processes revealed in recent years by cutting edge research.

It became clear that the institutions best able to assemble such teams of national leaders, and to put in place infrastructure needed for translational research, would succeed in winning the most support from the NIH in

the form of research grants. The University of Rochester has not only embraced this competitive environment, but also has now been

recognized by the NIH as a national leader in translational research.

Indeed, under the leadership of David S. Guzik, M.D., Ph.D., dean of the University of Rochester School of Medicine and Dentistry, and Thomas A. Pearson, M.D., M.P.H., Ph.D., senior associate dean for Clinical Research, the School was recently chosen by the NIH as a site for the establishment of one of 12 Clinical and Translational Science Institutes (CTSA). The School of Medicine and Dentistry will receive \$40 million over five years, the largest grant ever from NIH to the University, with the goal to produce innovative technology and methods that more quickly deliver new treatments out of the lab and into the clinic.

The combination of funding and recognition has uniquely positioned the Medical School to make significant contributions to the improved treatment of major diseases in the near future.

Right: University President, Joel Seligman, at left, Bradford C. Berk, M.D., Ph.D., chief executive officer of the Medical Center, David Guzik, M.D., Ph.D., dean of the School of Medicine and Dentistry, and Thomas Pearson, M.D., M.P.H., Ph.D., senior associate dean for Clinical Research, announced the largest NIH grant ever to the University.

Far right: Leukemia stem cells as seen under a powerful microscope.



Vince Sullivan

Foresight and Enterprise

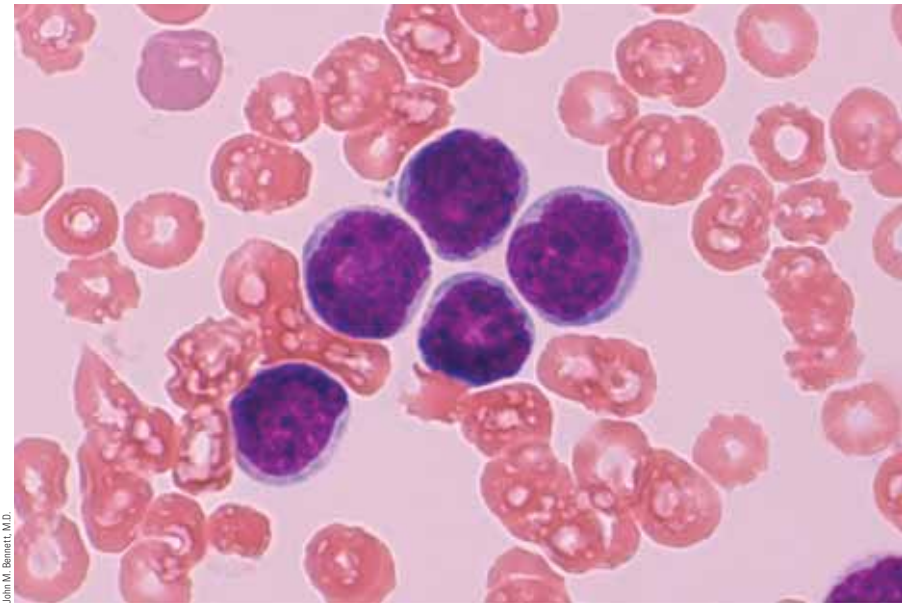
The University of Rochester School of Medicine and Dentistry is now in the position to play a leading role in the realization of NIH goals for translational research because it began pursuing the same vision 10 years ago.

The openings of the Arthur Kornberg Medical Research Building (KMRB) in 1999, and later of the MRBX, were the centerpieces of a 10-year, \$500 million plan to dramatically expand basic science research at URMC. With the new buildings came the recruitment of hundreds of new researchers and technicians, representing the largest research expansion in the history of the School of Medicine and Dentistry. A central focus of this effort was interdisciplinary collaboration between all investigators at the Medical School, whether new or longstanding members.

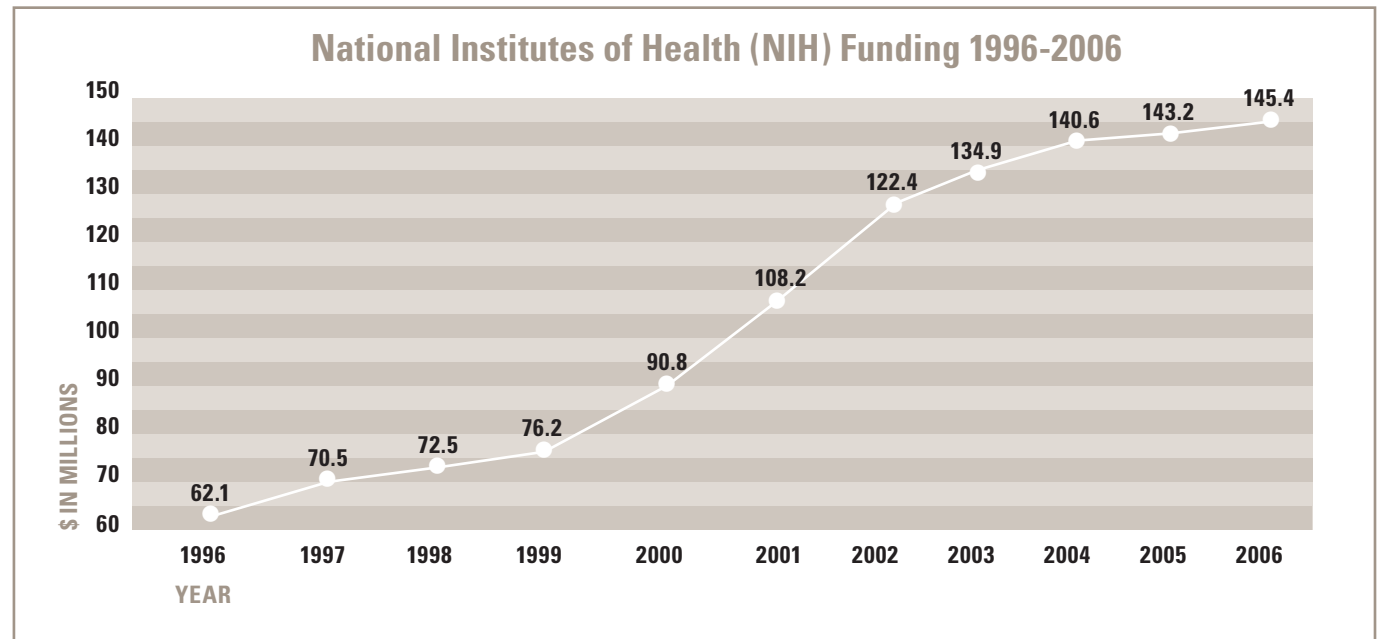
Along with investing in basic science, the leadership at the School of Medicine also began building the infrastructure needed to become a national leader in the translation of basic research into treatment breakthroughs. Drs. Guzick and Pearson began piecing together the building blocks for such clinical and translational science at the School of Medicine and Dentistry. They created cross-disciplinary research teams and systems to track and share information across clinical and basic research at the Medical School. With funding from an NIH K30 grant, they also created the Rochester Clinical Research Curriculum (RCRC), a core of training in the principles and methods of clinical research. Of the first 52 RCRC scholars who completed the program, 29 are principal investigators on their own research grants, with cumulative grant support of more than \$20 million.

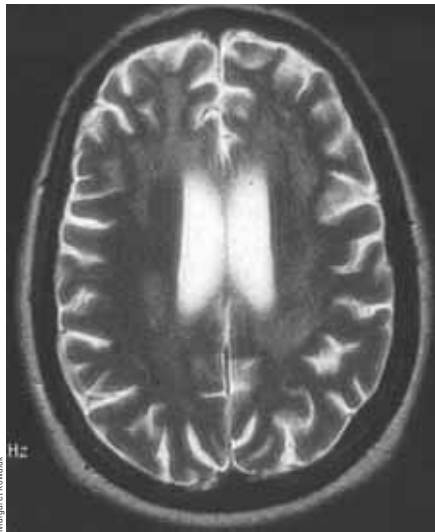
The combined investment in basic research along with clinical and translational science has increased the Medical School's ability to win research grants. The School of Medicine and Dentistry ranks among the top 25 percent of medical schools in NIH research funding, most recently reporting approximately \$145.4 million for Fiscal Year 2006 (October 2005 through September 2006). That represents a doubling in the institution's NIH funding in the last 10 years. In addition, the total research funding for the School of Nursing was \$4.1 million in the last fiscal year, up from \$800,000 prior to the start of the School's strategic plan five years ago. Out of 102 nursing schools, the School of Nursing now ranks 12th in NIH funding.

The growing reputation of the Medical School as a whole can be traced to the excellence of its constituent departments.

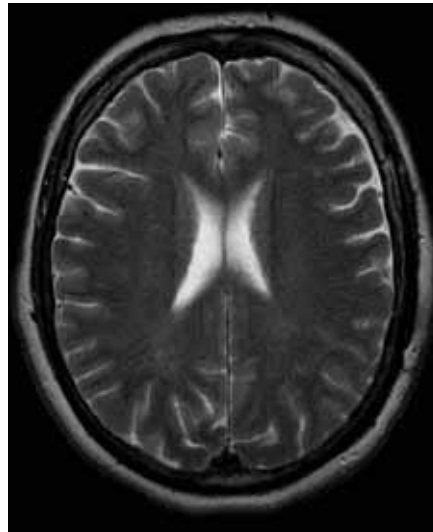


John M. Bennett, M.D.





Margaret Kowalik



Above: Images of a healthy brain (right) and the brain of a person affected by HIV-associated dementia (left).

Below: Nearly every vaccine approved by the FDA in the last 30 years was first tested at URMC's Vaccine and Treatment Evaluation Unit.



Richard Baker

For example, the Department of Orthopaedics and Rehabilitation this year became No. 1 in terms of NIH dollars received. Similarly, Biostatistics ranked third, Neurology fifth and the Community and Preventive Medicine seventh. Lastly, the Eastman Department of Dentistry ranked ninth out of 44 dental schools to receive funding from the National Institute of Dental and Craniofacial Research.

Faculty size naturally grows with research awards. As of October 2006, the Medical Center employed 782 tenured or tenure-track faculty, up from 536 in 2000. In total, the School of Nursing now has 21 tenure-track faculty, up from 13 in 2000.

Impact on Patients Today

A pattern of growing investment by both public and private donors into the Medical School, combined with persistent and excellent research efforts, is now changing the face of treatment for major diseases. In the most significant example, the U.S. Food and Drug Administration this year approved the first vaccine against cervical cancer. University of Rochester virologists did early work in the design of the cervical cancer vaccine that has now led to its commercial introduction. Cervical cancer is caused by infection by a class of viruses known as human papilloma viruses or HPV. It is hoped that the newly approved vaccine will help prevent cancers that now kill 230,000 women annually worldwide – predominately in underdeveloped countries.

University of Rochester virologists also found this year that an initial priming shot given in advance of a booster shot may be the most effective way to vaccinate people against bird flu. Public health officials seek to protect against a possible worldwide epidemic caused by the virus. Like human flu viruses, bird flu changes

or mutates constantly, and by the time a vaccine has been designed to protect against one form of bird flu, another form has emerged and begun to spread. The results from the new study indicate that, like small children who receive a regular flu shot, adults who have never encountered bird flu would benefit from a booster shot. More than 450 people have taken part in studies of bird flu vaccine at the Medical School, making it one of the leading bird flu research institutions in the world.

Also this year, orthopaedic researchers received a \$7.8 million grant to speed the conversion of basic bone science into new treatments that prevent arthritis, improve fracture healing and save limbs. In one case, the research aims to confirm preliminary findings that a handful of patients, previously confined to wheelchairs by fractures that would not heal, were able to walk again after receiving a drug treatment that finally healed the bone. Thanks to early work conducted here, clinical trials are now exploring new ways to heal trauma to bone and cartilage caused by aging and injury.

In Neurology, researchers this year received a \$7 million grant to confirm that two new drug classes can protect the brain from HIV-related nerve damage. Driving their approach is the realization that antiviral drugs that work against AIDS do not cure neuroAIDS, the nerve damage caused by HIV infection that lessens many patients' ability to think and move. This discovery led researchers to ask whether there is something else about HIV besides its attack on immune cells that causes disease in the brain. The emerging answer is that proteins released by the virus and chemicals released by human cells reacting to them are toxic themselves. As a result, labs nationwide are urgently searching for compounds that counter such toxins.

National Leadership Realized

The selection of the School of Medicine and Dentistry for the \$40 million CTSA grant represents peer recognition of current clinical and translational research excellence, as well as the potential for future discoveries in Rochester to help improve the health of individuals and communities.

New pilot projects and degree programs will be launched, and new networks formed of regional research institutions to make the most of shared resources. For the people of upstate New York, the CTSA will mean early access to more clinical trials and that cutting-edge treatments will be readily incorporated into their care.

With the CTSA designation, the School of Medicine is positioned to help define the national

approach to developing research methods and infrastructure for clinical and translational science. The establishment of the Clinical and Translational Science Institute – and the prominence given to institutions receiving the initial NIH awards – will also make Rochester better able to compete for significant roles in future research projects.

At right: Nancy Watson, Ph.D., R.N., director of the Elaine C. Hubbard Center for Nursing Research on Aging, center, observes a moment of play with a resident of the Jewish Home and a recreation specialist.

Below: Rita D'Aoust, M.S., R.N., A.C.N.P., senior associate professor, uses a patient simulator for a lecture recorded for online presentation.



Steve Piner



Richard Baker



Vince Sullivan

Future Vision

The newly achieved national leadership, however, is only a starting point for the research enterprise. Several departments are launching new research centers and projects with the potential to revolutionize the treatment of major diseases and aspects of patient care.

The leadership of The James P. Wilmot Cancer Center, for example, has raised about \$22 million, half of the \$42.5 million comprehensive campaign goal to construct a new 163,000-square-foot facility. With construction well underway, excitement is growing about the center, which has the potential to discover life-saving treatments as well as to create and preserve jobs for the local community.

Researchers also recently launched the Cancer Stem Cell Research Program, one of just three formal programs in the United States where collaborators are seeking to discover cures for cancer by closely examining the “master cells” of this deadly disease. Cancer stem cells tend to be drug resistant and a potential cause of relapse. If scientists and doctors could better understand the growth of cancer stem cells, it could change how tumors are treated.

In addition, Eastman Department of Dentistry researchers this year received the lion's share of national dental research awards at the International Association of Dental Research meeting. Oral biologist Hyun (Michel) Koo, D.D.S., Ph.D., and microbiologist Robert Marquis, Ph.D., received Distinguished Scientist Awards at a meeting in Australia in June. Koo has combined his interest in both food science and dentistry to search for new ways to fight the bacteria (*Streptococcus mutans*) that causes cavities. Marquis studies how these bacteria get the nutrients they need to stay alive. At the



Charles Dr. Itz www.democratandchronicle.com

same meeting, Koo and Yen-Tung (Andy) Teng, D.D.S., M.S., Ph.D., brought home to the Medical Center two of this year's three Innovation in Oral Care Awards. The unrestricted research grants of up to \$75,000, funded by GlaxoSmithKline, advance the development of novel compounds, biomaterials and devices that will improve public health.

In nursing, the University of Rochester School of Nursing (SON) this year dedicated the new Loretta C. Ford Education Wing of Helen Wood Hall. It is part of an \$8.1 million expansion and renovation that will help the School of Nursing enhance research. The new facilities are enabling the leadership to train more nurses as researchers at the master's and doctoral level.

Larger SON studies underway include a \$3.4 million, five-year study funded by National

Institute of Nursing Research, which will test the effectiveness of community-based intervention in preventing girls aged 15 to 19 years from being infected with HIV. A second, \$1.4 million study will look at how to improve palliative care nationwide. In more and more hospitals, aging patients turn to palliative care specialists to provide relief from pain, help in making difficult medical decisions and support for their families and those who care for them. The goals of the project include developing more effective consultation on pain issues for patients and families.

Also since the last annual report, the Medical School has received a \$21 million NIH grant, the second largest in the University's history, to study new ways to measure radiation exposure from a possible terrorist attack using a dirty bomb, and

to treat the toxic effects of radiation. The effort is led by Paul Okunieff, M.D., chairman of the Department of Radiation Oncology at the Wilmot Cancer Center and Jacob N. Finkelstein, Ph.D., professor of Environmental Medicine, Radiation Oncology and Pediatrics.

A few months later, Hulin Wu, Ph.D., professor and division chief, Department of Biostatistics and Computational Biology, Martin S. Zand, M.D., Ph.D., medical director of Kidney and Pancreas Transplant Programs and Iñaki Sanz, M.D., chief of the Division of Clinical Immunology & Rheumatology, led two additional research teams each of which received \$10 million in NIH grants in the area of biodefense. These awards establish the University of Rochester as a national leader in research seeking to protect the nation. ■

EDUCATION

For many reasons, 2006 stands as a landmark year in education. Look to the National Institutes of Health (NIH) Clinical and Translational Science Award of \$40 million to the School of Medicine and Dentistry that will enhance education and training dramatically. Look to the expansion in space and curriculum at the School of Nursing, or to the success of the School of Medicine Class of 2006 in landing top-quality residency assignments.

Residents have many responsibilities, including a role in the education of medical students. Here, Jason Mendler, M.D., Ph.D., a second-year internal medicine resident, listens carefully to a patient while students observe.

Photo: Ken Hurth





TRANSFORMING EDUCATION



Vince Sullivan

A National Model for Educating the Next Generation of Researchers

NIH's emphasis on translational research makes it the science of today and the future. Translational research requires a new type of researcher – an investigator with a solid knowledge of basic bench sciences, the ability to work in multiple disciplines and the skills to transform the findings of science into medications and devices that heal sick people or keep people well. Education and training are key to fostering this kind of research.

Our Clinical and Translational Science Institute will create a national model for educating and developing the next generation of researchers with the knowledge and skills to take a scientific discovery and develop drugs, devices, and diagnostic tests that are clinically useful.

In conjunction with the Institute, the School of Medicine will create three new degree programs – a master's in clinical investigation, a master's in translational research and a Ph.D. in translational biomedical research. Designing of the curriculum for the new degrees has begun. The new doctoral degree will be unlike any other in that it does not focus on basic research but encompasses a study of the causes and processes of diseases and strategies to treat them. Paul LaCelle, M.D., senior associate dean for Graduate Education, plans to secure New York state approval of the new doctoral degree sometime in 2007.

The Institute also will expand a mentor development program to enhance the quality and quantity of mentors in translational and clinical research and develop skill-building workshops, seminars, mentored research experiences and other training programs in translational research for medical students, fellows, junior faculty and others.



Vince Sullivan

A New Wing and a Major Grant for School of Nursing

In 2006, the School of Nursing found new and innovative ways to address the local and national need for nurses and the need for nurses with broader education.

The School opened the Loretta C. Ford Wing of Helen Wood Hall, part of an \$8.1 million expansion and renovation project that will help the School increase student enrollment substantially, boost technological capabilities and enhance research. The wing is named for Dean Emerita Loretta "Lee" Ford, R.N., P.N.P., Ed.D., who is internationally known for creating the profession of Nurse Practitioner and who led the School from 1972 to 1986. The Ford wing includes four spacious classrooms, an auditorium that can seat 170 people, a seminar room and atrium. The wing's wireless and smart classroom technology and video conferencing

capability will facilitate student learning. The new wing means the School can teach and train more nurses and more nurse leaders at the master's and doctoral level, which ultimately means better patient care.

The School has more opportunities to fill the classrooms in the Ford wing thanks to the Helene Fuld Health Trust, HSBC Bank USA, Trustee, which has awarded the School \$2.5 million to support scholarships and the development of new programs. In 2002, the Helene Fuld Health Trust gave the School \$2.2 million. The two grants are the largest gifts from foundations to the School in almost 25 years. With the Trust grant renewal, the School is increasing enrollment in its accelerated program that enables people with a bachelor's degree in a non-nursing discipline to earn a degree in nursing in a year's time. Enrollment doubled in 2006 in this program to about 120, with students coming from throughout the United States.

The Fuld Trust grant also will help the School redesign some programs and solidify faculty recruitment, improving the student-teacher ratio and the clinical experience for students.

The ART of Research and New Nursing Degree Programs

School of Medicine and Dentistry students increasingly are showing an interest in research. About 80 percent of the Class of 2006 reported doing some type of mentored research during medical school, up from about 67 percent for the Class of 2005.

The School has launched a formal program called the Academic Research Track (ART) that creates a path to research in addition to the traditional M.D./Ph.D. program. ART has an enriched curriculum that goes beyond the scientific teaching medical students regularly

receive and enhances their training as future academic leaders. The core of the curriculum in the first two years prepares students for an in-depth experience in basic, clinical, educational or translational research. This includes seminars and courses in varied aspects of research, including making measurements, analyzing data and finding the money to support a project. Students also take a course in ethics in research. After the second year, students have a year of tuition-free, independent study to pursue an in-depth research project with a mentor. This could qualify a student for a master's degree. In the final two years of the ART, students will embark on clinical clerkships, and will complete their research projects. Seven medical students have enrolled in ART. The goal is to attract from 10 to 20 students in each medical school class to the ART program.



The School of Nursing also is continuing to develop new curricula. In 2006, the School launched two master's degree programs designed to address an increasing demand for child mental-health practitioners – the Child/Adolescent Psychiatric Mental Health Nurse Practitioner program and an expanded program of study in behavioral and mental health within the Care of Children and Families/Pediatric Nurse Practitioner program.

The goal is to develop practitioners trained to identify and evaluate mental health disorders in children and adolescents, and provide timely intervention. In several counties in the Rochester region there are no child psychiatrists. A national shortage of child and adolescent mental health professionals is projected by the year 2020. New York state, recognizing the need for educated and trained people in the field, approved the School's new program in

seven days, a remarkable accomplishment. New programs at this level routinely enroll from three to six people in the initial class. The School already has enrolled 11.

The School also has taken a leading role in the national Clinical Nurse Leader (CNL) initiative, which offers a new option for experienced registered nurses to transform health care delivery. A Clinical Nurse Leader evaluates patient care, facilitates team performance, and utilizes evidence-based practice to improve patient safety, health outcomes, and organizational systems. The School collaborated with Strong Health to form the first and only CNL education and practice partnership in New York state. ViaHealth and Thompson Health also have joined as partners.

The program combines professional leadership courses with clinical nursing courses in advanced pharmacology, advanced health



Antonio Barbagallo

Above: Nancy Freeland, R.N., M.S., C.C.R.N., (left) with Megan Harvey, R.N., in the Kessler Family Adult Burn/Trauma ICU at Strong Memorial Hospital.

At right, Denham Ward, M.D., Ph.D., the associate dean for Faculty Development-Medical Education, with Vivian Lewis, M.D., associate dean for Faculty Development-Women and Diversity.

assessment, physiology, epidemiology, evidence-based practice and a health action course that emphasizes health promotion, education, and technology. Graduates earn a master's degree as a generalist clinician.

In 2006, the School's faculty approved the curriculum for the new Doctorate of Nursing Practice. The American Association of Critical Care Nurses predicts that the doctorate will be a required credential for nurse practitioners, clinical nurse specialists, nurse anesthetists and nurse midwives by 2015. The first students are expected to enroll in the new doctorate program in 2007.

Associate Deans for Faculty Development

In 2006, School of Medicine and Dentistry Dean David S. Guzick, M.D., Ph.D., created two associate dean positions to support teaching



Vince Sullivan

faculty and to improve the recruitment and retention of female faculty and those from diverse backgrounds.

Denham Ward, M.D., Ph.D., was named Associate Dean for Faculty Development-Medical Education, and Vivian Lewis, M.D., became Associate Dean for Faculty Development-Women and Diversity.

Faculty, who balance a commitment to patient care and research, also must develop their teaching to keep pace with rapidly changing technology, scientific discoveries, and pressure to meet new competency standards. Ward, a professor of anesthesiology, is launching a centralized effort to evaluate current teaching methods and to create shared resources focused on improving the overall quality of teaching. He is conducting a literature review so that all training is based on proven methods. Ward wants

to move toward a certificate program in medical education, and eventually develop a master's degree program in medical education at the School.

The School of Medicine and Dentistry has a diverse student body. Boosting minority and female appointments to the faculty remains a critical issue faced here and at academic medical centers throughout the country. Lewis, a professor of obstetrics and gynecology, is forming an advisory group of faculty who will help with a needs assessment of issues specific to Rochester. She also will introduce new methods and tools for chairs to help them diversify recruitment efforts, including development of a database of community contacts for newcomers to Rochester.

No curriculum can remain the same for long in an era of new discoveries and expanding technology. Cyril Meyerowitz, B.D.S., M.S.,

director of the Eastman Dental Center and professor and chair of the Eastman Department of Dentistry, will serve as a member on the Commission for Change and Innovation in Dental Education.

The commission will coordinate curriculum reform in dental education in order to develop graduates competent to address the oral health needs of their patients and work for the acceptance of changes in dental education throughout the profession.

The commission was appointed by Eric Hovland, D.D.S., M.Ed., president of the American Dental Education Association board of directors, who said the commission's work will shape dental education for decades to come.

Praise, Accreditation and a Good Match

With the addition of a residency in general preventive medicine and public health in 2006,

the School of Medicine and Dentistry now has 70 residency and fellowship programs. The newest residency seeks to train individuals to become board certified specialists with the potential to become academic, policy, and industry leaders in the field of preventive medicine.

The School of Medicine and Dentistry has received an unprecedented six-year accreditation for its residency programs from the Accreditation Council for Graduate Medical Education, the first medical school to earn the extended accreditation nationwide. The maximum accreditation term previously awarded by the ACGME was five years.

ACGME has established six core competencies that go beyond setting minimum requirements for medical knowledge and patient care skills to define what makes a well-rounded, effective physician who is equipped with the ability to keep up with changes in the profession. Medical

University of Rochester School of Medicine and Dentistry

Class of 2010

4,200	Applications received and reviewed
659	Applicants interviewed
101	Students accepted
50	Women
51	Men
21 - 33	Ages of students (50 percent are 24 or older)
37%	New York state residents
30%	Non-Caucasians



Vince Sullivan



Vince Sullivan



At left: NanaEjua Baidoo, a third-year medical student, left, observes Cheryl Kodjo, M.D.

Below: Carin Gellin, M.D., a third-year pediatric resident, left, examines a young patient.

schools are required to develop curriculums that address the competencies, to assess residents on their level of achievement of the competencies and to use data to continually improve programs for residents. The School of Medicine is an acknowledged national leader in addressing the competencies.

The core-competency system brings added emphasis to using research and technology, improves communication with patients and colleagues, avoids the ease of old or bad habits and consistently evaluates the performance of residents. The goal is to develop competent physicians with the ability to learn and grow

throughout their careers.

The ACGME said residents interviewed by its reviewers lauded the institution for its many strengths, citing support from the graduate education office, leadership by program directors and department chairs, the collegial atmosphere demonstrated in the institution and computer informatics systems.

The Eastman Department of Dentistry's advanced education programs at Eastman Dental Center (EDC) received full accreditation status from the Commission on Dental Accreditation (CODA). The commission is the body that accredits dental education programs and is recognized by the United States Department of Education.

The commission granted the accreditation status without any citations or requirements to report improvements. The accreditation group

University of Rochester School of Nursing

2006 Admissions

- 42%** Increase in applications for admission from 2005 to 2006
- 20%** Increase in enrollment
- 23%** Minority students
- 12%** Male students

2007 Admissions

- 31%** Minority students
- 20%** Male students

2005 Research Funding

- 252%** Increase in annual NIH grants since 2000
- 12th** With grants of \$3.2 million, NIH rank among schools of nursing



commended the orthodontic program, noting that the quality and quantity of the residents' research meets or exceeds the level of a master's degree program at other institutions. It also praised the clinical outreach program at School 17 in Rochester for pediatric dentistry residents, saying the program provides an outstanding experience in community dentistry and a necessary service to the community.

The National Residency Match Program often changes lives as it places medical school graduates in medical centers and hospitals across the country where they train as residents. The School of Medicine and Dentistry's Class of 2006 did very well in the Match. The percentage of students who were able to secure a position in their field of choice was the highest it has been in almost 20 years. Two-thirds of the class matched at schools ranked in the top quarter nationally. In very competitive fields, such as dermatology, orthopaedics, neurosurgery, otolaryngology and plastic surgery, that have few positions available nationally, each student from the School of Medicine and Dentistry who was interested in these fields was successful in the 2006 Match. ■

Makiko Ban-Hoefen, M.D., second-year internal medicine resident.

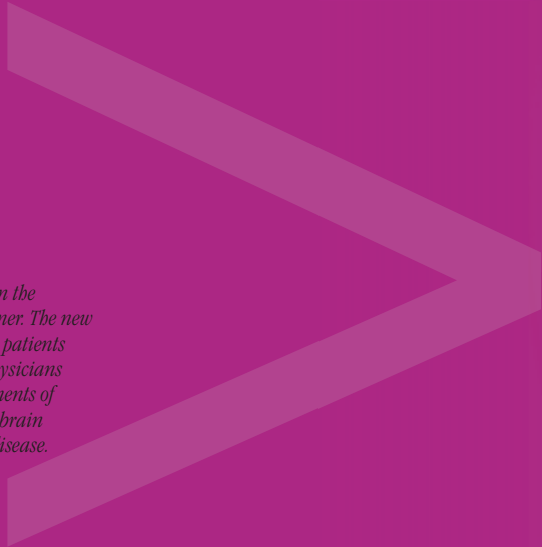


Kim Hahn



PATIENT CARE

With a broad slate of robust and unique-to-the-region patient care services, the University of Rochester is emerging as upstate New York's premier medical center. As faculty from the School of Medicine and Dentistry and the School of Nursing infuse research discoveries and education into clinical care, the Medical Center offers clinical programs that give those with even the most complex medical conditions reason for hope. Through that process, we are transforming the way health care is conceived and delivered.



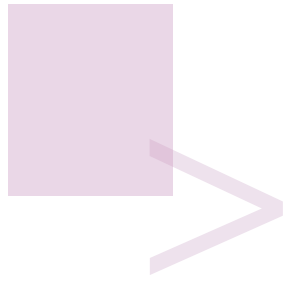
Sven Ekholm, M.D., Ph.D. positions a patient in the region's first 3 Tesla magnetic resonance scanner. The new MRI is the most powerful scanner available to patients today in routine clinical use, and will help physicians improve the accuracy of diagnoses and treatments of broad categories of diseases including stroke, brain tumors, epilepsy, musculoskeletal and heart disease.

Photo: Eugene Kowaluck



Ph.D.
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TRANSFORMING PATIENT CARE



Tom Evancho of Buffalo had been living with heart failure for a decade. Doctors prescribed medications and implanted a defibrillator, yet Evancho's outlook wasn't bright. A heart transplant could fix his heart failure, but Evancho wasn't eligible because of other health issues. He was given six to 12 months to live.

When Evancho's heart defibrillator went off in 2006, it saved his life and alerted physicians that he was now in end-stage heart failure. He was referred to the Program in Heart Failure and Transplantation at the University of Rochester Medical Center (URMC), where

specialists implanted a ventricular assist device (VAD), a small, portable pump that helps the heart beat effectively. Until recently, VADs served only as temporary devices to keep patients alive until they receive transplants or to help patients recovering from a temporarily failing heart. Evancho would be among the region's first patients to receive the VAD as so-called "destination therapy," care that extends the life of patients for whom transplant is not an option.

VADs are a significant weapon in the arsenal of URMC's Artificial Heart Team, which has participated in testing the rapidly evolving

At right: Strong Memorial's Artificial Heart Program is among a handful of centers to be named as an ABIOMED Center of Excellence.

Far right: Under the direction of Adel Bozorgzadeh, M.D., Strong's liver transplant program has become one of the largest in the nation.

Below: Buffalo native Tom Evancho receives instructions from heart surgeon Todd Massey, M.D. and transplant coordinator, Dana Shannon, M.S.N., A.N.P.



Vince Sullivan



Richard Baker

technology and has implanted the devices in more than 150 patients. Hospitals throughout the region have been trained by the team to implant the temporary devices, so that patients can be safely and quickly transferred to Rochester. This kind of teamwork among outlying hospitals and URMIC drove successful patient outcomes that earned the program status as an ABIOMED Center of Excellence in 2006.

Growing Influence

With a broad slate of robust and unique-to-the-region patient care services like the Program in Heart Failure and Transplantation, the URMIC is emerging as upstate New York's premier medical center. As faculty from the School of Medicine and Dentistry infuse research discoveries and education into patient services, the Medical Center offers clinical programs that give those with even the most complex medical conditions reason for hope. Through that process, we are transforming the way health care is conceived and delivered.

As word has spread, more and more patients from outside URMIC's traditional service area are opting to receive their care here. Since 2000,

Strong has experienced a 46 percent increase in the number of patients coming here from outside of Monroe County. Meanwhile, Highland Hospital has seen proportionate growth, spurred by rising numbers of bariatric and orthopaedic surgeries.

This ability to draw patients from a wider geographic area accounts for nearly all of the clinical growth experienced by Strong Health hospitals. In 2006, Strong and Highland recorded a rise in admissions and a 17 percent jump in outpatient visits, fueled by tertiary programs in cancer, cardiac, solid organ transplant, neurosciences, and urology. Leading the list of new, growing, or one-of-a-kind services:

- Strong Memorial Hospital's Liver Transplant program now conducts over 200 surgeries per year, making it one of the nation's top three largest liver transplant services. In 2006, two new surgeons were recruited to the team to support the expanding service.
- In the last two years, the Department of Surgery has recruited 19 new faculty and incorporated six surgeons from Highland Hospital, bringing it to a total of 52 full-

time clinicians. These additions include 15 surgeons from outside of the Rochester region, including recruits from M.D. Anderson Cancer Center, University of Pennsylvania, Harvard, Dartmouth, The Cleveland Clinic, and other prestigious academic medical centers.

- Golisano Children's Hospital has created a burgeoning children's heart surgery program led by George Alferis, M.D. that's attracting families from throughout upstate New York and northern Pennsylvania. With outstanding results and close attention to patient satisfaction, the number of children's

heart surgeries performed at Golisano has increased five-fold in seven years.

- Orthopaedics launched a new multidisciplinary shoulder service using faculty from its Hand and Upper Extremity and Sports Medicine divisions, as well as a newly recruited surgeon specializing in shoulder and elbow surgery. It also expanded its Center for Bone Health to provide bone densitometry services at Highland Hospital. The Center plans to include outpatient geriatric musculoskeletal services when renovations are complete next spring.



Vince Sullivan



Vince Sullivan

The goal is to ensure that at-risk geriatric patients at Highland Hospital are screened for osteoporosis and vitamin D deficiency and started on appropriate treatment, and to provide care for those with spinal compression fractures.

- One of the country's few neurosurgeons trained to treat nerve injuries to the brachial plexus, Jason Huang, M.D., was recruited allowing treatments for a variety of peripheral

Left: Over 1,200 newborns each year are cared for at Golisano Children's Hospital at Strong's Neonatal Intensive Care Unit.

Below: Robotic approaches are revolutionizing surgery for patients needing prostate, gynecologic, or valve operations.

Below right: Seven-week-old Aaron Rai traveled from England with his mother, Ranjil, to become the 19th child at URM to receive an artificial cornea implant.

nerve ailments – previously referred out to the Mayo Clinic or the University of Pittsburgh Medical Center – to now be done at URM. This summer, the department also introduced a new neuro-endocrine clinic that enables patients with pituitary tumors to see both a neurosurgeon and endocrinologist together in the same room to review test results and collectively discuss treatment options. To make all of its services more accessible to patients in outlying areas, Neurosurgery has expanded its regional clinic network to include 12 locations. In so doing, the department is building bridges with local hospitals by referring patients to them for diagnostic services.

- Strong Memorial Hospital added a second daVinci Robotic Surgical System to meet patients' growing demand for minimally invasive surgeries. Surgeons are finding

the technology most useful in gynecologic surgery, prostatectomies and mitral valve repairs.

- Amid rising demand for robotic prostatectomy procedures, Urology has expanded its Robotic and Laparoscopic Prostate and Renal Surgery team by recruiting three new surgeons, expanding to six full-time faculty members. The additions make URM's Urology group the largest laparoscopic service in the region. Elsewhere in the Department, physicians continue to transform their field by pioneering less invasive procedures, such as minimally invasive injection therapy which allows patients to avoid open surgery for refluxing ureters in children, and percutaneous radio frequency ablation of solid kidney tumors which provides a non-surgical treatment option that does not require anesthesia.
- Ophthalmology's keratoprosthesis team

has established itself as one of two centers worldwide performing artificial cornea transplants on children. Patients from as far as France and the UK brought their corneally blind children to URM in 2006 and left with children better prepared to navigate the visual world. Also in Ophthalmology, physicians have created one of the world's most comprehensive programs for partial cornea transplants, useful in patients with a combination of unrelated vision problems.

- Over the last six years, surgeons at Highland Hospital have performed bariatric surgery on more than 2,000 patients, making the program one of the largest in the northeastern U.S. To accommodate program growth, Highland opened a dedicated Bariatric Surgery Center specially equipped to support surgical care as well as the emotional support and nutritional counseling that make the



Shawn David
www.democratandchronicle.com

Courtesy of the Rai Family



Richard Baker

Above: At VNS, telemedicine connects nurses with heart patients in their homes.

Above right: Highland Hospital has one of the largest bariatric surgery programs in the Northeastern U.S.

program so effective.

- A newly recruited physician/dentist is helping to build Eastman Dental Center's program in complex oral and maxillofacial surgery. In the past year, the number of cases has climbed by 50 percent as patients from throughout the region seek care.
- URMC's gastroenterologists and hepatologists were the first in western New York to introduce Double Balloon Enteroscopy, which uses a telescope, an overtube, and a balloon system to diagnose and treat disorders of the small intestine.
- Urogynecology and Reconstructive Pelvic Surgery was established as a full division of

Obstetrics and Gynecology and was officially granted a fellowship by the Association on the Accreditation of Graduate Medical Education. The Division offers a broad range of treatment options for women with incontinence, prolapse, and other pelvic floor dysfunction.

- Visiting Nurse Service (VNS) installed the McKesson Health Buddy Appliance, a form of telemedicine which connects up to 40 patients at home with nurses on VNS' cardiac team through a secure Web site. The small, portable appliance collects vital signs, symptoms, behavior and knowledge information from patients alerting home care staff to potential problems. By acting quickly, the team is able to avoid hospitalizations for some and shorten hospital stays for others.

Growing Capacity

Rising demand is placing pressure on Strong



Vince Sullivan

Health's infrastructure: inpatient bed capacity and outpatient clinic space, as well as health imaging and laboratory services. At both Strong Memorial Hospital and Highland Hospital, critically needed facilities expansions were begun or completed in 2006 even as URMC develops its strategic plan and accompanying long-range facilities plan.

In July, an updated, child- and family-friendly pediatric surgical suite opened to patients, allowing parents to stay with children up to the moment before surgery, and to see them immediately after the surgery. Inside the William and Mildred Levine Pediatric Surgical Suite children can now watch their favorite videos or play video games in a more comfortable, less stressful environment.

A newly expanded James P. Wilmot Cancer Center promises to ease access to breakthrough cancer therapies with its new, four-story,

163,000 square-foot facility that blends research, teaching and patient-centered care under one roof. Wilmot has seen 15 to 20 percent increases in patient volume each year for the past four years. The building is funded in part by a \$42.5 million comprehensive campaign to support the expansion of clinical care and research facilities and the recruitment of 25 new clinician-scientists. Wilmot and URMC leaders have set their sights on capturing National Cancer Center Institute (NCI) designation as one of the top cancer centers in the nation. The new building will be complete in spring of 2008.

Perhaps nowhere has the effect of clinical growth been felt more acutely than in the Emergency Departments (ED) which now serve as the entry point for half of the admissions at both Strong Health hospitals. With the combined number of visits to Strong Memorial Hospital and Highland Hospital EDs approaching

120,000, both hospitals are developing new ways to accommodate the rush. At Strong, leaders launched a plan in 2006 to help patients receive care more efficiently and to open the pathway for admitted patients to be moved to inpatient beds more rapidly.

To ease overcrowding in its ED and post-surgical unit, Strong Memorial is renovating space on its eighth floor to house new adult ICUs. Relocating ICUs to the new unit allows Strong to backfill current ICU space with additional medical/surgical beds. Strong Memorial is also opening a new unit for patients with underlying behavioral or cognitive problems who require medical or surgical care. Plus, the relocation of offices over the ED in 2007 will make way for 20 more observation beds, which will allow more patients to move out of the ED while a decision is being made whether or not to admit them.

And, new laboratory space in the electro-physiology lab will ease access for patients with cardiac arrhythmias.

Meanwhile, at Highland Hospital plans are underway to enlarge its Emergency Department. Highland's ED expansion will add 7,000 square feet of space and allow the department to expand to 25 acute care beds. The renovations also include a central nursing station, updated information systems, trauma room, gynecological room, decontamination room, space for treat-and-release patients, and a private family room. The new ED will be renamed as the Wolk Emergency Department in recognition of the Louis S. and Molly B. Wolk Foundation's \$1 million gift to support its renovation and expansion.

Strong Health Partnership Essential

The medical and financial renaissance experienced at Highland Hospital over the last

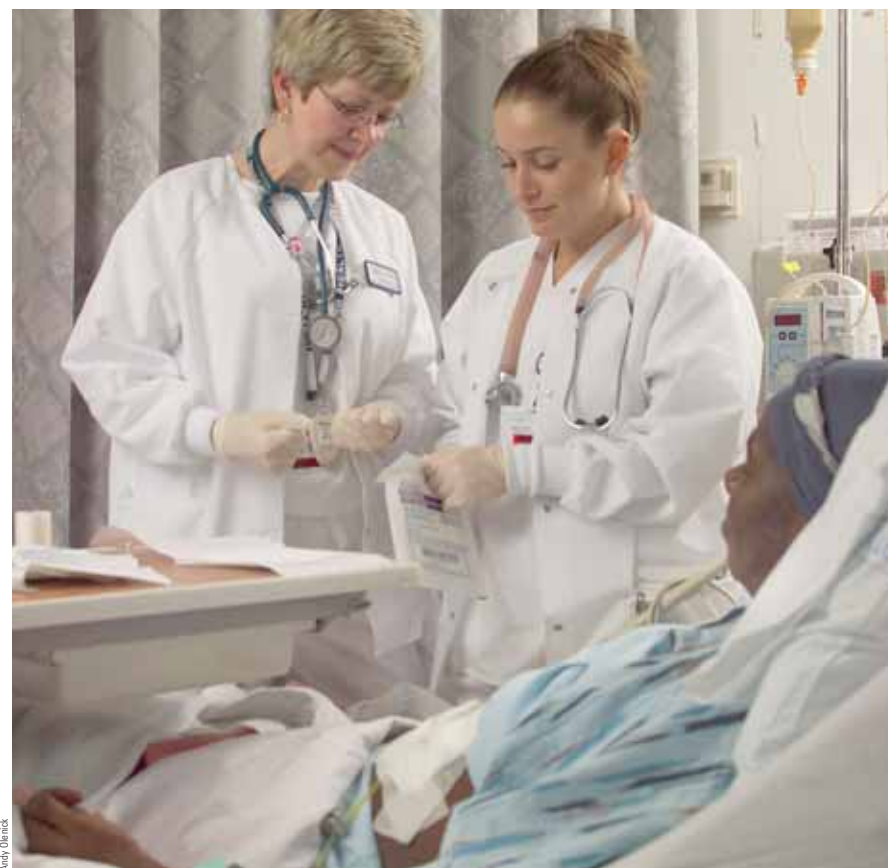
several years continued in 2006 as the hospital was buoyed by new orthopaedic and bariatric surgery cases. The partnership between Strong Memorial Hospital and Highland Hospital is somewhat unique in the context of academic medical center/community hospital mergers. Highland has provided an attractive, viable location for a number of the system's services, enabling Strong Health to make choices about which services best fit each hospital. As a result, Highland Hospital has transformed from an average daily census of 50 patients several years ago to about 250 patients today. Having this system flexibility has allowed Strong Memorial Hospital to emerge as upstate's leading center for tertiary and quaternary services.

The Strong-Highland partnership forms the core of the Strong Health acute care network, but its nursing homes and home care agencies play an equally important role in the system's continuum of services. The power of system-wide partnership was demonstrated this year as the number of hospital patients accepted by The Highlands at Brighton continued to climb. With dedicated units for residents with ventilator needs or behavioral conditions, The Highlands at Brighton provides the ideal – and often the only – suitable environment for patients with complex needs. The Highlands at Brighton now accepts nearly 600 patients per year discharged from Strong Memorial.

New services were added with the opening

Above right: Nurses Cathy Norton, R.N. and Heather Dunn, R.N., care for patients on Highland's women's inpatient unit.

At right: Highland leaders – together with community dignitaries and University leaders – marked the start of an expanded Emergency Department for Highland Hospital.



Andy Olenick



Vince Sullivan



Vince Sullivan

Above: Strong Memorial Hospital was one of the first in the country to virtually eradicate pneumonias in patients on ventilators.

Above right: Oncology nurses at the James P Wilmot Cancer Center deliver chemotherapy to 100 patients each day.

of an orthopaedic rehabilitation unit at The Living Center at The Highlands at Pittsford, Strong Health's continuing care community. The Living Center transformed its second-floor East Wing into a 21-bed unit with nine private rooms and extensive amenities. The rehab unit complements services provided by The Evarts Joint Center at Highland Hospital and is the number one referral site for the Joint Center.

The Highlands at Brighton made room for the relocation of the Strong Health long-term care

pharmacy. Having the pharmacy located within the nursing home creates efficiency, improves communication and lessens the chance of error for both pharmacy and nursing home staff.

As an academic medical center, URMC serves as a safety net for many patients unable to find care elsewhere in the community – either because they rely on Medicaid, are underinsured, or lack health insurance altogether. The number of patients receiving Medicaid rose by nearly 17 percent last year, reflecting our faculty's commitment to care for all in our community. The amount of uncompensated care – a combination of charity care or uncollectible billings – rose by the same amount.

The disparity between the insured and uninsured is particularly stark when it comes to oral health care. Each year, the Eastman



Ken Huth

Dental Center (EDC) provides nearly \$900,000 in uncompensated care, making it the community's leading provider of dental care to the underserved. A new joint venture between EDC and the 7th District Dental Society invites private sector dentists to participate in EDC programs providing care to underserved patients at EDC's School No. 17 clinic, Downtown Health Care Center, Mt. Morris Dental Center, or one of three mobile units known as SMILEmobiles. As of October 2006, five participants had provided 332 hours of dental care worth more than \$38,000 to 353 patients. Many of these patients would not have received services were it not for this unique partnership between private-practice and EDC's faculty dentists.

Quality and Service Count

In 2006, URMC faculty and staff continued their

deep commitment to continuous improvement – and were recognized locally and nationally for their efforts to improve patient outcomes and satisfaction.

For the eleventh year in a row, Strong Memorial Hospital won the National Research Corporation's "Most Preferred Hospital" Award, chosen by local health care consumers as having the best overall quality and image. In addition, two of its specialties landed URMC near the top of *U.S. News & World Report's* America's Best Hospitals list for 2006. Of nearly 5,200 hospitals and 16 specialties evaluated, the Medical Center's Gynecology and Otolaryngology programs ranked 43rd and 45th respectively.

The Strong Stroke Center earned certification as a Primary Stroke Center by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The certification

culminates a lengthy and comprehensive review process and recognizes centers that “make exceptional efforts to foster better outcomes for patients.” Meanwhile, the New York State Department of Health designated Highland Hospital a Stroke Center, formally acknowledging Highland’s capabilities in stroke evaluation, diagnosis, continuing treatment, and rehabilitation.

The Highlands at Pittsford earned five-year reaccreditation from the Commission on Accreditation of Rehabilitation Facilities’ Continuing Care Accreditation Commission (CARF-CCAC). The Highlands was the first facility in New York state to earn accreditation in 2001. Today, it is one of just three in New York, and the only accredited facility in the Rochester area. Accreditation is a rigorous, voluntary process involving extensive peer review and an on-site survey by a team of CARF-CCAC evaluators. It is widely regarded as a “seal of approval” in the retirement industry.

Such accolades motivate faculty and staff throughout Strong Health to press forward to improve clinical outcomes and patients’ experiences. Locally, regionally, and nationally, Strong Health has been a leader in the patient safety and quality movements.

For instance, Strong Memorial Hospital was the only local hospital to participate in all six aspects of the Institute for Health Care Improvement’s (IHI) *100,000 Lives Campaign*. Launched in September 2005, the goal was to dramatically improve patient safety in U.S. hospitals. The IHI estimated that the successful effort had, in fact, prevented 122,300 deaths.

One of the most remarkable areas of progress at Strong Memorial Hospital involved the initiation of Rapid Response Teams (RRT), nursing-driven teams that intervene when



patients outside of ICUs begin to deteriorate. The idea is simple: the minute a patient begins to become unstable, nurses alert the ICU which dispatches a RRT of nurses, respiratory therapists, and intensivists, who provide whatever is needed to try to keep that patient from needing to be admitted to an intensive care unit. Data show that this proactive approach is preventing dozens of deaths, reducing ICU readmissions, and shortening length of stay for those who must be readmitted to intensive care.

IHI also recognized Strong Memorial Hospital as one of the first hospitals in the nation to virtually eradicate Ventilator-Associated Pneumonias (VAP) in its adult intensive care units. Strong’s team of doctors, residents, nurses and other staff have been consistently implementing a series of simple steps proven to reduce life-threatening infections in ICU patients. The Hospital Association of New York State, an advocacy group for the state’s hospitals, featured the VAP project in a video shared with other hospitals across the state in an effort to share best practices. In 2006, the American Association of Critical Care Nurses awarded its Circle of Excellence Award to Strong Memorial’s Medical ICU team, lauding its use of evidence-based research to set a new standard of care for critically ill patients.

Improving patient outcomes is only one aspect of Strong Health’s formula for success. At Strong Memorial Hospital, a new customer service initiative, The Strong Commitment,

emphasizes going beyond the routine to transform patients’ experiences. Nearly 100 faculty and staff serve on six core teams addressing everything from first impressions, to training, to staff morale.

A parallel effort is underway at Highland Hospital with an employee and patient satisfaction program called the Highland Promise. There, a new training tool kit with a patient video is helping to set patients’ expectations. Two months after launching the video, Highland’s inpatient satisfaction soared 30 points. The Highland Promise won the Hospital a 2006 Public Relations Society of America PRISM Award for exemplary employee communications.

The University of Rochester Medical Faculty Group earned recertification by the National Committee for Quality Assurance (NCQA), demonstrating continued compliance with the

organization’s high standards. Our Medical Faculty Group is the only Rochester-area medical staff office to achieve and maintain this national quality seal of approval after undergoing an audit in 2006 that included examination of physician files and full reviews of all policies, procedures, and quality processes. ■

Child Life Specialists help Golisano Children’s Hospital at Strong patients to manage stress.



James Sullivan



COMMUNITY & ECONOMIC DEVELOPMENT

The University of Rochester Medical Center plays a critical role in the health and economic vitality of the region. In 2006, the Medical Center made a significant new commitment to an already strong tradition of academic/community collaboration in the field of community health. And as the University of Rochester marked its first year as the region's largest employer, URM's ongoing growth in education, research and clinical care continues to catalyze Rochester's growing knowledge-based economy.

In 2006, URM broke ground for a new \$65 million James P. Wilmot Cancer Center. The Center for Governmental Research projects that the expansion will create 1,000 new jobs (direct and indirect employment), 750 construction jobs, and lead to at least \$18 million in new research funds.

Artist's rendering by Donald Blair & Partners Architects

JAMES P. WILMOT CANCER CENTER

JAMES P. WILMOT
CANCER CENTER

TRANSFORMING COMMUNITY & ECONOMIC DEVELOPMENT

A Renewed Commitment to Community Health

Early this year, URMCM embarked on a major new initiative to further strengthen the role of community health at the University and its links with the community. In March, the Medical Center announced the creation of the Center for Community Health (CCH), to be headed by Nancy M. Bennett, M.D., M.S., the deputy director of the Monroe County Department of Public Health, and a Community Advisory Board. The new center will work in close collaboration with local government, grassroots

Andy Doniger, M.D., director of the Monroe County Department of Public Health, Nancy Bennett, M.D., M.S., director of the Center for Community Health, Rochester City Schools Superintendent Manuel Rivera, C. McCollister Everts, M.D., Monroe County Executive Maggie Brooks, Rochester Mayor Robert Duffy at East High School in Rochester for the announcement of the creation of the Center for Community Health.



and faith-based organizations, social service providers, schools, community-based clinics, business partners, and foundations to harness URMCM's resources to better identify, understand and target the health challenges confronting the region. The focus of the CCH is to build stronger partnerships between the Medical Center and the community, support faculty and staff in their efforts to develop new and innovative community-based research and service programs, and further integrate community health across the URMCM's education, research and clinical care missions.

The CCH will play a critical role in the new Clinical and Translational Science Institute by building a network of practice-based physicians to take part in clinical studies. The center will also work with community organizations to encourage greater and more diverse participation in clinical studies and bring the concerns of the community to bear on research priorities.

The new center has a strong foundation upon which to build. URMCM currently has more than 130 community health service, education, and research programs underway which receive more than \$10 million in funding and serve over 90,000 individuals. That is in addition to the \$46 million the Medical Center provides in uncompensated care, charity care, and bad debt on a yearly basis. These programs not only deliver critical services to underserved populations in Rochester but they also represent research that informs public policy and guides the development of new and effective public health initiatives. In an example of the latter, this year Monroe County announced the creation of a new Nurse-Family Partnership Program. The program, which provides nurse home visits

to low-income, pregnant women, is the product of decades of research conducted by School of Nursing faculty that has demonstrated that these interventions improve children's health and reduce behavioral problems.

Confronting the Toxic Legacy of Lead

In July 2006, the city of Rochester implemented a groundbreaking lead hazard control abatement ordinance which requires landlords to ensure that rental properties are lead-safe. This historic measure was the culmination of years of outreach, research, and advocacy by numerous individuals and is a triumphant example of how broad community partnerships can bring about changes in policy that improve health.

Lead poisoning poses a tremendous health risk for children, potentially damaging their central nervous systems, kidneys and reproductive systems. Even low levels of lead are harmful and are associated with decreased intelligence, impaired neurobehavioral development, decreased growth, and impaired hearing. The major source of lead exposure among U.S. children is lead-based paint and lead-contaminated dust found in housing built before 1978. The problem of lead poisoning is pervasive in Rochester. Ninety-five percent of Rochester's housing stock was built before 1980 and 24 percent of Rochester's children have blood lead levels above concentrations deemed "elevated" by the CDC — 10 times the national average. Additionally, a survey by URMCM and the community group Action for a Better Community of the Jay-Orchard and Edgerton neighborhoods in Rochester during the summer of 2005 revealed that almost 90 percent of housing had signs of exterior paint deterioration that could pose a lead hazard.

URMC has played a critical role in Rochester's efforts to confront what is arguably the greatest environmental health threat facing the city's children. In fact, it was research conducted by URMC faculty back in the 1990s that documented the impact of high blood lead levels on children's cognitive development and IQ, and directly linked this poisoning with the concentration of lead in the dust on the floors of their homes. On the grassroots level, researcher Katrina Korfmacher, Ph.D. and the Environmental Health Sciences Center have been active participants in the Rochester-based Coalition to Prevent Lead Poisoning since its inception. In 2003, the department began the "Get the Lead Out" project with Orchard Street Community Health Center to test the homes of children at risk of lead poisoning. This program continues today in partnership with Action for a Better Community.

In the spring of 2006, URMC partnered with the South West Area Neighborhood Association and the Rochester Fatherhood Resource Initiative to create the "Healthy Home," a unique community resource that provides city homeowners, renters, landlords, and contractors with accessible, hands-on education and training in effective, low-cost lead hazard control measures, and other home environmental hazards. The model home, which has already proved to be an invaluable tool to city residents as they strive to implement the new lead law, is located in an inner city neighborhood in Rochester and is staffed by School of Medicine and Dentistry medical students and community volunteers.



Jay Cuper's, Democrat & Chronicle



Above: Ninety-five percent of Rochester's houses were constructed before the national ban of lead-based paint.

Left: The Healthy Home is a unique community resource that provides city homeowners, renters, landlords, and contractors with accessible, hands-on education and training in effective, low-cost lead hazard control measures.



Will Yurman www.damocrastandchronic.ki.com



Veae.com



Jay Capras www.damocrastandchronic.ki.com

Above left: Carmen Lebron, a health nutrition and disability advocate for Ibero American Action League's Children and Youth Services, photographs the teeth of three-year-old Giovanni Diaz as part of a telemedicine project.

Above: The Healthy Living program, a joint project of the Medical Center and the University, has been recognized by the U.S. Department of Health and Human Services for its innovative approach to nutrition, physical activity and chronic disease management.

At left: The University of Rochester School of Nursing's Center for Nursing Entrepreneurship held over 210 clinics in 2006 and administered over 27,000 flu vaccines. Al Eglow gets a flu shot by Nancy Van Harken, R.N. during a clinic at the Italian American Community Center in Gates.

New Initiatives

Building upon a rich tradition and institutional culture of community health, URMC departments and faculty continue to develop innovative programs that target public health

priorities. Following are a few examples of new community health initiatives launched in the past year.

- Researchers at Rochester are now helping to develop a new and inexpensive way to screen for a common childhood oral disease that plagues inner city toddlers. Early childhood dental caries, or “baby bottle tooth decay,” tends to be overlooked by parents until the pain becomes so severe and, unless detected early, necessitates that the teeth be extracted. The Eastman Dental Center has implemented a program that allows health assistants at child care centers to use digital cameras to take photos of children’s teeth which can then be transmitted to dentists across town for review. The program targets disadvantaged children who might otherwise not receive dental care. An initial study indicated that as many as 40 percent of children screened have



Greater Rochester Visitors Association

at least two cavities. The program piggybacks on the Medical Center's Health-e-Access computer network. Health-e-Access, which has more than 20 locations in Rochester and the surrounding suburbs, is a telemedicine program that has garnered national recognition for its innovative and cost-effective model of pediatric care.

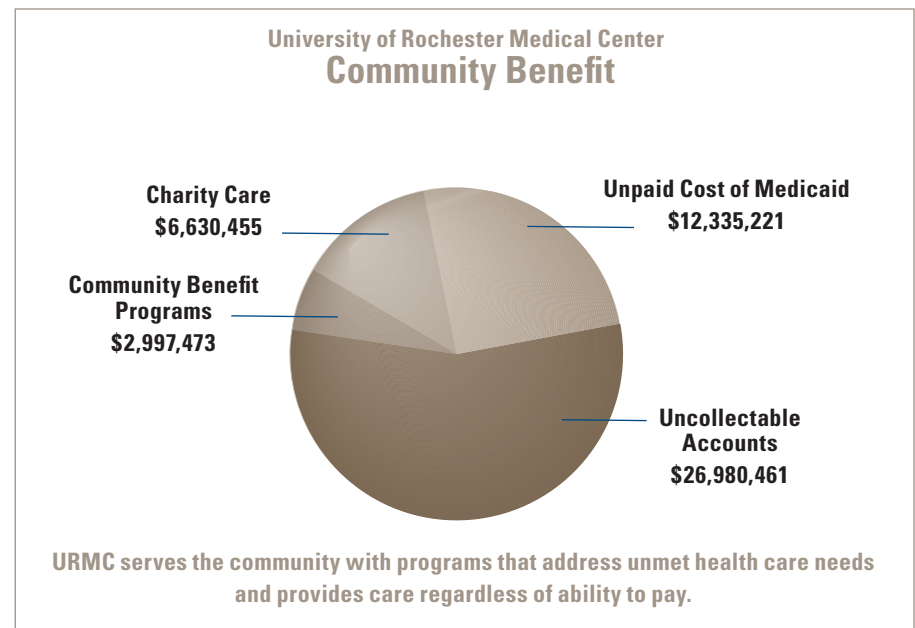
- Golisano Children's Hospital at Strong has been recognized for its contributions to preventative medicine for children with the establishment of a new American Academy of Pediatrics Center of Excellence at the hospital. The \$8.3 million, five-year grant to create the Julius B. Richmond Center of Excellence for Children, which is dedicated to preventing children's exposure to second hand tobacco smoke, came from the Flight Attendant Medical Research Institute.
- The National Institute of Mental Health has

awarded \$2.57 million to the Department of Psychiatry to develop a community-based system to identify and treat older adults with depression and other mental illnesses. The five-year grant will support a unique partnership established by the Department of Psychiatry, Eldersource Care Management Services, Lifespan and Catholic Family Center that joins mental health and human services to better meet the needs of older adults. The project is the first comprehensive effort to join social services and mental health providers to develop approaches to care for the elderly.

A National Leader

Several URMC community health programs have recently received national recognition for their work.

- The Healthy Living Program, a joint endeavor of URMC and the Monroe County Department





Vince Sullivan



Vince Sullivan

Above: The new Cardiovascular Research Institute is one of the largest of its kind in the nation.

At left: Spencer Rosero, M.D., holds a prototype of an implantable biosensor that could allow early warning of heart attacks. The technology is being developed by Physiologic Communications and the company is nearing completion of its first phase of product development and has recently expanded its operations in Rochester.

of Public Health that targets individuals at risk of developing chronic health conditions, was awarded the U.S. Department of Health and Human Services' Innovation in Prevention Award. This unique grassroots program taps into existing social networks within the African-American faith community in Rochester to identify and recruit participants for health promotion and physical activity classes. Participating churches not only get the word out to their congregations, but also provide a supportive environment that prompts individuals to enroll and stick with the program.

- The Rochester Racial and Ethnic Adult Immunization Initiative (READII), which was launched in 2002, has proven tremendously successful in eliminating disparities in

immunization rates among older adult minorities. Recent data shows that influenza vaccination rates have almost doubled – from 39 to 70 percent – among African Americans. A partnership between the Monroe County Department of Health and the Medical Center, READII recently was recognized by the National Partnership for Immunization with its National Excellence in Immunization Award. It uses community outreach workers to increase influenza and pneumococcal vaccination rates for African-Americans and Hispanics 65 years of age and older.

- URM pediatrician Jeff Kaczorowski, M.D., was tapped by the American Academy of Pediatrics (AAP) to lead its new Community Pediatrics Training Initiative. Kaczorowski is a co-founder of the Pediatric Links with the Community/Child Advocacy Resident Education program which trains pediatric residents in community health, intervention and advocacy, and has successfully partnered with over 50 organizations in Monroe County. Kaczorowski, who also serves as executive director of the Rochester-area non-profit Children's Agenda, is currently traveling the country on behalf of the AAP helping other medical centers establish residency training programs.

ECONOMIC DEVELOPMENT

The Role of the Medical Center in the Region's Economy

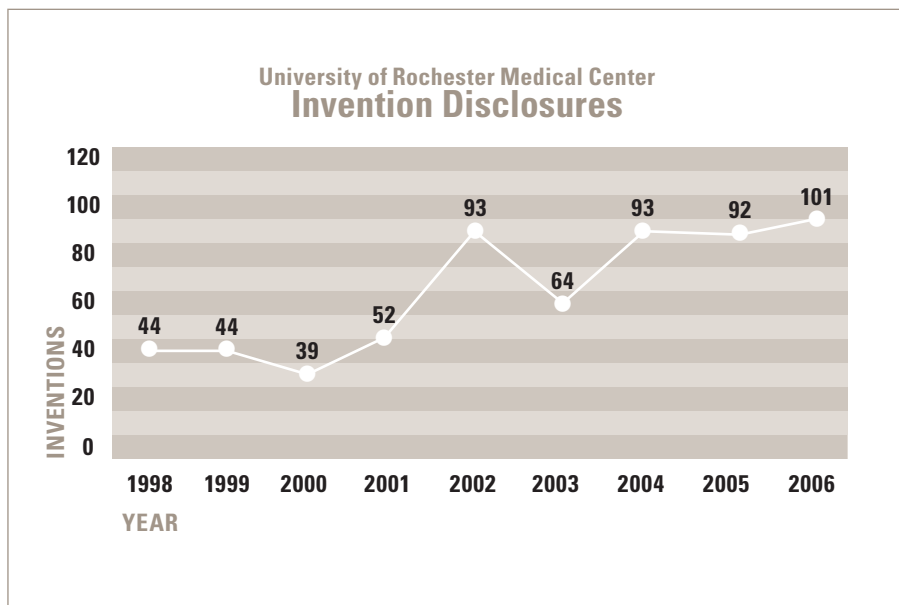
In 2005, the University of Rochester eclipsed Kodak as the region's largest employer. While the University will never rival the employment and overall impact of the photography giant in its heyday, this changing of the guard is symbolic of the shift away from the region's traditional base in manufacturing and toward a more knowledge-based economy. Emerging high-tech fields such as nanotechnology, optics, biotechnology, and photonics are beginning to form the new economic foundation of Rochester. As this transformation unfolds, the University has and will continue to play a catalyzing role in a number of ways.

First and foremost, URMC has a significant impact on the region's economy by virtue of

the growth in its core missions of clinical care, research and education; all told, URMC and Strong Health consist of over 15,000 employees and nearly \$2 billion in economic output.

The recent expansion of clinical facilities at both Strong Memorial Hospital and Highland Hospital has strengthened the University's role as a regional destination for specialized medical care. The Medical Center draws patients from a wide swath of upstate New York, northern Pennsylvania and even Canada. These out-of-area patients, in turn, pump millions of dollars into the local economy.

In 2006, URMC broke ground for a new \$65 million James P. Wilmot Cancer Center. The 163,000-square-foot facility will dramatically increase patient capacity, improve the quality of care, and help the center recapture its designation as a National Cancer Institute

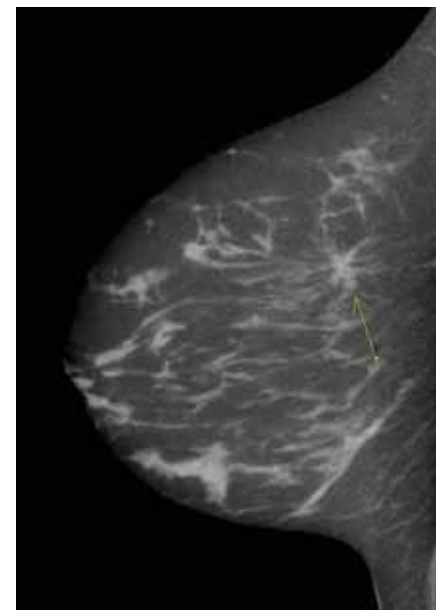
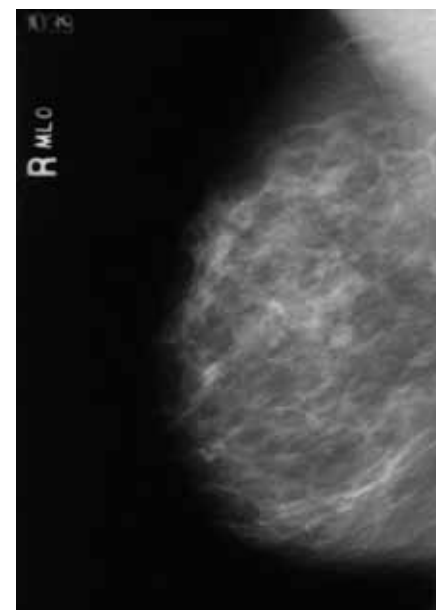


Right: Comparison of a traditional mammography and one performed with Cone Beam Breast Computed Tomography. The University has licensed the technology, which was developed at the Medical Center, to Rochester-based imaging start-up company Koning Corporation to make, use and sell Cone Beam scanners.

“Comprehensive Cancer Center.” The Center for Governmental Research projects that the expansion will create 1,000 new jobs (direct and indirect employment), 750 construction jobs, and lead to at least \$18 million in new research funds.

The Medical Center is also in the process of completing a 10-year, \$500 million investment in biomedical research which has resulted in the hiring of over 180 new research faculty and a doubling in NIH research funding. In the next several months, the University will open a new Biomedical Engineering & Optics facility – a cross-campus collaborative research venture – and the Cardiovascular Research Institute, an 80,000 square-foot research facility that will be one of the largest of its kind in the nation.

Scientists and health care providers in the process of conducting their research and treating patients, often develop new technologies and approaches to patient care. One of the keys to transforming these new ideas into commercial opportunities is to develop and cultivate a culture of entrepreneurship among URMC faculty. The School of Nursing (SON) is quickly establishing itself as a national leader in this field. The School's Center for Nursing Entrepreneurship – the first of its kind in the nation – now consists of several sustainable businesses, a research and development center, and a business incubator. The Center's most recent success and first spin-out corporation is the National Forensic Nursing Institute.





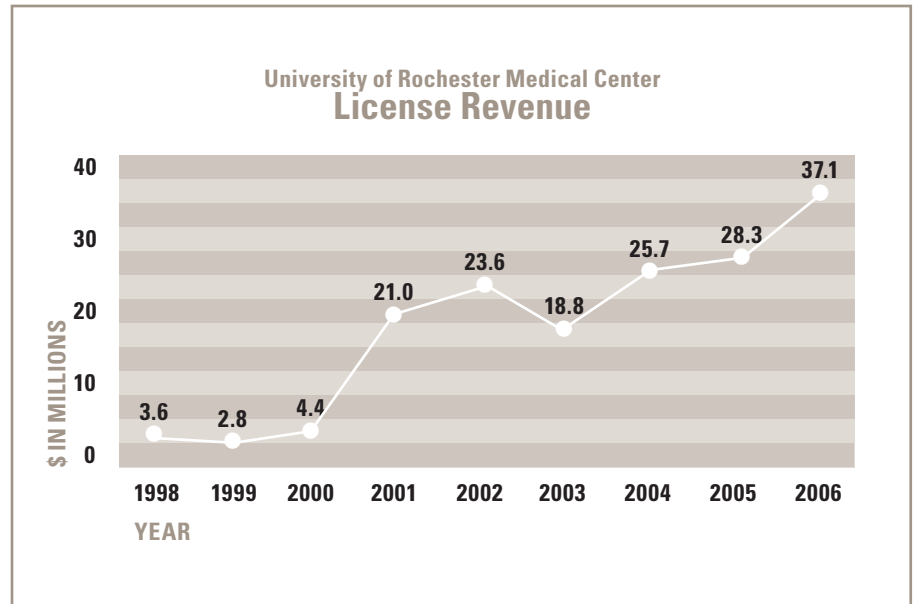
Jean-Philippe Couderc, Ph.D. and technician Betty Mykins work with software which can detect minute abnormalities in the heart. In 2006, the software was licensed to a new Rochester-based company called iCardiac Technologies.

As one of the newest specialties in nursing, forensic nurses provide care to victims and perpetrators of crime, and work for attorneys, law enforcement and other community agencies to address violence in the community.

The recent expansion of the School of Nursing (SON) has allowed the school to dramatically increase enrollment, particularly in the new accelerated degree programs. These new education programs, coupled with the region's growing nursing shortage, represent a significant workforce retraining opportunity; there are over 1,000 unfilled nursing positions in the Finger Lakes region alone and half of all registered nurses in the county will retire within

the next 10 years. Almost a quarter of enrollees in SON accelerated degree programs receive public workforce retraining support and half of all graduates stay in the Rochester area.

While the University will play a significant role in Rochester's economic future, ultimately, the success of new technology-based sectors will depend upon a coordinated regional approach to economic development that involves government, industry and academia. URMC continues to play an active leadership role in a number of organizations in the region that are involved in economic development, including the Rochester Business Alliance, Greater Rochester Enterprise, High Tech Rochester, Excell Partners, and the Infotonics Technology Center. In 2006, the University worked with these and other organizations to bring the National Association of Seed and Venture Funds' annual conference and the High Tech Business Council's Western



New York Bioscience Summit to Rochester.

Research as a Catalyst for Economic Development

While growth in employment and the "export" of health services have a significant regional economic impact, the growth in the Medical Center's research enterprise is important not just for its ability to "import" external research dollars but for its ability to serve as a catalyst for Rochester's emerging high-tech and biotech commercial sectors.

The Medical Center receives over \$220 million a year in external research funding. And, when measured against its peers, the University is highly successful at converting these research dollars not only into important advances in science and health care, but also into commercial opportunities. In 2006, the Medical Center's Office of Technology Transfer

had a record year in intellectual property indicators: the number of inventions disclosed by researchers, the number of patent filings, and royalty revenue received from licensed URMIC intellectual property. Currently, royalty income from URMIC licenses places Rochester in the top 10 of U.S. medical schools.

URMC's scientists and facilities represent a resource that can be harnessed by local companies to advance their research and development objectives. In 2006, the University of Rochester's Eye Institute and Bausch & Lomb renewed its research partnership, a collaboration which has already resulted in revolutionary advances in eye surgery. URMIC is also working with Kodak to help develop their next generation of digital medical imaging and health care information technology.

In most instances the new technologies created by the University's medical research



Health Checkpoint, which consists of business-based employee wellness kiosks, is run by the Center for Nursing Entrepreneurship.

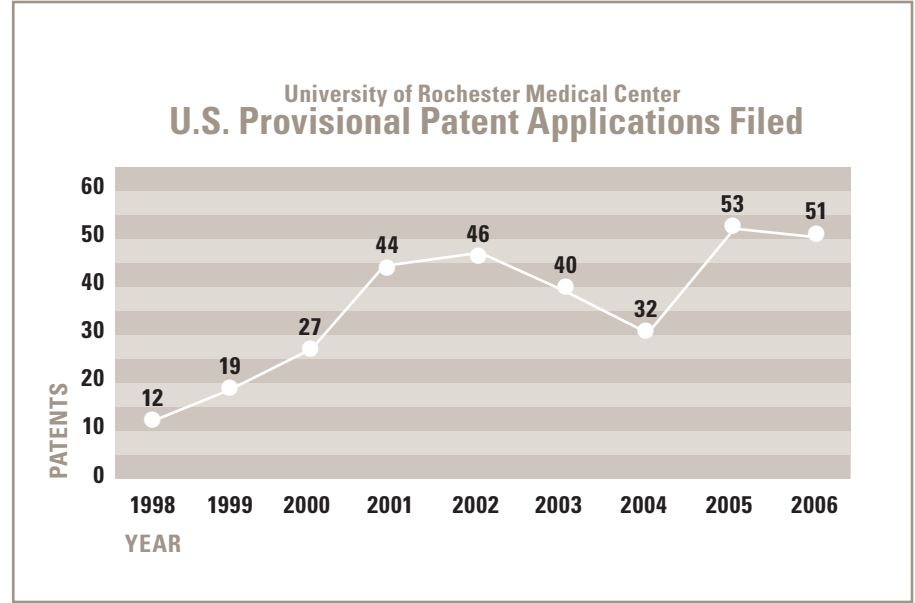
are licensed to outside companies and result in royalty payments – over \$37 million to the Medical Center last year – a substantial portion of which is then reinvested back into research activities. However, these technologies can also form the basis of new start-up companies. URM has had success in not only creating successful biotechnology businesses but also in keeping many of these new ventures in Rochester, along with the jobs and revenue they create.

Earlier this year, URM granted an exclusive license to iCardiac Technologies, a new Rochester-based company, for commercial use of its COMPAS software technology. The software, which was developed by Jean-Philippe

Couderc, Ph.D., a researcher with the Heart Research Follow-up Program, provides a more accurate and reliable method to analyze data from electrocardiograms (ECG) and other types of heart monitors to determine whether an experimental drug is toxic to the heart. The development of methods to detect cardiac toxicity has taken on greater urgency in recent years in the wake of the high profile withdrawal of several drugs from the market over concerns that they may cause heart attacks or stroke. Since its launch in March, the company has received over \$4 million in venture funding.

Several other Medical Center Start-Ups Made Significant Progress in 2006

Physiologic Communications, a biotech company founded by URM cardiologists, has developed an implantable biosensor – integrating living



cells with electronics – to create a “biological chip.” When implanted, the chip can detect physiologic and chemical changes in the body that provide an early warning of health problems and alert patients and their physicians or potentially even administer a therapy. The company is nearing completion of its first phase of product development and has recently expanded its operations in Rochester.

VirtualScopics, a medical imaging company that was created by Medical Center and School of Engineering faculty, has grown to over 60 employees. The company went public in 2006 and has landed several major contracts with pharmaceutical companies to provide imaging solutions for clinical trials and medical device development.

Koning Corporation reported that its Cone Beam Computed Tomography technology is more

effective in detecting small cancerous tumors in the breast than traditional mammography. The technology was developed by URM radiologist Ruola Ning, Ph.D., and licensed to Koning Corporation. A prototype scanner was built by URM and is housed in Strong Memorial Hospital. The scanner and software create 3-D images and enable physicians to detect tumors at an earlier stage, thereby greatly increasing the rate of survival. ■

The 2006 fiscal year financial performance of the University of Rochester Medical Center, while extremely positive, should be viewed with cautious optimism. The consolidated statement of operations shows a significant increase in net assets for the entire Medical Center and its affiliates. It is noteworthy that this has been accomplished during a period of depressed physician reimbursement, a flat National Institutes of Health (NIH) budget, constrained bed capacity/availability, and steeply rising expenses for health care technology and pharmaceuticals. Despite these challenges, URMC and Strong Health continued to grow by nearly every measure. In addition, research-related revenue continued to increase, although more modestly than previous years.

As indicated on the Consolidated Statement of Operations, the change in total net assets, together with non-cash expenditures (e.g., depreciation) results in significant capital available to fund debt service and other capital requirements. At issue, however, is the fact that our capital requirements – including replacement equipment and emerging technology, new construction and renovation projects, recruitment and retention of faculty and staff – far exceed our available capital. In this regard, we must continue to work even harder to generate extramural sources of funding, while always becoming more efficient in the delivery of services provided to the region we serve.

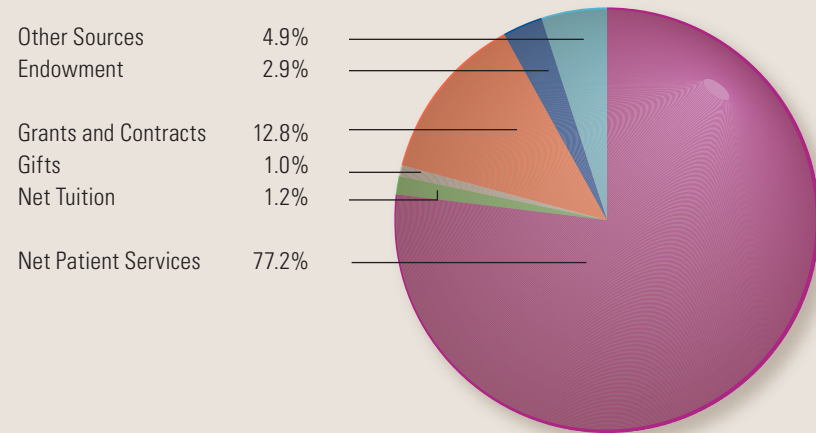
Consolidated Statement of Operations

	For the Twelve Months Ended:	For the Twelve Months Ended:
\$ In Thousands	June 30, 2005	June 30, 2006
Total revenue	\$1,569,280	\$1,723,990
Total expense	1,518,460	1,648,910
Excess of revenues over expenses	50,820	75,080
Other changes in net assets	(13,960)	(14,630)
Change in net assets	36,860	60,450
Add back depreciation expense	45,120	46,040
Amount available to meet capital requirements including debt payment	81,980	106,490
Total capital requirements, including debt payments	93,300	132,180*
Shortfall	\$ (11,320)	\$ (25,690)

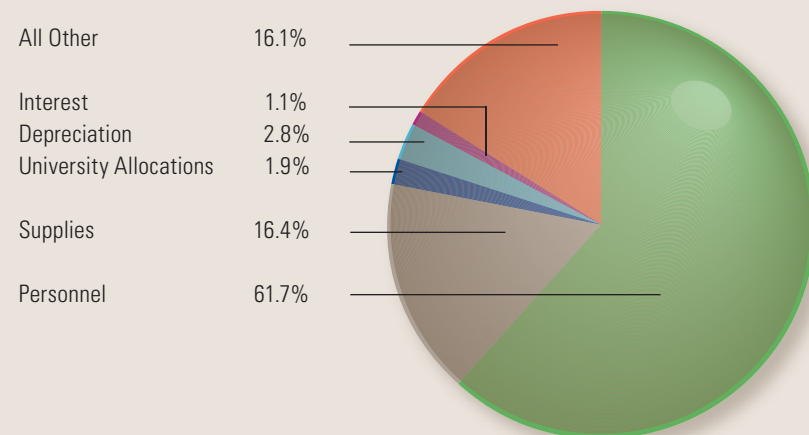
The Medical Center consolidated statements include: Strong Memorial Hospital, the School of Medicine & Dentistry, the School of Nursing, the University of Rochester Medical Faculty Group, Highland Hospital & Affiliates, Eastman Dental Center, the Visiting Nurse Service (VNS) and the Highlands at Brighton.

* Increase in capital requirements primarily due to the James P. Wilmot Cancer Center project.

Revenues for the Year Ended June 30, 2006



Expenses for the Year Ended June 30, 2006



Acute Care Statistics for Strong Memorial and Highland Hospitals 2005-2006

	2005	2006
Patient Discharges	55,156	56,678
Patient Days	313,529	328,875
Average Length of Stay (days)	5.7	5.8
Occupancy	88.4%	89.4%
Deliveries	6,332	6,554
Clinic Visits	533,888	533,264
Ambulatory Surgery	19,139	18,196
Emergency Visits	123,249	121,615

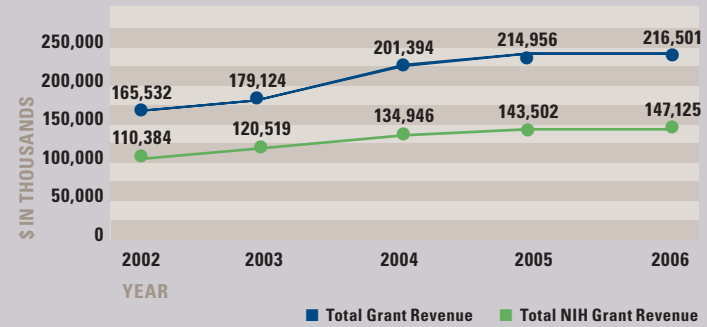
Long-Term Care Statistics 2005-2006

		2005	2006
Resident Days	Highlands at Brighton	50,637	50,611
	Highlands Living Center	42,700	42,390
	Total	93,337	93,001
Occupancy	Highlands at Brighton	95.7%	95.6%
	Highlands Living Center	95.9%	95.2%
	Total	95.8%	95.4%

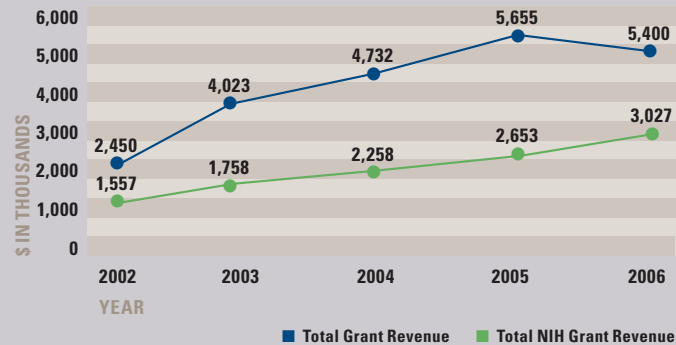
Visiting Nurse Service of Rochester 2005-2006

		2005	2006
Total Visits	Professional Visits	146,689	143,222
	Para-professional Hours	371,008	373,265
Hospice	Patient Days	34,191	39,633
Meals on Wheels	Meals Served	339,759	332,158

Grant and Contract Revenue - School of Medicine and Dentistry



Grant and Contract Revenue - School of Nursing



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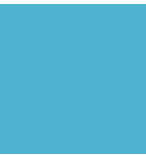
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Contributing Writers Karin Christensen
Teri D'Agostino
Mark Michaud
Germaine Reinhardt
Tom Rickey
Michael Wentzel
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Art Director Kathleen Mannix

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