



RAMBAM
Health Care Campus

Creating the future of medicine.

75

ANNUAL REPORT **20**
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Professor Rafi Beyar, MD, DSc, MPH
Director & CEO
Rambam Health Care Campus



RAMBAM CELEBRATES 75 YEARS OF HEALING

Esteemed Friends and Benefactors,

Ceremonies held at Rambam every December mesh expression of the hospital's healing mission with the holiday season's theme of steadfastly lighting the darkness. Young physicians are granted fellowships to enable them to combine patient care with medical research, nurses receive scholarships to pursue academic degrees, and staff members and teams are honored for outstanding devotion to patients, the hospital, and the health care profession. These festive traditions reward excellence across all sectors (Physicians,

Nurses, Allied Health, and Household & Administration) and transmit Rambam's values to our younger generation. These values have helped Rambam earn the confidence of patients throughout Northern Israel.

We are also privileged to play a national strategic leadership role. In 2012, the Ministry of Health and IDF Home Front Command used Rambam to drill the Israeli health care system's earthquake preparedness. Also this past year, the countrywide Information Technology Awards competition conferred top

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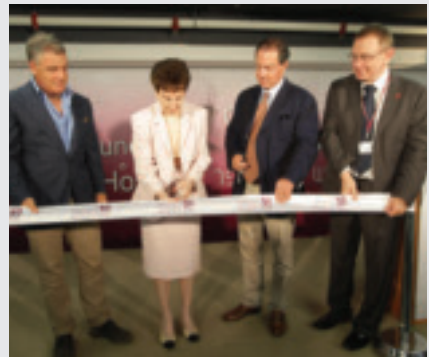
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IN 2012, RAMBAM DRILLED NATIONAL EARTHQUAKE PREPAREDNESS, AND HOSPITAL-MANAGEMENT SOFTWARE DEVELOPED BY RAMBAM WON TOP NATIONAL PRIZES

prizes on a Rambam team, headed by Ms. Sara Tzafrir, for having developed two computer programs for hospital and departmental management under emergency and routine conditions. Hospitals throughout Israel have expressed interest in acquiring both programs.

Meanwhile, the new West Campus has grown apace. The family of the late Sammy Ofer cut the ribbon for the Sammy Ofer Fortified Underground Emergency Hospital in June, and we are racing to complete installation of the facility's

main switchboard, electrical generators and transformers, hot water boilers, and air-conditioning and medical-oxygen infrastructures within the next few months. Above ground, the exterior shell of the Ruth Rappaport Children's Hospital has risen to its full height, and interior infrastructure construction of floors 0-2 and 6-7 is in the final stages; the exterior shells of the Joseph Fishman Oncology Center and the Cardiovascular Hospital have reached their full height; and the foundation of the Biotechnology Discovery Tower is complete.



75 years of healing.

THE FAMILY OF THE LATE SAMMY OFER CUT THE RIBBON FOR THE FORTIFIED UNDERGROUND EMERGENCY HOSPITAL IN JUNE

The vision of an advanced applied research center to be located at the heart of a vibrant academic clinical campus is within reach, and we seek appropriate funding.

Speaking of biomedical discoveries, a gamut of studies conducted on the Rambam campus was published this year in such respected magazines as *Circulation*, *Pediatrics*, *PLoS ONE*, the *Journal of Pediatric Hematology-Oncology*, and *STEM CELLS*: our own quarterly *Rambam Maimonides Medical Journal (RMMJ)* published a

special issue on aging; and the Clinical Research Institute at Rambam (CRIR) hosted Seminars #36-53, which brought guest speakers to campus from top medical centers in Canada, the USA, the UK, and Japan.

We at Rambam could not have achieved so much and more without your enthusiastic dedication, dear Friends, who express your love for Israel by investing in our patients and medical center. Thank you!

R. Boyer.

THE RUTH RAPPAPORT CHILDREN'S HOSPITAL HAS RISEN TO ITS FULL HEIGHT





“REMEMBER, DOCTOR, NOT A SMALL PART OF THIS STORY IS DUE TO YOU.”



Our Olympian

“GOOD LUCK,” RAMBAM MEDICAL CENTER’S DR. YARON BAR-LAVIE TEXTED ISRAELI GOLD MEDAL CONTENDER NOAM GERSHONY SHORTLY BEFORE THE LATTER’S VICTORY IN THE QUAD SINGLES FINAL AT THE LONDON PARALYMPIC GAMES ON SEPTEMBER 8TH. THE TENNIS CHAMP SHOT BACK, “REMEMBER DOCTOR, NOT A SMALL PART OF THIS STORY IS DUE TO YOU.”



Dr. Bar-Lavie, Chairman of the Division of Critical Care Medicine, says that in fact during the Second Lebanon War, more than 100 people at Rambam took part in saving Mr. Gershony’s life. In the early hours of July 21, 2006, the then 23-year-old Israeli Air Force pilot became a casualty of a collision between two helicopters high over Northern Israel. “He arrived at Rambam

paralyzed by four fractured lower vertebrae and broken from head to toe,” Dr. Bar-Lavie relates. “By 9 AM, when he was admitted to the Intensive Care Unit (ICU), he had already been operated on by eight senior surgeons. The focus was on stabilization of the spine, jaw, limbs and pelvis, which gave him the best chance for quality of recovery.”



“WHEN WE AWAKEN A PATIENT, WE TELL HIM THE NEWS SLOWLY AND HONESTLY; THIS WAY, THE PATIENT CAN SUMMON UP ALL HIS EMOTIONAL STRENGTH AND TAKE PART IN HIS OWN RECOVERY.”

What is Intensive Care?

Dr. Bar-Lavie: *Intensive care* means complete physical and humane care for the patient. Every organ system and function of his body is managed and regulated by the intensivist; the patient does nothing without support and monitoring by us. You invest yourself completely in a patient’s situation and spend hours at his bedside until he gets better. Many times, we know that a patient has a good chance for survival, but that is definitely not enough for us. We want to assure the best potential for quality of life.”

Nine days into the young pilot’s seventeen-day stay in the ICU,

the Intensive Care team began to wean him off the mechanical ventilator and prepare him for discharge and rehabilitation. “When we awaken a patient [from sedation], we tell him the news slowly and honestly,” Dr. Bar-Lavie explains. “This way, the patient can summon up all his emotional strength and take part in his own recovery.”

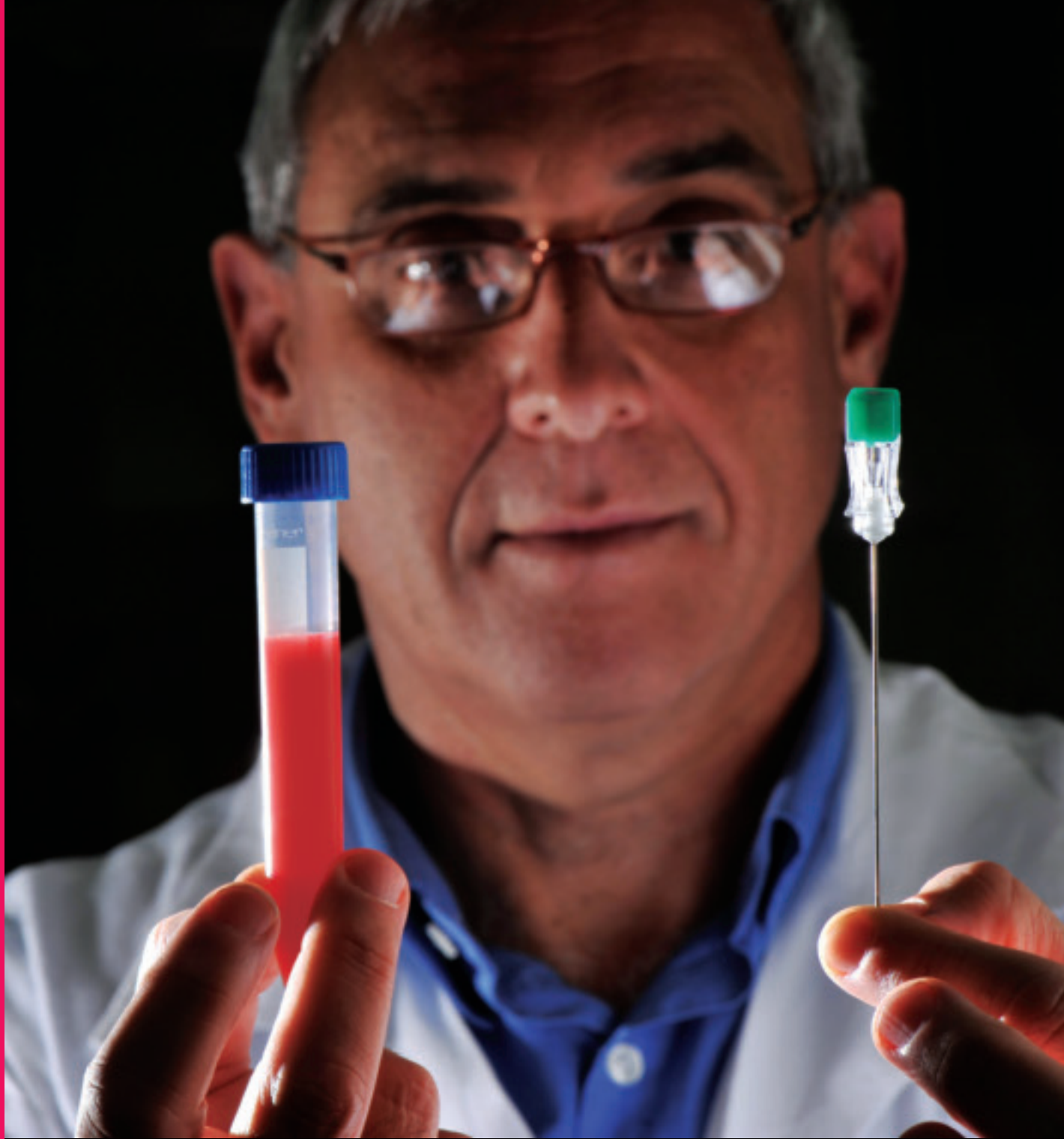
Dr. Bar-Lavie has kept in touch with Mr. Gershony over the years, and followed his participation in the London Paralympics. “I have been trained to practice *detached concern*,” he comments, “but especially if I save somebody, an exceptional human relationship



is created between me and the patient and family. It's almost a rebirth for the patient; I've had cases where families have referred to me as an additional parent of that patient."

Of Noam Gershony's recovery, Dr. Bar-Lavie says, "It was a rebirth absolutely! I remember that when he woke up, he looked so fragile physically, but emotionally he was very strong"—and the toughened intensivist's blue eyes suddenly glisten with restrained feeling. "In Israel, pilots are idolized; they're at the

top of the social pyramid, and from that top to hit rock bottom, it's heartbreaking, and to take a total physical wreck and see him recover emotionally and physically, that is the satisfaction that I have in seeing him propel himself back to the top. [Noam Gershony's gold medal victory] represents a triumph of the human spirit."



“SOMETIMES BASIC RESEARCH TAKES 100 YEARS, BUT THIS IS BASIC RESEARCH WITH AN IMMEDIATE CLINICAL APPLICATION.”

Alpha Mail

RAMBAM IS THE ISRAELI ALPHA SITE FOR AN INTERNATIONAL MULTI-SITE STUDY WHOSE GOAL IS TO DEVELOP A NON-INVASIVE BLOOD TEST ABLE TO DETECT CHROMOSOMAL ABNORMALITIES AND GENETIC DISEASES IN THE FETUS AS ACCURATELY AS CAN TODAY'S RISKY INVASIVE PROCEDURES.

Hundreds of Israeli OB/GYN patients from Rambam joined thousands of their American and European sisters as subjects of the Brown University based international study, whose lead scientists are Glenn E. Palomaki and Jacob A. Canick, PhD.

The Israeli team was led by maternal-fetal medicine specialist Prof. Zeev Weiner, Director of the Ultrasound Prenatal Diagnosis Unit in the Department of Obstetrics and Gynecology at Rambam.

The laboratory expertise of biochemist Dr. Lilach Bonstein, Deputy Director of Rambam's Blood Bank and Apheresis Unit, also played a crucial role.

"At Rambam, we enrolled only pregnant women whose maternal age, biochemical markers, and ultrasound findings indicated the fetus to be at high-risk for Down syndrome," explains Prof. Weiner. "Every patient was a control on herself because each received one gold-standard invasive test, either amniocentesis or



**DR. BONSTEIN
WOULD ELABORATE
EACH BLOOD
SAMPLE, PACK IT IN
ICE, AND RUSH IT
BY AIR COURIER TO
BROWN UNIVERSITY**

chorionic villus sampling (CVS) –which by definition are 100% accurate—and in addition, the experimental, noninvasive test.”

The noninvasive procedure involved extracting 10 cc of blood from the pregnant woman. Dr. Bonstein would then elaborate each blood sample, pack it in ice, and rush it by air courier to Brown University for more complicated laboratory analysis.

The trials took place in 2009–2011, with outcomes published in several scientific journals in 2012. “The results were excellent, almost close to 100% [in terms of the] sensitivity and specificity,” Prof. Weiner

reports. An edge of excitement enters his otherwise flawlessly controlled voice: “It’s *almost* a diagnostic test; we are *close*.”

The science underlying the experimental test is the discovery in 1997 by Prof. Dennis Lo of Taiwan that there exists a continuous transfer of free DNA from the fetus through the placenta to the mother during pregnancy. “It’s called *free* DNA because it’s not inside the cells, it’s loose inside the blood,” explains Prof. Weiner. “All of us have DNA in our blood, but the pregnant mother has 5–10% from her fetus at any point starting at 10 weeks and maybe before.”



Why is it there?

"Because of the nature of the placenta; it's not a complete barrier. And this fetal DNA in the maternal blood is our target, the basis of our work.

"Sometimes basic research takes 100 years [to apply], but this is basic research with an immediate clinical application," he continues (calm professorial voice, wide smile). "The new method is currently being

used as a legitimate test for a high-risk population, and now we're looking into low-risk populations—that's the next step. Rambam has also been asked to be one of the alpha sites in continuing and improving the test. We want to bring it to the same accuracy as invasive testing and to expand the kinds of chromosomal and other information that we can extract from maternal blood. We want our blood test to be

able to provide the same genetic information that amniocentesis and CVS can give us today. I believe that in the future, our test will replace invasive testing."

CT FLASH

A CONSORTIUM OF MILLION-DOLLAR DONORS HAS ENABLED RAMBAM TO REPLACE THREE VINTAGE CT (COMPUTERIZED SCANNING) MACHINES WITH THREE OF THE WORLD'S BEST NEW-GENERATION CT DEVICES.

The logistics operation required for moving out the old machines and delivering the new took place overnight as colorful Chanukah candles were burning in homes throughout Israel.

Of the three new scanners, the jewel in the crown is the

SOMATOM Definition Flash, manufactured by Siemens. Equipped with two roentgen tubes (instead of the standard single tube), it is the world's fastest, most accurate, lowest-dosage CT machine and can produce 1,500 slices within 4 seconds (and is 400 times faster



THIS YEAR, RAMBAM PERFORMED 50,000 CT SCANS



than the machine at Rambam that it has replaced). Most importantly for patients' health, it uses a tenth of the radiation used by older CT devices. Rambam uses the machine for both routine and sophisticated examination of cardiac and trauma patients and for such interventional procedures as biopsies.

Two novel and strong "workhorse" CT scanners, one produced by Siemens and the other by Philips, were also delivered to Rambam that night. They were already at work the next day performing various routine diagnostic tests and quick scans of trauma cases.

"CT is the most valuable and available intelligence tool for physicians today," says Dr. Doron Fischer, Director of the CT Unit, explaining the significance of Rambam's triple equipment acquisition. "Radiology is very technological, it progresses very quickly, and it's more and more important in the medical world; we are involved in almost every diagnosis in the hospital."

Statistics back him up: 50,000 CT scans were performed this year at Rambam (150 patients per day), and in Israel, the number is rising by 10-14% annually.

"In our profession, we are attempting to discern a *delta*—a *difference*—between normal tissue and a pathological lesion," Dr. Fischer continues. "Every few years, there's a technological jump; in 2012, it was multi-energy imaging. Siemens uses two roentgen tubes, which enables working in three different modes: one-tube operating mode (the normal mode for all CT devices), *flash* mode (two tubes working at the same energy level, which enables hyper fast scans), and dual-energy mode (two tubes working at two different energy levels, which enables complex analysis of tissue according to its chemical composition). I wanted Rambam to be among the institutions that use this technology and learn it and investigate it."



That the doctor's wish has been granted, and three of the world's newest and best CT machines have come to Rambam at a time of severe budgetary constraints across the national health care system, is the kind of miracle only made possible by donors.

"I want to thank the donors," he says. "You cannot operate a sophisticated medical center

without an excellent imaging department and especially an excellent CT unit. It's very important for patients because the better the medical intelligence, the better the medical treatment."



**“WE BROUGHT
2 TONS OF
EQUIPMENT...
[AND] PERFORMED
34 OPERATIONS
IN 4 DAYS.”**

Four Days of the Condor

“I AND MY FRIEND DR. NOAM BOR FROM HAEMEK HOSPITAL CAME TO ECUADOR BECAUSE OF OUR TEACHER DR. JOHN HERZENBERG, A FAMOUS PEDIATRIC ORTHOPEDIC SURGEON AT SINAI HOSPITAL OF BALTIMORE; NOAM AND I WERE HIS FELLOWS IN BALTIMORE IN 2002.”



Dr. Mark Eidelman, Director of the Pediatric Orthopedic Surgery Unit at Rambam, is recalling his participation in June 2012 on a four-day Operation Rainbow Medical Mission led by Dr. Herzenberg to Loja, Republic of Ecuador.

“Medicine is socialized in Ecuador, and we brought two tons of equipment from the USA. We worked every day from 7AM–11PM in 29 degree [Celsius] heat, and nobody complained of hunger or fatigue. We performed

34 operations in 4 days; I personally performed 13 of them. Professionally, it was really joy.”

Back home at Rambam, the unit headed by Dr. Eidelman annually cares for approximately 500 patients. This figure is also mind-boggling, especially when you consider that the unit is comprised of only three physicians—Dr. Eidelman, Dr. Alex Katzman and Dr. Michael Zaidman. “We are one of the best places in Israel for deformity corrections and limb

**AT RAMBAM,
THE UNIT'S 3
SURGEONS
CARE FOR 500
PEDIATRIC
ORTHOPEDIC
PATIENTS
ANNUALLY**

lengthening, but I'm not solo and that's very important; everything we do with six hands," he says appreciatively.

Of the unit's hundreds of patients per year, 10–15 hail from countries of the former USSR (the kids came from Russia, Latvia, and the Ukraine in 2012), and approximately 1 child per month comes from Palestine. The operations performed on these non-Israeli children are all major and can involve all-day surgeries for usually correctable but neglected orthopedic problems.

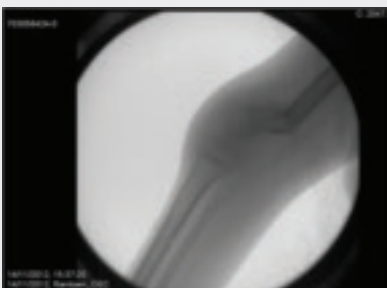
This year, for example, six-year-old Russian girl Sofia and her parents traveled to Rambam from Moscow. The sparkling child was born with spina bifida and before undergoing surgery by Dr. Eidelman, followed by two months of rehabilitation in Israel, had never walked. The physician becomes briefly wistful. "In Moscow there are about 20 million people but no real pediatric orthopedic surgery; even rich people who are able to pay for private medicine can't find the right doctor there."

Dr. Mark Eidelman immigrated to Israel from Uzbekistan in 1990. He is a dapper, cultured man, a raconteur whose sense of humor is accompanied by a lopsided grin. "In medicine, everyone can find a niche!" he says cheerfully of the profession he loves. "If you are a handyman, then [become] a surgeon. If you like the public, a psychiatrist. If you like research, an internist. If you hate people [laughs heartily], a pathologist or roentgenologist."

The surgical "handyman" gestures toward his desk at the Signet 10mm strut and Ilazarov wrenches that lie atop open newspapers next to the remains of an espresso. "I use [the wrenches] to adjust the frames of the external [Ilazarov] fixator, but this is the paradox—if we need to put a nail in the wall, my wife is doing it much better than I, and if I have to repair my bicycle, everyone on my bicycle team does it better." The lopsided grin reappears. "I think I'm pretty good here [at Rambam], though; it's because of motivation."



THE OPERATIONS PERFORMED ON NON-ISRAELI CHILDREN CAN INVOLVE ALL-DAY SURGERIES FOR USUALLY CORRECTABLE BUT NEGLECTED ORTHOPEDIC PROBLEMS



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“YOU NEED A GOOD TEAM, GOOD SUPPORT, AND A GOOD SYSTEM IN ORDER TO GIVE YOUR BEST. OUR TEAM INCLUDES SURGEONS, ENDOCRINOLOGISTS, ONCOLOGISTS, CYTOLOGISTS, PATHOLOGISTS, RADIOLOGISTS AND SPECIALIST NURSES. WE MEET TO DISCUSS DISEASES, TREATMENTS AND OUTCOMES. THE CENTER OF ALL THIS INTERDISCIPLINARY WORK IS THE PATIENT. EACH TEAM MEMBER CONTRIBUTES FROM HIS OR HER SPECIALTY IN ORDER TO PROVIDE THE PATIENT WITH THE BEST POSSIBLE CARE.”

Michal Mekel, MD

Endocrine Surgery Service
Department of General Surgery



“SEVERELY INJURED TRAUMA PATIENTS USUALLY PRESENT WITH MULTIPLE INJURIES IN NEED OF A MULTIDISCIPLINARY APPROACH AND TEAM CARE. OUR TEAM INCLUDES AN ATTENDING TRAUMA SURGEON, A TRAUMA NURSE COORDINATOR, TWO SURGICAL RESIDENTS, AND TWO SPECIALIST ER NURSES, AND WE CALL IN CONSULTANTS AS NEEDED. THE TRAUMA NURSE COORDINATOR PLAYS A CRUCIAL ROLE IN MANAGING THE PATIENT’S CARE. WE ALSO RELY ON THE HOSPITAL’S INTERDISCIPLINARY WORKPLACE CULTURE; FOR INSTANCE, COOPERATION AMONG INVASIVE RADIOLOGISTS AND VASCULAR AND TRAUMA SURGEONS IS CRITICAL TO SUCCESSFULLY CARING FOR OUR PATIENTS.”

Gila Hyams, RN, MA
Trauma Program Coordinator
Department of Emergency Medicine



“WITHIN 25 MINUTES OF THE PATIENT’S ARRIVAL AT RAMBAM, WE HAVE STARTED CATHETERIZATION TO REMOVE THE BRAIN CLOT. MY TEAM INCLUDES AN ATTENDING NEUROLOGIST, A COORDINATING STROKE NURSE, AN ANGIOGRAPH TECHNICIAN AND ANGIOGRAPH NURSE, AND A DEPARTMENTAL SECRETARY. WE ACHIEVE VERY GOOD CLINICAL RESULTS *BECAUSE* WE HAVE A TEAM.



"I CONSULT WITH THE ATTENDING NEUROLOGIST AT RAMBAM AND WITH THE REFERRING HOSPITAL'S ON-CALL PHYSICIAN; THEY BELONG TO THE DECISION-MAKING PROCESS AND THE SUCCESS, WE LEARN FROM EACH OTHER'S EXPERIENCE, AND THIS ALSO BENEFITS THE PATIENT."

Yaaqov Amsalem, MD
Director
Invasive Neuro-Radiology Unit





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THIS PAST YEAR
IN NAMES & NUMBERS

Maimonides Golden Circle

Conference on Jewish Material Claims Against Germany	Ofer, Sammy
Dankner, Nochi & Orly; D. I. C. Loans / IDB GROUP	Rappaport, Ruth & Bruce
Fishman, Joseph	Weill, Sanford and Joan
	Wertheimer, Eitan & Ariella; ISCAR

Maimonides Circle

Amir, Paul & Herta	Meyer, Menashe
Barer, Meri and Sol	Moscona, Alberto Nissim
Barzani, Ovadia	Reut Foundation
Caroline & Joseph S. Gruss Life Monument	Schreiber, Jacob & Shoshana
Dibner, Relly & Brent	Sim Lev LaLev, Rivka Davidas
Miriam & Sheldon G. Adelson Charitable Trust	Smolokowski, Slava (Wiaczeslaw)
Estate of Mira Rostova	Spencer, Aaron & Irma
Estate of Leon Stern	Stichting Levi Lassen
Forchheimer, Leo & Julia	Tilinka Foundation
Israel Cancer Association	United Jewish Communities
Jewish Agency for Israel	Wohl Foundation
Legacy Heritage Fund	Wolfson Family Charitable Trust
The Leir Charitable Foundation	Women's League for Israel

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 Blond, Elaine & Neville
 Bloom, Beatrice
 Bloome, Sharon & Mark
 Blum, Roberto
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 Emed, Alexander
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 Emrani, Daniel
 Ernzsweig, Neta
 Eretz Siamak Cultural Center
 Eskenazi, Efraim and Alberto
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 Estate of Sophie Lazaroff
 Estate of Abe Stark
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 Feigenbaum, Marvin
 Feigenbaum, Zev Zvi
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 Gokovski, Eve
 Golan, Edna
 Goldfarb Black, Barbara
 Goldhar, Eli & Efi
 Goldman, Richard
 Goldschmidt, Arieh
 Goldstein, Alfred
 Goldstein, Anna & Victor
 Goldstein, Betty & Simon
 Goldstein, Heinach (Henry)
 & Magda
 Goldstein, Rachel
 Goldstein, Smadar & Rami
 Goldstein, Israel
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 Gorman, Harry
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 Green, Barry
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 and their Family
 Green, Karen
 Green, Lita & Mikey
 Green, Yair
 Green, David and Daphne Wagner
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of Rambam

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of Rambam

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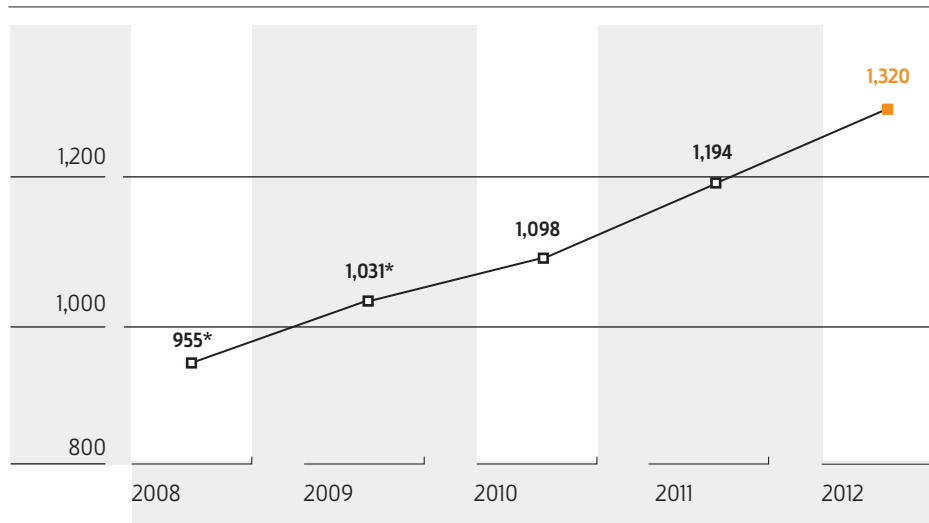
Fiscal Overview

STATEMENT OF ACTIVITIES (in millions of shekels)

	2011	2012
INCOME:		
Medical services rendered	1,137	1,256
Donations	17	24
Research projects	25	27
Other	15	13
	<u>1,194</u>	<u>1,320</u>
ALLOCATIONS:		
Building construction and renovation	113	107
Medical equipment	20	30
Computerized equipment	5	4
Equipment & supplies	5	5
	<u>143</u>	<u>146</u>
EXPENSES:		
Salaries	753	840
Medical and technical equipment	199	225
Maintenance	70	68
Operating expenses	156	139
General administrative expenses	72	68
	<u>1,250</u>	<u>1,340</u>

Full reports are available upon request.

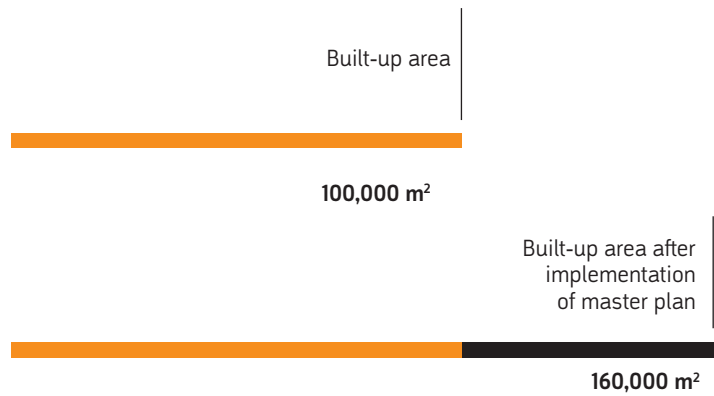
INCOME 2008-2012 (in millions of shekels)



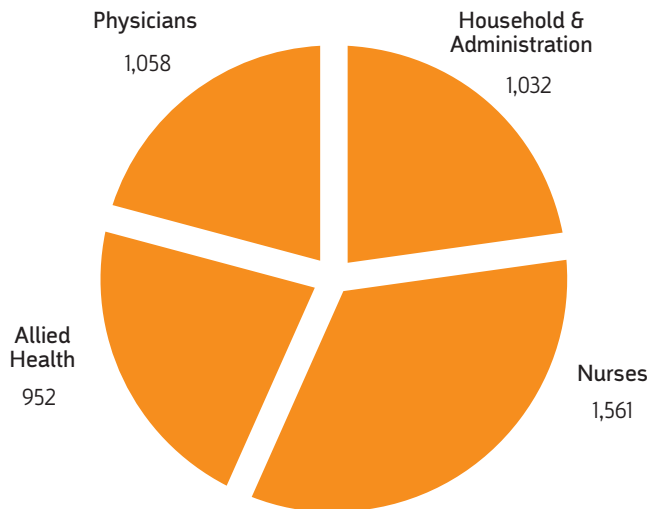
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Area & Staff

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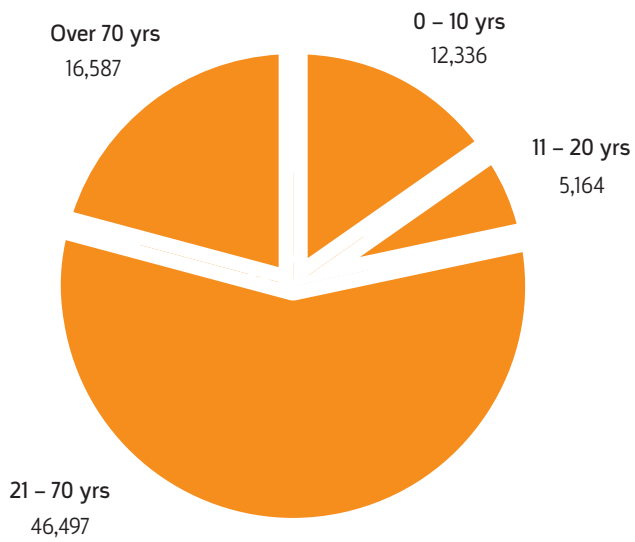


EMPLOYEES BY SECTOR

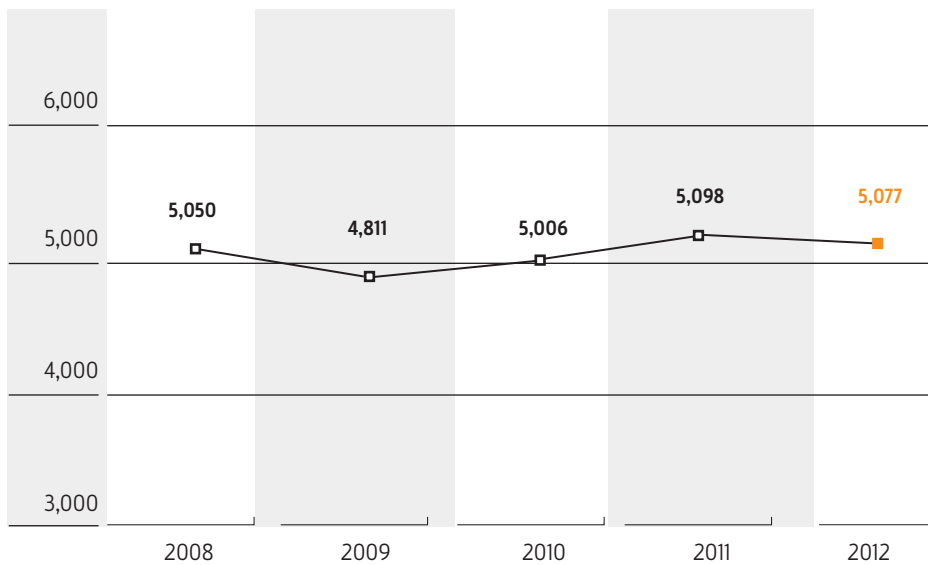


Patients

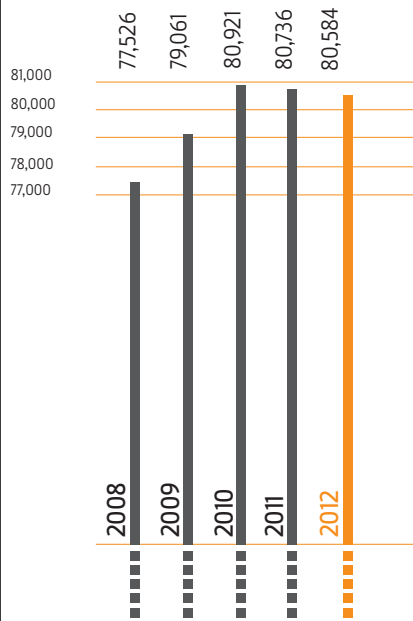
PATIENTS BY AGE



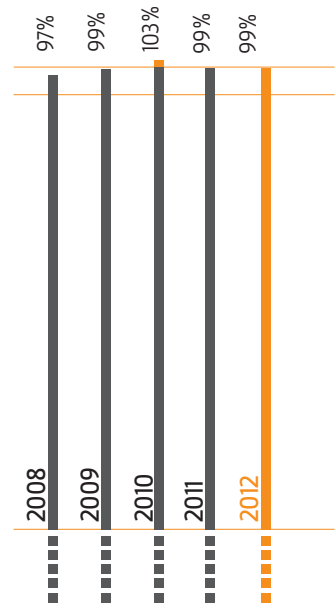
NUMBER OF BIRTHS 2008-2012



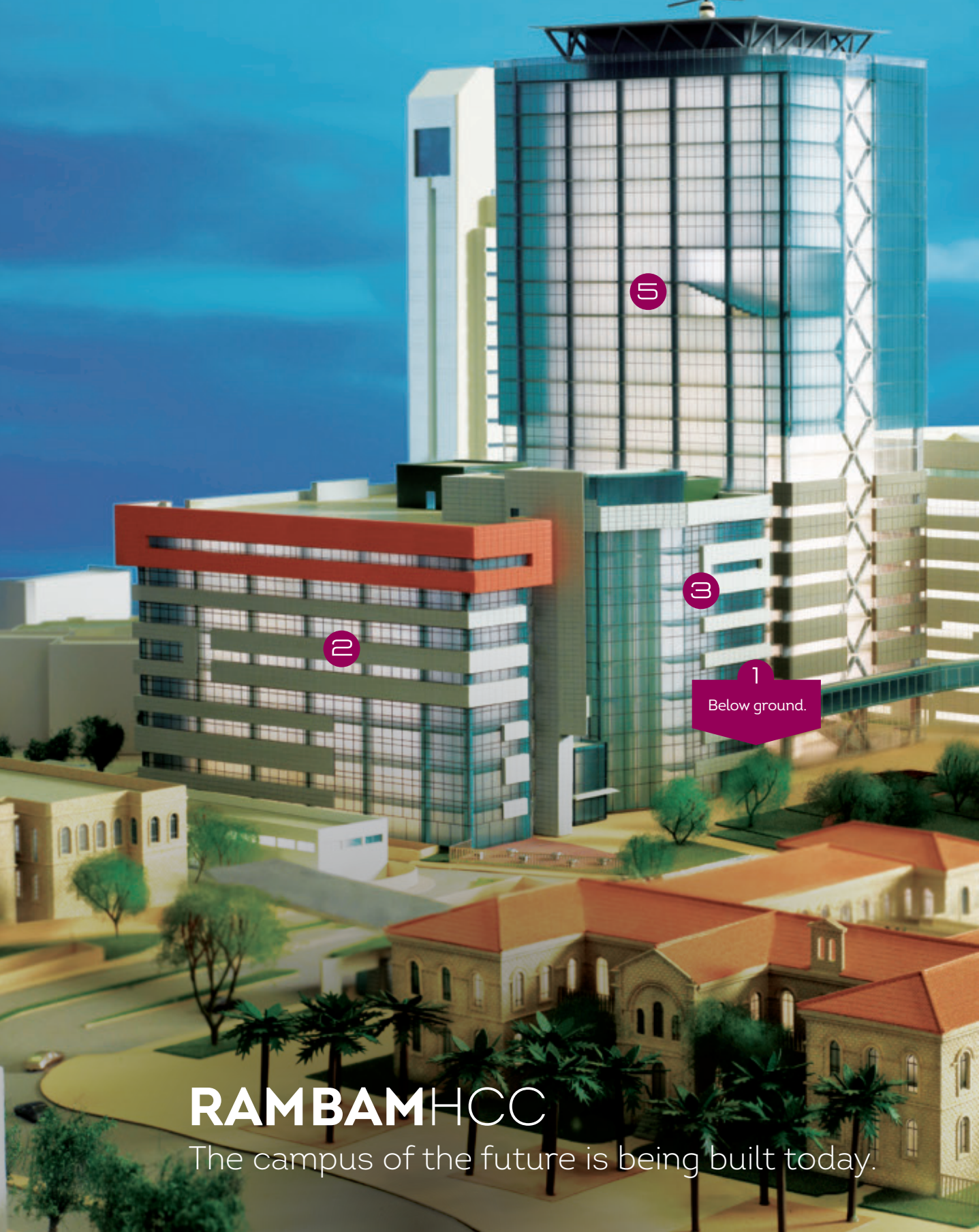
ADMISSIONS 2008-2012



OCCUPANCY 2008-2012



- Central laboratories 9
- Hospital beds 898
- Inpatient wards 36
- Medical institutes 10
- Medical units 54



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3

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4





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