

Being the BRIDGE

Rabbi Yisroel Kahan
discusses the role of
a hospital liaison

Though the information contained in this article was so graciously provided by Rabbi Kahan, the liaison at an upstate hospital, much of the information pertains to medical situations that could happen anywhere. We hope you find the information contained within helpful, no matter where you are located.



T *The sounds of suffering combined with the pungent smell of antiseptic and the ever-present beep-beep-beep of machinery are enough to make most people pick up their feet and flee the hospital at the first opportunity – but not so Rabbi Yisroel Kahan. For him, a day in the hospital is just another day doing what he loves: helping Yidden when they need it most.*

“You know what they say, ‘Find work you love and you’ll never work a day in your life’?” Rabbi Kahan asks me. “Well, that’s what happened with me.”

What started out nearly 19 years ago as a spare-time *mitzvah* evolved into a full-time occupation. Initially, Rabbi Kahan volunteered through Bikur Cholim at Westchester Medical Center, visiting patients, stocking food cabinets and comforting families.

“I was still in *kollel* at the time, but this was my special *mitzvah*,” he tells me. “I was at the hospital whenever I had the chance.”

But it was his being offered a job as the administrator of Monsey Health Center that really kickstarted Rabbi Kahan’s career in health care.

“I began dealing with doctors and emergencies, and became busy ensuring patients were well taken care of.” Over time, Rabbi Kahan became a familiar face in many New York-area hospitals, though Rockland and Westchester County hospitals received the bulk of his attention.

“One day, Good Sam Hospital offered me the job as an official liaison to the *frum* com-

munity. They wanted someone who could serve as a bridge between Orthodox patients and the medical staff, and to help the hospital understand the needs of the *frum* patient. I was already doing that, so I said, ‘Why not? I’m here anyway! Why not get paid for it?’”

Rabbi Kahan explains that the hospital tries to go out of its way to accommodate the *heimishe* population to the greatest extent possible. As one example, he tells me that while the new mother-and-baby wing was being constructed, the engineers wired the unit with motion sensors in the bathrooms in order to help the Yidden avoid the issue of flipping switches on Shabbos and *yom tov*...

“When I was given a tour of the new unit, I had to explain to them that motion sensors were very problematic... They then rewired the whole unit and put in regular switches. It was a well-intentioned effort to make things more comfortable for us.”

It’s not only an example of Good Sam’s accommodation of the *frum* population; it’s also an example of Rabbi Kahan’s role as a liaison. He’s there to serve in any manner that helps Orthodox patients have the easiest time in a

place where hardship abounds. But his work isn't just limited to the *frum* community.

"In my other role as a liaison to the local government, I've made many contacts with people outside of the *frum* community. Plenty of non-Jewish acquaintances have contacted me for guidance while in the hospital. If there's someone in need and I have the ability, I'm more than happy to help."

OVERCOMING THE COMMUNICATION GAP

It may be a local doctor, a family member, Hatzolah, a social worker, a chaplain or even a concerned nurse who contacts Rabbi Kahan to let him know someone in the hospital could use his services. Though Rabbi Kahan works with patients in all units of the hospital, he usually spends most of his time in the emergency room or ICU, where patients are most desperate for his help.

"Sometimes family members just need a support person there to help them make decisions about care, to understand the choices available. That can involve translating or explaining complicated medical terminology in plain language. There are also times when a patient will refuse life-saving or otherwise important treatment because of fear and lack of information. In these cases, I'll explain to them the procedure or tell them about the attending physician's history. Many times that same doctor also has privileges in larger hospitals and performs the same procedures there. That's information that can help patients feel much more comfortable. There are also times when a patient needs to be transferred to a facility with more advanced treatments and equipment, and I'll help them facilitate the transfer."

Oftentimes *shailos* come up during the course of a hospitalization, and be-

cause medical procedures and health conditions can be difficult to understand, and even slight nuances can result in variances in guidance, it is important that *shailos* be presented correctly. When needed, Rabbi Kahan will help families ask those *shailos*, even setting them up with knowledgeable *poskim* should their own *rav* be unfamiliar with the specifics of the condition or procedure.

"A family with an extremely sick baby was once told by the doctors that they should be in touch with their *rav* regarding what to do should the baby take a turn for the worst. They called a *rav* and was told that they should wait until the numbers started dropping and then call him back for guidance. When they hung up and relayed the message to the doctor, he looked at me in surprise. This advice showed a lack of medical understanding, because babies fight very hard until the last minute, and they might appear to be hanging on, but then in a second things can spiral out of control. There'd be no time to call for a *psak* then. The family needed to be prepared.

"I asked the family if I could call a *rav* well-versed in these situations and we got him on the line. He ended up speaking with the doctor and giving his *psak*. When he hung up, the doctor turned to me and asked where the rabbi had

THE ANTI-DUMPING ACT

Under the Emergency Medical Treatment and Labor Act (EMTALA), a hospital with the capability to treat a person with an unstable medical condition, which was not able to be correctly treated at the original hospital, is required to accept a transfer of a patient capable of travel, regardless of their ability to pay. This law ensures that patients with Medicaid or no insurance aren't dumped at hospitals that aren't equipped to care for them.



gone to medical school, as he was so knowledgeable."

Sadly, tragic stories are not uncommon in any hospital setting, but at least in Good Sam, there's a *frum* liaison who helps families navigate the tempest.

"I'm here to help them cross the choppy waters," Rabbi Kahan tells me.

FINDING THE BEST FIT

"I sometimes get calls from family members or doctors who explain a situation and ask which hospital is best for a patient to be sent to. It's important to understand that both small and large hospitals have benefits.

"University hospitals such as Columbia, Mt. Sinai, Westchester, etc., certainly have more advanced care in regard to machinery, and they have burn units, for instance, which smaller, local hospitals don't have. They're equipped to handle much sicker patients. But for more standard issues, the quality of relationship with doctors is better at local hospitals."

Rabbi Kahan tells me that one of the benefits of a community hospital is that one's primary care physician will have privileges that enable him to call the shots and monitor the treatments the entire time.

"Your local doctor will have his hand in the system. He'll coordinate

THE WAITING GAME

"Nobody comes to the emergency room for a Chol Hamoed trip" Rabbi Kahan tells me. "Everyone is anxious to get out and on with their lives. It's hard to sit and wait, especially in this instant gratification generation."

Perhaps understanding how the ER operates can help people tolerate what seems to be a slow-moving environment.

The first thing to understand, he tells me, is that each patient entering the emergency room is evaluated at triage to determine the severity of their condition. That, combined with the occupancy of the ER and the severity of other patients' conditions, determines wait time.

"A sprained ankle isn't going to be of the same priority as someone having difficulty breathing. It's not always first come, first served. Realize that people may have come in with more serious or life-threatening conditions."

It's also important to understand that even when nothing seems to be happening once one has already entered the treatment area, there's a lot going on behind the scenes.

"Sometimes I will receive a call in which someone says, 'I'm waiting for over an hour and nothing is happening.' What they don't know is that the doctor is waiting for the blood results to come back before taking the next step. For instance, if a doctor wants to order a CT scan with contrast, he'll first check the health of the kidneys with a blood test to ensure that the body can tolerate the contrast. So while the patient may think that nothing is being done, there are actually things happening behind the scenes.

"If a nurse says that results will be available in about 45 minutes, give them some extra time before you approach and ask for results... It's important to be a *mentch* and not, *chas v'shalom*, to make a *chillul Hashem*. There was once someone who came into the emergency room and was frustrated with the wait. Within a half hour, he had contacted the CEO of the hospital and sent him a nasty letter! To make things worse, the person who did this was an EMT who should have known better. It created such a bad impression of *frum* Yidden.

"Of course, if there is any concern that a patient is in danger, absolutely, go ahead and get attention. Don't sit by idly. You must advocate for yourself and your loved ones when needed. There is a time and place for patience, and the moment of an emergency is not one... But if there is no danger to life, just wait. Also know that it's okay to ask questions and get explanations, but not every family member has to ask the nurse for updates. Choose one representative, and stay in your room until approached. Don't hound the nurse. She has a job to do and other patients to treat."

your care. University hospitals, on the other hand, have a lot of trainees, medical students and residents who are just getting their feet wet. They'll have just gotten their medical license and they run around to the various departments to get practice. They won't yet have years of medical experience to lean on. That can be a downside."

Choosing a hospital, Rabbi Kahan cautions, is not about brand names; it's about finding the right fit.

"A cardiac patient who requires a stent or catheterization can have it done at the Mayo Clinic," he says, "But that's not needed. It's something that can be done anywhere."

Procedures such as knee or hip replacements or bariatric surgeries can often easily be done locally as many fine physicians who were trained in the university medical centers also practice at community hospitals. Quality medical machinery is also not limited to academic medical centers. Good Sam, for instance, has a \$200 million dollar contract with Philips that entitles them to the newest diagnostic and treatment equipment before it hits the market.

For non-complicated situations, Rabbi Kahan recommends staying local, both for the comparable quality of care, as well as for the fact that it's easier for the family to visit the patient due to reduced travel time. A simple fracture, for instance, can receive great treatment at a local hospital, but a more complicated fracture may need to be treated at Westchester Medical Center, which has the only Level 1 trauma center in the region.

THE HARDEST PART

"Seeing children suffer or parents being told there's nothing left to do is the absolute hardest part of the job. It's very painful." Rabbi Kahan tells me. "These memories never leave me."

While many illnesses and injuries that children suffer are not preventable, Rabbi Kahan tells me that there are steps we can take to ensure that our kids are as safe as possible.

"Neglecting to wear bike helmets and the lack of proper restraints in the car — either by not correctly restraining car seats or by neglecting to buckle boosters and seat belts — are the most common causes of unnecessary injury. Even a very strong person doesn't have the strength to hold on to a child during an accident because of the force of an impact, even at only 20 to 30 miles an hour. A baby can fly out of their arms and hit the front window. It's so frightening to see parents driving without properly buckling their children.

"While it's encouraging to see that Bikur Cholim gives thousands of helmets at the annual Chaverim event, it's sad to see the helmets left hanging on the handle bars, the kids neglecting to wear them. It takes seconds to put them on, and doesn't just save lives — it saves weeks and months in the ICU, rehab and therapy to hopefully restore a sense of normalcy to a life that was destroyed in a matter of seconds. It's inexcusable to allow a child to ride a bike without a helmet or to be in a car without a seat belt.

"I've seen too many children seriously harmed. Parents are responsible to buckle their children and insist that they wear helmets. *'Lo sa'amod al dam rei'echa!'*"

There's also a difference between children and adults when it comes to choosing a hospital. "When it comes to appendicitis, for example, you always have to take the child to a hospital with a children's division, as the local ones are not equipped to handle emergency pediatric



surgery. But if an adult walks into a university hospital for appendicitis, it's as if they're walking in with a big sign that says: 'Please let your residents practice on me!' Because it's a relatively simple surgery; it's one of the first surgeries that residents do."

It's important to evaluate the nature of a condition when choosing which hospital will provide care. But what if, after being admitted to a hospital, the condition is recognized as needing a different type or level of care? That's where transfers come in. But even before a transfer is put into motion, Rabbi Kahan suggests considering a consult between the hospital's doctors and specialists elsewhere.

"There are times that we can avoid the physical and monetary burdens that come with a transport by having local doctors consult with top specialists nationwide. When it comes to infection, for instance, sometimes it's just a matter of getting the right treatment plan, but the treatment itself can be administered in the original location without physically stressing the patient."

FROM ONE HOSPITAL TO ANOTHER

During an emergency every second counts, and oftentimes, even people in complicated, extreme conditions will be taken to a local hospital to be stabilized before being sent to a medical center better equipped for intensive care.

"Not a week goes by that I don't transfer patients," Rabbi Kahan tells me. "We're not just talking about local transfers; patients can be sent to Johns Hopkins, Cleveland... to whichever hospital is best equipped to handle a patient's specific needs."

To set up an interfacility transfer, the doctors at the initial hospital contact the transfer center



at the potential receiving hospital to discuss the case. Once deemed an appropriate transfer, the logistics planning can proceed. When it comes to cases of emergency, no prior authorization is required with insurance companies, but a request for a non-emergency transfer must first receive insurance approval, which may take several days. Once all is approved, transportation must be arranged and a bed made available.

Some hospitals, such as Cleveland Clinic, have their own airplane and medical crew for transporting patients. Other hospitals will say, "Send us the patient," and if insurance approves the transfer, the first hospital will arrange transport; otherwise the family will need to contact a private company such as Vital One to get the patient safely to their destination.

Because transfers can be complicated and stressful on top of an already nerve-wracking situation, Rabbi Kahan is there for families, helping them through the ordeal.

"Whether a patient needs a simple procedure or intense medical intervention, I consider it my honor to help them receive the best, most dignified treatment available. And watching people be helped? That's the most rewarding part of my job; seeing people who came in broken, extremely sick, or having suffered a severe trauma getting back on their feet. It's a *bracha* to watch the Eibishter heal these people."

And it's a *bracha* for us — those who use Good Sam hospital — to have Rabbi Kahan, a *shliach* of help and healing, there when we need him! ■



In addition to being a community liaison, Rabbi Kahan is a member of the Igud Harabonim medical referral and consultation service, in which he assists patients and their families understand halachic ramifications of medical procedures and end-of-life issues. Rabbi Kahan can be reached at 845.232.1303

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