

# 2013 Annual Report

Richmond University  
Medical Center





# Richmond University Medical Center

## Our Mission

The Medical Center is a not-for-profit healthcare provider serving the diverse community of Staten Island and its neighbors. We provide quality patient-centered care through a full spectrum of emergent, acute, primary, behavioral health and medical services. We do this in an environment that promotes the highest satisfaction among patients, families, physicians and staff.

## *Message From the President & Chief Executive Officer*



I am delighted to share the 2013 Richmond University Medical Center Annual Report.

The Board of Trustees and the entire hospital staff are deeply committed to continuing the 110-year tradition of staying

at the forefront of leading-edge medicine. The achievements highlighted in this report have truly drawn the support of the Staten Island community. In fiscal year 2013, Staten Island's elected officials secured more than \$10 million in capital funding for the hospital to advance a broad range of projects that enhance patient care at Richmond University Medical Center. For this we are immensely grateful, not only on behalf of our staff and board, but for our patients.

Richmond University Medical Center is undergoing construction and renovation projects that will best support Staten Island's healthcare needs in this era of health reform and population health. In 2013, we purchased and renovated 800 Castleton Avenue,

now the home of our Ambulatory Care Pavilion, and opened our Women's Comprehensive Center on the South Shore. The Staten Island Foundation and Richmond County Savings Foundation both shared their support as we expand the hospital's Foundation, a separate 501(c)3 nonprofit. Northfield Bank Foundation continued their generous support of our Emergency Department, and we welcomed for the first time the support of The Brooklyn Home For Aged Men and the Sara Chait Memorial Foundation with patient care improvement grants.

This is an exciting time to be part of Richmond University Medical Center, and as we take great pride in the achievements of the past year, we look forward with great confidence to the future. As a lifelong Staten Islander, I have witnessed firsthand the success of the hospital, and I am proud to now lead the hospital as President & Chief Executive Officer.

I thank you for your continued support and look forward to sharing our continued growth and development in 2014.

Daniel J. Messina, Ph.D., FACHE, LNHA  
President & Chief Executive Officer

## *Message From the Board of Trustees Chairperson*



On behalf of the Board of Trustees, thank you for your commitment and support of Richmond University Medical Center. 2013 was an extraordinary year of transformation for the hospital. We received recognition for our patient care and quality achievements, including the

fourth consecutive year of the American Heart Association's Stroke Gold Plus Award, and we continue to hold one of the region's highest Neonatal Intensive Care Unit survival rates — 99.6%. During 2013, the hospital purchased and renovated 800 Castleton Avenue, moving our primary and specialty care into the community with a state-of-the-art facility. And we broke ground on the expansion of our adolescent psychiatric unit, doubling the number of acute inpatient units.

Our donors helped make the 2013 Gala the most successful to date, with over 600 guests in attendance. The event raised much-needed funds to support important projects and initiatives that advance Richmond University Medical Center.

I am grateful for the support of the community, donors, local foundations, volunteers and staff for your role in the institution's success.

Kathryn K. Rooney, Esq.  
Chairperson, Board of Trustees



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## *A Patient Shares Gratitude*



Michael Gerstle shown here  
with his grandson, Jack.

I AM WRITING THIS LETTER TO EXPRESS MY SINCERE APPRECIATION AND GRATITUDE FOR THE EXCELLENT MEDICAL CARE I RECEIVED FOR MY RECENT HOSPITAL STAY.

Upon returning home from a normal Saturday gym workout, I began experiencing what I now know to be stroke-like symptoms, including dizziness, disorientation and right-side weakness. When I arrived home, these symptoms had mostly dissipated, so my reaction was that I may have worked out too strenuously at the gym. Fortunately, my family persuaded me to go to the emergency room, which I figured would be a precautionary visit and quickly return home.

Upon checking in and describing my symptoms, I was immediately evaluated in the emergency room, where I was met with a dedicated team of professionals who, within seconds, treated me as a potential stroke victim.

While most of my functions had returned to normal, I was still admitted to the hospital, where over the course of four days I received every test that a major stroke victim would have received.

I was discharged, but not until I had been given a complete and thorough review of my condition and the necessary follow-up that I needed to know. This professionalism gave me the confidence to resume, with minor modifications, my normal lifestyle.

Too often, we hear how Staten Islanders need to seek quality medical care off the Island; however, I can say with great self-assurance that the care I received locally can only be described as caring, professional and extraordinary.

A special thank you to the doctors, nurses and staff who saw to my care and my family's comfort.

In conclusion, I look forward to many years of continued good health and I am thankful to Richmond University Medical Center, my community hospital, for helping to make that possible.

Sincerely,  
Michael A. Gerstle  
Former CFO, NY Jets

## Richmond University Medical Center Excels in Cardiac Care



Members of the Stroke Team proudly display the Gold Plus Award for the fourth consecutive year received from Fabienne Kyle from AHA/ASA.

THE PAST YEAR BROUGHT SOME MAJOR HONORS AND NEW DEVELOPMENTS IN RICHMOND UNIVERSITY MEDICAL CENTER'S COMPREHENSIVE CARDIAC CARE.

For the fourth year in a row, in 2013, Richmond University Medical Center received an important recognition: the American Heart Association/American Stroke Association's Gold Plus Quality Achievement Award.

The award recognizes Richmond University Medical Center's commitment and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines.

Get With The Guidelines—Stroke helps the hospital's staff develop and implement acute and secondary prevention guideline processes to improve patient care and outcomes. The program provides hospitals with a web-based patient management tool, best practice discharge protocols and standing orders, along with a robust registry and real-time benchmarking capabilities to track performance.

It's a major achievement in part because of the prominence of its source. "The American Heart Association is the standard-setting body for cardiac and stroke care in the U.S.," says Joseph Conte,

Richmond University Medical Center's Senior Vice President for Regulatory, Quality, Risk & Legal Affairs.

In distributing its awards, the American Heart Association (AHA) uses a sophisticated monitoring system: Every stroke patient in the U.S., and the interventions they receive, is entered into their database. *Did they get aspirin in time? Did they get a swallowing study? A CAT scan? Stroke education?* Each time a hospital discharges a patient, that data is entered, forming the basis of the scoring. "The principle is not just paper compliance, but the evidence that there are improved outcomes for patients who receive each of these measures," Mr. Conte says.

Individual stories illustrate how crucial it is to patients, including the woman who experienced a stroke during Hurricane Sandy and came to Richmond University Medical Center. She was given a drug called tPa (tissue plasminogen activator), which opens up the vessels in the brain to prevent serious brain damage. "She was a young woman, about 30, a nurse at Maimonides Medical Center, who came here and got that treatment and made a full recovery," Mr. Conte says. "She came back months later and was pregnant. She wanted to thank everyone for saving her life."

### New Chest Pain Protocol

A new protocol at Richmond University Medical Center, co-developed with a Medicare Advantage Plan, aims to improve care by categorizing patients experiencing chest pain. Using the patient's presenting signs and symptoms, in addition to physical findings like EKGs, blood tests and concurrent medical illnesses, physicians will determine more efficiently the source of the chest pain and what care is needed, says Edward Arsura, M.D., Richmond University Medical Center's Chief Medical Officer. "Chest pain that comes from the heart has certain characteristics. Those are not absolute, but if you have chest pain that varies with

respiration, is reproducible with pressure or has been occurring for weeks to months, it almost certainly is not of cardiac origin — particularly if you have no risk factors for coronary artery disease,” Dr. Arsura says.

Another group, deemed at higher risk of having coronary artery disease, might have an abnormal EKG in addition to some coronary artery disease risk factors.

“They are observed in our new five-bed chest pain observation unit, and they’re managed by a chest pain protocol series of tests,” he says. Patients who fall higher up on the scoring system for coronary artery disease will have a cardiologist consult and often end up admitted to the hospital.

Over the next few years, patients will see more of this type of care all across New York State, Dr. Arsura says. “That is how medicine is going to proceed: There will be more use of observation units where you don’t have enough information at the outset, but you can get that information with further testing,” he says. This is a plus for patients. Patients avoid unnecessary hospital admissions, and their conditions are assessed and treated more systematically.

### **Congestive Heart Failure Program Changes**

Changes to the congestive heart failure program, developed with the Visiting Nurse Association of Staten Island, focus on educating patients and reducing hospital readmissions. “Readmission to the hospital has several downsides,” Dr. Arsura notes.

“The more they’re readmitted, the more damage is being done to the heart.” To help keep congestive heart failure patients healthy, on their regimens and out of the hospital, Richmond University Medical Center has greatly increased its educational component, giving patients both written and verbal instructions and using a dedicated educator. “We review their medication, diet, exercise and lifestyle modifications.”

This is where the visiting nurses play a major role. “Visiting nurses do the outpatient education and monitoring; the information is all recorded electronically. The visiting nurses monitor various parameters and contact the physician about what they want to do and how the patient looks.”

The new program, which can be described as a more comprehensive and proactive disease management approach, also seeks to understand what else might be going on with congestive heart failure patients who are readmitted to the hospital, and addresses those issues.

“There are patients who are elderly and live alone; we try to set them up with home care and social service support,” Dr. Arsura adds. “There are patients who tend not to follow up and not to adhere to medication regimens; we try to address with them the barriers to successful management. For the individuals who have major behavioral health issues, we work with behavioral health professionals to try to keep them on target. In 2014, we will have a combined behavioral health and medical clinic side by side, so patients that have concurrent medical issues and behavioral health issues can be seen for both at the same location.”

### **Cardiac Catheterization Laboratory Overhaul**

New, state-of-the-art equipment and enhanced services are part of the changes that 2013 brought to Richmond University Medical Center’s cardiac catheterization laboratory. In 2013, Richmond University Medical Center Auxiliary granted the hospital \$50,000 to support the cardiac catheterization lab. Samala Swamy, M.D., Chief of the Cardiac Catheterization Laboratory, welcomes the investment in cardiac services, which went to technology.

One of those new services to be offered is peripheral angioplasty, which fixes blockages in the arteries of the leg caused by peripheral artery disease (PAD). This disease can go undetected and become life- or limb-threatening; it is commonly found in patients who

are diabetic or obese. Through intensive community screening, Richmond University Medical Center will work to identify those in the community at risk for PAD who may be unaware of their condition.

## **STROKE**

# **Award**

*Recipient of the American Heart Association/American Stroke Association’s Gold Plus Quality Achievement Award consecutively for 2010, 2011, 2012 and 2013.*



The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher adherence to all Get With The Guidelines® Stroke Performance Achievement indicators for consecutive 12 month intervals and 75% or higher compliance with 6 to 10 Get With The Guidelines Stroke Quality Measures to improve quality of patient care and outcomes.

# *NICU Practices Put Babies and Families First*

FOR ABOUT 600 STATEN ISLAND BABIES A YEAR, MANY WEIGHING LESS THAN 3 POUNDS, RICHMOND UNIVERSITY MEDICAL CENTER'S NEONATAL INTENSIVE CARE UNIT (NICU) IS A LIFESAVER — LITERALLY. IN 2012, THE NICU, ONCE AGAIN, HAD ONE OF THE HIGHEST SURVIVAL RATES IN THE REGION: 99.6 PERCENT.

## **Behind the Numbers**

Part of the secret of the unit's success lies in the continuity of care: Doctors and nurses hired there tend to stay for many years. "We have a staff that has a lot of longevity with that unit; some of them are here their whole professional career," says Richmond University Medical Center's Assistant Vice President of Women and Children's Services and Nursing Education, Kathleen DiMauro, RN-BC, MS, IBCLC. "Neonatal nursing is really their passion."

"A solid group leads to continuity," adds Richmond University Medical Center NICU Director, Anthony Barone, D.O. "Everybody starts thinking in the same way, and I feel it provides better care for the babies."

The statistics prove his point. Richmond University Medical Center is a member of the Vermont Oxford group, which gathers data from 900 NICUs in the U.S. and Europe. Statistics from 2012 show that, in addition to an unmatched survival rate, Richmond University Medical Center's average length of stay is consistently shorter compared to other NICUs: 62.2 days, compared with the Vermont Oxford average of 64.4 days.

The statistics revealed many other successes for Richmond University Medical Center, including a low rate of chronic lung disease, an ever-present threat for

premature babies with lifelong consequences. "When premature babies have been on support for a long time, you can damage lungs to the point where they'll never recover. We have a very low incidence of that," says Dr. Barone. "That's a big accomplishment, because if you do damage lungs, that leads to a lot of other issues, including more infections and prolonged stays in the NICU." The incidence of overall infections in NICU is also very low, Dr. Barone says.

## **A History of Success**

The NICU's success story began with Anantham Harin, M.D., who established the unit, says Richmond University Medical Center's Associate Program Director of Pediatrics, Teresa Lemma, M.D., FAAP. "He was the one who initiated the protocols about 30 years ago. He was such a great clinician — he would foresee issues before they happened. Dr. Barone came in and continued those practices."

Today, Dr. Barone continues them together with his associate, Santosh Parab, M.D. "When you go to a big center, they'll have respiratory therapists dealing with the ventilator and the neonatologist making the rounds. We maintain the old philosophy. You could say it's micromanaging, but you have to be available and hands-on."

Richmond University Medical Center focuses on leading-edge technology as well as a hands-on philosophy that emphasizes human interaction. "That forces the nurses to be very visual and not rely solely on monitors — not putting a baby on a feeding pump and walking away. They do everything by hand. That makes them better

nurses," Dr. Barone says. "The constant observation helps them pick up cues: 'This baby's belly is full, so I don't think we should progress with feeding,' or, 'This baby's activity is not good; there may be a growing infection, so let's do a culture before the baby gets overwhelmed.'"

"They are spending an inordinate amount of time at the bedside," Ms. DiMauro adds. "There's a lot of touch. They subscribe to knowing the cues and using their senses."

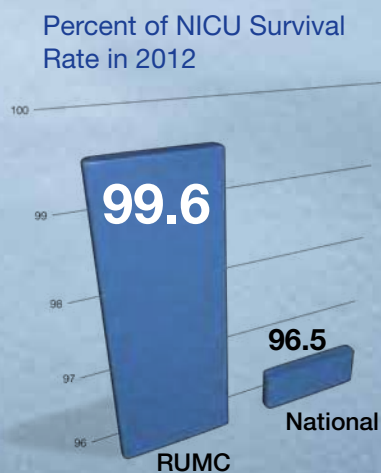
Dr. Lemma agrees that the NICU nurses deserve considerable credit for the unit's success. "They never leave. They come and stay in the job until they retire. My feeling is that they must get such a great reward seeing those babies leave the hospital and when a 13-ounce patient comes back, now 17 years old," Dr. Lemma says.

Such outcomes are the NICU's real story, which statistics alone cannot tell. "When you look at the numbers, it's too clinical," Dr. Lemma says. "You need to see the kids come into your office, now grown and in college."

Then you understand why the staff of the NICU work so hard and see the results they do. "Besides having great outcomes, we care," Dr. Lemma says. "That's such an important aspect at the NICU — and at Richmond University Medical Center in general."



*Richmond University Medical Center  
focuses on leading-edge technology as well  
as a hands-on philosophy that emphasizes  
human interaction.*



Source: Vermont Oxford Network



## Upgrades in ER Help Improve Patients' Experience

TREATING PATIENTS MORE QUICKLY THAN EVER WAS THE GOAL OF THE SIGNIFICANT IMPROVEMENTS RICHMOND UNIVERSITY MEDICAL CENTER MADE TO ITS EMERGENCY DEPARTMENT (ED) IN 2013. THE RESULT: A DECREASE IN THE TIME PATIENTS AND AMBULANCE TEAMS SPEND WAITING IN THE ED.

One major improvement contributing to that result was the creation of an ambulatory triage unit adjacent to the ED's ambulance entrance, where patients' conditions are assessed upon arrival. The new triage site has reduced Emergency Medical Services (EMS) wait times by 30 percent — meaning the EMS teams are back on the street that much sooner, ready to respond to the next emergency. In fact, ambulance turnaround times at Richmond University Medical Center now are below the citywide average.

Another improvement at the ED is the creation of the Rapid Urgent Care Center. Patients who arrive at the ED with less acute conditions — things like sprains and lacerations — are seen immediately, registered at the bedside, treated

and discharged, all in an average of about 70 minutes. Northfield Bank Foundation has generously supported the ED at Richmond University Medical Center with over \$100,000 over the past four years.

"We are grateful for the continued support of Northfield Bank Foundation. Their commitment to improving emergency care for the community is exemplary; their funding truly makes a difference," shares Erika E. Hellstrom, Vice President of Development and Executive Director of RUMC Foundation.

*The new ambulatory triage unit has reduced Emergency Medical Services wait times by 30%.*



The Emergency Department and Trauma staff with state-of-the-art transport monitors funded by an emergency preparedness grant.

RICHMOND UNIVERSITY MEDICAL CENTER

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January 1, 2013 through December 31, 2013

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## *Improving Care With Electronic Medical Records*

IN 2013, RICHMOND UNIVERSITY MEDICAL CENTER PASSED AN IMPORTANT THRESHOLD, PLACING IT AMONG A SMALL GROUP OF U.S. HOSPITALS, BY EARNING A STAGE 2 CERTIFICATION FOR IMPLEMENTING AN ELECTRONIC MEDICAL RECORD (EMR) SYSTEM. IN DOING SO, RICHMOND UNIVERSITY MEDICAL CENTER EARNED MORE THAN \$8 MILLION IN INCENTIVE PAYMENTS FROM THE FEDERAL GOVERNMENT.

That funding comes from the Health Information Technology for Economic and Clinical Health (HITECH) Act, passed in 2009, which set aside \$50 billion to subsidize EMR adoption in hospitals and doctors' offices.

"Their belief is that it will improve quality and safety, reduce cost and engage patients more in their healthcare, because patients have the ability to access their own records through an electronic portal," says Joseph Conte, Richmond University Medical Center's Senior Vice President for Regulatory, Quality, Risk & Legal Affairs. Reinforcing that point: A study recently published in *Health Services Research* showed that the use of electronic records is associated with enhanced patient care overall.

The HITECH Act allows hospitals to adopt EMR in stages, Richmond University Medical Center's Stage 2 threshold is achieving what the government considers "meaningful use."

"It's not enough just to say, 'I have electronic medical records,'" Mr. Conte says. "The criteria that have to be met to be identified as a meaningful user have to do with specific functionality of your equipment. You have to be able to do a whole host of things as an electronic network: Connect the pharmacy to the nurse at the work station to prevent her from giving a drug she's not



supposed to give, connect a cardiologist with other parts of the hospital so everyone involved can look at results, screen aspects of the record so you can extract data and do quality assurance." The government has created dozens of criteria to measure that functionality, and divided implementation into three stages.

One of the most difficult of those criteria is showing that there is adoption of the new system. "That means lots of internal training. Finding the money for all this presents a challenge; Richmond University Medical Center received nearly \$9 million from the Office of the National Coordinator, Centers for Medicare & Medicaid Services, to help defray those costs."

"EMR is lauded for its ability to reduce medical errors; in hospitals, the most common of those are medication mistakes," Mr. Conte says. Now each patient's ID band has a bar code, as does every drug. The bar codes are scanned at the bedside, so that if it's the wrong drug, wrong dose or wrong patient, a warning light comes on with a message telling the practitioner not to proceed.

"The system has intelligence behind it," shares Nancy Taranto, Vice President of Quality and Health Informatics. "It will do drug checks and any kind of alert. You can put rules on certain criteria so that you'll give intelligence to the doctors, pharmacists and nurses."

The electronic system also improves the efficiency of doctors at the bedside by making the transmission of information faster. "When you write an order freehand, it could be illegible; the decimal might be in the wrong place; it could be for a drug that's not on the hospital formulary," Mr. Conte adds.

In 2014, as Richmond University Medical Center heads toward achieving the third and final stage of meaningful use designations, e-prescriptions and a patient portal have been introduced. Every patient will have a unique login, encrypted with their own ID, allowing them to access their records from home (or anywhere else).

## *Research Opportunities Open New Doors for Hospital*

RICHMOND UNIVERSITY MEDICAL CENTER'S DEPARTMENT OF MEDICINE EXTENDS AND ENHANCES COLLABORATION IN MEDICAL EDUCATION AND RESEARCH.

Supporting the Division of Research's expanding commitment to basic and applied research, the facility now hosts 27 research projects, with the goal of increasing this number in the next couple of years.

"It is not typical for a hospital of our size to have such an extensive research division," says Dennis Bloomfield, M.D., Richmond University Medical Center's Emeritus Chairman of Medicine, Director of Research. "It has taken a strong commitment from the Department of Medicine and the hospital's senior administration, as well as a recognition of the importance and prestige that research can bring to an institution."

Research has always been part of the hospital's core mission that also includes patient care, education and advocacy. One of the hospital's primary goals is to teach medical students and residents proper research techniques and enhance overall medical knowledge at the hospital.

The research program is currently focusing on four key areas: pain management, diabetes, high blood pressure and calcium intake. Through one grant, researchers are studying the effectiveness of intravenous Tylenol® used postoperatively for pain management. Another study is investigating diabetes, specifically the types of mental and intellectual changes that affect people who have been managing diabetes for a long time.

This kind of research allows Richmond University Medical Center to actively participate in broader medical community discussions.

*Research has always been part of the hospital's core mission that also includes patient care, education and advocacy.*





## *Hospital Receives Vital Access Provider Award*

IN 2013, RICHMOND UNIVERSITY MEDICAL CENTER WAS DEEMED A VITAL ACCESS PROVIDER (VAP) BY NEW YORK STATE. "BASICALLY, STATEN ISLAND NEEDS TWO HOSPITALS, ACCORDING TO THE STATE," SAYS RICHMOND UNIVERSITY MEDICAL CENTER'S SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, KEVIN MURPHY. TO HELP THE HOSPITAL CONTINUE TO OFFER, AND EXPAND, THE SERVICES SO ESSENTIAL TO STATEN ISLAND, RICHMOND UNIVERSITY MEDICAL CENTER RECEIVED A \$12.4 MILLION HEAL 21/VITAL ACCESS PROVIDER AWARD FROM THE STATE.

Mr. Murphy says the opening of the Ambulatory Care Pavilion at 800 Castleton Avenue and the Comprehensive Psychiatric Emergency Program (CPEP) additions were important parts of Richmond University Medical Center's efforts to expand outpatient capacity and enhance access to primary care services — showing significant progress on its VAP status. Other improvements include the new integrated congestive heart failure program developed with the Visiting Nurse Association of Staten Island, and the new chest pain protocol developed with a Medicare Advantage Plan.

Another element of the grant was improving clinical outcomes and reducing preventable quality indicators. The CPEP improvements also fall into this category. Richmond University Medical Center broke ground on relocating CPEP from Bayley Seton, with the intention

of improving both the patient experience and clinical outcomes. Patients will now have access to the full breadth of medical care in one location, which creates a unified program.

The hospital also has constructed five observation rooms in the emergency room, built a "supertriage" suite for treat-and-release conditions and added four ambulance-dedicated patient bays. The latter improvement has resulted in improved patient satisfaction scores for the emergency room and ambulance turnaround times recognized as among the best in New York City.

Grant funding for CPEP expansion was received in 2013. Ribbon cutting took place in June 2014.



Photo Credit: Georgia/Chu Media



## *Ribbon Cutting for New Ambulatory Pavilion*

WITH THE PURCHASE AND RENOVATION OF A BUILDING AT 800 CASTLETON AVENUE, A 20,000-SQUARE-FOOT MEDICAL ARTS PAVILION, RICHMOND UNIVERSITY MEDICAL CENTER IS IMPROVING ACCESS TO ITS SERVICES FOR NORTH SHORE RESIDENTS. "WE ARE TAKING WHAT PEOPLE THINK OF AS TRADITIONAL CLINICS IN A HOSPITAL AND MOVING THEM INTO THE COMMUNITY," SAYS DR. SUZY BIBAWY, MEDICAL DIRECTOR OF AMBULATORY SERVICES AT RICHMOND UNIVERSITY MEDICAL CENTER.

This purchase was made possible by a grant through New York State's Health Care Efficiency and Affordability Law (HEAL). The building at 800 Castleton now houses

adult and pediatric primary care offices, as well as some select specialty clinics, but improved access was only part of the goal of the change. "Going along with that is another initiative and another grant from the Centers for Medicare & Medicaid Services to create a 'Patient-Centered Medical Home,'" Dr. Bibawy notes.

The Patient-Centered Medical Home (PCMH) model aims to move away from the current predominant model of "episodic" care — patients coming to see their doctors for an urgent appointment or going to the emergency room for care. "Instead of being reactive to patients' medical conditions, we're being proactive. We coordinate their care with their specialists and make schedules more open so they have access to their providers as they need it and can avoid emergency room visits," Dr. Bibawy says.

The PCMH model also seeks to educate medical residents in this different approach to healthcare. "We are still a teaching site because we are part of the hospital; we have residents in the clinic," Dr. Bibawy continues. "Improving the residents' experience in primary care and in outpatient care creates an incentive to go into that practice — and there is a shortage of primary care

physicians for the underserved on the North Shore. We want to show that there is a better way to provide services to patients: the team model of care, with an emphasis on continuity, so the resident, in their three years of learning, sees the same panels of patients."

From the patient's side, the benefits of the PCMH model are many, including more communication with their healthcare team. "They can call us; they have access to their provider after hours," Dr. Bibawy says. "We'll be reaching out to them to help identify the barriers they may be encountering — transportation, child care, things that might be keeping them from routine medical care. We will be giving them reminders about their screenings, well visits and immunizations." As the name suggests, the PCMH model emphasizes relationships and a collaborative approach to healthcare — a way for patients to feel at home in their medical care.



City Councilwoman Debi Rose meets with the staff at the new Ambulatory Pavilion at 800 Castleton Avenue.

## *Women's Center Builds a South Shore Presence*



THIS YEAR, THE WOMEN'S CENTER OPENED ITS DOORS — TO AN "AMAZING" RESPONSE, SAYS SONYA MORETTI, CERTIFIED WOMEN'S HEALTH NURSE PRACTITIONER.

It's a one-stop shop for women's health, located at 4434 Amboy Road, Staten Island, where women can take care of every aspect of their well-being. "Our goal now is to prevent disease instead of just treating disease," she says. "This side of the Island doesn't have anything like this — in fact, there was no wellness center for women on the Island until now."

The center takes an integrated approach to helping women find health and wellness. "Our concept is dealing with the whole person," says Michael Moretti, M.D., Chair of Richmond University Medical Center's OB/GYN Department.

"We approach the patient on all levels — physical, spiritual, cellular."

From the patient's perspective, this means a variety of offerings that start with traditional women's healthcare: well-woman visits, menopausal care, adolescent care, contraception, osteoporosis screening and treatment, obstetrical care and cancer screening. In addition to the Morettis, the staff includes an endocrinologist, primary care physicians, a cardiologist, a midwife and a yoga instructor, among others. Patients will also find an array of programs at the center that focus on well-being, including nutrition, stress management, yoga, massage, acupuncture, reflexology and exercise counseling.

High rates of obesity on Staten Island create a particular need for such comprehensive care, as many issues can arise for women around pregnancy and obesity. Women who are overweight have a higher risk for a whole set of pregnancy complications: miscarriage, diabetes and hypertension during pregnancy and preterm labor.

Menopause brings other health issues for women — some serious enough they can even determine longevity. Between them, the Morettis have certification and extensive experience in menopausal care; the Women's Center offers traditional screening and treatments for hot flashes, sleeplessness and bone loss. "Preventive medicine is where healthcare is going across the country. This is a milestone for women on Staten Island. I thank Richmond University Medical Center for putting the tools in place to control your destiny," says Jim Odo, Staten Island Borough President.

The center welcomes all Staten Island women to come and learn how to improve their health — from the well insured to the underinsured: Women of all socioeconomic backgrounds are accommodated and welcome to find what they need for optimal health at every stage of life.





## Board of Trustees Highlight: Jill O'Donnell-Tormey, Ph.D.

AS CEO AND DIRECTOR OF SCIENTIFIC AFFAIRS OF THE CANCER RESEARCH INSTITUTE (CRI), JILL O'DONNELL-TORMEY, PH.D., OVERSEES THE WORLD'S ONLY NONPROFIT ORGANIZATION THAT SUPPORTS AND COORDINATES RESEARCH DEDICATED TO HARNESSING THE IMMUNE SYSTEM'S POWER TO CONQUER ALL CANCERS. YET, WITH A BUSY WORK SCHEDULE, A FAMILY AND A VARIETY OF INTERESTS, THIS NATIVE STATEN ISLANDER MAKES IT A PRIORITY TO VOLUNTEER AND SERVE HER COMMUNITY.

"I think that it's important to give back," says Dr. O'Donnell-Tormey. "I run an organization that relies on the goodness of people volunteering their time and money to causes that they find important." Though she joined the Board of Trustees at Richmond University Medical Center three years ago, her relationship with the hospital began at birth — she was born in the former St. Vincent's Hospital — and continued throughout her life as a resident of Staten Island's North Shore.

Dr. O'Donnell-Tormey says that joining the Board of Richmond University Medical Center has been a rewarding experience. It offers her an opportunity to help ensure that there is a vibrant and much-needed hospital on the North Shore that can provide quality healthcare to the community. "I was hoping that I could use my knowledge and experience in both the scientific field and in fundraising to contribute locally," she notes.

Dr. O'Donnell-Tormey earned a Bachelor of Science degree in chemistry with honors from Fairleigh Dickinson University, a Doctor of Philosophy in cell biology from

SUNY Downstate Medical Center and completed a post-doctoral fellowship at Rockefeller University that was funded by CRI. Her already-impressive resume was further enhanced when, in 1993, she added CEO to her position as Director of Scientific Affairs and began learning about not-for-profit management, budgeting and fundraising. During her 27 years with the organization, CRI's operating budget has grown from \$3 million to \$26 million.

"I am involved in shaping the organization's research programming and I am responsible for raising our annual operating budget," says Dr. O'Donnell-Tormey. She explains that her multifaceted job requires dealing with diverse issues that range from science and medicine, to marketing and branding, to fundraising, and serving as the organization's key spokesperson. When she joined the hospital's board, Dr. O'Donnell-Tormey hoped that this broad base of experience would help her to "bring diverse expertise to Richmond University Medical Center" so that she could "contribute in a number of areas." During her time on the board, she has

served on the Quality Council Committee, the Credentials Committee and the Marketing Committee.

Though she came to serve on the board with an extensive knowledge of science and medicine, Dr. O'Donnell-Tormey notes that it has also been an enriching experience. She enjoys learning about the various aspects of hospital administration and operations and is "so impressed with the staff at the hospital in terms of what they have to do to meet all of the regulations and to deliver good treatment."

As a past member of the Board of Trustees of Notre Dame Academy and member of the Board of Trustees of the Staten Island Foundation, Dr. O'Donnell-Tormey hopes future generations will be inspired to serve their communities. "If you have an expertise that you are passionate about and feel is valuable to a not-for-profit, I think that offering that service and finding ways to do so is really rewarding."



*"I was hoping that I could use my knowledge and experience in both the scientific field and fundraising to contribute locally."*



## *Staff Highlight: Mary Lyons, RN Nurse Manager of the Cardiac Catheterization/Electrophysiology Laboratory*

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STATEN ISLANDERS WITH ARRHYTHMIAS AND OTHER CARDIAC CONDITIONS ARE ALWAYS LUCKY TO HAVE MARY LYONS, RN, IN THEIR CORNER. NURSE MANAGER OF THE CARDIAC CATHETERIZATION/ELECTROPHYSIOLOGY LABORATORY — POPULARLY KNOWN BY PHYSICIANS AND STAFF AS THE CATH LAB — SHE HEADS UP CARDIOLOGY'S NERVE CENTER, AND SHE DOES IT WITH A WINNING COMBINATION OF INTELLIGENCE, INTUITION AND EMPATHY.

The cath lab collectively performs a range of procedures that impact and improve cardiac health, like right and left heart catheterization, coronary angiography, transesophageal echocardiograms, pacemaker and defibrillator implantations, and radiofrequency ablation. It also conducts comprehensive valvular and electrophysiological studies. Ms. Lyons explains: "The unit provides specialized care to patients before, during and after invasive and noninvasive procedures. The plan of care is developed for each patient by an interdisciplinary team based on individual need."

The word *multidisciplinary* is an important one, in particular as it speaks to Richmond University Medical Center's overall focus on working across the disciplines to treat the whole person. In general, this approach resonates for patients as well as staff. Ms. Lyons explains: "There is very little turnover within the department. A few

have ventured to other specialties only to realize the cath lab is home."

A 36-year resident of Castleton Corners, Staten Island, Ms. Lyons began her tenure at Richmond University Medical Center as a per diem Registered Nurse and member of the Streptokinase Team in October 1982. She accepted her current Nurse Manager position in 1990, and has worked continually in the role for the past 20+ years.

Patients have always been her priority — and with a staff of cardiology fellows, six RNs, a technician and a secretary, she is able to deliver the highest quality care to people whose hearts, veins and arteries require special attention. As Ms. Lyons remarks, "I have been blessed to work with incredible people. There is a camaraderie that is formed with others who are committed, professional, enthusiastic, compassionate and reliable about their work."

It should come as no surprise, then, that when asked about her happiest day in the Richmond University Medical Center's cath lab, she's unable to narrow down the list to just one: "I don't have any one day in particular. I'm happy when I make a positive change in the life of a patient or help someone through a difficult time." Ms. Lyons is clearly devoted to her job, delighted to make a meaningful difference in the lives of her patients.

Richmond University Medical Center celebrates Mary Lyons' generosity of spirit and unwavering dedication to the various communities of Staten Island that make Richmond University Medical Center their health headquarters.



*"I'm happy when I make a positive change in the life of a patient or help someone through a difficult time."*

## 2013 Richmond University Medical Center Key Statistics

CATEGORIES	2013
Births	2,864
Births — Newborn Intensive Care Admissions	630
Cardiac Catheterization — Inpatient and Outpatient	944
Cardiology Procedures, Noninvasive	28,599
Clinic Visits (Including Chemotherapy)	43,897
Endoscopy Procedures — Inpatient	788
Endoscopy Procedures — Outpatient	5,031
Emergency/Trauma Department Visits — Treated and Released	55,037
Employees	2,350
Inpatient — Acute — Discharges	15,934
Inpatient — Acute — Days	74,115
Inpatient Psychiatry — Discharges	1,900
Inpatient Psychiatry — Days	22,813
Length of Stay — Acute	4.65
Length of Stay — Psychiatry	13.62
Medical Residents	70
Physicians on Staff	643
Pulmonary Function Studies	1,281
Radiology, CT Scans	16,059
Radiology, Mammography Procedures	2,541
Radiology, MRI Procedures	1,162
Radiology, Nuclear Medicine Procedures	855
Radiology, Special Procedures	1,353
Radiology, X-ray Procedures	46,139
Radiology, Ultrasound Procedures	8,454
Respiratory Therapy Treatments/Tests	111,477
Surgical and Cytology Cases	11,684
Surgical Procedures (Excluding Cardiac Surgery)	7,885
Vascular Studies	3,170
Volunteer Service Hours	10,184

## Accreditations & Certifications

Blood Gas Laboratory  
*College of American Pathologists*

Cancer Program  
*American College Surgeons, Commission on Cancer*

Emergency Department – Violence Against  
Women Designation

Hospital Accreditation  
*The Joint Commission*

Mammography  
*American College Radiology*

Meaningful Use – Electronic Medical Records  
*Health Information Technology for Economic and  
Clinical Health Act  
United States Federal Government*

Pathology Service  
*College of American Pathologists*

Patient Centered Medical Home  
- Level 3 Designation  
*National Committee for Quality Assurance*

Primary Stroke  
*American Heart Association – Gold Plus Stroke  
Award*

Psychiatry Residency Program  
*Accreditation Council for Graduate Medical  
Education*

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