BRAIN CHECK-

Specific brain lobes and neurotransmitters:

DOPAMINE - frontal lo (Energy or Metabolism): Normal

ACETYLCHOLINE - plobes (Memory): Low

GABA - temporal lobes (Calm): Normal

SEROTONIN - occi (Mood): Normal

ANNUAL REPORT

Richmond University Medical Center



he 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. The values of the medical center are summarized in the acronym **WE CARE: W**elcoming **E**nergized **C**ompassion **A**dvocacy **R**espect **E**xcellence.



MESSAGE FROM THE BOARD OF TRUSTEES CHAIRPERSON

As the healthcare landscape continues to change, Richmond University Medical Center recognizes the need to be adaptable and change with it. With your help, we were able to make great strides in bringing the best of nealthcare to — and into — the community in 2017.

The Richmond Brain and Spine Center was established, expanding our neurosurgery capabilities and bringing two outstanding

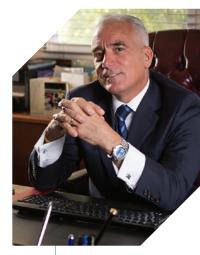
neurosurgeons to our staff. Another primary care/walk-in center was opened, giving our patients more resources for care close to home. The Center for Integrative Behavioral Medicine is offering a new paradigm of care, and is in a brand new facility, making it more accessible and patient-friendly.

Work on our physical plant is moving forward, incorporating new ideas and opportunities as they arise. Our decision to build our own cogeneration plant will allow us to become more energy-independent in future years, and our purchase of an existing radiation therapy center allows us to use space differently in the new emergency department being planned and built.

As always, your support is invaluable as we develop innovative solutions that serve the healthcare needs of our community and our patients. We extend our deepest gratitude and appreciation to every donor, foundation, volunteer, staff member, and community resident who helps us build a bright and healthy future for Richmond University Medical Center.



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



MESSAGE FROM THE PRESIDENT & CHIEF EXECUTIVE OFFICER

I am very pleased to report that Richmond University Medical Center is being recognized for its excellence every day. We strive to give all our patients the highest quality of care, and our institution is being rewarded for its efforts.

This marks the seventh consecutive year the hospital has received the American Heart Association/American Stroke Association's Get With The Guidelines-Stroke Gold Plus Achievement Award with Target: Stroke Honor Roll Elite Plus, as well as its third Elite

Plus recognition — and for the first time, we received the Get With The Guidelines-AFIB Silver Quality Achievement Award. This is an enormous credit to our cardiology department physicians and staff, who work in earnest to employ life-saving treatments for their patients.

Recognition was also given by the International Board of Lactation Consultant Examiners and International Lactation Consultant Association, for excellence in lactation care. Our neonatal intensive care unit always receives accolades, and we continue to be the only designated Baby Friendly Hospital on Staten Island.

The Joint Commission awarded us national quality approval in perinatal care, COPD certifications, and chest pain and heart failure. The list goes on, as we are also the highest level designated adult and pediatric trauma centers, and have received the American College of Surgeons designation as a Verified Trauma Center, meaning that we have the program and clinical resources necessary to deliver the highest level of patient care.

There is much to be proud of — and what makes me even prouder are the hard work and dedication exhibited tirelessly by our team, beginning with the Board, the medical staff, and all the employees of our hospital. The health of our community is our number one priority and remains at the forefront of our thoughts and actions.

Daniel J. Messina, PhD, FACHE President & Chief Executive Officer

in neurological surgery at New York Presbyterian Hospital. Seidler was

PATIENT SUCCESS STORY

From the Patient's Perspective

When Staten Island resident David Seidler learned he had fluid buildup in

the brain following a fall, he wasn't sure what to do. After the results of his MRI came back, he was told to go immediately to the emergency

He soon learned he needed to have a craniotomy to remove the fluid from the brain. "I'll be honest: a lot of people told me I should leave Staten Island for such serious surgery," says Seidler.

A friend of the family knew that Dr. Douglas Cohen had recently joined the staff at Richmond University Medical Center. "We looked him up, and his

credentials were very impressive," he says of Dr. Cohen, who received his medical degree from Harvard Medical

THE BEST CARE OF ANY FACILITY ANYWHERE."

even more impressed upon meeting Dr. Cohen and his office staff. He had a craniotomy performed by Dr. Cohen at Richmond University Medical Center in December of 2017. He was released three days later.

all the members of the staff in the unit. I felt I received the best care. And when I was transferred to a regular room after the ICU, the wonderful care continued. Many thanks to everyone on the team at Richmond University Medical Center, including the medical staff, the

Seidler, a retired teacher from Susan Wagner High School and former girl's basketball and soccer coach, is doing well. He says with conviction, "I disagree with those who told me to leave Staten Island any facility anywhere."



CAPITAL CAMPAIGN UPDATE

PRACTICE UPDATE: OBSTETRICS AND GYNECOLOGY

EXPERTS IN THORACIC CARE

EXPERIENCE AND EXPERTISE GUIDE THE RICHMOND BRAIN AND SPINE CENTER

UPDATE ON DSRIP, A STATEWIDE HEALTHCARE INITIATIVE

A NEW PARADIGM FOR HEALTH CARE AT THE CENTER FOR INTEGRATIVE BEHAVIORAL MEDICINE

2017 KEY STATISTICS/ACCREDITATIONS AND RECOGNITION

Capital Campaign Update





EMERGENCY

James P. Molinaro EMERGENCY DEPARTMENT

The year 2017 was extremely busy as we continued raising funds for the new emergency department (ED), as well as re-engineered campus infrastructure projects to meet the changing healthcare environment. Market and cost-saving opportunities necessitated several construction timeline adjustments as well as the continued development of the master facility planning process.

Early in the year, a decision was made to power the campus and its new ED with a new modern cogeneration plant. Since our infrastructure was dated, upgrading was in order. As we evaluated the energy needs of our hospital, not only for the new ED but for future expansion as well, it became clear that utilizing the existing power grid would require a significant investment of resources, yet would still leave our facility susceptible to the limitations of the current grid.

production.

We all know that the power grid serving the North Shore is under great stress and that is likely to increase with ongoing development, particularly along the waterfront. We are familiar with the frequent brownouts in the neighborhoods surrounding the medical center. The cogeneration plant, with projected construction in the first half of 2018, will allow us to produce our own



Cogeneration is a highly efficient process that uses one fuel to generate two types of energy, electrical and thermal. By capturing and using heat that would otherwise go to waste, cogeneration reduces the overall fuel consumed in the process. It is one of the cleaner and most cost-effective options available for energy

energy and get "off the grid." The plant will eventually pay for itself through cost savings and provide the added benefit of environmentally friendly, cleaner, quieter energy.

With the decision to proceed with the cogeneration plant, Richmond University Medical Center applied for another round of New York City Capital Construction funding to support the costs of the new plant. Ultimately, the hospital was awarded \$14,900,000 in grant funding for fiscal year 2018, with \$8.9 million of that for the cogeneration plant. In addition to a \$13.5 million award from the city in fiscal year 2017, New York City will supply over \$28 million for the ED and the cogeneration plant. We thank our city council representatives and our borough president for making these grant funds a reality.

Make-ready work began in 2017 with the demolition of the Villa Building Annex and the Fitzpatrick Building to make way for the new ED. In summer of 2017, the opportunity to acquire a radiation therapy center on South Avenue presented itself, and Richmond University Medical Center obtained the property, which will open as our Center for Cancer Care in 2018.

The new Center for Cancer Care presented us with another opportunity on campus. When the new ED project was proposed, 35,000 square feet of new construction was planned. At the time, the old emergency department space was slated for the future Center for Cancer Care. With the acquisition of the new facility on South Avenue, the new ED plans are being

revised to utilize and renovate the existing emergency department. The new facility will still be 35,000 square feet — 20,000 square feet of new construction and 15,000 square feet of renovated space.

Other significant donations were obtained in 2017. The Bloomberg Philanthropies pledged \$500,000 to our ED project. Another grant of \$150,000 was received from the Hearst Foundation. We are particularly gratified to receive support from such established and prominent foundations.



Community Outreach



January

Borough President James Oddo's Annual BP Direct Connect — Lorraine Scanni, community outreach specialist, and Randi Davis, LCSW, Evaluation and Referral Unit of the Center for Integrative Behavioral Medicine, with Borough President James Oddo.



March 123 Precinct Smoking Cessation Workshop — Certified tobacco cessation specialist Nancy Sayegh-Rooney, RN, attended the 123 Precinct Community Council meeting, where she highlighted our Lung Screening Program and Tobacco Cessation Classes.



March

Colon Cancer Prevention Awareness West Brighton Senior Center — GI nurse Amelia Piccione, RN; breast navigator Marie Kimball, RN; lung navigator Nancy Sayegh-Rooney, RN; and stroke team coordinator Patricia Abbruzzese, RN; with Dr. Loren Harris.



April

Diabetes Self-Management Program — Our popular free six-week diabetes program runs throughout the year. Pictured: Emily Kinzel, program manager.





April

Congressman Dan Donovan Health and Wellness Event at the JCC — Our breast navigator, lung navigator, and colon navigator are joined by Congressman Dan Donovan and Lorraine Scanni, community outreach director.



 April Meet the Nurses Colon Cancer Prevention Awareness
Dr. Manuel Gonzalez hosted a Colon Cancer Prevention Awareness for nursing students.



May 800 Castleton Avenue Colon Event — Our food services, dietary, cancer services, and diabetes teams went out into the community to discuss healthy options for a healthy colon.



 July Boardwalk Bash — Nancy Sayegh-Rooney, RN, and volunteers were present at Assemblywoman Nicole Malliotakis' Midland Beach Boardwalk Bash. Staten Island senior citizens were given information about hospital services.



 August World Breastfeeding Week in our main lobby.



 September South Shore Health and Wellness Fair at Mt. Loretto — Hosted by Councilman Joseph Borelli.



October
Malving Strip

Making Strides Against Breast Cancer — Lorraine Scanni, community outreach specialist and breast navigator Marie Kimball, RN, with attendees at the annual breast cancer walk.



November

Honoring Veterans Event — Lorraine Scanni, community outreach specialist, and William Smith, director of public relations, honor our veterans at the Old Bermuda Inn.

RICHMOND UNIVERSITY MEDICAL CENTER HONOR ROLL OF DONORS*

JANUARY 1, 2017, THROUGH DECEMBER 31, 2017

*This list does not include pledges for ED capital campaign.

THANK YOU

Mr. Michael Matthews

Gifts \$300,000 and Above The Staten Island Foundation

Gifts Between \$250,000 and \$299,000 Bloomberg Philanthropies

Gifts Between \$150,000 and \$249,000 The William Randolph Hearst Foundation

Gifts Between \$100,000 and \$149,000 Dr. Krishne Urs

Gifts Between \$50,000 and \$99,000

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Christvna Tracev Cathryn Traphagen Mrs. Nancy Tricorico Dr. Teresa Trimarco Rose Troccoli Mario & Fanny Tucciarone Phyllis Urciuoli Vincent Valinoti Ms. Emily Vallelong Karrie Vanella Victoria Vega Natalya Vendeeva Ms. Corrie Verde John Verrilli Ann Verrilli Lisa Verrilli Mr. Anton Vilinskiy Mr. Michael G. Villa Vincent's Bagels Vincent's Clam Bar Mr. Anthony & Valentina Vinci Dr. Ernest Visconti Carolyn Visconti Joanne Vitale Natalie Vitone Dr. Jeanette Voice Kristen Volpe Rachel Volpe, RN Wilhelminia Waddell Mrs. Kimberly Wagner Katherine Wagner Wagner College Darius Walker Wall Street Access Mr. Michael M. Walsh Margaret Walsh Terence Walsh Lydia Walsh Richard Walters Keith Washington Dr. David A. Watson Pacita & Richards Weiss Dr. Debra Werner Dr. Nancy Wetzel Adam White Jonathon White Barbara White Brianne Whytock Priya Wickramanayake Mr Nathaniel Williams Ms. Jade Williams Mr. Kevin Wise Philip Wu Michael Yerkes Dianne Young William Young Hany Yousse Zohara Zagouri Miss Inessa Zakariashvili Gloria Zammit Jonathan Zammit Kaitlvn Zammit Mrs. Thuraya Zammit Thuraya Zammit Agnes Zefi Alesia Zhuk

Practice Update: Obstetrics and Gynecology

all ages - on Staten Island.

"What's important to me about my role," says Inna Tubman, MD, who has been in practice for a dozen vears. "is that it allows me to be an advocate for women." She says she emphasizes to her patients the importance of taking care of themselves and exercising and eating right. "I tell them that they need to know their own bodies, so they can be vigilant in reporting any unusual signs or symptoms, and more importantly to come in for those routine, annual exams to maintain optimal health."

residency.



Dr. Inna Tubman plays an important part in reaching out to the community of women – of

Dr. Tubman was born in Russia and moved to Brooklyn as a teenager. She graduated from New York University as math major. However, working as a financial analyst did not give her the fulfilling career she had been hoping for. After much self-reflection, she went back to school and received her medical degree from St. George's University School of Medicine, and went into private practice immediately after her OB/GYN

She is in a unique position on Staten Island as not only a provider to multiple generations of women, but also as part of their community. As a resident, with her three children in local schools, she is constantly

in contact with women who are in need of care. Many of her patients are referrals from family, friends, and coworkers. "I'm honored to work in the community that I live in, but it's so much more fulfilling when patients walk in because someone I've helped recommended me. That is truly the best compliment," says Dr. Tubman.

The doctor speaks both English and Russian; as she is a bilingual provider, her office is a busy one. About one-third of her patients use Russian as their first language. With the help of a full-time physician's assistant, two medical assistants, one sonographer, and three office personnel, Dr. Tubman's practice sees over 400 patients a month. They offer well women gynecological care to women from their adolescent years to their postmenopausal years. Procedures such as hysteroscopy, endometrial ablation, cervical loop electrosurgical excision procedure (LEEP) for select patients along with colposcopy, pelvic ultrasound, and bloodwork are done on the premises. Dr. Tubman also performs several minor and major surgical procedures monthly at Richmond University Medical Center. "I know my patients and I listen to their needs. I want to be able to offer them options for their care that are hard to find elsewhere," she says.

The practice also initiates care for those with infertility, as well as providing obstetric care for low and high risk INNA TUBMAN. MD **OB/GYN SERVICES**

patients, with up to 20 normal and cesarean deliveries a month.

"I see women in every stage of their lives. Mothers bring their young daughters in if there is an issue of concern, I get to deliver babies, and I help women through menopause," says Dr. Tubman. "The continuity of care means a lot to me. Being allowed to be part of the issues that girls and women face as they grow, mature, age — that's a very special privilege."

osemarie Stazzone, COO/CNO, by medical center colleagues



Richmond University Medical Center's CFO Joseph Saporito, CPA, (I.) and President & CEO Daniel J. meeting hosted by Congressman

Experts in Thoracic Care

At Richmond University Medical Center, lung disease gets state-of-the-art tools and treatment.

"Our thoracic surgeons are experienced in performing many kinds of procedures," says Loren J. Harris, MD, FACS, FCCP, chairman of the department of surgery and chief of thoracic surgery at Richmond University Medical Center.

Dr. Harris, who received his medical degree from the New York University School of Medicine and completed his training in general and cardiothoracic surgery at New York Medical Center, has been in practice for 20 years. Board certified in both general and thoracic surgery, he says that the doctors see patients with a wide range of ailments.

Chronic Obstructive Pulmonary Disease (COPD) is among them. This name actually encompasses several progressive lung diseases, including emphysema and chronic bronchitis, that cause obstructive airflow from the lungs. Another condition seen in patients is asthma, which causes wheezing, a tightness in the chest, and trouble breathing in response to triggers such as allergens, smoke, strong perfumes, paint fumes, and dust mites.

"We also treat patients who have pulmonary sarcoidosis, a disease characterized by tiny clumps of inflammatory cells that form in the lungs, and pulmonary fibrosis, an inflammation or scarring of lung tissue caused by chronic lung disorders — which can lead to permanent loss of the lung tissue's ability to carry oxygen," says Dr. Harris.

"With the resources we have right here at Richmond University Medical Center - both the state-of-the-art equipment and our team of experienced surgeons - there is no reason to travel to Manhattan for treatment." — Dr. Harris

One of the conditions the surgeons often face is lung cancer. "It is a fact that there are too many people who smoke in Richmond County," says Keith Diaz, MD, a thoracic surgeon and a key member of the Richmond University Medical Center Lung Screening Program team. Dr. Diaz, who is board certified in pulmonary, critical care, and internal medicine, did his residency at New York Medical College, did specialty training at

Mount Sinai Medical Center, and completed his training in pulmonary and critical care medicine at Stony Brook University Medical Center.

"Smoking is a critical factor in lung cancer," Nancy Sayegh-Rooney, RN, says unequivocally. A nurse for over 35 years, Nancy has always played a role in cancer awareness and prevention, which makes her an excellent team member in the Lung Screening Program. There, she acts as patient educator, friend, and advocate.

Dr. Diaz goes on to say, "Secondhand smoke affects non-smokers, too. At Richmond University Medical Center, we have the advanced tools to detect cancer and treat patients in a less invasive way that also minimizes pain."

One of the tools the doctors use is called an endobronchial ultrasound, known as EBUS. Using EBUS allows for early detection of lung cancer, and its progression, in a much less invasive way than conventional diagnostic procedures. Instead of an incision in your chest and surgery, a bronchoscope is inserted through your mouth. The physicians can manipulate the tools they need through the bronchoscope. One of these is an ultrasound processor, which gives the doctors a very detailed look at the area so they can see what need to be biopsied; samples are sent to the pathology lab for testing. Since there is no surgery, "You are generally in and out of the hospital in one day," says Dr. Diaz. The technology can also identify sarcoidosis and other inflammatory diseases of the lungs.

Another procedure the physicians bronchoscopy, or ENB. With ENB, the doctors use technology similar a suspicious nodule. Samples are taken to be biopsied, and small markers can be inserted near the area for follow-up treatment or therapy. The procedure generally takes less than an hour.

the physicians are experienced in very small incisions.

recovery."



Steward, RN, (I.) and Catherine Wilsor Askew, the deputy commissioner of the Division of Family and Child Health at NYC Department of Health & Mental Hygiene, to the maternity unit.



The Annual Jack Sipp Golf & Tennis Country Club is a sold-out smash!



employ is electromagnetic navigation to a GPS system to navigate through your airways in your lungs to reach

If the need for surgery is indicated,

both minimally invasive techniques and in using the daVinci[®] Surgical System. Minimally invasive techniques generally result in smaller incisions, which means less scarring. There is also less pain, less blood loss, a shorter recovery time, and faster return to normal activities. When the daVinci system is used, the surgeon sits at a console and operates robotic arms that hold a high-definition camera and specially designed surgical instruments. The system gives the surgeon precision, dexterity, and control, and because of the size of the tools, complex operations can be performed through

"With the resources we have right here at Richmond University Medical Center — both the state-of-the-art equipment and our team of experienced surgeons there is no reason to travel to Manhattan for treatment." says Dr. Harris. "Our patients can stay close to home, have less stress, save time, and save their strength for



Loren J. Harris, MD, FACS, FCCP; Nancy Sayegh-Rooney, RN; Keith Diaz, MD

LUNG SCREENING AT **RICHMOND UNIVERSITY MEDICAL CENTER**

Lung cancer is 90 percent curable...if it is caught early. The program is directed towards smokers 45 to 80 years old, those who have smoked a pack a day for 30 years, and former smokers.

Since 2014, the program has screened about 100 patients a year. Over a nine month period in 2017, there were eight positive screenings — that's almost a 10 percent rate annually of catching cancer. Healthcare professionals let you know that if screening is negative the first time, you can't relax: two of the positive results this past year were found on the second annual scans, and one on the third. Over the years, there have been five surgical interventions needed as a result of the screening.

Getting a screening at Richmond University Medical Center is easy. Pulmonary nurse navigator Nancy Sayegh-Rooney, RN, shepherds the patient through each step, from making the appointment to being there on the day. She acts as a personal advocate, providing one-on-one patient care. The screening itself consists of a low-dose CT scan done without contrast (so there's no injection or need to drink a dye solution). The scan of the entire chest is done within 5 to 10 seconds.

Richmond University's medical staff at the Vanderbilt at South Beach



Richmond University Medical combatting the nationwide opioid overdose epidemic and announces free naloxone training to the public and increased availability of the

Experience and Expertise Guide the Richmond Brain and Spine Center

Richmond University Medical Center is proud to have Douglas Cohen, MD, and Erico Cardoso, MD, leading the Richmond Brain and Spine Center.

Dr. Cohen brings over 21 years of experience to his position, and Dr. Cardoso has 35; together, they bring their deep knowledge of neurosurgery and practice expertise to bear on the solutions they find for their patients. Dr. Cohen received his medical degree from Harvard Medical School, and completed his residency in neurological surgery at New York Presbyterian Hospital. Dr. Cardoso received his education internationally: his medical degree is from Goias Federal University in Brazil, with neurological residencies at Ottawa Civic Hospital and neurosurgical fellowships at both the University Hospital of Western Ontario in Canada and the Society of British Neurological Surgeons at the Institute of Neurological Sciences in Scotland.

Both physicians are board certified in neurological surgery, are fellows of the American Association of Neurological Surgeons, and have received numerous accolades from peers, including being named Super Doc or Top Doc in the metropolitan area for many years running.

The doctors treat patients with pituitary tumors, meningiomas, herniated discs, spinal stenosis, and trigeminal neuralgia, as well as other disorders, and the Center offers neurocritical care for those with lifethreatening conditions affecting the nervous system. including patients who have suffered from strokes, ruptured aneurysms, seizures, brain or spinal cord injury.

The Richmond Brain and Spine Center utilizes stateof-the-art, powerful treatment tools that couple medical imaging with computers. These tools are translating to better results for patients, especially those suffering from neurological disorders.

"Now, we essentially have perfect visualizations without having to cut and dissect," says Dr. Cohen. "These technologies help us remove the things that need to be removed and leave behind the healthy bone and tissue."

"For example, once we have the patient in the operating room, we can use a very minimal incision, just big enough for a screw, because we know exactly where on the bone it is needed, how big it is and where the screw needs to find purchase," he adds.

"We look at all options to see what will be best for our patients," says Dr. Cardoso. "Surgery is not always needed. It is only performed when nothing else works."

"When surgery is the best option," Dr. Cohen says, "these new technologies help us to improve the efficiency and safety of the procedures we perform. We're essentially able to do the same work through smaller incisions. That means less blood loss, shorter hospital stays, quicker recovery, less pain and less risk."

Since Richmond University Medical Center is a Level I Adult Trauma Center and Level II Pediatric Trauma Center — the highest distinctions possible — the ability to implement cutting edge resources when life is threatened is critical, says Dr. Cardoso, "With traumatic brain injury, you want to know you'll be able to rely on the right equipment, with a medical staff that knows how to perform the latest in surgical techniques that are best for the condition being treated."

"When a trauma occurs that affects the head, one of us is automatically called," says Dr. Cohen. "They'll do a head CT scan immediately to check for bleeding or a skull fracture, to help us determine if surgery is necessarv."

The office takes a collaborative approach to care. "We work very closely with pain management specialists and physical therapists. As Dr. Cardoso says, surgery is not always necessary," says Dr. Cohen. "Our office coordinator, Mae, will walk you through everything that is needed." Mae Zoltowsky, RN, is the point of contact for all patient questions, authorizations, and referrals.

The team works closely together to create a center that is focused on the quality and continuity of care.

(See our featured Patient Success Story, page 3.)

The Richmond University Medical Center accountable care organization (ACO) achieved double the amount of shared savings in 2016.

The ACO approached the second year of the CMS Medicare Shared Savings Plan with a primary focus on quality improvement and expense reduction. The strategic plan consisted of using care managers and clinical analysts to intensify the concurrent clinical review of practice behaviors. This afforded the physicians opportunities to become aware of the gaps in care and achieve more compliance with the quality metrics.





Richmond Brain and Spine Center.



The City Council and Borough llocating \$12.5 million in city funds llion for the project from the City Council last year, bringing the total o \$26 million for the project.



ACO Achievements



Richmond Quality LLC was one of only five ACOs in New York State, out of 32 participants, that achieved shared savings in 2016: it earned the second highest dollar amount in the state. The best news for our patients is

that the ACO also had the highest quality score, 95.9%, of the five ACOs.

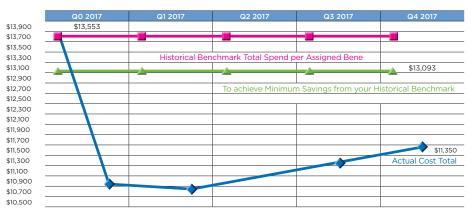
This year, 2017, represents the third and final year of the contract with CMS. Our projected performance is again indicating savings. Our historical benchmark is \$13,553.91. To achieve minimum savings from this historical benchmark

our spend needed to be

\$13,093.08. Our current fourth quarter spend per assigned beneficiary is \$11,350.83. This indicates a total spend reduction of \$15,926,075.17 with a projected maximum payment of \$7,963,037.58. The ACO can earn a 50 percent maximum share rate of that sum with CMS; that assumes a 100 percent quality score. The share percentage decreases according to the final quality score. Final results will be determined by CMS by the summer of 2018.

The ACO has again received CMS approval to enter into a second three-year contract beginning 2018, continuing as a Track One ACO indicating one-sided risk.

HISTORICAL BENCHMARK AND CURRENT COST TRENDS 2017



The ACO promotes health and wellness in our community by aiming at three things: improving quality, improving the patient experience and decreasing costs. Recently hired are two registered nurse care coordinators to work directly with the physician practices and their patients to identify gaps in care and facilitate transitions of care. We are currently in the process of implementing a new data platform which will allow access to real time data throughout the measurement year, which will greatly assist in these endeavors.



The fourth annual clambake Intensive Care Unit is held in memory of Dr. Anantham Harin. The event raised over \$38,000 for our



officer and chair of the department

Update on DSRIP, a Statewide Healthcare Initiative

The hospital continues its involvement in a statewide program that focuses on improving the delivery of Medicaid care, modeling a delivery of care that will benefit all patients.

The Delivery System Reform Incentive Payment (DSRIP) program continues, in its third year, to focus on improving the care of Medicaid patients located on Staten Island. The hospital was instrumental in the development of and has been actively involved in numerous projects with DSRIP and Performing Provider Systems (PPS) because of the number of patients in the area who meet the criteria. Those include Medicaid recipients, high utilizers of services, high non-compliant patients, and frequent visitors to the emergency department.

The Staten Island PPS has been the leader for New York State, and it has brought together 25 community partners to implement strategies and programs to meet the objectives the state has set out. Richmond University Medical Center has the honor of being one of its largest partners. The PPS works hard on many initiatives that help the Staten Island population get healthy and stay healthy.

Daniel Messina, PhD, FACHE, President & CEO, says, "The Staten Island PPS continues to be at the forefront of innovation in the state DSRIP work. We're proud to be one of its founding partners, and the benefits of all our hard work accrue to our patients every day. Our participation in the PPS involves us in many initiatives to keep Staten Island Medicaid patients out of the hospital and increases our already deep focus on primary and behavioral health care."

A large part of the success of the Staten Island PPS is the result of the hard work and persistence of the team at Richmond University Medical Center. For example, the Ambulatory Center, working with all the providers, has made its mark on the necessary programs to extend the care provided for the Medicaid population. "As we continue to ider them, we will m

care, more efficiently, and succeed in raising the quality of health in the population we serve," says Richard Salhany, MBA, FACHE, senior vice president.

THE PROJECTS INCLUDE:

IMPLEMENTATION OF PATIENT ACTIVATION ACTIVITIES

Project Goal:

This project is centered on patient activation and engagement, health literacy, and practices to reduce health care disparities. Its focus is to address patient activation measures (PAM) so that uninsured, non-utilizing, or low utilizing populations are affected by DSRIP projects. To facilitate this, community health workers meet with each patient annually and give them a PAM survey. The survey documents the chief complaint of the patient, identifies the barriers to care, and identifies the primary decision maker in the family for health-related issues. Patients are then linked to the appropriate programs for treatment.

INTEGRATION OF PRIMARY CARE & BEHAVIORAL HEALTH SERVICES

Project Goal:

Integrate primary care services with mental health and substance abuse to ensure coordination of care for both services. This goal focuses on providing one-stop shopping for patients who may not take the extra step to reach out to another provider, including the implementation of co-located services in both the

behavioral health outpatient setting and primary care setting. The addition of a nurse practitioner in the behavioral health outpatient setting enabled the creation of co-located services: both the medical and psychiatric issues discovered during the visit can be addressed.

CARE TRANSITION OF MEDICAID PATIENTS FROM THE HOSPITAL TO HOMECARE

Project Goal:

from the hospital.

every day."





chmond University Medical Center is proud to nave earned quality accreditations for a variety our physicians and staff for their dedication and



Illocation of \$250,000 in unding to help establish Iniversity Medical Center.



Transition of care from the hospital to home care environment to ensure seamless and safe discharge

Richmond University Medical Center is working diligently with our preferred home care vendors to transition patient care safely and seamlessly from the hospital to their homes. This type of care helps reduce a patient's length of stay in the hospital and promotes the satisfaction of being cared by a nurse at home.

"The Staten Island PPS continues to be at the forefront of innovation in the state DSRIP work. We're proud to be one of its biggest partners, and the benefits of all our hard work accrue to our patients

> - Daniel Messina, PhD, FACHE, President & CEO



"The Staten Island Performing Provider System and **Richmond University Medical Center are vanguards** of the DSRIP program and are leading the way for healthcare system transformation in New York. The efforts by SIPPS and RUMC will positively affect the lives of thousands of Medicaid members."

-Jason Helgerson, New York State Medicaid Director

center. The units have the ability to be easily cleaned and disinfected.



ocused events were hosted in support of the VITAL capital

A New Paradigm for Health Care at the Center for Integrative Behavioral Medicine

At this state-of-the-art Richmond University Medical Center outpatient facility, patients find easy access to both primary and mental health care.

"What we're accomplishing here embraces a change in the way we look at and treat patients with mental health issues," says Michael Matthews, director of outpatient behavioral health services for the department of psychiatry at Richmond University Medical Center. "In the past, we've always known that people suffering from depression, anxiety disorders, and schizophrenia are among the patient populations least likely to take care of any physical ailments they have. Now, we can do something about it. That makes this place very special."

The Center, located at 1130 South Avenue, is staffed full-time Monday through Friday with six psychiatrists, five psychiatric residents who carry full caseloads under the supervision of an attending, and 51 other healthcare professionals — including certified social workers, mental health counselors, therapists, a nurse practitioner and a registered nurse — all of whom work together to treat a population of about 1700 unique patients annually. About 350 of these patients come through the doors each day for a variety of different appointments. The general length of treatment is from

six months to one year, but there are those with longterm disorders who have been patients for over 10 vears.

That makes the Center a efficient, dynamic place. Some patients are treated in one-hour group sessions, often once or twice a week; groups average about nine people in each, but never more than 15. Others come in for solo appointments, which vary in length. Generally, every patient in a group is also seen individually at least once a month.

"Part of all of our programs is the continuity of care. That in itself *is therapeutic – knowing there is* someone here you trust." — Michael Matthews. Director of Outpatient Behavioral Health Services

There are those patients who participate in a continuing day program, one that provides four hours of care, five days a week. There are also those who need short term acute care, who stay the longest every day at the facility.

"Our 'top three' diagnoses, if you want to call it



that," says Joel Idowu, MD, acting chair of the psychiatry department, "are depressive disorders, schizophrenia and other psychoses, and anxiety disorders. The average age of the patients in these populations is 45. Those in our substance abuse program — which is smaller, though because it is such a large, severe problem right now, we hear about it a lot — skew younger. And we make sure all those receiving substance abuse counseling and treatment receive concurrent mental health care." The facility also has programs that are geared towards those with developmental disabilities.

Some patients come in only for maintenance medication. For example, says Matthews, someone who has a diagnosis of schizophrenia may only need to come in once a month for injectable antipsychotic medication. "But the person who administers that shot is very important," he says. "Part of all of our programs is the continuity of care. Patients like coming to "their" caregivers, who are perceived as being safe. That in itself is therapeutic — knowing there is someone here you trust."

Patients also like that the facility is clean, new, and looking for the best ways to address it." So far, Matthews has sent five staff members to the DMH's special pleasant to be in. "They feel respected," says Matthews. "It's easier to come to a place when you feel good about training program to learn different methodologies that its atmosphere and sense that you are being treated can be integrated into current practices at the Center. right."

Matthews.





gain a lead sponsor of the borough's orings together dozens of healthcare providers for screenings, educational seminars and marketing opportunities



Over 650 guests attended the medical center's annual gala at the Hilton Garden Inn. With the theme "A Night Moretti and the physicians of the OB/

Integrated services work a variety of ways at the new facility. "Because we now have a nurse, and a nurse practitioner, on staff, it's easier to do outreach for primary care," says Matthews. "If it's flu season, a nurse can scan the people in the waiting area, and ask if anyone has time for a flu shot. It also works the other way. One of the therapists can notify a nurse if someone in a group is ill, and can refer them immediately to the nurse practitioner. Since we take up only two floors, we're all within easy reach of each other." It makes it much easier for patients to navigate the system, says

The facility is looked at as a model by the Staten Island Performing Provider System (SIPPS), which brings other practitioners by to see how it works. The Center has also been asked to participate in a unique smoking cessation program. "The New York City Department of Mental Health has asked for our collaboration in their program," says Matthews. "Smoking is an enormous problem in the behavioral health population, and we are

Dr. Idowu talks about the high correlation between medical problems and psychiatric problems. "It's a huge benefit to our patients to have primary care here. We can perform physical exams and bloodwork, and do health monitoring for

blood pressure, for obesity, even for smoking," he says. "We're moving towards the understanding that you have to pay attention to both physical and mental problems at the same time."

Matthews concludes, "Our goal is to make sure all of our patients receive physical exams in conjunction with monitoring for their mental wellbeing. We have staff meetings and manager meetings where we talk about process, working on improving the way we integrate and deliver the best care."



lichmond University was honored as part Awards. The Immediate Care Walk-In/ Primary Care facility located at 4360 Hyla Boulevard was recognized for Excellence in Exterior. Excellence in Interior. and Excellence in Interior Decorating.



The Medical Staff of Richmond University held their annual Holiday Reception at the Excelsior Grand. A highlight of the evening was the which this year celebrated the career of Dr. Krishne Urs.

2017 Key Statistics

BIRTHS

EMPLOYEES 2,369

PHYSICIANS ON STAFF 639 6 6 **EMERGENCY TRAUMA VISITS** 47,491

(treated and released)

20





Accreditations and Recognition

Affiliations

Icahn School of Medicine at Mount Sinai

Blood Bank

American Association of Blood Banks College of American Pathologists

Blood Gas Lab and Main Lab College of American Pathologists FDA

Cancer

Commission on Cancer (COC) Mammography American College of Radiology

Hospital Accreditations

Baby Friendly Hospital

American College of Surgeons Level I Adult Trauma Center Level II PediatricTrauma Center

IAC Vascular Testing

The Joint Commission Gold Seal of Approval® Perinatal Heart Failure COPD Chest Pain

Hospital Recognition

Adult and Pediatric Medical Outpatient Departments Recognition IBCLC Excellence in Lactation Care

NCQA-Patient Centered Medical Home

New York State Department of Health Designations

Blood Bank

SAFE Center of Excellence – sexual assault forensic examiner programs

Stroke Center – Gold Plus and Target: Stroke Plus Award



Obstetrical Improvement

Centering Pregnancy Quality Improvement Award

New York State Perinatal Quality Collaborative

K

Primary Stroke



American Heart Association — Gold Plus and Target: Stroke Plus Elite Award and Silver AFIB

St. George Clinic



Resident Education

Accreditation Council for Graduate Medical Education

Sponsoring Institution for Graduate Medical Education by the Accreditation Council for Graduate Medical Education (ACGME)

Internal Medicine Residency Program

Obstetrics and Gynecology Residency Program

Pediatrics Residency Program

Psychiatry Residency Program

Diagnostic Radiology Residency Program

Podiatry Residency Program (PMSR/ RRA) — Council on Podiatric Medical Education (CPME)

Also Participating Sites:

General Surgery Residency SUNY Health Science Center at Brooklyn

Gastroenterology Fellowship — NY Methodist Hospital

Hematology/Oncology Fellowship — New York Medical College at Westchester

Cardiology Fellowship — SUNY Health Science Center at Brooklyn

Nephrology Fellowship — New York Medical College (Metropolitan)

Richmond University Medical Center

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