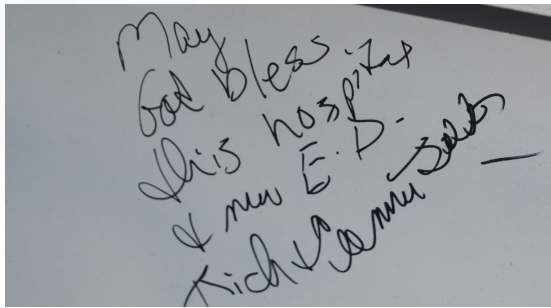


# Richmond University Medical Center

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## Richmond University Medical Center Holds Beam Signing Ceremony for New ED

On October 27, Richmond University Medical Center celebrated the next phase of construction on its new advanced, state-of-the-art emergency department with a beam signing ceremony for local dignitaries, donors, and medical staff. Over 60 people attended the event. The white beam will be the first beam installed as the steel structure of the new ED begins to take shape. The new ED will be completed in spring 2022.

The ceremony also celebrated the hospital achieving its capital campaign goal of securing \$13 million in private funds to support construction of the new ED. In addition to the \$13 million raised from the private campaign, over \$42 million in grants was secured from New York City and New

York State between 2016 and 2018. When completed, the new emergency department will feature private treatment rooms, trauma bays, and comprehensive specialty areas for pediatrics and urgent care on the ground floor. The second floor will be used to upgrade the hospital's surgical unit and provide increased space for additional services.

The current emergency department at RUMC was constructed in 1978. It is 15,000 square feet and was built to service around 30,000 emergency care patients annually. Today, RUMC averages over 60,000 patients coming to its emergency department for care annually. During the COVID-19 pandemic, the emergency department has treated over 1,000 people affected by the virus.

*A Publication for Employees, Physicians, Trustees, and Volunteers of  
Richmond University Medical Center*

## Message From the President & CEO, Daniel J. Messina, PhD, FACHE



The lead story in this month's edition of *The Chronicle* is all about progress. Progress towards the future of our institution and, perhaps more importantly, progress towards providing Staten Island with the most advanced state-of-the-art emergency department in New York City. The installation of the first beam that will support the 35,000 square foot structure of our new ED could not have happened at a better time. As the end of this year draws closer, we are all seeking positives from the experiences of the past ten months. Positives that point to a brighter future. Our emergency department will be just that! It will be a beacon to all of Staten Island that the most advanced emergency care, latest evidence-based medicine, and cutting-edge technology is here, not off Staten Island, but here, right in their neighborhood.

With one beam in place, comes another and another. I urge everyone to take time over the next few months and watch as our future takes shape right before our eyes. I look forward to joining all of you in 2022 when we cut the ribbon and officially open our new ED together. A tremendous thank you to everyone who has helped support our new ED, led by our board of trustees, as well as medical staff, elected officials, and our many donors.

On another note, November is National Lung Cancer Awareness Month and National Diabetes Awareness Month. Overall, the chances for a man to develop lung cancer in his lifetime is about 1 in 15; for a woman, the risk is about 1 in 17. These numbers include both smokers and non-smokers. For smokers the risk is much higher, while for non-smokers the risk is lower. In terms of diabetes, 1 in 10 Americans have diabetes; but of greater concern, the American Diabetes Association estimates that over 7 million people have undiagnosed diabetes.

So I urge everyone to go for regular physicals, have your blood sugar level checked by your primary care physician, and schedule a lung screening if you are a smoker or a former smoker who quit in the past 15 years. Visit our website, [www.rumcsi.org](http://www.rumcsi.org), for a list of primary care physicians and endocrinologists in our Richmond Health Network if you have concerns about diabetes. If you would like to learn more about lung screenings or our tobacco cessation program, call 718-818-2391.

On behalf of everyone at Richmond University Medical Center, a happy and blessed Thanksgiving to each of you and your families!

**Remember the Power of One —  
You Make A Difference!**

Sincerely,

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

## Patient Satisfaction: A Note of Thanks

I have worked at RUMC for over 20 years and had to write to commend Dr. Ahmed Dardeir from the Physical Therapy Department. Dr. Dardeir has been treating my granddaughter, Rosemarie DeLuca, since she was eight weeks old.

Rosemarie's pediatrician referred her to early intervention for torticollis. Since I was unfamiliar with the programs that she was referred to, I called and spoke to Kristine Delgado in the Rehabilitation Department. Kristine was wonderful. She listened to me as I was not sure what, if any, resources early intervention could offer due to Rosemarie's age and also the COVID-19 pandemic. Kristine explained that she had a therapist whom she felt would be able to treat Rosemarie. I spoke with my daughter, Lisa, and son-in-law and they agreed to give physical therapy a chance.

When we arrived, we all had our temperatures taken, and were asked to complete an infection control screening form. When we were called in for the evaluation, Dr. Dardeir introduced himself, listened to my daughter's concerns, asked

questions, and completed a thorough examination. He explained the process of therapy and set goals. He answered the many questions we had. He was kind, compassionate, gentle, and above all, professional. He took his time which was so important to us, never once making us feel like we were a burden or taking too much of his time. At that time, we knew we were in good hands and trusted Dr. Dardeir and his skills.

On each and every visit, Dr. Dardeir has been a champion for Rosemarie. He has been patient and compassionate with her, stopping and comforting her when needed. He instructed my daughter so she would be able to do the exercises at home with Rosemarie, reinforced the techniques each visit, and praised my daughter for her follow-through with the exercises at home.

Rosemarie was only eight weeks old when she came for the initial evaluation. As you can image, I was nervous and apprehensive, as was my daughter. From the first minute we met with Dr. Dardeir our concerns vanished. We

knew he had the best intentions and would treat us as if we were family. Dr. Dardeir has never wavered in his commitment to Rosemarie and my daughter. He has given the best care in the best atmosphere.

Kristine Delgado has also done a wonderful job maintaining a clean, friendly, and professional environment. This was very important to me as I did not want to expose my family to COVID-19. All of the staff that we have had interaction with have been wonderful. Sarina has been great with scheduling appointments, checking us in, doing the temperature checks, and answering questions.

I could praise Dr. Dardeir all day for his kindness, knowledge, professionalism, respect, and the great care given to my family. It has been a pleasure and a great experience dealing with the entire Physical Therapy Department.

Thank you,  
Cynthia Christiano



## Chief Operating Officer and Chief Nurse Officer Honored at Annual White Mass



*Chief Operating Officer and  
Chief Nurse Officer, Rosemarie  
Stazzone, RN, MS, CNE*

On October 19, Chief Operating Officer and Chief Nurse Officer Rosemarie Stazzone, RN, MS, CNE, was one of three honorees at the Annual Staten Island White Mass for Healthcare Professionals and Students. This year's mass was held at St. Teresa of the Infant Jesus Church on Victory Boulevard in Castleton Corners. The annual White Mass, named for the white coats traditionally worn by physicians and other medical personnel, provides an opportunity for the Catholic Church to bless health care professionals and caregivers. During the mass a special Blessing of the Healing Hands was bestowed on each individual attendee by the church clergy.

Stazzone was honored for her leadership and guidance during the COVID-19 pandemic response and for her dedication to improving the healthcare of the Staten Island community. She earned a master's degree in nursing from Wagner College, and her BSN Degree at Medgar Evers College. She is a registered nurse in New York State and holds ANCC certification: Nurse Executive, Advanced. In addition, she is a member of the New York Organization for Nurse Executives, the American Organization of Nurse Executives, and Sigma Theta Tau Nursing Honor Society, Epsilon Mu Chapter, who honored her with a Lifetime Achievement Award in 2006.

This year's mass had special meaning for many of the attendees, most of whom spent many weeks on the front lines this past spring when the COVID-19 pandemic reached its peak on Staten Island. Richmond University Medical Center had over 200 COVID-19 patients admitted in early April. However, throughout the summer and early fall inpatient census has remained low. As of November 1, over 1,360 COVID-19 positive patients had been treated and discharged from RUMC since March.

## New Hires — Welcome to RUMC!

Jennifer Avila, *Staff Accountant*  
Melody Byrd, *Supervisor*  
Nicolas Castillo, *EMT*  
Jill Cavallo, *Clerk*  
Sabrina Esposito, *EMT*  
Alyssa Giufridda, *Clerk*  
Krenar Gorani, *Building Service Worker*  
Lina Gorokhova, *Manager*  
Sara Hemmer, *Staff Accountant*

Nigar Lovetro, *Central Sterile Tech*  
Melody Ortiz, *RN*  
Arljinda Papraniku, *Building Service Worker*  
Iryna Pasichnyak, *Central Sterile Tech*  
Doreen Poveromo, *Medical Assistant*  
Paul Ramos, *Admitting Clerk*  
Skendije Velju, *Building Service Worker*  
Laura Vitale, *EHS MA*  
Teela Walton, *LMSW*

# Focus on BREAST CANCER AWARENESS



*Dara Fedele, MD, DABR*

## **Dara Fedele, MD, DABR, Discusses Mammograms as an Invaluable Screening Tool**

Many leading industry associations in the field, including the American Cancer Society, American College of Radiologists, and Society of Breast Imaging, advise that all women of average risk begin getting mammograms at age 40, a recommendation that the team at Richmond University Medical Center fully supports.

"In the U.S., a woman of average risk has a one in eight chance of being diagnosed with breast cancer in her lifetime," said Dara Fedele, MD, DABR, a board certified radiologist and Fellowship-trained breast imaging specialist at Richmond University Medical Center's Breast and Women's Center. "Breast cancer is highly treatable if found early, which is why we place such a great emphasis on annual screening mammography. For early-stage cancers, including those classified as 'Stage 0', the cure rate is extremely high."

### **Risk Factors**

According to Dr. Fedele, who is a native of Staten Island, a number of different risk factors can increase a woman's chances of getting breast cancer in her lifetime, including family history. "If you have a first-degree relative (e.g., a mother or sister) who had pre-menopausal breast cancer, guidelines recommend that you begin getting mammograms 10 years earlier than the age at which your first-degree relative was diagnosed," she said. "If you fall into this category, your physician may also have you undergo a breast MRI and/or refer you to a genetics counselor."

Other risk factors for breast cancer include a woman's age, as statistics confirm that the risk of breast cancer begins rising at age 40. Among lifestyle factors, "having children and breastfeeding can lower one's risk, while obesity can increase a woman's risk, particularly after menopause," said Dr. Fedele, who recommends that women exercise regularly and pursue a diet low in sugar and processed foods and high in leafy greens, fruits, vegetables, and fish. "In addition, studies show that the use of post-menopausal hormone replacement therapy has been linked to an increased risk of breast cancer."

### **A Positive Experience**

Thanks to its investments in the industry's most modern equipment, RUMC's Breast and Women's Center utilizes 3D mammography technology, also known as digital breast tomosynthesis, "which takes a series of images at different angles, thereby providing more precise and detailed information about the breast tissue than traditional 2D technology," Dr. Fedele said. "Because tomosynthesis allows us to digitally examine the layers of the breast, it's particularly ideal for more subtle cancers, some of which can only be detected using such 3D technology," she said.

With experts predicting that over 275,000 women will be diagnosed with invasive breast cancer in the U.S. in 2020, "a screening mammogram takes about 15 minutes — a short investment of a woman's time that's potentially life-saving," Dr. Fedele concluded.



## Four Myths About Mammograms

Performed at Richmond University Medical Center's Breast and Women's Center at 1161 Victory Blvd., "mammograms only take about 15 minutes. Our center's team of specialists provide a broad range of services to help ensure a comfortable and informative experience for patients in a convenient setting," said Dara Fedele, MD, DABR.

Despite the fact that breast cancer is highly treatable, especially if detected early, "not all women are willing to go for their recommended annual screenings or are as compliant as we'd like," Dr. Fedele said. She hopes to raise awareness about breast health and the importance of regular screenings by addressing some common misperceptions:

Myth #1	Myth #2	Myth #3	Myth #4
<b>Breast Lumps are Always Cancerous:</b> According to Dr. Fedele, a breast lump is not necessarily cancerous. "While breast cancer can present as a palpable lump in the breast or underarm region, there are other non-cancerous causes of a breast mass, such as cystic changes of the breast, which are common entities, particularly in premenopausal women," she said. "The key is to let a professional investigate the nature of a lump rather than making assessments or assumptions on your own."	<b>A Callback Means You Have Cancer:</b> While she acknowledges that being asked to return for additional imaging can be anxiety-inducing, "a callback means that the radiologist identified an area that requires additional mammographic views and/or ultrasound," Dr. Fedele said. "It could be as simple as overlapping breast tissue, which is especially applicable to the large population of women with dense breasts, but in some cases, the additional information helps us to determine if a biopsy is the appropriate next step in evaluation."	<b>Mammograms Emit Harmful Radiation:</b> Dr. Fedele confirmed that the very small amount of radiation associated with a mammogram is highly regulated by the FDA through the Mammography Quality Standards Act and other regulatory bodies. "Dedicated research has shown that the benefits of undergoing a mammogram far outweigh any potential risks affiliated with this type of screening," she said. "The procedure is absolutely safe for women as long as it's performed by an accredited facility like our Breast and Women's Center."	<b>Mammograms Are Painful:</b> While Dr. Fedele acknowledged that mammograms can sometimes be uncomfortable because they require compression of the breast, the experience is only momentary. "The goal is to acquire the highest-quality images in order to see the most detail; the manner in which a patient is positioned is very important and our team is highly trained in that process," she said.



## Certificate of Appreciation Presented to Dr. Ahmed Dardeir for Extraordinary Patient Satisfaction



*left to right: RUMC president and CEO, Daniel J. Messina, PhD, FACHE, Ahmed Dardeir, MD, DPT, MSCR, CCI; chief operating officer and chief nurse officer, Rosemarie Stazzone, RN, MS, CNE; and administrative director of rehabilitation, Kristine Delgado.*

He started at Richmond University Medical Center (RUMC) as a volunteer on the medical staff at the height of the COVID-19 pandemic. Now only six months into his tenure as one of the hospital's physical therapists, Ahmed Dardeir, MD, DPT, MSCR, CCI, has received numerous letters from patients about his skills and compassion. In recognition of his service to the community, hospital administration presented Dr. Dardeir with Certificate of Appreciation.

"This is very humbling and deeply appreciated," Dr. Dardeir said at the surprise announcement and presentation held inside the hospital's Comprehensive Outpatient Rehabilitation Center at 288

Kissel Avenue. "Thank you. It's been a wonderful experience being here."

The hospital awards certificates of appreciation to employees who go above and beyond for their patients and colleagues. During Dr. Dardeir's short tenure, in addition to high praise from his colleagues, several letters from patients have been sent to hospital administration complimenting Dr. Dardeir, including one from the family of a young girl being treated by Dr. Dardeir since she was eight weeks old. "From the first minute we met with Dr. Dardeir our concerns vanished," the family said in their letter. "We knew he had the best intentions and would treat us

as if we were family. Dr. Dardeir has never wavered in his commitment and he has given the best care in the best atmosphere."

Dr. Dardeir first came to RUMC as a volunteer during the COVID-19 pandemic in early spring, helping patients in the hospital's Intensive Care Unit (ICU), including those on ventilators. He was instrumental in developing the hospital approach to "proning" COVID-19 patients, a method by which the patient is rotated onto their stomach to help them breathe better. The technique was proven to be effective in improving positive outcomes in the early days of the pandemic and is a practice still being used, when necessary.

"The impact Dr. Dardeir has made in such a short amount of time speaks volumes about his dedication to his profession, his colleagues, and his patients," President and Chief Executive Officer Daniel J. Messina, PhD, FACHE, said.

Located behind the main hospital, RUMC's Comprehensive Outpatient Rehabilitation Center features a team of highly skilled and experienced therapists treating patients with the latest evidenced-based practices and techniques for orthopedic, geriatric, neurological, cardiopulmonary, and pediatric conditions.

## Alex Barkan, MD, Named New Vice Chair for Department of Surgery



*Alex Barkan, MD, MBA, FACS, FASMBS, Vice Chair, Department of Surgery*

Richmond University Medical Center has announced the appointment of Alex Barkan, MD, MBA, FACS, FASMBS, as its new vice chair for the Department of Surgery. Dr. Barkan has been a leading surgeon at the hospital since 2018.

In his new role as vice chair, Dr. Barkan will assume an administrative and quality

improvement role within the department of surgery, including the monitoring of surgical processes and patient satisfaction. "I want to thank the administration at Richmond University Medical Center for their support and for their vision of continuously looking for opportunities to improve and develop the hospital and its services to their full potential," Dr. Barkan said. "It will be exciting to be more involved in all the endeavors that build on the hospital's rich history as we create a bright future that addresses the increasing health care needs of Staten Island and its surrounding communities."

Dr. Barkan received his medical degree from St. George's School of Medicine in Grenada, and did his surgical training at both Hahnemann University Hospital in Philadelphia and Maimonides Medical

Center in Brooklyn. He completed his bariatric and minimally invasive surgery fellowships in Princeton, NJ, and at the University of Pittsburgh Medical Center. He has performed thousands of bariatric surgery procedures since entering the field in 2006.

He joined Richmond University Medical Center in August 2018 as chief of bariatric surgery, and as director of the hospital's Bariatric and Metabolic Institute, which he created. For those struggling with obesity, the center provides a diverse range of surgical services, including sleeve-gastrectomy and gastric bypass. Dr. Barkan is also the associate program director of Richmond University Medical Center's bariatric and minimally invasive surgery fellowship program.

## Women And Heart Disease: Five Facts You Can't Afford To Ignore



Fiona Shehaj, MD, chief of Women's Cardiovascular Health

According to the Centers for Disease Control, heart disease takes the life of one American woman every minute and ends up killing 300,000 women nationwide each year, more than all cancers combined. Despite this alarming reality, studies reveal that only 20 percent of all women in the U.S. believe that heart disease is their greatest health threat. Fiona Shehaj, MD, chief of Women's Cardiovascular Health, hopes to reverse this trend and promote greater awareness of the disease known as "the silent killer." She shared important facts about women and heart disease that could save lives:

- **Symptoms of heart disease can differ between men and women:** While many people associate heart disease with shortness of breath or pain in the chest, jaw, or left arm, the fact is that those are often men's symptoms. "In women, symptoms of heart disease can include all of the aforementioned, but can also be far more subtle, ranging from light-headedness and fatigue, to fainting, nausea/vomiting, digestive issues, palpitations, and more," Dr. Shehaj said. She noted that a small percentage of women can even be asymptomatic, experiencing no symptoms at all until the very end of their disease process. "For these reasons, it's important for women to undergo screening tests and have conversations with their physician about any symptoms they're feeling to potentially catch the presence of heart disease before it becomes a problem."
- **Doctors are more attentive to heart disease in women than ever:** In the past, Dr. Shehaj noted, women were typically underrepresented in most research on heart disease because the condition was considered more of a "man's disease." "However, with the rise of women in the workplace and their equal experience of stress factors and lifestyle-related behaviors or conditions such as smoking, obesity, etc., both genders now suffer the same amount of heart disease and death," she said. "As a result, the medical community is taking women's symptoms more seriously and taking all precautions, including monitoring their blood pressure, doing stress tests, performing blood work to measure cholesterol levels, and conducting echocardiograms to assess heart function and the health of heart walls."
- **Women on Staten Island are at particular risk for heart disease:** A recent study revealed that Staten Island has the highest rate of women (and men) dying from heart disease in all five boroughs. According to Dr. Shehaj, several factors place female residents on Staten Island at greater risk for heart disease. Among them, "obesity is a huge issue here and 80 percent of the cardiac patients we see fall in the categories of 'overweight' or 'obese,'" said Dr. Shehaj, who added that this trend has become increasingly prevalent among younger women in their twenties and thirties.
- **Women can take proactive steps to reduce the majority of their risk for heart disease:** According to Dr. Shehaj, "Eighty percent of a woman's risk of heart disease is within her control to change. Positive choices regarding diet and exercise can help lower the risk significantly; keep the foods on your plate colorful in terms of fresh greens, vegetables, and fruit as opposed to just meat and potatoes, and opt for more fish, lean meat in moderation, and beans and legumes," she said. "Also stay well-hydrated and try to exercise at least twice a week for 30 minutes a day. Activities like yoga, meditation, walking, or engaging in a fun hobby are great ways to reduce stress, which can increase blood pressure and cause stiffening of the arteries if it goes unattended," she said. "It also helps to have a positive outlook and to be patient with yourself as you work towards your health goals."

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## Hospital Staff and Breast Cancer Survivors Mark Breast Cancer Awareness Month

On October 8, Richmond University Medical Center marked National Breast Cancer Awareness Month with a ceremony to honor those lost to the disease and to celebrate the courage of survivors and those currently battling breast cancer. The ceremony included brief remarks from hospital leaders, members of the medical staff, and breast cancer survivors.

During the ceremony, a pink flag was raised to the top of the hospital's flagpole. The flag flew above the hospital throughout the month of October. Following the ceremony, staff and attendees planted lawn markers in front of the hospital as part of a Garden of Hope. The names of survivors or those lost to breast cancer were written on the markers which remained in front of the hospital throughout the month.

Breast cancer is the most common cancer in women, except for skin cancers. There is a one in eight chance that a woman will develop breast cancer sometime in her lifetime. According to the American Cancer Society, more than 275,000 new cases of invasive breast cancer will be diagnosed in women in 2020 and about 42,170 women will die from the disease.