# Richmond University Medical Center

#### JANUARY 2021 • RICHMOND UNIVERSITY MEDICAL CENTER • WWW.RUMCSI.ORG





Vice Chair of Medicine; Program Director, Internal Medicine; and Chief of Critical Care, Jay Nfonoyim, MD.

Emergency Department RN, Carlee King

# First Vaccinations Administered in the War Against COVID-19

The hospital's front line healthcare workers who have been treating COVID-19 patients since March received the first inoculations of the Pfizer-BioNTech COVID-19 vaccine on December 15.

Following guidance from the New York State Department of Health, Richmond University Medical Center began providing vaccinations to the medical staff so they can protect themselves, patients, and their families. The first group to receive the new vaccine included vice chair of Medicine; program director, Internal Medicine; and chief of Critical Care, Jay Nfonoyim, MD; Johnathon LeBaron, DO, FACEP, chair for the Department of Emergency Medicine; paramedic Jeff Brown; respiratory therapist Sunil Nilavarath; Intensive Care Unit nurse Yolanda Benito; and Emergency Department nurse, Carlee King.

"Today marks an historic day at Richmond University Medical Center. Today is the turning of the tide in the battle against COVID-19," president and chief executive officer, Daniel J. Messina, PhD, FACHE, said. "Built around a foundation of exceptional medical professionals, there is an old saying that defines Richmond University Medical Center's commitment to our community: When the going gets tough, the tough get going."

Following guidance from the New York State Department of Health, RUMC has developed protocols to ensure hospital staff are provided with the vaccine as quickly as possible, beginning with front line healthcare personnel.

"Getting the COVID-19 vaccine adds one more layer of protection for people, their coworkers, and their family, and if they are one of our staff, the patients we treat each day," Dr. LeBaron said before receiving his own inoculation. "This vaccine is just another tool we now have that gives us the best chance of getting back to normal sooner."

Dr. LeBaron added that despite the arrival of the vaccine, COVID-19 is not going to go away overnight. "Until these vaccines become more readily available, I'm asking everyone to please continue to practice social distancing, avoid crowds, wear a mask, wash your hands often, and when your time comes, please get vaccinated," he said.

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

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



For many of us, the year 2020 was perhaps the most challenging of our professional lives. As we begin a new year, there is solid reason for renewed hope that 2021 is the year that we turn the tide in the

war against COVID-19. The reasons are numerous for optimism but jumping to the forefront, in my opinion, is the rollout of federal- and state-approved vaccines.

With much celebration the Pfizer-BioNTech COVID-19 vaccine was first administered at our hospital on December 15. Since then, many of you have also received the vaccine and shortly will be receiving your booster shot, if you have not done so already. Very carefully following guidance provided by the New York State Department of Health, we continue to administer the vaccine daily to our staff. All COVID-19 vaccines have been granted an Emergency Use Authorization (EUA) after passing strict clinical trials and comprehensive requirements established for all vaccines by the Centers for Disease Control and Prevention. I urge each of you to get vaccinated when the opportunity arises. Visit our intranet for the latest information from the CDC on the safety and efficacy of these vaccines. All of you have been at the forefront of this pandemic since it began last spring, caring for our community and treating those in need. Now we have an opportunity to step up once again in incredible ways for our community by leading the charge in accelerating the state's vaccination plan so we can win the war against COVID-19.

Everyone here, from our physicians to our nurses to our lab technicians to our housekeeping and security staff, has been battle tested by this pandemic and has come out stronger, and we have become more unified. We know and are administering the most up-to-date evidence-based therapies and treatment regimens to increase positive outcomes and help our community, which has struggled through this pandemic with us. We know the steps to take to ensure a safe and clean COVID-19 environment for our patients and staff. We know the power of proper PPE, hand hygiene, and social distancing. All of us, no matter our area of expertise or function, have turned adversity into advantage. While we are slowly gaining the upper hand on COVID-19, the end of this pandemic is not yet here. Please continue to follow all protective guidelines at work and at home. Getting back to normal is going to take all of us working together. Thank you for all you do for our hospital and community!

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

Sincerely - Hersina)

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

# Patient Satisfaction: A Note of Thanks

#### To the Team at RUMC,

My wife was diagnosed with laryngeal (throat) cancer in February of 2020. The medical team at Richmond University Medical Center in fact saved her life. Dr. Christopher Lisi performed emergency surgery to remove a tumor lodged in her throat. Dr. Hoon Lee treated her with radiation, Dr. Maxim Shulimovich treated her with chemotherapy, and Victoria Stazzone provided her with extraordinary and compassionate swallowing therapy.

It's been a difficult year that is ending with a positive outcome. Her most recent CT PET scan indicated she was "cancer free." Each of these medical professionals are worth their weight in gold. They have given the gift of life to a person who had a very questionable prognosis.

For those Staten Islanders who think that they have to leave Staten Island for successful cancer treatment...I say...you're making a mistake. RUMC is as GOOD OR BETTER than any hospital in the metropolitan area if you're seeking treatment for cancer. It's not the reputation, location, brick or mortar that produces results, it's the quality of the professional staff like Lisi, Lee, Shulimovich and Stazzone, who working as a team will continue to save peoples' lives.

Our entire family will always be grateful to these remarkable human beings for what we regard as a miracle at RUMC.

Appreciatively yours,

B.D.

Dear Rosemarie (Stazzone),

Abundant blessings as you coordinate the lifesaving vaccine to eradicate COVID-19. My heartfelt love and affection for all you do on all fronts! Abundant blessings today and all the days yet to come!

Sincerely, A Grateful Person

### Keith Diaz, MD, Appointed Chief of the Division of Pulmonary Medicine



Keith Diaz, MD, new Chief of the Division of Pulmonary Medicine

screening program. He is also part of the medical leadership team overseeing multiple clinical specialists treating patients in their long-term and shortterm recovery from COVID-19 at RUMC's Post COVID-19 Care Center.

and

Keith Diaz, MD, has

been appointed to

chief of the Division of

Pulmonary Medicine.

Since 2011, Dr. Diaz has

worked as an intensivist

pulmonologist at

serves as director

of the hospital's lung

RUMC, and

consulting

he

"Especially with a COVID-19 resurgence, expansion of our pulmonary and critical care team was critical," Executive Vice President and Chief Medical Officer Pietro Carpenito, MD, said. "With this expansion, we are confident that we will be able to meet the needs of both our inpatients and outpatients, and that they will continue to be treated in accordance with the latest evidence-based standards."

A graduate of Ross University School of Medicine and lifelong Staten Island resident, Dr. Diaz completed his residency in internal medicine on Staten Island at then-St. Vincent's Catholic Medical Center. He then completed additional training in surgical critical care medicine at Mount Sinai followed by a pulmonary/critical care fellowship at Stony Brook University Medical Center. His efforts as a teacher earned him the designation of "Attending of the Year" for the 2018-2019 academic vear. In addition to his roles at RUMC. Dr. Diaz is also a medical specialist for the Fire Department of the City of New York, helping firefighters recover from 9/11-related diseases.

"I am truly proud to be a member of the family at RUMC, whose roots and excellence of service have been firmly planted on Staten Island for well over a century," Dr. Diaz said. "I feel it's never been more vital to apply my skills as a pulmonologist to RUMC and my community than during this critical period. This past year, the entire institution displayed extraordinary teamwork throughout the most difficult times imaginable. In addition to working alongside the exceptional team at RUMC, I look forward to having more time with my patients as well as the residents and students."

Dr. Diaz helped to create RUMC's lung screening program, one of the most advanced in New York City. Lung cancer is the number one cause of cancer-related deaths in the United States. This past June, RUMC opened its comprehensive Post COVID-19 Care Center, which features a team of multi-disciplinary experts focused on assisting recovering COVID-19 patients with their short-term and long-term healthcare needs. Dr. Diaz has been part of the leadership team since the center opened and was also part of the development team that designed the center and its services.

#### New Chair for the Department of Emergency Medicine Appointed



Johnathon LeBaron, DO, FACEP, new Chair of the Department of Emergency Medicine.

Johnathon LeBaron, DO, FACEP, has been appointed as Richmond University Medical Center's new chair for the Department of Emergency Medicine. Dr. LeBaron takes the helm of the hospital's Level I Adult Trauma and Level II Pediatric department, which

Trauma emergency department, which treats close to 65,000 patients annually.

"Dr. LeBaron brings a wealth of experience and knowledge, having been at the helm of one of the premier Level I Adult Trauma Center's in New York City at New York Presbyterian-Queens," president and chief executive officer, Daniel J. Messina, PhD, FACHE, said. "Since we are a Level I Adult Trauma Center ourselves, his experience and expertise, combined with his proven leadership skills, are critical as we continue providing all emergency care services for our adult and pediatric patients while in the midst of the ongoing COVID-19 pandemic." Prior to RUMC, Dr. LeBaron served as the medical director of the Adult Emergency Department at New York Presbyterian-Queens, located in Flushing. Under his direction, the emergency department treated over 100,000 patients annually. He was instrumental in creating the hospital's stroke program, which has won multiple American Heart Association Get with the Guidelines awards. He was also key to the hospital's re-certification process so it could maintain its Level 1 Adult Trauma status with the New York State Department of Health.

"I hope to bring my expertise in trauma and stroke care, among others, here to RUMC to continue building upon our excellent programs in these fields of emergency medicine," Dr. LeBaron said.

Also while at New York Presbyterian-Queens, Dr. LeBaron led the team that treated hundreds of COVID-19 patients when the pandemic first hit New York City this past spring. He and his team created many of the protocols used for treatment and disposition of COVID-19 patients, including the procedures for properly proning patients. Many of the protocols he developed would eventually be used throughout the New York Presbyterian hospital system.

Dr. LeBaron has a bachelor of science degree in physio-neuro biology and molecular cellular biology from the University of Connecticut. He attended medical school at UMNJ School of Osteopathic Medicine and completed his residency in emergency medicine at New York Presbyterian-Queens. He stayed on at New York Presbyterian-Queens under Envision Physician Services, completing a fellowship in administration of emergency medicine.

He would eventually be appointed associate director of the Emergency Department at Presbyterian before ultimately being named medical director of the Adult Emergency Department. During his time at New York Presbyterian-Queens, he also completed the American College of Emergency **Physicians** Director's Emergency Department Academy, as well as Envision Physician Services' Leadership academy.



Mario Peichev, MD, new Director of Pediatric Hematology and Oncology

# New Director of Pediatric Hematology and Oncology Helps Keep **Staten Island's Children Safe and Healthy**

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today, the survival rate is

85 to 90 percent..."

Blood disorders like leukemia, anemia, hemophilia, and sicklecell anemia affect thousands of children nationwide each year and can range from mild to life-threatening. However, thanks to the expertise provided by the new director of Pediatric Hematology and Oncology, Mario Peichev, MD, parents can rest assured their children will receive the most leading-edge

treatment and care in the field of pediatric hematology and oncology.

"Over time, we've seen a steady percentage of hematological disorders in childhood," shared Dr. Peichev, a native of Bulgaria who completed his residency at the University of Medicine and

Dentistry of New Jersey and his fellowship at Memorial Sloan Kettering Cancer Center in Manhattan and joined the Richmond University Medical Center team this year. "These disorders can be either malignant or benign, though benign disorders are more common."

Typically passed down from parents to children, Dr. Peichev said certain blood disorders are often more common to specific ethnicities. "For example, in the case of 'thalassemia' - a group of diseases marked by abnormal hemoglobin structure - a version of the disease marked by damage to the hemoglobin's alpha chain is more common to those of Asian background, while another version of the disorder marked by damage to the hemoglobin's beta chain is more common to those of Italian, Greek, and North African descent."

According to Dr. Peichev, the field of pediatric hematology and oncology has experienced advancements over the past decade that enable guicker diagnoses, increasingly targeted treatments, and more successful outcomes. "Today, we use more and more 'precision therapy' in pediatric oncology to treat each patient's unique disorder and minimize toxicity,"

Dr. Peichev said. "The use of genetic "Fifty years ago, a child markers in leukemia allow us to monitor a child's response to a treatment and determine next steps. percent chance of survival; For example, a genetic marker known as 'Minimal Residual Disease' gives us visibility to the number of cancer cells left in the body within different time points after starting a

therapy and thus has tremendous prognostic ability."

Dr. Peichev noted that the field has also seen an increase in the number of quality drugs and therapies available to help treat pediatric blood disorders. Among them, "children with hemophilia used to require infusions of treatment every 12 to 24 hours. Now, the availability of products with prolonged half-life reduces infusion demands to once every one to two weeks, which significantly enhances patient comfort and quality of life," he said. "Fifty years ago, a child with leukemia had a 10 to 15 percent chance of survival; today, the survival rate is 85 to 90 percent thanks to great leaps in cancer treatments and pediatric hematology."

## Behind the Scenes Heroes: RUMC's Lab Specialists Provide Critical Link Between COVID-19 Detection and Treatment





Svetoslav Bardarov, MD, Chair of the Department of Clinical Laboratories

Ever since coronavirus first bore down on New York City in early 2020, there has never been a greater need for fast and accurate COVID-19 test results. With coronavirus cases spiking once again, doctors and patients at Richmond University Medical Center continue to rely on the expertise of the hospital's skilled clinical laboratory team, a behind-thescenes group which is truly on the front line when it comes to administering tests, analyzing results within a quick turnaround time, and enabling patients and the hospital's medical staff to make the most informed decisions.

"There are two aspects to testing," shared Svetoslav Bardarov, MD, chair of the Department of Clinical Laboratories. "The first is analyzing the nasal swab, tissue, or blood sample brought to our lab using the appropriate equipment, and the second is interpreting the results. Our responsibility is to ensure that the results are accurate, reflect reality, and are reproducible even when analyzed by another lab in another state."

In the case of COVID-19, Richmond University Medical Center's in-house lab uses PCR-based technology, a highly specific, sensitive, and gold-standard molecular test, to establish the diagnosis, and a number of Abbott ID Now rapidtest machines are also available for additional point-of-care testing, "We also use the PCR-based molecular BioFire System, which can assess for 22 different viruses in one test, including the flu, rhinovirus, other coronaviruses, and more," Dr. Bardarov said. "This powerful panel covers a large range of illnesses, allows us to 'rule in' the culprit and 'rule out' others. and continues to be highly insightful, especially as COVID-19 becomes less and less prevalent over time."

Another recently introduced PCR-based test known as the Cepheid System enables the hospital to turn around results faster than ever. At the same time, screening tests allow the hospital to efficiently test for COVID-19 antibodies in individuals who are healthy, regardless of whether they have been exposed to the coronavirus, without unnecessarily using the limited supply of PCR test kits.

According to Dr. Bardarov, all tests are evaluated based on their sensitivity and specificity. "The sensitivity of a test refers to its ability to detect a minimum number of viral particles," he explained. "In the case of COVID-19, a minimum of 200 viral particles must be present in the nasopharynx to be detected by the PCR test; less than that will yield a negative result. The specificity of a test refers to its ability to correctly identify the presence of SARS CoV-1; if the test yields a positive result, we can diagnose COVID-19 with 100% confidence."

Staffed by 80 skilled technologists who do everything from drawing blood and expertly administering tests to receiving specimens and processing tests on the appropriate hardware/equipment, "the lab is currently running dozens of COVID-19 tests each day and hundreds to thousands of other tests each day, including blood tests, biopsies, and more," Dr. Bardarov said. "We service the entire hospital's testing needs."

While COVID-19 tests performed at urgent care centers typically require several days to turn around results because those centers batch their specimens each day and then must wait until their batch is received and tested by one of the large national diagnostic testing labs, Dr. Bardarov is proud of the quick turnaround time with which he and his team can provide results to the hospital's physicians and patients. "The Abbott ID Now rapid test can deliver a positive COVID-19 result within five minutes and a negative result within 15 minutes because it will automatically repeat itself," he said. "Our PCR-based BioFire System can process test results for two patients at a time every 45 minutes and our PCR-based Cepheid System can process test results for three patients at a time every 45 minutes. Overall, when done here in the hospital, doctors and patients can receive results of their PCR-based COVID-19 tests within an hour and feel confident that the results reflect an outstanding degree of accuracy."



Jeffrey Farkas, MD, Director of Neurologic Interventional Surgery

### **Stroke Care Team Driving Excellent Outcomes for Patients**

According to the Centers for Disease Control, nearly 800,000 Americans suffer a stroke annually and over 130,000 of those cases prove fatal. On Staten Island, where the incidence of smoking, obesity, and heart disease is among the highest in New York City, stroke-related deaths have occurred at a rate that is higher than the national average. It is a reality that Richmond University Medical Center understands and has proactively addressed through the expansion of its comprehensive stroke care team.

- "Prior to launching this program a year ago, patients suffering from stroke were often transferred to other facilities in Manhattan for treatment and care," shared Jeffrey Farkas, MD, director of Neurologic Interventional Surgery. Through the initiative, RUMC has partnered with Interventional Neuro Associates (INA), a multidisciplinary physician group that provides complete stroke services to support patients in local communities with stateof-the-art care — from rapid diagnosis of a stroke episode to leading-edge treatment and rehabilitation. Partnering with RUMC's experienced neurology team, led by chief of Neurology Allan Perel, MD, as well as colleagues in the hospital's cardiology department, emergency department, and other key areas, "we work as a collaborative team to provide a seamless level of stroke care on Staten Island that's second to none," Dr. Farkas said.
- "Our seven highly trained physicians have a tremendous amount of experience addressing and treating strokes and we make our high-volume expertise available 24/7," Dr. Farkas said. "Because time can be the difference between life and death for a third of stroke patients, we understand the need to evaluate and treat stroke patients with the most appropriate interventions in a quick fashion to save their brain and ensure the best possible outcomes."

Some of the stroke care specialties within RUMC include:

• Expertise in Mechanical Thrombectomy: While tissue plasminogen activator (also known as 'tPA') is an FDA-approved clot-busting drug that can reverse the effects of a stroke for the 20 to 30 percent of stroke victims who are medically eligible to receive it and stands as an appropriate treatment for certain ischemic strokes (those involving a blockage of blood flow to the brain), "the bigger the clot or the longer the time frame since the onset of stroke symptoms, the less effective tPA is," Dr.

Farkas said. "Our ability to perform a mechanical thrombectomy, a minimally invasive procedure, which removes the clot by going through a blood vessel in the arm or leg, represents an effective option for patients who are farther along in their stroke — as much as 24 hours or more — and can restore much of their functionality." According to Dr. Farkas, "we've streamlined this process over the past several years and are able to diagnose a patient, administer tPA, perform imaging of their brain, and get a potentially life-saving and/or life-enhancing mechanical thrombectomy procedure underway within just 60 minutes."

- Telemedicine and Robotics Technology: For a condition where "time is brain" and quick intervention is critical, the travel time incurred in bringing neurologists to patients (or vice versa) for a stroke evaluation and treatment previously built unfavorable delays into the process. Through RUMC's stroke care program, however, the use of telemedicine and robotics is enhancing efficiency and significantly reducing a patient's time to treatment. "When a patient with a suspected stroke comes into triage, our use of a robot—'an iPad on wheels with a camera'— can move around the patient and share images via a telemedicine connection that will help a neurologist perform a thorough evaluation and get appropriate treatment started immediately," Dr. Farkas said.
- Collaborative Care Services: "We take a team approach to stroke care services, collaborating on the best intervention for each patient and working with robotic technology, imaging, and the catheterization lab to give patients the best possible outcome," said Dr. Farkas, who noted that INA also treats hemorrhagic strokes (which occur when a weakened vessel ruptures and bleeds into the brain tissue) as well as other conditions involving vessels and arteries to the brain. "Post-stroke, RUMC offers physical and speech therapy as well as stroke support groups; robotic physical therapy, currently being tested, may also hold promise for delivering rehab to stroke patients," he said.
- **Stroke Education:** "We also do a lot to educate community members and caregivers about stroke and stroke prevention," Dr. Farkas said. "Risk factors for stroke include smoking, high blood pressure, high cholesterol, and the previous occurrence of a stroke."

#### David Murray Joins RUMC as New Senior Vice President and CFO



David Murray, MBA, FHFMA, RUMC's new Senior Vice President and Chief Financial Officer

Richmond University Medical Center has announced David Murray, MBA, FHFMA, as its new senior vice president and chief financial officer. Murray brings over 25 years of healthcare finance expertise to RUMC. He replaces Joseph Saporito who held the same position at the hospital for the past five years and retired in September of this year.

"David's expertise will be vital to our decision making process as we continue to expand our inpatient, outpatient, and specialty services to meet the healthcare needs of our communities, and fulfill our mission of improving the overall health of Staten Island's residents," president and chief executive officer, Daniel J. Messina, PhD, FACHE, said.

Prior to joining RUMC, Murray was vice president of finance for the Inspira Health Network, which services patients in five counties of New Jersey. The Inspira Health Network has three medical centers, five health centers, and over 150 locations. Prior to joining Inspira, he spent three years at UPS Supply Chain Solutions, formerly Livingston Healthcare Services Inc., where his responsibilities included financial management of the pharmaceutical distribution service line. Prior to that, he spent five years at Virtua Health System, formerly Memorial Hospital of Burlington County.

Murray will work with RUMC's senior administration and board of trustees on the strategic vision of the hospital, including fostering and cultivating stakeholder relationships on city, state, and national levels, as well as assisting in the development and negotiation of contracts. He will also assume a critical role in developing new business ventures and developing and maintaining internal controls to safeguard financial assets, and he will supervise the management and coordination of all fiscal reporting activities.

Murray holds a bachelor's degree in accounting from Rider University and an MBA from Eastern University. He is also a New Jersey certified public accountant and a fellow in the Healthcare Financial Management Association.

#### Tom Pagano, New Vice President of Information Technology and Support Services



Tom Pagano new Vice President of Information Technology and Support Services.

Tom Pagano has been appointed the new vice president of information technology and support services. Pagano comes to RUMC with over two decades of successful IT experience and a proven record of successfully transforming technology operations in healthcare, educational, and government institutions.

Prior to coming to RUMC, Tom was the vice president and chief information officer of Johnson County Community College (JCCC) from 2015-2020 and was responsible for a 120-person staff supporting academic technology, administrative computing, audio/visual services, access control, and distance learning for the main campus and five satellite facilities. Before his time at JCCC, Pagano served in the same role with HCA Healthcare-Capital Division in Richmond, VA, for over five years. While at HCA, he led a 250-person, \$50 million annual budget organization that included over 3,000 physicians and caregivers, 15 hospitals, 12 ambulatory surgery centers, eight imaging centers, and four freestanding emergency departments spanning four states: Indiana, Kentucky, New Hampshire, and Virginia. Pagano also previously worked in executive management at Kansas-based AOS. a

privately-held midwest consultative technology organization with an 11-state presence; and with Kansasbased Carondelet Health at Ascension Health, a two-facility, 425-bed acute care hospital system comprising three long term care facilities, ambulatory surgery centers, laboratories, imaging centers, and over 20 private physician practices.

"I am very enthusiastic to be part of the RUMC team and look forward to contributing to the ongoing momentum of patient centric care, organizational profitability, and solid support services across all areas of the hospital and its outpatient, specialty sites," Pagano said.

Pagano has a master of science degree in public administration/information systems from Carnegie Mellon University, and a bachelor of administration degree in economics/computer science from the University of Pittsburgh.

### **Congratulations to our 2020 Employee Service Award Honorees**

On December 3, Richmond University Medical Center presented its annual Employee Service Awards. Scaled down due to COVID-19 restrictions, the event nonetheless provided an opportunity for hospital staff and leadership to express their thanks and appreciation to RUMC employees celebrating from 10 to 45 years of service. Congratulations and thank you to all of this year's honorees.







