

Richmond University Medical Center

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10,000TH PERSON VACCINATED AT RICHMOND UNIVERSITY MEDICAL CENTER



Aphrodite Mastrantonis surrounded by the vaccination team shortly after receiving her first dose of the Pfizer COVID-19 vaccine.

On March 11, Aphrodite Mastrantonis, a 91-year-old grandmother of four, became the 10,000th person to receive the COVID-19 vaccination at Richmond University Medical Center. This historic milestone for RUMC came less than five weeks after the hospital vaccinated its 5,000th individual in early February.

"To vaccinate 10,000 people is tremendous and is a huge step forward toward a return to normalcy for our entire community," president and chief executive officer, Daniel J. Messina, PhD, FACHE, said. "You don't vaccinate this many people easily. It requires a true team effort that includes not just our dedicated staff at the hospital, but the thousands of people from our community who are rolling up their sleeves to protect themselves and their loved ones."

Originally from Andros, Greece, Mastrantonis came to the United States in 1959. Since the pandemic began over a year ago, she has been living on Staten Island with her daughter, Pauline Mastrantonis-Thaten. She was accompanied to RUMC by her daughter.

"Since the pandemic began, she's been watching the news, and has been in shock over the severity of the pandemic," Mastrantonis-Thaten said,

speaking for her mother. "Since this all began, she has not been going out, and only sees her immediate family, including her four grandkids. After she has her second dose, she wants to begin going back to church, start to see more family and friends, and accept more visitors in her home."

Following her first dose of the vaccine, RUMC administration presented Mastrantonis with a shirt celebrating her role as the 10,000th vaccine recipient. As she left the hospital, staff lined the hallway, applauding her as a show of thanks for making the decision to be vaccinated. Outside, Mastrantonis and her daughter were provided with cupcakes from Royal Crown Bakery. Each cupcake had the words "10K" on top in white or brown frosting. Over 400 cupcakes were provided and distributed to everyone who received a vaccination.

Following guidelines from the New York State Department of Health, RUMC has been vaccinating eligible individuals since mid-December. On February 8 of this year, RUMC vaccinated its 5,000th individual, a 66-year-old woman who had undergone a successful liver transplant in the fall of 2020.

From the President & CEO

Daniel J. Messina, PhD, FACHE



In place of my regular monthly message, I would like to take this opportunity to express my personal condolences to the family, friends, and hospital colleagues of Dr. Brittany Fidler, PGY-1 Intern in the Department of Medicine.

Dr. Fidler passed away suddenly on March 15. No words can provide adequate comfort

when a life is lost so suddenly and at such a young age. May the memories many of you share of her help you through this difficult time. On behalf of everyone at Richmond University Medical Center, especially the patients she cared for and was so devoted to, we thank Dr. Fidler for her service to others and for her compassion toward those in need of care. May she rest peacefully.

Sincerely,

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



Patient Satisfaction: A Note of Thanks

I stayed at this hospital for 12 days, 9 in SICU. It was near magnificent! I have never stayed at a hospital before and it was the best experience at Richmond University Medical Center! After having a major surgery all the nurses, doctors, surgeons, and staff were very attentive. Even the students are great. The scariest time of my life was handled with such professionalism, care, and eagerness to save me. I recommend this hospital very strongly! Thank you to all the nurses! You are amazing! God bless everyone at RUMC!

-V.M.

I was fortunate to receive my first Pfizer vaccine the morning of Saturday, February 6 at RUMC. The registration of incoming people with appointments was efficient and professional. I observed people much older than myself who were offered assistance with form

completion, non-English translations and general information — all with a smile by RUMC staff. It was evident to me that the staff were present to make this a smooth process for people who may have been struggling just to get to the hospital site. Special mention to Lenny and Denise whom I observed interacting with the seniors and me. The EMTs were a blessing. My vaccine was expertly administered by EMT Pisciotto. So, all in all, I am quite happy with my experience.

-L.L..

I cannot commend the entire staff enough. I was there to get the COVID-19 vaccine. From the moment the car stopped a security guard came to help me get out and walked me with my cane to the entrance where vaccines were given. There the personnel were efficient, courteous, and caring. God bless them all and those that instructed them.

-M.M.

Dear Dr. Messina,

I am writing to commend your entire team on a flawless execution of the COVID-19 vaccine distribution at Richmond University Medical Center! My husband and I were very fortunate to have had the opportunity to receive the Pfizer vaccine. As we approached the entrance to Richmond University Medical Center, there were signs, helpers and security everywhere, guiding and reassuring everyone. After seeing the horrors on TV and the long lines of people waiting in the cold, we were happy to be taken in upon arrival. The system worked incredibly efficiently and everyone involved was kind, patient, and professional. The cooperation and planning were outstanding! We would also like to highlight our encounter with Kathy Giovinazzo, as she was one of the administrators managing the day we were there. Kathy was amazing and helped calm our nerves from the moment we walked in! Thank you so much to you and your entire organization! Job well done!

-P & N. O.

Center for Cancer Care Receives ipads, Laptops from Local Student



Talia Bieler and her parents, Warren and Ilene (left), with the staff of the Center for Cancer Care, after delivering donated ipads and laptops for use by the center's patients.

Early last month, the medical staff at the Center for Cancer Care gratefully accepted over 20 new iPads and laptop computers, donated by Talia Bieler, a student at Poly Prep County Day School in Brooklyn. The devices will be used by patients undergoing treatment to connect with loved ones. They will also be used as a source of entertainment for pediatric cancer patients during what can be lengthy therapy sessions.

A year ago, when COVID-19 first emerged, extensive protocols and procedures were developed at the center to protect the health of patients coming for treatment which could not be delayed despite the pandemic. Thanks to these CDC-compliant protocols, the center has never had to close its doors, remaining open throughout the pandemic and providing full services. Among the safety protocols that were implemented, visitors and support persons are unable to accompany patients inside while they undergo treatment unless there is a physical disability or language barrier.

"A critical part of the continuum of care for any patient is support

from family and friends," president and chief executive officer, Daniel J. Messina, PhD, FACHE, said. "While this new policy was necessary, it was also one that concerned us. So it was very important to us that we explore innovative ways to ensure our patients remain connected with their loved ones while inside undergoing treatment. This is where Talia and the Leukemia and Lymphoma Society came in."

The collection and donation of devices is the result of a project developed by Bieler, a member of the Student Leadership Council for the Leukemia and Lymphoma Society. Bieler was inspired to collect and donate the devices after watching news coverage of the pandemic and after watching members of her own family undergo treatment for cancer. She thought about how much harder it must be for cancer patients now because of COVID-19 safety protocols which that prevent them from having someone to talk with or pre-occupy them during treatments. She was also deeply moved by images on television of a man holding up a sign outside a cancer center where his wife

was undergoing treatment. Protocols prevented him from accompanying her inside.

"I am so grateful to deliver these devices because a lot of attention has been given to the health risks of COVID-19 for cancer patients, but not as much focus on the mental health and emotional side that is still just as important," Bieler said.

A resident of Park Slope, Brooklyn, Bieler made the delivery alongside her parents Warren and Ilene. The iPads and laptops were donated from companies, corporations, family, and friends after Bieler reached out to let them know about her project.

"It goes without saying that cancer takes a tremendous emotional toll, not just on the patient but their loved ones as well," chief administrative officer and president of the Richmond Health Network, Richard Salhany, said. "Thankfully, the compassionate medical staff at the center provide person-centered consultation and treatments that best suit the patient's needs."

Protective Measures Installed for Start of Window Upgrade Project

Survey work has commenced on the replacement of all windows throughout the hospital, making them all hurricane resistant thanks to over \$40 million in federal funding. Fencing and

protective scaffolding has also been erected around the perimeter of the hospital in preparation for work to commence. The project is scheduled to be completed in late 2022.



RUMC Receives Half-Million Dollar Grant for Palliative Care Services



Dealing with the diagnosis and symptoms of a limiting, serious, or even terminal illness affects an individual and their family in many ways. To assist patients and their families navigate through care options while also coming to terms with a diagnosis, Mother Cabrini Health Foundation (the Foundation) has awarded \$500,000 to Richmond University Medical Center in support of its palliative care program.

Palliative care focuses on providing care for the symptoms and stress of a serious illness at any stage. Any individual diagnosed with a serious, limiting, or terminal illness can request palliative care. Some examples of illnesses or conditions include Alzheimer's disease, cancer, dementia, heart disease, HIV/AIDS, kidney disease, lung disease, and multiple sclerosis (MS).

Using a multidisciplinary approach,

including medical, nursing, psychological, social, and spiritual care resources, specialists from RUMC collaborate to bring a united approach to a patient's treatment plan. Services include care coordination, behavioral health counseling, hospice referral, pain management, spiritual care, social service referrals, discharge and/or end of life planning.

"Palliative care becomes part of the plan of care when the burden of serious disease is more than the patient and family can endure," chief of palliative care, Thomas J. Forlenza, MD, MS, said. "The purpose of our program is to improve the overall patient and family experience and help deliver better medical care."

RUMC can provide palliative care for the patient and their family in many places including at the hospital, outpatient facilities, and/or at home. Palliative care is often confused with

hospice care. While both palliative and hospice care focus on improving quality of life, hospice care focuses on continuing comfort for a patient when their condition has progressed to the last phases of a terminal illness. Hospice care is offered through RUMC's palliative care program, if needed. However, a patient does not need to be diagnosed with a terminal illness to receive palliative care.

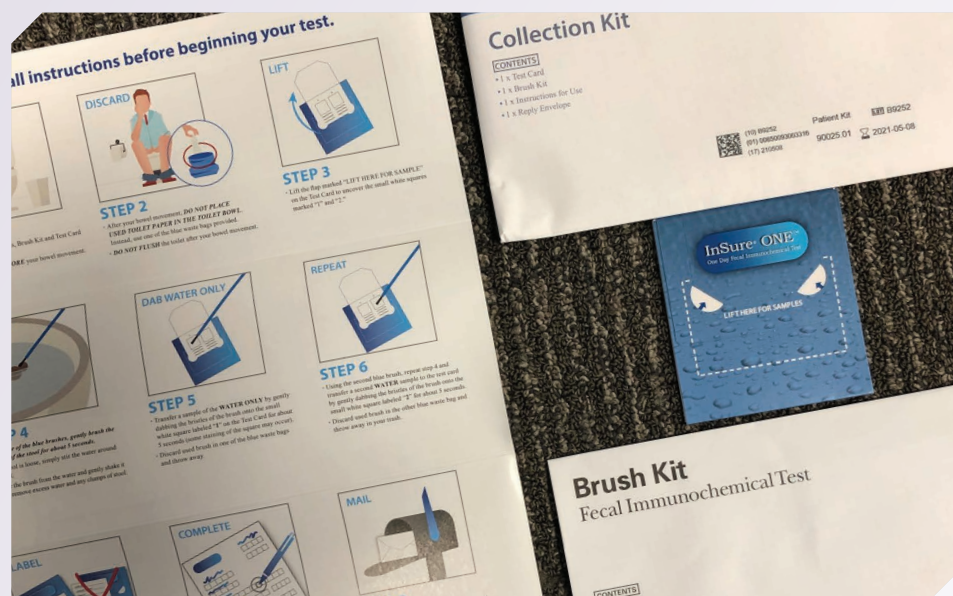
"Our palliative care program uses a multidisciplinary approach," president of the Richmond Health Network and RUMC's chief administrative officer, Richard Salhany, MBA, FACHE, said. "Our specialists from RUMC will collaborate to bring a united approach to a patient's treatment plan including a significant focus on spiritual care which is often neglected in a patient confronting a devastating illness."

March New Hires — Welcome to RUMC!

Sean Brennan — *Coordinator*
 Dominique DeSantis — *Ultrasound Tech*
 Laura Donnelly — *Switchboard Operator*
 Christopher Guzzo — *CT Tech*
 Anthony Guzzo — *CT Tech*
 Nay Htye — *Staff Physician*
 Hyra Islami — *Building Service Worker*
 Bryan Lescano — *Staff Accountant*
 Giuseppe Mastropaolo — *Security Guard*
 Wadner Narcisse — *Security Guard*
 Aoife Pacheco — *Breastfeeding Peer Counselor*
 Joanne Pietro — *AVP, Behavioral Health*

Christopher Pszczola — *RN*
 Rhyan Rothwell — *Unit Clerk*
 Shilpa Shajan — *RN Intern*
 Tia Slayton — *Building Service Worker*
 Irana Stavrakakis — *Coordinator*
 Joseph Tenteromano — *EMT Driver*
 Joshua Tischler — *Paramedic*
 Lauren Tyrrell — *Paramedic*
 Marie Varricchio Vincent — *Unit Clerk*
 Samuel Vizeltir — *CT Tech*
 Daniel Wong — *Lab Tech*

Free At-Home Colorectal Cancer Screening Kits Available



A FIT kit can detect hidden blood from the lower intestines in a person's fecal matter. Blood vessels in colorectal polyps or cancer bleed easily as stool passes over them. The blood will leak into the colon or rectum. While the blood may not be visible to the naked eye, it can be detected by the FIT kit. The test using the FIT kit is non-invasive and can be performed in the privacy of a person's home.

According to ACS, colorectal cancer is expected to claim nearly 53,000 lives this year. If detected early, the 5-year relative survival rate for colon cancer is 91 percent and is 89 percent for rectal cancer. The lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women. African Americans have the highest incidence rate for colorectal cancer and the highest mortality rate of all racial groups in the United States.

To obtain a free FIT kit by mail, individuals can contact Richmond University Medical Center's Oncology Services Department at 718-818-1141.

To promote the importance of screening for colorectal cancer, Richmond University Medical Center is providing free at-home test kits to individuals who contact the hospital and are 45 years or older. The completed kit can be sent back to the hospital where it will be assessed by the hospital's oncology department and individuals will be contacted within 48 hours about their results.

The American Cancer Society (ACS) recommends that people at average risk of colorectal cancer start regular screening at age 45. People at increased or high risk of colorectal cancer, such as those with a family history of cancer or those with inflammatory bowel disease, might need to start colorectal cancer screening before age 45. These individuals should consult with their primary care physician on when to begin annual screening.

Use of stereotactic guidance during spinal surgery enhancing precision, reducing recovery time



Chief of Neurosurgery, Douglas Cohen, MD

Tens of millions of Americans regularly complain of back pain, and every year hundreds of thousands of them look to surgery to help minimize their discomfort, enhance their quality of life, and return them to the activities they love.

Happily, these goals have never been more achievable than at the Brain and Spine Center at Richmond University Medical Center, where the hospital's use of stereotactic-guided surgery — a cutting-edge procedure using 3D imaging technology to identify damaged tissue in the spine and enable optimum placement of surgical instrumentation — is helping qualified patients to benefit from greater surgical precision, shorter recovery times, and better outcomes than ever before.

"Back pain is the #2 reason why people come to a physician (after headache) and can be caused by any of a number of factors, from genetic disc disease or a herniated disc, to trauma to the spine, or degenerative entities that occur as a function of the aging process," Douglas Cohen, MD, chief of neurosurgery, said. "Back pain is an incredibly common complaint from many patients and we try to treat their condition using the most conservative, least-invasive

modalities first, such as physical therapy, medication, chiropractic care, acupuncture, hydrotherapy, and other alternative therapies. If any one of these approaches can reduce or eliminate pain, surgery won't even come into the conversation."

While Dr. Cohen said that most cases will not require back surgery and that surgery is typically approached as a last resort, he noted that some patients will benefit from surgical intervention. These include patients suffering from more acute conditions such as discitis (inflammation that develops between the spinal discs), tumors, and infections as well as spinal stenosis (pressure on the spinal cord and spinal nerves), spinal instability, spinal fractures, and degenerative conditions of the cervical spine (neck/upper back) and lumbar spine (lower back). In those instances, the use of stereotactic guidance in spinal surgery is delivering a range of benefits to patients and doctors alike.

"When a patient needs surgical intervention, they may require the insertion of instrumentation — e.g., plates, rods, and screws that act like a 'cast' and enable the vertebrae above and below the removed disc(s) to fuse together and heal," Dr. Cohen said.

According to Dr. Cohen, stereotactic-guided imaging helps enable the precise placement of such instrumentation. "Through the process, we register the patient's unique anatomy onto a computerized workstation with a camera in the operating room," he explained. "Using LED or reflective technology and a CT scanner, the computer will show us exactly how to angle the titanium screw or other instrument so that it inserts perfectly in the bone. Before stereotactic guidance, surgeons needed to make a large incision to best see the bone in order to properly angle the screw, as a misplaced screw can lead to pain, irritation, and weakness," he said. "Now, stereotactic guidance shows us precisely where the bone is below the surface of the skin and the angle at which to place the instrument. It enables a

smaller incision — one that's only as big as the head of the screw, which results in less blood loss and post-operative pain as well as a quicker recovery time for the patient."

In the case of some lumbar spine surgeries, for example, "the use of stereotactic-guided imaging can reduce a patient's required hospital stay by half," Dr. Cohen said. "While fusions used to keep patients in the hospital for weeks, some patients undergoing lumbar fusions today can go home within one to two days." While he noted that this procedure still represents a several-hour surgery with certain associated risks, "it involves a smaller incision and less risk of complications, a quicker recovery time, and a resultant ability for the patient to engage in physical therapy/rehabilitation sooner."

First applied to procedures involving the brain 30 to 40 years ago and gradually applied to spinal surgery over the past decade, stereotactic technology is revolutionizing many procedures. "Richmond University Medical Center has had stereotactic technology for the past five years," said Dr. Cohen, who was instrumental in helping to bring the capability to the hospital. "The more I used it, the more I realized that it was an important step forward and a capability that we wanted to be able to offer our patients. Our hospital administration fully supported the investment and we now use it regularly."

Dr. Cohen noted that stereotactic-guided surgery is just one of the robust capabilities offered at the hospital's Brain and Spine Center, the neurosurgical arm of the hospital's surgical services. "We're a Center of Excellence complete with the leading technology, an operating room dedicated to neurosurgery, and an intensive care nursing staff specially trained in the broad range of neurological procedures and post-operative care," he said. "Our Brain and Spine Center can fully treat everything from brain tumors, hemorrhages, and infections to skull or spine fractures and much more."

Chair of ophthalmology reminds individuals to monitor their eye health



Chair of Ophthalmology, David Mostafavi, MD

Statistics from the American Academy of Ophthalmology reveal that tens of millions of Americans suffer from conditions of the eye that can ultimately lead to partial or complete vision impairment. But according to David Mostafavi, MD, chair of ophthalmology, many of those outcomes can be avoided if individuals take greater efforts to monitor their eye health and pursue treatment for vision conditions before they progress to advanced stages.

"Anyone with vision issues should see an eye doctor, whether it's an optometrist (a doctor who can examine, diagnose, and treat conditions of the eyes) or an ophthalmologist (a medical doctor who undergoes additional training to perform surgery of the eye)," Dr. Mostafavi said. "Sadly, many people wait until it's too late — until damage becomes irreversible — to address these concerns."

In his role, Dr. Mostafavi said that two common conditions he treats, particularly in patients over age 50, are glaucoma and macular degeneration, both of which can lead to vision loss or, in severe cases, blindness. "However, both are conditions that can be treated if caught early enough," he said. "It's important to be proactive about your vision and have regular eye checkups to ensure that you either prevent or quickly address

the development of either of these two conditions, especially as we age."

Dr. Mostafavi said that individuals with such medical conditions as uncontrolled high blood pressure and diabetes need to be especially vigilant when it comes to monitoring their eye health.

"Diabetes can cause blindness if left untreated, so Type 2 diabetics and even those with Type 1 diabetes should have a dilated eye exam once a year to make sure that there's no swelling of the retina," Dr. Mostafavi said. "People with diabetic retinopathy, or damage to the blood vessels at the back of the eye, can often be effectively treated with injections and lasers to stop the disease progression and/or reverse the damage to their vision for the rest of their lives, but if it's caught too late, it's the leading cause of blindness."

Individuals with autoimmune disorders are also at risk for a condition called uveitis, or inflammation of eye, which can lead to eye redness, pain, and blurred vision.

"Overall, many medical issues manifest in the eyes and the eyes are the only place in the body where we can visualize blood vessel issues in real time," Dr. Mostafavi said. For this reason, he confirmed that eye check-ups can not only help monitor vision issues but may aid in the diagnosis of other medical conditions affecting the body as well.

Supported by two optometrists and one pediatric ophthalmologist at RUMC, "I perform all eye surgeries at the hospital, including more than a dozen cataract surgeries every Monday," Dr. Mostafavi said of the hospital's busy Advanced Eye and Vision Care Center, which addresses diseases of the eye, performs surgeries, and trains residents in ocular surgery as well. "We see and treat patients of all ages and with all conditions, including children with amblyopia, or lazy eye, in which the brain gives preference to one eye (usually the better-seeing one)," he said. "If not diagnosed and treated by age 7 to 8, the brain can get established in this pattern and it can be hard to reverse."

Among cutting-edge treatments, "we use lasers to treat glaucoma and diabetic retinopathy (by cauterizing blood vessels to stop bleeding in the eye), while injections can also be used to treat diabetic retinopathy as well as both wet and dry macular degeneration and have saved millions of eyeballs," Dr. Mostafavi said. "As a Level 1 Trauma Center, our team provides eye consults to the hospital's emergency department, where we see and treat a lot of orbital fractures (bone fractures around the eye socket), cancers in the eye, trauma to the eye, and advanced diseases. Richmond University Medical Center has truly invested in the best technology and expertise in the field of ophthalmology and we're able to handle most everything."



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Arnold Obey/RUMC VIRTUAL RUN 5K BIKE OR WALK

REGISTER, SPONSOR, AND DONATE AT:
WWW.RUMCSI.ORG/5K

Participation takes place between
Friday, May 14 – Sunday, May 23.



Arnold Obey, a long-time educator and a pillar in Staten Island's sports community, passed away suddenly in 2020. Obey's resume included a career in education; a basketball career that ranged from a Wagner College Hall of Fame player to a coach and referee; and an avid road-racing tenure that included nearly four decades running in the New York City Marathon.

Run, bike, or walk in support of
Richmond University Medical Center's
Neonatal Intensive Care Unit (NICU)

RUMC's Neonatal Intensive Care Unit (NICU) is a 25-bed Level III intensive care facility consisting of 19 intensive and intermediate-care beds and 6 continuing care beds. The unit specializes in the care of high-risk newborns, accommodating neonates as little as one pound. The NICU's survival rate

for these newborns stands at over 99%, one of the highest outcomes in the New York City metropolitan region. Your support of our 5K will help our NICU Department buy much needed equipment.

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