

## New RUMC App Lets Everyone Schedule COVID-19 Vaccination Appointments Faster

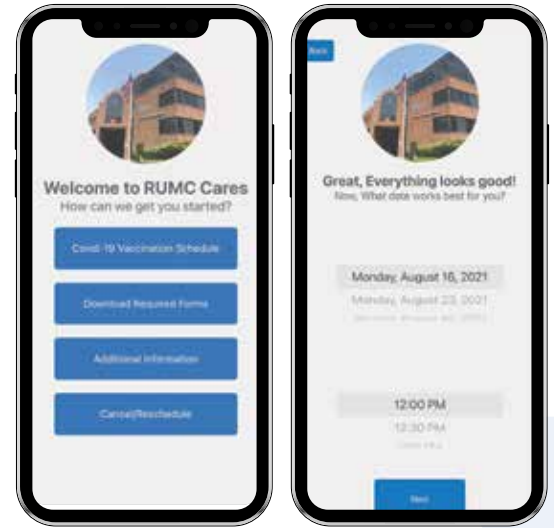
With the resurgence of COVID-19 and the spread of the delta variant, Richmond University Medical Center (RUMC) continues to implore everyone to get vaccinated. Now, getting a vaccination appointment at RUMC is faster and easier than ever before thanks to RUMC CARES, a free, easy to use app available for download through the Apple App Store or Google Play.

“We continue to vaccinate more members of our community every week at our on-site vaccination center. To date, we have vaccinated over 17,000 people and we continue to see a steady stream of individuals, which is very encouraging, especially given the surge of the delta variant,” RUMC President and Chief Executive Officer Daniel J. Messina, PhD, FACHE, said. “Our new app will make it easier for people to schedule their vaccination appointments here at RUMC not just for themselves, but also for family and friends.”

RUMC CARES gives users the ability to select their vaccination date and time, set up multiple individual appointments for themselves, family, and friends, download registration forms to be completed before they arrive, and gives them the option to cancel or re-schedule appointments if needed. RUMC CARES also protects all personal information by creating a unique registration code when someone makes their appointment, provides a confirmation email, sends reminder emails, and lets the individual immediately schedule their second dose once their first appointment is complete.

“With full FDA approval awarded for the Pfizer vaccine, we anticipate more people overcoming their vaccine hesitancy and stepping up to be vaccinated,” Dr. Messina continued. “Our new app lets them do that using just their fingertips.”

RUMC CARES was created through a grant from the New York City Department of Health and Mental Hygiene (NYC DOHMH). RUMC partnered



with JMT Media, a Staten Island-based marketing and public relations firm, to develop RUMC CARES. JMT Media is a New York State and New York City certified Minority-Women Business Enterprise and was founded in 2015.

Since last year when the pandemic began, RUMC has treated and discharged over 4,500 COVID-19 positive patients. In recent weeks, RUMC has seen an increase, largely in unvaccinated people, needing to be admitted for additional medical care, primarily because of the delta variant of the virus.

“RUMC CARES is the fastest and easiest way to get a vaccination appointment at our hospital, which has protected and cared for the health of our community for over 116 years,” Dr. Messina said. “Scientific evidence has documented that the COVID-19 vaccines are safe and effective. These vaccines are the best opportunity we have at protecting ourselves, our loved ones, and our community.”

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



Many of you are aware that our Emergency Department is a New York State designated Level I Adult Trauma Center and a Level II Pediatric Trauma Center. We are also Staten Island's only source for psychiatric emergency services.

But let me tell you about an additional service provided through our ED that is also critical to our entire community.

Victims of sexual assault need immediate and compassionate care, physically, emotionally, and psychologically. That is where our team of certified Sexual Assault Forensic Examiner (SAFE) nurses come in. Specially trained to provide care that focuses on restoring control back to the victim, our SAFE nurses provide direct care to women, men, and children from across Staten Island and its surrounding communities. Their level of expertise and skill has earned RUMC the praiseworthy distinction of being the only New York State Certified SAFE Center of Excellence on Staten Island. Sadly, their

services are much needed as incidents of sexual assault have increased in recent years.

Between 2015 and 2020 we treated 333 sexual assault patients, including adults, minors, and prepubescents here at RUMC. Regarding gender, the majority of patients were female, at 296; 37 were male. A total of 148 patients identified as African-American, 97 as Hispanic or non-white, 81 as white, 4 as "other," and 3 as Asian. In addition to treating all of these patients, our SAFE nurses also provided after-care with referrals and connections to support services with the NYPD, District Attorney's Office and local community organizations.

The efforts of our SAFE nurses were recently highlighted in an exclusive feature that aired on NY1News. I urge you to visit [www.NY1.com](http://www.NY1.com) to view the piece. My heartfelt gratitude goes out to all of our SAFE nurses and program supervisors for their continuous compassion and dedication to our patients and community.

Our SAFE nurses, along with many of you, will soon be enjoying our new state-of-the-art emergency department which

is slated to be completed next spring. In fact it will be fully operational this time next year! Despite a rather rainy summer, we remain on track for completion. If you take a look outside at our new ED, you will see the interior staircases are in place and all underground work and structural steel are finished. Interior carpentry, plumbing, and electrical work are underway and very shortly the steel frame will be fully enclosed. You can even see the roadway and staircase at the front of the ED, closest to Castleton Avenue, which will serve as a drop-off point for patients. Day by day we get that much closer to opening the doors to one of the finest EDs in the metropolitan area. A reality I can't wait to share with all of you!

**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

To Nurse Kristen Volpe,

Thank you so much for your care and support during my labor. You were so calming and wonderful. I was so happy you were there for me!

— **Toni, Julia, Jeff, and new baby Isabella**

I had a fantastic experience at Richmond University Medical Center. The staff was friendly and attentive and I'm really grateful to them. Also, I highly recommend Dr. Kuczabski. He was extremely empathetic to my unique situation and worked to book my procedure as soon as possible. He was helpful

throughout every step and answered all of my questions, and I had a lot! Also, my scar will be smaller than I ever thought possible.

— **Kaileen Gaul**

I'm so grateful that after at least 14 urologists, Dr. Motta diagnosed the problem and actually gave me the correct medication. I couldn't be more grateful for their staff. They have helped me so much.

— **Torrey Berkheimer**

## RUMC Earns Gold Seal of Approval for Advanced Stroke Care



Last month, Richmond University Medical Center was awarded The Joint Commission's Gold Seal of Approval for advanced primary stroke care by demonstrating continuous compliance with the commission's performance standards. The Gold Seal is a nationally recognized symbol of quality that reflects RUMC's continuing commitment to providing safe and quality patient care.

RUMC underwent a rigorous, unannounced onsite review in July of this year, during which a team of Commission reviewers

evaluated compliance with related certification standards including program management, delivering and facilitating clinical care, and supporting patients in their aftercare. The reviewers also conducted onsite observations and interviews before determining that RUMC met its standards for certification.

According to data from the New York City Department of Health and Mental Hygiene, the rate of deaths in Staten Island caused by heart disease exceeds that of the other boroughs and the

nation. When broken down by race, the rate of death due to heart disease in Staten Island is still higher across all races compared to the rest of New York City and the nation. Coronary heart disease, or CHD, is characterized by the buildup of plaque inside the coronary arteries. Several types of heart disease, including CHD, are risk factors for stroke. Staten Island has a higher rate of CHD deaths than all other New York City boroughs and the nation.

## Local Business Donates Clothing to RUMC's Project LAUNCH



*Members of the Project LAUNCH team display the donated baby onesies along with their designer Danielle Schau (right side, holding yellow onesie).*

Local children's clothing business PEACH+BLUP donated over 100 baby onesies for distribution to families receiving healthcare services through Richmond University Medical Center's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) program. The program, which started in 2019 and is available to residents on the north shore of Staten Island, promotes the wellness of young children ages birth to eight by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development.

The donated onesies feature bold, vibrant

colors and depict a different "critter" that reflects the diversity of our world. According to PEACH + BLUP owner Danielle Schau, who founded the company with her husband, Lawrence, the "critters" are the creation of her uncle and their look has changed over time.

"Growing up with a disabled uncle taught us to look past what is on the outside and love from the heart," Schau said. "My uncle taught us that creativity, love, and uniqueness is what happiness is about. From a young age he has been drawing different variations of 'critters.' Looking at how unique each critter's characteristic is drew us to want to celebrate individualism and creativity."

The onesies range in size from newborn to 24 months, are individually wrapped for safety and health precautions, and delivered directly to PEACH+BLUP from the factory. The onesies will be distributed by Project LAUNCH staff to families enrolled in the program.

Project LAUNCH is a federal initiative created by the National Center for Healthy Safe Children and funded by the Substance

Abuse and Mental Health Services Administration (SAMHSA). The program prepares children for success in school through a variety of activities including improving coordination and collaboration among available resources serving children; increasing access to quality, evidence-based programming for children and their families; and providing comprehensive prevention, wellness, and physical/behavioral health services directly to the children and their families.

"We are deeply appreciative of Danielle and her company for their donation," RUMC's Assistant Vice President for Behavioral Health Services Joanne Pietro, RN, said. "We look forward to sharing their gift with our young families who are in need and who will benefit from this generous donation."

Project LAUNCH is headquartered at 669 Castleton Avenue on the campus of Staten Island Mental Health Society, a division of RUMC. For more information on eligibility and how to receive services through Project LAUNCH, call 718-442-2225 ext. 157 or visit [www.rumcsi.org/behavioral-health](http://www.rumcsi.org/behavioral-health).

# Assembly Members Announce State Funds for RUMC's Gun Violence Prevention Program



Staten Island Assembly Members Michael Cusick and Charles Fall announced they have secured \$100,000 in state funds to support Richmond University Medical Center's Cure Violence program. Cure Violence is an evidence-based violence prevention program that works with communities that have high levels of gun violence. RUMC has provided the program for the past 14 years.

The Assembly Members came to RUMC to make the announcement. They were joined by hospital President and Chief Executive Officer Daniel J. Messina, PhD, FACHE; YouthBUILD Impact President and CEO Kamillah Hanks; Uncle Chase from the Uncle Chase Foundation; and members of RUMC's medical staff and trauma team.

"Far too often, inside our hospital the announcement is made 'Level One Trauma, Emergency Room.' Too often it is the result of a gunshot wound," Dr. Messina said. "This support from Assembly Members Cusick and Fall will enable our Cure Violence team at RUMC to continue engaging victims to curb gun violence, provide follow-up services, and support community mobilization activities."

Between 2019 and 2020, there was a 112.5% increase in gunshot wounds treated at RUMC. The hospital, which is a state designated Level I Adult and Level II Pediatric Trauma Center, went from treating 18 gunshot wound patients in 2019 to 30 patients in 2020. So far in 2021, RUMC has already treated 20 gunshot wound patients, putting the

hospital on track to exceed last year's increase.

Over 90 percent of the gun violence victims RUMC treats are males with the average age being 26 years old. Nearly half of the gunshot wound patients treated in the past two years were from the Staten Island zip codes 10301 and 10304, zip codes identified as gun violence cluster zones by New York State.

Thanks to the skill and expertise of RUMC's medical staff, the trauma program at the hospital has a 95 percent survival rate for all victims of penetrating injuries, which includes gunshot wounds. RUMC's trauma team is led by Director of Trauma Services Daniel Genovese-Scullin, RN, BA, MSN, CNL(c).



## Employee of the Month: Anthony Schianodicola

Congratulations to Physical Therapist Anthony Schianodicola who was selected as Employee of the Month for July. Anthony works in our Comprehensive Rehabilitation Center. Tony was nominated by his peers for his continuing dedication to our patients and his colleagues.

# Pediatric Endocrinologist Shares Tips for Treating and Preventing Type 2 Diabetes in Kids



Ishita Kharode, MD, pediatric endocrinologist

Years ago, Type 2 diabetes was seldom seen among children. But as the rate of childhood obesity grew to epidemic proportions over the past two to three decades and screening for diabetes among this population became more prevalent, the incidence of pediatric Type 2 diabetes has risen to similarly concerning levels, with some 5,000 to 10,000 new cases of Type 2 diabetes being diagnosed in people age 18 and under each year. And experts fear that this alarming trend has only been exacerbated by the pandemic.

“Type 2 diabetes in adults or children involves a resistance to insulin, the hormone that our pancreas makes to maintain normal blood sugar levels,” explained Ishita Kharode, MD, pediatric endocrinologist at Richmond University Medical Center. “Because the body doesn’t respond properly to the insulin being produced, the pancreas has to produce more and more insulin to maintain normal blood sugar and can’t keep up, so blood sugar will rise.”

While researchers continue to study the disease’s drivers, “a genetic predisposition/family history and a sedentary lifestyle/obesity are both risk factors for Type 2 diabetes,” Dr. Kharode said. “The disease is also connected to social determinants of health, such as access to healthy food, physical activity, and education on both.” If untreated or poorly controlled, she added, “Type 2 can increase the risk of

kidney dysfunction, visual conditions like retinopathy, nerve issues, cardiovascular problems, and more, and studies show that Type 2 diabetes in children may progress more rapidly than in adults, accelerating development of these complications.”

At the hands of the pandemic, “things we regularly talk to both kids and adults about — such as eating healthy, staying active, etc. — became more challenging,” Dr. Kharode noted. “Many people sheltered in place for their own and their family members’ safety and physical activity was often difficult to maintain while working and schooling from home; community centers and YMCAs were closed, baseline levels of exercise such as commuting to school or work were taken away, and even going to the park could be more difficult,” she said.

Amid this ‘perfect storm’ of challenges, “statistics show evidence of an increase in pediatric Type 2 diabetes nationwide, especially in specific hospital centers and communities of color already experiencing food deserts, limited outdoor space, and impairments to social determinants of health,” Dr. Kharode said.

According to Dr. Kharode, telltale signs of insulin resistance and/or Type 2 diabetes in kids can include increased frequency of urination and thirst, unintentional weight loss, and ‘acanthosis,’ a thickening and discoloration/darkening of the skin around the neck, arms, and sometimes the groin.

“Treatment depends on blood sugar levels at the time of diagnosis, as measured by the patient’s ‘hemoglobin A1C,’ or average blood sugar over the past three months,” Dr. Kharode said. “If this measure falls between 6.5 and 8.5 and ketosis isn’t present, we’ll start a child on Metformin, an oral medication which increases insulin sensitivity. If their A1C is 8.5 or higher, we’ll start them on insulin to bring their A1C down to normal,” she said, adding that Liraglutide, an injectable medication that helps the body release more insulin, was also recently approved by the FDA to treat pediatric Type 2 diabetes.

“The best way to address Type 2 diabetes in kids, however, is to minimize risk factors and try to prevent it,” Dr. Kharode confirmed. Some of the top ways to do that include:

• **Eating Healthy:** “When planning meals,

we recommend adhering to MyPlate (the current nutrition guideline from the U.S. Dept of Agriculture, located at [myplate.gov](http://myplate.gov)), whereby half of the plate contains vegetables or fruits, one-quarter contains protein such as chicken, meat, fish, eggs, or lentils, and the remaining quarter contains whole grains (such as brown rice or whole grain bread or pasta, which are full of fiber and digest more slowly) or carbs,” she said.

• **Avoiding Sugary Beverages:** “Though juices and sodas (often marketed to kids as being ‘natural’) are available everywhere, young people should avoid drinking them and opt instead for water or flavored seltzers,” she said.

• **Accentuating the Positive:** With all food and beverage options, “it’s important to focus on what kids can eat rather than what they can’t so that they feel empowered to make good choices,” Dr. Kharode said.

• **Exercising:** “I recommend that kids get at least 30 minutes of physical activity a few times a week,” Dr. Kharode said. “This can include walking, dancing, yoga, or running around and playing in the park — anything that gets their heart rate up a bit in a safe way.”

• **Doing It Together:** “It’s great if there can be a family approach to making behavioral changes in order to avoid singling out one child,” she advised. “It should be about the family getting healthy and participating in these activities together.”

• **Supporting Emotional Health:** “It’s important that kids stay healthy without feeling depressed about their condition or developing anxieties about eating or being perfect,” Dr. Kharode said. “We try to empower them with information so that they can take charge of their health.”

• **Accessing Resources:** According to Dr. Kharode, great tips on nutrition, healthy snacks, exercising, parenting, and more can be found at [www.healthychildren.org](http://www.healthychildren.org) and [www.diabetes.org](http://www.diabetes.org). “Another important step for children 12 and older is to get the COVID vaccination,” she added. “Whether you have diabetes or not, it’s a great preventative measure.”

# Nauseous or Bloating? It May Be Gastroparesis. RUMC Specialist Discusses this Gastrointestinal Disorder



*Magda Daoud, MD, gastroenterology attending physician*

While it's estimated that up to five million people in the U.S. are afflicted with gastroparesis, many people are not familiar with this gastrointestinal disorder.

"Gastroparesis refers to a slowing in the emptying of the stomach, with contents remaining in the stomach longer than normal," explained Magda Daoud, MD, gastroenterology attending physician at Richmond University Medical Center.

Affecting men and women of any age, but mostly adults, gastroparesis can have many causes.

"One of the most common causes is diabetes, especially if it's long-standing and uncontrolled, because diabetes affects nerves in the stomach that can lead to slowing of the stomach's movement/motility," Dr. Daoud said. "Another cause is any dysfunction in the thyroid, which regulates the body's muscle and digestive function — especially hypothyroidism (low thyroid function).

Gastroparesis can also be the result of other neurological disorders or the use of certain medications, narcotics, or opioids, which can act on receptors in the bowel and stomach and slow their movement."

Regardless of the cause, symptoms of gastroparesis include nausea, vomiting, and a feeling of fullness very quickly after

eating just a few bites. "People may also experience bloating and upper abdominal pain as well as more frequent heartburn, as the act of food remaining in the stomach longer can aggravate or exacerbate reflux, which occurs when stomach acid flows into the food pipe and irritates the lining," said Dr. Daoud, who noted that while the stomach is very muscular and thick-walled, food that stagnates there can cause inflammation.

According to Dr. Daoud, "we try to look for the factor that caused the gastroparesis, because treatment of the underlying disorder may help address symptoms of gastroparesis. We always start the process with a good medical history of each patient because the first line of treatment is to determine any underlying cause. We'll first try to rule out any mechanical blockage or gastric obstruction in these patients by doing an upper endoscopy to ensure that the opening of the stomach through the small bowel is clear and no obstruction is present. If there's no blockage, we'll then order a 'gastric emptying study' — a nuclear test that enables radiology specialists to trace food and track how

conditions," Dr. Daoud said. "If they have diabetes, for example, we'll work to ensure that their blood sugar is controlled. If they take narcotics, we'll request that they stop, and if their gastroparesis is thyroid-related, we'll adjust their thyroid medication accordingly. We'll then have them work with our dietitians to adjust their diet, avoiding or reducing consumption of foods that take longer to empty from the stomach, such as items high in fat or fiber."

"The next step is to increase movement/emptying of the stomach with medication such as Reglan, an antiemetic medication, which increases gut motility and suppresses nausea/vomiting may also help," she said. If these don't work, surgical intervention may be necessary as a last resort.

"Surgical intervention can take the form of gastro electrical stimulation or else the insertion of a feeding tube either directly in the small bowel (bypassing the stomach) or in the stomach with a port to the small bowel and a port to the stomach to decompress or vent the stomach after eating to prevent vomiting," Dr. Daoud said.



quickly it leaves the stomach."

In advance of this study, patients are asked to refrain from taking any medication that increases stomach motility. If the study confirms that food remains in their stomach for more than four hours, they will be diagnosed with gastroparesis.

"Once a patient is diagnosed with gastroparesis, we'll start them on treatment, focusing first on addressing underlying

Working with a team of experienced colleagues, Dr. Daoud said that Richmond University Medical Center has extensive experience in successfully treating gastroparesis. "We offer a multidisciplinary approach involving dietitians, surgeons, radiologists, and gastroenterology specialists to take a step-by-step approach to diagnosis and to provide the best treatment for patients," she said.



## New Hires — Welcome to RUMC!

Adekunmi Bankole – NP

Joanna Barretta – Sr PA

Phyllis Beck – Case Manager

Elaine Bhadmus – Respiratory Therapist

Doreen Briggs – Classroom Sub

Ilfana Brkanovic – Building Service Worker

Jennie Colon – Nursing Assistant

Corina Cuevas – RN

Serita Edward – Lab Aide

Minerva Garcia – Clinical Lab Tech

Earla George – Nursing Assistant

Udaya Herath Gerdara – Pharmacy Tech

Zina Leigh – RN

Cynthia McKenzie – Nursing Assistant

Brittany Rhodes – Anesthesia Tech

Alejandro Rivera – Transporter

Mary Shnouda – OT

Taylor Swanberg – RN

Steven Vassell – Building Service Worker

## September Observances

Please join us in acknowledging the following health-related observances for the month of September:

### Month-Long

Childhood cancer awareness

Drug-free pain management awareness

Food safety education

Gynecologic cancer awareness

Prostate cancer awareness

Pulmonary fibrosis awareness

Sepsis awareness

Thyroid cancer awareness

### Week-Long Observances

Vascular nurses week: Sept. 5 to 11

National suicide prevention week: Sept. 6 to 10

National assisted living week: Sept. 12 to 18

National environmental services week:

Sept. 12 to 18

Neonatal nurses week: Sept. 13 to 19

International clean hands week: Sept. 19 to 25

Nursing professional development week:

Sept. 20 to 24

### Recognition Days

National Suicide Prevention

Day: September 10



# SAVE THE DATE

MONDAY  
SEPTEMBER 27, 2021  
AT THE RICHMOND COUNTY COUNTRY CLUB

JACK SIPP  
GOLF, TENNIS  
AND  
BOCCE OUTING

*To benefit  
Richmond University  
Medical Center*

Register at  
[www.rumcsi.org/golf](http://www.rumcsi.org/golf)