

Hospital Staff and Community Remember September 11, 2001



RUMC's 9/11/01 memorial surrounded by American flags, one for each Staten Islander killed in the attacks.



NYS Assembly Member Michael Reilly thanked the RUMC community for never forgetting the events of 9/11/01.



Frank Vega, NYPD Chief, Patrol Borough Staten Island, spoke about the importance of remembering and reflecting on the events of 20 years ago.

Richmond University Medical Center paid tribute to the victims of the attacks on September 11, 2001, with a ceremony in front of the hospital's 9/11 memorial. Hospital staff, EMS, NYPD, FDNY, and community leaders participated along with over 100 members from various chapters of the Blue Knights law enforcement motorcycle organization and Rolling Thunder military veterans organization. The members represented chapters from across all five boroughs of New York City and throughout New Jersey.

The ceremony included tributes, a moment of silence, and reflections from First Responders who participated in the rescue operations 20 years ago as well as many who wanted to share their thoughts and memories of that day.

"It was a picture perfect sunny morning with blue skies and warm temperatures here in New York City, in Washington, DC, and in Shanksville, Pennsylvania," RUMC President and Chief Executive Officer Daniel J. Messina, PhD, FACHE, said. "Soon those skies would be covered in grey smoke and ash. As the morning became the afternoon and the afternoon turned into the evening, for many of us, the chill we felt earlier became something else. It became sorrow, it became anger, it became resolve. Resolve to support one another, to defend our freedoms, to rebuild our beloved city, and to ensure that the events of September 11, 2001, are never forgotten."

Among those in attendance were Frank Vega, NYPD Chief, Patrol Borough Staten Island, New York State Assembly Member Michael Cusick, New York State Assembly Member Michael Reilly, and Timothy Koller, Chief Assistant District Attorney.

W
L
C
I
N
O
R
T
H

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



Each of us strives each day to provide the absolute highest level of care to our patients. Thanks to everyone's continued dedication to patient care and commitment to excellence, our most recent quality metrics show that we are doing better in several cases than the national average. These areas include, but are not limited to, inpatient mortality.

The CMS 5 Star Program is a rating system used to measure the experiences and outcomes of patient care that Medicare beneficiaries have with their health plan and hospital provider. It is an important "report card" that provides the public and the healthcare community with a glimpse of how hospitals nationwide are performing on certain patient quality measures. Patient mortality rates show if a hospital is providing the appropriate level of care and we are doing just that!

From July 2019 through April 2020, we are lower than the national 30-day mortality rate in four patient quality categories:

	Q3-2019 Q2-2020	Q3-2016 6/30-2019
Mortality Rate - 30 Day	RUMC	National Rate
Acute Myocardial Infarction	10.8%	12.3%
Chronic Obstructive Pulmonary Disease (COPD)	7.7%	8.1%
Heart Failure	2.7%	11.2%
Acute Ischemic Stroke	6.9%	13.5%

Congratulations to our medical staff and to our entire RUMC staff who serve our patients every day. These percentages

actually represent lives saved because of your actions and exceptional patient care. Keep up the great work as we continue to raise the bar on the excellent care we provide each and every day.

As we transition into the cooler fall months, work on our capital improvement projects continue to accelerate. Interior carpentry, plumbing, and the electrical layout have started in our new state-of-the-art Emergency Department, which will be complete in early summer 2022. The first of our new hurricane-force wind resistant windows has been installed as part of our window upgrade project. Over the next two years, all 700 windows around the hospital will be replaced. Our Maternity Unit and MICU upgrades are also progressing with both slated for completion early next year, and perhaps most exciting, there are only a few weeks left of physical construction on our Co-Gen project. Then it's just a final tie-in to the Con Ed power lines, operational training, and equipment testing before we officially go on line generating RUMC's own power!

All great news this month! However, let us all remember that the real secrets to our success are the basic "blocking and tackling"—exceptional quality metrics and providing exceptional patient experiences! Also, remember that October is Breast Cancer Awareness Month. Please schedule your mammogram and remind your family and friends!

**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 the Labor and Delivery Team,

Thank you to everyone who helped bring Sebastian safely into the world on 8/23!

Love, John, Ashley, Enzo and baby Sebastian

I was at RUMC hospital because I tested positive for COVID-19. I cannot tell you how professional and courteous the entire staff of nurses and doctors were. They got me in for my infusion and I was out in four hours. When I called that night because I got a high fever, the doctor called me himself! The treatment I received was unbelievable and professional, and I would recommend it to anyone. Keep in mind this is all during a

massive renovation for the new emergency room. I can only imagine once that's done. Great job, thank you!

— Robert C.

To Whom It May Concern,

I am writing to let you know that I had a wonderful experience with the nurses, specifically Fanya Ballow, who was the daytime nurse during my hospital stay from 7/16-7/18. On 7/16 I arrived at RUMC after my water broke. After several hours of pushing I ended up with an emergency C-section. It was a very scary experience, but having Fanya as my nurse made me feel as though I was in very good hands. She was very thorough, answered any questions I had, and was friendly and warm, and I feel very fortunate to have had her taking care of me.

Best, Rachel R.

GME Dept. Holds Annual Wellness Day for Hospital Residents



Soham Patel, MD, Radiology Department getting a chair massage.



Khushbu Shah, MD, Psychiatry Department, getting a manicure.

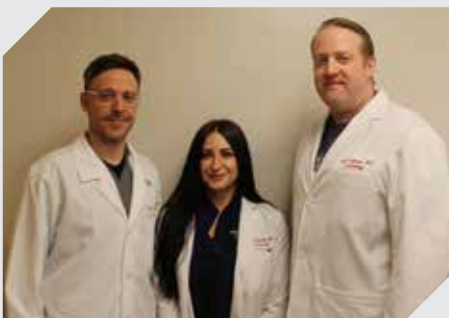


Jahinover Mazo, MD, Radiology Department, gets a few moments to unwind while getting a full back massage.

To help hospital residents relax, recharge, and unwind, the Graduate Medical Education (GME) Department held its annual wellness spa day on September 22. This year's spa day included manicures, massage therapists, raffles, and a buffet featuring vegetarian delights. The spa day was held in the Villa Conference Room and

Bloomfield Conference Room. Currently, RUMC has over 130 residents on staff providing quality care to Staten Island and surrounding communities. Services were provided to the residents by Staten Island Massage and Wellness, located in Port Richmond.

Recent Achievements by Richmond University Medical Center Staff



Francesco Rotatori, MD, FACC; Fiona Shehaj, MD; and Sean Galligan, MD, FACC

Presentations

American College of Cardiology 2021 Quality Summit

E-poster: Strategies to Manage CHF Patients as Part of the Continuum of Care

Presented by: F. Rotatori, MD, S. Galligan, MD, F. Shehaj, MD, R. Salhany, MBA, FACHE, W. Linn, MD, J. Musumeci, MD, B. Nugent, MD, A. Sinha, MD, S. Tinn, MD.

Publications

American Journal of Clinical Quality

Article: Post-COVID Care Center to Address Rehabilitation Needs in COVID-19 Survivors: A Model of Care.

Authors: M.Ahmad, MD, K.Kim, MD, D. Indorato, MD, I.Petrenko, MD, K.Diaz, MD, F. Rotatori, MD, R.Salhany, MBA, FACHE, N.Lakhi, MD.



Richard Salhany, MBA, FACHE

Recognitions

President of the Richmond Health Network and Chief Administrative Officer Richard J. Salhany, MBA, FACHE, was selected as an MGMA Extraordinary Leader by the Medical Group Management Association (MGMA). This recognition is awarded for excellence in health care management with special recognition for achievements in the past

year. Salhany continues to oversee the Network enterprise as well as many hospital departments including trauma services, cardiology, population health/ACO, and oncology. He has also collaborated with members of his team to promote RUMC best practices in professional journals and at healthcare conferences.

The Importance of Immunization Schedules for Kids



Marianne LaBarbera, MD

Many parents are overwhelmed by their kids' vaccination schedule — especially during this period of pandemic fear. Children will receive many shots — for about 14 different illnesses — and now COVID-19 has joined that list. But now as most kids are back in school full-time and in-person, it is more important than ever to be diligent about their immunization schedules so they are as protected as possible.

How do vaccines work?

A vaccine is a dead or weakened version of the disease that helps build up antibodies to protect us from contracting the disease if exposed. Over the years, vaccines have generated some controversy, but there is no evidence that vaccines cause harm.

According to Marianne LaBarbera, MD, a board certified family physician at Richmond University Medical Center (RUMC), “The MMR (measles, mumps and rubella) vaccine has the most notoriety because of fears of autism. These are proven to be untrue, but these fears still persist.” She adds, “The fears that vaccines will cause the illnesses that they are supposed to protect against is also untrue.”

Although children may have a reaction to any vaccine—including soreness, swelling or fever—the benefits far outweigh the possible side effects.

What is the best vaccine schedule for children?

According to Dr. LaBarbera, who is chief of Population Health at RUMC, most pediatricians follow the CDC immunization schedule and most kids' vaccination schedules are completed between birth

and six years of age. Many vaccines are given more than once, at different ages, and in different combinations. “If a child misses a dose for any reason, they should catch up as soon as possible,” Dr. LaBarbera says. “If they were sick, then as soon as they are well.”

The following is the CDC vaccine schedule — and most of these shots are given before the age of two:

- ▶ **One vaccination for measles, mumps, and rubella (MMR)**
- ▶ **Four vaccinations for Haemophilus influenza (Hib), a common upper respiratory infection that can also cause meningitis**
- ▶ **Three to four polio vaccinations (IPV)**
- ▶ **Four vaccinations for diphtheria, tetanus, and pertussis (DPT)**
- ▶ **Three vaccinations for hepatitis B**
- ▶ **One vaccination for varicella (chickenpox); no earlier than age 12 months and only if your child does not develop chickenpox on his or her own**
- ▶ **Three vaccinations for rotavirus, a type of infection that causes severe diarrhea**
- ▶ **Four vaccinations for pneumococcal disease, a common cause of ear infections and pneumonia**
- ▶ **From age four to six, your child will need booster shots for DPT, IPV, MMR, and chickenpox.**
- ▶ **Children should also start receiving a yearly flu shot after age six months.**
- ▶ **A vaccination for hepatitis A is recommended for all children.**

Keeping Track of Kids' Vaccine Schedules

Although the doctor's office will keep track of these shots, it is a good idea for parents to maintain records as well. Ask your pediatrician for proof of your child's immunizations or download a schedule and record form at the CDC website. It's also a good idea to bring your child's immunizations record with you to all office visits and make sure the doctor signs and dates every immunization.

“Parents should keep track, particularly when they get a vaccine from a provider other than their family doctor or pediatrician,” Dr. LaBarbera says, noting that people change doctors and records can get lost. In fact, studies show that about one-fourth of preschool children are missing at least one routine vaccination. It is important to know if your child has missed an immunization or received a shot that was not recorded.

In New York City, all vaccines that are administered are supposed to be reported to the Citywide Immunization Registry, which can be helpful if reports go missing. Also, ask your doctor's office if they have an immunization schedule reminder or recall system that will remind you when inoculations are due and let you know if one has been missed.

Why are vaccines for children so important?

“Vaccines are our primary defense against diseases that are a threat to public health,” Dr. LaBarbera says. “These diseases should be prevented because they have no specific treatment, can result in debilitating complications or disability, and can even be life-threatening to some.”

Vaccinations not only protect your child from deadly diseases — such as polio, tetanus, diphtheria, and now COVID-19 — but they also keep other children safe by eliminating or greatly decreasing dangerous diseases that used to spread from child to child.

“It is and has always been important for kids to follow the age-appropriate schedule or catch-up on vaccinations that they are missing,” Dr. LaBarbera notes. “Now more than ever, it is important to stay healthy and protect against diseases that still exist that can cause illness, lasting complications, and death, as well as be passed on to others who may not be protected.”

— Shana Liebman

Shana is a reporter for Staten Island Parent Magazine



The Quality and Patient Safety “Q Corner”

From Joan Gleason Scott, PhD, RN, NEA-BC, CPHQ, CPPS
Vice President Quality, Infection Prevention, Patient Experience, Language Services

I have been at RUMC for eight weeks now and over these weeks I have been welcomed by everyone. Each day I witness the efforts of dedicated staff around the hospital. I would like to open this “Q Corner” with some of the comments that have come in through surveys from our patients and families. I believe that it is essential to share these messages so we can see the good in what we all do each day at RUMC.

Emergency Department:

- ▶ “I was very scared, and the staff helped me to calm down and gave me the proper treatment.”
- ▶ “Service by entire staff was great. They made me feel comfortable and helped me. Everyone was very nice, friendly, and helpful. I came in by ambulance, put into a trauma room quickly. Very good job. Very courteous and professional in this area from the personnel on duty.”

- ▶ “Very pleased with the attention of the doctors in charge of this shift (very professional).”
- ▶ “All nurses were courteous and explained why they came in my room and answered all my questions.”
- ▶ “The doctors was good to listen to my concerns and answer my questions.”

Inpatient Department:

- ▶ “All of the doctors were incredibly empathetic and willing to take time to explain why I was getting tests.”
- ▶ “Nurses were awesome. I was so scared and they kept me calm. God bless them all.”
- ▶ “Staff always came with updates regarding what was going on with myself and baby.”

- ▶ “I cannot say enough nice things about the nursing staff. All of the nurses and other staff members were top notch. I am afraid to name names because I don’t want to omit anyone. Thank you all for making my stay bearable when I was so ill.”

Ambulatory Surgery:

- ▶ “Nurses before and during procedure were excellent!”
- ▶ “The hospital staff were gracious and professional.”
- ▶ “My nurse in Recovery was truly excellent. She was caring and vigilant about my wellbeing.”
- ▶ “Truly, thank you for all that you do.”

RUMC Makes “Best Hospitals” Issue of U.S. News & World Report for Cardiovascular Care



Richmond University Medical Center has been recognized by the American College of Cardiology (ACC) in the “Best Hospitals” issue of U.S. News & World Report for its dedication to providing the highest quality care to cardiovascular patients. RUMC uses ACC’s proven quality programs to inform its robust quality improvement processes using data to drive improvements in adherence to guideline recommendations and overall quality of care provided to cardiovascular patients. RUMC is committed to providing top level care. To read more about RUMC’s recognition, visit www.Acc.org/USNWR.

Worried About Prostate Cancer? RUMC's Urology Services Can Put Your Mind at Ease



Sovrin M. Shah, MD

While some younger men can experience prostatitis, a swelling and inflammation of the prostate gland, the two most common conditions of the prostate — often occurring as men age — include benign enlargement of the prostate and cancer of the prostate.

“The prostate is a gland involved in male reproduction,” said Sovrin M. Shah, MD, a Mount Sinai Health System urologist affiliated with Richmond University Medical Center who treats patients at the hospital’s comprehensive Urology Center, located at 1200 South Ave. in Staten Island. “The prostate helps to support the health and functionality of sperm.”

In terms of enlargement, “The prostate surrounds the urethra, the conduit that exits the bladder, and that anatomic location lends to some of the difficulties men face,” Dr. Shah said. “If the center of the prostate grows, it can impair the urethra and subsequently diminish the flow of urine.” Typically starting in a man’s early to mid-50s, “Symptoms of an enlarged prostate can include slowing of the urinary stream, more frequent urination and a greater urgency to urinate during the day or night, which can be disruptive to some men’s sleep,” he said.

“While it’s very common to have an enlarged prostate, only those that are clinically symptomatic and bothersome need to be treated,” he noted.

According to Dr. Shah, “Prostate cancer represents the third most common cancer in American men (after skin and lung cancer), and enlargement doesn’t necessarily mean cancer.”

An Important Screening

“After coming in for a prostate exam, the first thing we’ll do is take a patient’s history, as the existence of a first-degree relative (a father or brother) with prostate cancer will increase one’s risk and create the need to start screening at an earlier age,” Dr. Shah said. “Race is also a risk factor, as African American men are at a higher risk of developing prostate cancer, experiencing more aggressive forms, and dying from the disease than non-African American men.

“We’ll also ask the patient about their urinary symptoms — e.g., how often they get up at night, their frequency of urination during the day, and any difficulties urinating (such as burning or discomfort) as well as the presence of any blood in the urine,” Dr. Shah said. “We’ll then perform a digital rectal exam (DRE), which involves the insertion of a gloved and lubricated finger in the patient’s backside and an examination of the surface of their prostate,” he said. “Because a majority of cancers grow on the periphery of the prostate, a DRE is important for detection, though the vast majority of prostate cancers are diagnosed by an abnormal blood test called ‘PSA’ (or prostate-specific antigen), a protein produced by the prostate.

“While a normal PSA score is usually less than 4, we can tolerate higher PSAs in older men because an enlarged prostate can produce elevated PSA levels,” Dr. Shah said. In terms of screening guidelines, “The American Urological Association recommends that African American men or any man with a first-degree relative who’s been diagnosed with prostate cancer should start screening for prostate cancer at age 40, otherwise age 50.”

Treatment Options

“For enlargement that’s bothersome, we’ll start with medication that will help reduce the size of the prostate and/or alleviate pressure on the urine flow,” Dr. Shah said.

Regarding treatments for prostate cancer, “What’s important to recognize is that in the 1970s, only 67 percent of those with localized prostate cancer were cancer-free five years later and today that number is nearly 100 percent,” he said. “This reflects that the medical community does a good

job of treating prostate cancer, especially if it’s detected when it’s localized to the prostate; if it’s diagnosed too late, treatments become more limited and success is lower, so early detection helps ensure a better outcome.”

Dr. Shah noted that current approaches to addressing prostate cancer are different than they were 20 years ago. “Today, we understand that not all prostate cancers need to be treated, especially if they’re low-grade, low-volume tumors; in these situations, we just stay on top of them by doing active surveillance, monitoring their symptoms, and performing regular PSA tests,” he said. “Because we have good screening in the U.S., the chance of finding a localized prostate cancer is good and outcomes associated with radiation therapy, surgical treatment, active surveillance, medication, or a combination of any of these treatments are excellent. Along with today’s enhanced imaging, advanced radiation techniques enable practitioners to focus on the tumor and spare surrounding tissue, while robotic-assisted surgery enables greater precision and we have more medications at our disposal than ever.

“What’s important to recognize is that in the 1970s, only 67 percent of those with localized prostate cancer were cancer-free five years later and today that number is nearly 100 percent.”

“The most important message for men (and their families) is to take a proactive approach to your health in general and to see a urologist and get screened if your doctor doesn’t test for prostate cancer,” Dr. Shah said. “We have highly successful treatment options that can not only treat cancer, but also cure it if it’s spotted early. For men just experiencing urinary issues, there are some good medication or surgical options that can markedly improve their symptoms.”



New Hires – Welcome to RUMC!

Alberta Afriyie – *Nursing Assistant*
 Cathrine Bernardo – *RN*
 Natalia Bishop – *Unit Clerk*
 Joseph Calamusa – *MHT*
 Liliana Carioti – *Unit Clerk*
 Raegan Cole – *Clinical Data Specialist*
 Anthony DelGaudio – *RN*
 Gina Deprima – *Food Service Worker*
 Scott Feldman – *LMSW*
 Taylor Francis-Castro – *LMSW*

Stephanie Gasca – *Unit Clerk*
 Susan Giammarino – *Unit Clerk*
 Kristen Gilbride – *Payroll Clerk*
 Thilini Goonawardena – *RN*
 Edelyn Irizarry – *Unit Assistant*
 Diana Izmikna – *Registrar*
 Vimmi Khristi-John – *RN*
 Julia Knobloch – *RN*
 Lequida Lawson – *Switchboard Operator*
 Winnifred Louie – *Payroll Supervisor*

Alberta Muse – *Building Service Worker*
 Anhthu Nguyen – *Respiratory Therapist*
 Marissa O’Sullivan – *Registrar*
 Oleywise Rheubottom – *Nursing Assistant*
 Emanuela Toshi – *Nursing Assistant*
 John Travieso – *Physical Therapy Assistant*
 Zllatko Vurmo – *Sr PA*

October Observances

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

Month-Long

Breast Cancer Awareness
 Domestic Violence Awareness
 Eye Injury Prevention
 Health Literacy Month
 Healthy Lung Month
 Medical Ultrasound Awareness
 National Disability Employment Awareness
 National Physical Therapy Month
 National ADHD Awareness Month
 National Down Syndrome Awareness Month
 Pharmacists Month
 Pregnancy and Infant Loss Awareness Month
 Spina Bifida Awareness Month
 Sudden Infant Death Syndrome (SIDS)
 Awareness Month

Week-Long Observances

Fire Prevention Week: Oct. 3 to 9
 Mental Illness Awareness Week: Oct. 3 to 9
 National Healthcare Supply Chain Week: Oct. 3 to 9
 Emergency Nurses Week: Oct. 10 to 16
 Sterile Processing Week: Oct. 10 to 16
 National Dialysis Technician Recognition Week:
 Oct. 11 to 16
 Bone and Joint Health National Action Week:
 Oct. 12 to 20
 International Infection Prevention Week:
 Oct. 16 to 22
 National Healthcare Quality Week: Oct. 17 to 23
 Medical Assistants Recognition Week: Oct. 18 to 22
 Nuclear Science Week: Oct. 18 to 24
 National Healthcare Facilities and Engineering Week:
 Oct. 24 to 30
 National Respiratory Care Week: Oct. 24 to 30

Recognition Days

World Cerebral Palsy Day: Oct. 6
 World Mental Health Day: Oct. 10
 Metastatic Breast Cancer
 Awareness Day: Oct. 13
 Stop America’s Violence
 Everywhere (SAVE) Day:
 Oct. 13
 Pregnancy and Infant Loss
 Awareness Day: Oct. 15
 National Mammography Day:
 Oct. 18
 Stuttering Awareness Day: Oct. 22
 World Pediatric Bone and Joint
 Day: Oct. 19
 World Psoriasis Day: Oct. 29



Daniel J. Messina, PhD, FACHE, RUMC President and CEO; Dom Famulari, recipient of the Jack Sipp Distinguished Service Award; Kathryn K. Rooney, Chair of the RUMC Board of Trustees; and Tom Sipp, nephew of the late Jack Sipp.



Daniel J. Messina, PhD, FACHE, RUMC President and CEO; Srinivas Duvvuri, MD, recipient of the Dr. Stanley Stilwell Memorial Award; Kathryn K. Rooney, Chair of the RUMC Board of Trustees; and Dr. Anne Marie Stilwell, sister of the late Dr. Stanley Stilwell.

Annual Jack Sipp Golf, Tennis and Bocce Outing A Success!

Richmond University Medical Center held its annual Jack Sipp Golf, Tennis and Bocce Outing on September 27 at the Richmond County Country Club. This year's outing honored Srinivas Duvvuri, MD, who received the Stanley Stilwell, MD, Memorial Award, and Dom Famulari, who received the John F. L. Sipp Distinguished Service Award. Currently a member of the RUMC Foundation Board, Famulari is the founder of Tillman Brokerage Inc., a Staten Island based insurance agency. He was honored for his lifelong dedication to the community. Dr. Duvvuri was honored for his decades of service caring for cardiac patients. He has been a major contributor to the development of RUMC's Cardiac Cathertization Lab, improving outcomes in even the most critical of cardiac patients.



Golfers get ready to tee off at Richmond County Country Club.



Players enjoyed the beautiful weather to serve up a memorable afternoon supporting RUMC.



The bocce courts were full of RUMC supporters.