

Richmond University Medical Center Holds Breast Cancer Awareness Ceremony



Breast cancer survivors who participated in RUMC's breast cancer awareness ceremony: Laura Gajda; Brenda Collymore, Twanna Rodriguez and Shannon Carberry.



Victoria A. Forte, MD, RUMC's Cancer Service Line Director, and Director of Hematology-Oncology, led those gathered in a moment of silence for those who have succumbed to the disease.

Richmond University Medical Center marked Breast Cancer Awareness month with a ceremony at its Breast and Women's Center on October 15. The ceremony honored those lost to the disease, celebrated the courage of survivors, and expressed support for those currently battling breast cancer.

"On behalf of everyone at Richmond University Medical Center, I would like to offer our thoughts to everyone who has lost a loved one to breast cancer," RUMC President and Chief Executive Officer Daniel J. Messina, PhD, FACHE, said. "I would also like to extend our continuing admiration and support to breast cancer survivors and everyone currently being treated for the disease. Your courage and determination are truly awe-inspiring."

The ceremony also included brief remarks from members of the medical staff, local dignitaries, and breast cancer survivors. Among those in attendance were New York State Assembly Member Michael Tannousis, Staten Island Deputy Borough President Ed Burke, and Director of Health and Wellness for Staten Island Borough

President James Oddo, Dr. Ginny Mantello. Both Tannousis and Burke thanked RUMC for providing a dedicated breast center to protect the health and well-being of the community. They also used the ceremony as an opportunity to encourage women to perform breast self-exams and to schedule annual mammograms even if they are not at high risk for breast cancer. Following the ceremony, a brief meditative stretching and breathing session was held to help promote good health for everyone. The session was provided by Heal and Prosper Holistic Wellness, located at 1000 South Avenue.

October is National Breast Cancer Awareness month, an annual campaign to increase awareness of the disease. According to the American Cancer Society, more than 281,500 new cases of invasive breast cancer will be diagnosed in women in 2021 and about 43,600 women will die from the disease. Breast cancer is the most common cancer found in women, except for skin cancers. Currently, there is a 1 in 8 chance that a woman will develop breast cancer sometime in her lifetime.

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



Reducing hospital readmissions is critical for any healthcare facility and is one of many metrics included in the CMS 5 Star Program, a rating system used to measure the experiences and outcomes of patient care that Medicare beneficiaries have with their health plan and hospital provider. High readmissions are associated with larger financial costs and negative patient outcomes. On the flip side, low readmission rates are symbolic of high quality patient

care, increased patient satisfaction, and the doorway to lower health care costs.

I am happy to report that RUMC has demonstrated significant improvement in decreased 30-day readmissions for our patients with acute myocardial infarction, Chronic Obstructive Lung Disease (COPD), and heart failure during Q3 2019 to Q2-2021. In fact, we have lower readmission percentages than the rest of the nation as shown in the graph below:

	Q3-2019 Q2-2021	Q3-2016 Q2-2019
Mortality Rate - 30 Day	RUMC	National Rate
Acute Myocardial Infarction	9%	15.8%
Chronic Obstructive Pulmonary Disease (COPD)	11.1%	19.7%
Heart Failure	17.6%	21.9%

Congratulations to everyone for once again raising the bar and personifying the definition of quality patient care. I have no doubt these metrics, along with our ratings in many other CMS 5 Star elements, will continue to move forward thanks to your never-ending dedication and commitment to our patients,

their families, and your colleagues. Thank you for the excellent care you provide each and every day.

November is National Lung Cancer Awareness month. According to the American Cancer Society, lung cancer — small cell and non-small cell — is the second most common cancer in both men and women, not including skin cancer. The organization estimates that this year alone nearly 236,000 new cases of lung cancer will be diagnosed with almost 132,000 deaths resulting from this disease. Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined. However, on a positive note, new lung cancer cases continue to decrease thanks largely in part to advances in early detection and treatment as well as more and more people making the decision to quit smoking. I encourage everyone to use this month as an opportunity to learn more about lung screenings, which we provide here at RUMC, and if you have a tobacco addiction, to find out more about our tobacco cessation program. You can find out about both by contacting our Lung Nurse Navigator, Nancy Sayegh-Rooney, RN, ONN-CG, NCTTP, at 718-818-2391 or by visiting rumsoci.org/lungscreening.

On behalf of everyone at Richmond University Medical Center, a Happy Thanksgiving to you and your families. To our all our military veterans, Happy Veterans' Day and thank you for your service to our country!

**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

First time patient and they've been great! Helped me out when I called back with my referral, said they will contact the office referred, not to worry about it. I appreciate those little things, when they look to make your life easier.

— Mario. R

My father, who doesn't speak English, had a great experience with the nurses. They were amazing and extremely helpful and caring. Dr. Kuczabski is an excellent doctor! Highly recommended!

— Renata O.

To the staff at 1058 Forest Avenue,

I was a walk-in. Front desk was very polite and professional. PA Keith was patient, kind, and explained my issue in a clear, informed manner. I would recommend their doctors and services to anyone.

— Chris B.

To Nurse Jeanine,

A big thank-you for the care and encouragement when we brought Cecelia into this world! I could not have done it without you. You will be part of the story I tell Cece about her arrival. From a very, very grateful mom!

— Elizabeth, Brendan and Cecelia Anne

RUMC Walks For Breast Cancer

The American Cancer Society held its annual Making Strides Against Breast Cancer Walk on October 17 in Midland Beach. Staff and supporters of Richmond University Medical Center joined with over 7,000 other walkers to show support for breast cancer survivors and those currently battling the disease. RUMC is an annual sponsor of the walk and also uses this event as an opportunity to promote good breast health and the services provided at RUMC's Breast and Women's Center, located at 1161 Victory Blvd.



Toy Donation from Miss South New York



International Miss South New York 2021-2022 Alexandria Hodnik visited Richmond University Medical Center to donate new toys she collected for the hospital's pediatric patients. On hand to accept the donation were members of the hospital's Pediatric Department as well as Brian McMahon, MD, Chair of the Pediatric Department.



Despite the Pandemic, Richmond Quality ACO Has Another Successful Year



(Front l-r): Executive Vice President and Chief Medical Officer Pietro Carpenito, MD; Marianne LaBarbera, MD, ACO Chair; Richard J. Salhany, MBA, FACHE, President of the Richmond Health Network and Chief Administrative Officer. (Back l-r): Kimberly Smith, ACO Care Coordinator; Jasmin A. Eversley-Danso, Director, Network Population Health and Clinical Informatics; Dale Weber, ACO Care Coordinator; and Humroy Mendez, Clinical Systems Analyst.

The Richmond Quality ACO had a successful year achieving reduced expenses and improving quality scores as reflected in the last 2020 report from the Centers for Medicare and Medicaid. The report cites a \$6.9 million savings for the Medicare cohort delegated to the ACO.

"The team has worked hard to focus on reducing healthcare costs," Marianne LaBarbera, MD, ACO chair, said. "The savings is a direct result of our proactive efforts to increase annual wellness visits and preventative care. We are moving patients from emergent care to

preventative and a scheduled care model reaching them along the continuum before a major health crisis develops."

Another vital component of the ACO initiative is to improve the quality metrics for this same population. "We continue to align our clinical practice with the best practices in healthcare," Jasmin A. Eversley-Danso, MS, LSSMBB, director, Network Population Health and Clinical Informatics, said. "These include cancer and a variety of preventative screenings along with patient education on how to define their healthy status. We are one of the top performers with a quality score of 96.87 percent."

"As a member of the National Association of ACO's Policy Committee, advocacy for the longevity of programs like the ACO is critical for the future of healthcare," Richard J. Salhany, MBA, FACHE, president of the Richmond Health Network and chief administrative officer, said. "Our ACO leadership continues to participate in outreach to members of Congress to educate them about population health. This year, the ACO team met with representatives from Congress including Congressman Paul Tonko to discuss the changes planned for the future."

Annual White Mass for Healthcare Professionals Recognizes RUMC's Finest

Each year a special mass is celebrated for healthcare professionals to honor their dedication to helping others. The White Mass for Healthcare Professionals is named after the traditional "white jackets" worn by physicians and nurses. It is held near the date when St. Luke the Evangelist, the patron saint of physicians and surgeons, is celebrated. At this year's Mass on October 17, several honorees were singled out for their compassion and commitment to their patients and colleagues. One of the honorees was Rita Magnuski, RN, MSN, vice president for Patient Care at RUMC.

President of the Richmond Health Network and Chief Administrative Officer Richard Salhany, MBA, FACHE, who also served as Deacon of the Mass, described Rita as "a significant force at the Medical Center who ensures a caring and patient-centered approach to patients. She is a hero who helped steer the hospital's daily operations during the worst of the COVID-19 pandemic." Magnuski has been with RUMC



Rita Magnuski, RN, MSN, along with fellow award recipients and attendees at this year's annual White Mass for Healthcare Professionals.

for 25 years and is responsible for the daily clinical and administrative operations of the adult medical-surgical areas, intensive care units, in-patient adult and psychiatric units, and the nursing staff.

"I was so pleased to be selected as an honoree," Magnuski said. "Healthcare is more than just a job to me, it really is a calling and vocation. I see each day how our team works to take care of the sick and vulnerable and I am proud to be part of that mission."

The Mass was sponsored by the Catholic Mental Health Professionals of Staten Island and held at St. Clare's Parish. Medical professionals in attendance also received a Blessing of the Hands by Father Arthur Mastrolia, Pastor of St. Clare's. Other community honorees included Laura Parisi, MS, LMHC; Michael Coyne, MS, RPH; and Suzanne El-Sayegh, MD, FACP, FASN.

RUMC Utilizing the Power of Tumor Genetics in Treatment of Breast Cancer



Victoria Forte, MD, chief of the division of Hematology-Oncology and Cancer Service Line director.

A recent American Cancer Society study revealed that the number of women who died from breast cancer declined by 40 percent in the past 25 years — the equivalent of nearly 325,000 lives saved during that time period. Among the factors contributing to this positive development have been breakthrough advances in diagnostic techniques and treatment, including the use of tumor genetics, or the study of gene variants that cause or increase one's risk of cancer.

"Tumor genetics is an exciting field that's becoming more and more personalized as we move forward," shared Victoria Forte, MD, chief of the division of Hematology-Oncology and Cancer Service Line director at Richmond University Medical Center.

"Years ago, the clinical management of breast and several other cancers relied on very few prognostic indicators for diagnosis," Dr. Forte said. "In the case of breast cancer, we looked at the estrogen, progesterone, and HER2 receptors to tell us whether a patient should receive chemotherapy or not. More recently, however, the field of oncology has opened us up to so many new discoveries that have transformed treatment paradigms, including analysis of the DNA of the actual tumor," she said. "Once a breast surgeon removes a patient's tumor, we send it out for a specialized test like the Oncotype DX Breast Recurrence Test or 70-Gene Signature Test, which look at 21 and 70 different genes, respectively, and determine the likelihood of cancer recurrence and whether the patient's cancer will respond favorably to chemotherapy or not."

"Up through the 2000s, the predominant thinking was that if a patient's tumor was one centimeter or greater in size they'd benefit from chemo, so nearly everyone got chemo then," she said. "Now, through the robust field of tumor genetics, we're personalizing medicine so that patients don't need to be exposed to the agony and toxicity of chemotherapy unnecessarily."

"Even just several years ago, chemotherapy and endocrine ablative therapy (the suppression of endocrine glands to treat hormone-dependent breast cancer) were the main treatments," Dr. Forte explained. "Now we're not only able to look at the genes of the tumor itself, but any cell that escaped from the tumor into the bloodstream as well — we can assess more than 360 genes in real time and administer a variety of targeted therapies to attack any little cancer cell that could cause a metastasis in the future."

According to Dr. Forte, "every tumor biology is unique. Thanks to recent advances in immunotherapy and targeted therapy, we can now address the exact genes causing a patient's cancer and give them targeted treatment that kills their tumor. For this reason, there's hope for everyone, no matter what stage they are," she said. "We've come so far and every breast cancer patient now has the possibility of living longer with a high-quality of life and doing extremely well."

A Range of Innovative Therapies

Thanks to the growing field of tumor genetics, a number of targeted therapies are now possible, including:

► Endocrine Ablative Therapy — Considered one of the first forms of targeted therapy, "this approach assesses not only a patient's estrogen and progesterone receptors, but the enzyme that converts testosterone into estrogen in their peripheral tissues so that we can eradicate any little cells that escaped from the tumor into the bloodstream," Dr. Forte said. "The treatment, offered in a pill form that's typically taken for five to 10 years, stops production of the estrogen, causing cancer to grow within fat cells and adrenal glands, and we often liken this pill to taking blood pressure medication. It has very few side effects, the most common of which

are joint aches and pains, vaginal dryness, and osteoporosis, but we monitor these by giving patients calcium and vitamin D as well as a bone scan every two years to assess their bone density," she said. Thanks to this therapy, Dr. Forte noted that the majority of breast cancer patients in stage 0, 1, 2, or 3 have a 90 percent chance of being cured of their disease forever. "The goal is to catch it in these stages," she confirmed. "In stage 4, we can no longer cure a patient of their disease, but we can treat them and they can live longer with a high quality of life. The addition of these targeted therapies to our arsenal of treatments enhances our effectiveness."

► Immunotherapy — This cutting-edge approach uses the body's own immune system to attack cancer cells and is often used in combination with chemotherapy for patients with "triple-negative" breast cancer, an aggressive form of the disease that accounts for 15 percent of all breast cancer cases. "Side effects can include rashes and diarrhea, but they're easily managed and so miniscule compared to chemo and patients tolerate them very well," said Dr. Forte, who was pivotal in the clinical development and FDA approval of a novel HER2-targeted breast cancer therapy. "We've come a long way in improving patients' lives and minimizing the toxicity of drugs that have many more side effects."

► Targeted Therapies — According to Dr. Forte, these therapies target the exact mutations that are causing cancer cells to replicate, "so the more mutations we pick up through our genetic testing, the better we can target the exact cancer," she said, noting that treatment is often administered in the form of pills and that side effects are minimal and/or manageable.

"Within the last decade, we've made great strides in developing these techniques and medications to improve and personalize therapy and minimize toxicity," Dr. Forte said. "By harnessing science and delving into tumor biology and the mechanics of cancer cells, we've developed panels to predict for response to therapy and minimize toxicity and we'll only continue to progress and experience greater success in the future. There's a long way to go," she said, "but cancer research is driving a wellspring of innovation and new treatments are coming out all the time."

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



Joan Scott Gleason

Last month, the week of October 12 to 18 was Emergency Nurses Week. On behalf of the Leadership and Quality and Patient Experience Department, I would like to say, “Thank you for all that you do!” Here are some recent comments from your patients

that came through this past month’s survey responses:

- ▶ “Very quick attention to need, a very thorough and patient and supportive staff and medical professionals.”
- ▶ “The staff put me at ease.”
- ▶ “The nurses made me feel calm.”
- ▶ “The nurses and assistants were wonderful.”
- ▶ “The nurses are very sweet and care about my little boy. They even comforted my worries.”
- ▶ “Special shout out to my nurse who took care of me in the annex, forgot her name, but very good and attentive.”
- ▶ “The entire staff was amazing.”

RUMC’s Department of Surgery has done an outstanding performance on quality metrics related to patient safety indicators, which are national metrics of surgical quality that have been established by the Agency for Healthcare and Quality Research (AHRQ), and are used for public reporting. For YTD 2021, there have been no patients that have developed postoperative respiratory failure, thanks to the outstanding care of all of our physicians and nurses who care for our patients in their postoperative stay. Respiratory failure is a serious complication that can not only prolong a patient’s length of stay, but can also lead to other complications of care. We are proud of the great efforts of the Department of Surgery for their leadership and success in this quality outcome. Congratulations!

Thank you for all that you do, each and every day, for our patients, families, and colleagues at RUMC.

Cath Lab Helps Patient Celebrate 98 Years Young

Richmond University Medical Center’s Cath Lab staff surprised patient Theresa Molonia following her procedure. Theresa turned 98 years young on October 14. The staff provided her with an early birthday party that included some of her favorite foods: a cheeseburger, fries, and a birthday cupcake.





New Hires — Welcome to RUMC!

Nardin Botros – *Pharmacist*

Anastasia Ciluffo – *Administrative Assistant*

Nicholas Dimeglio – *RN Intern*

Ahkeem Droughn – *Nursing Assistant*

Ashley Dunning – *Nursing Assistant*

Jessica Edwin – *Clinical Research Coordinator*

Kimberly Gershon – *RN*

Fakingo Guerrero – *Cook*

Ivan Hidalgo – *HVAC Mechanic*

Weng Keong Kam – *LMSW*

Elizabeth Kipp – *RN*

Richard Leath – *Security Guard*

Andrew Lella – *Security Guard*

Joleen Lewis – *Guest Rep*

Richard MacFadyen – *Director*

Taiwo Majekodunmi – *RN*

Frank Mancino – *Custodian*

Nicole McMurray – *EMT Driver*

Emanuel Morales – *HR Assistant*

Sol Angelica Munoz – *RN*

Laura Plale – *RN Intern*

Paul SanFelippo – *Security Guard*

Steven Scherma – *Security Guard*

Brianna Sison – *EMT Driver*

Fatoumata Smallwood – *Nursing Assistant*

Amber Tariq – *RN*

Tiffany Valentin – *Nursing Assistant*

Sarah Waltz – *Coordinator*

Amanda Yehia – *RN*

November Observances

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

Month-Long

COPD Awareness

Lung Cancer Awareness

Hospice and Palliative Care Awareness

Stomach Cancer Awareness

Diabetes Awareness

Week-Long Observances

Patient Transporter Recognition Week: Nov. 1 to 7

Allied Health Professionals Week: Nov. 1 to 7

Nurse Practitioners Week: Nov. 7 to 13

Medical Staff Services Professionals Week: Nov. 7 to 13

Radiologic Technology Week: Nov. 7 to 13

Forensic Nurses Week: Nov. 8 to 12

Recognition Days

Pneumonia Awareness Day: Nov. 12

COPD Awareness Day: Nov. 21

Celebrating Our Case Managers



Last month, October 10 to 16 was National Case Management Week. A tremendous thank you to our team of case managers

for their dedication and commitment to our patients: Alexis Alexander, Kristina Barone, Crystal Bernard, Jazmine Bolton, Debbie

Fowler, Lori Gargiso, Iwona Gluchowski, Denise Goldstein, Robin Sadowsky, Denise Salazar, John Smith, and Latesha Vasquez.

Raising Mental Health Awareness



October 3 to 9 was National Mental Health Awareness week. Richmond University Medical Center acknowledged the week with an information table outside the hospital's main lobby. RUMC is Staten Island's leading provider of behavioral health services for children, adolescents and adults. Celebrating Mental Health Awareness week was President and CEO Daniel J. Messina, PhD, FACHE; COO and

Chief Nursing Officer Rosemarie Stazzone, RN, MS, NE-BC; Joanne Pietro, AVP, Behavioral Health Services; Judith Casado, Program Supervisor, West Brighton Clinic; Danielle Bartolome, Program Supervisor, Project LAUNCH; Patricia Meyer, Program Manager, Family Support/School-based Mental Health Program; Ashley Dally, Program Supervisor, Health Homes Serving Children; Javonne Faison,

Program Manager, Adult Behavioral Health Services; Anastasia Ciluffo, Administrative Assistant; Karla DeMartini, Nurse Manager, Inpatient Psychiatry, Randi Davis, Program Manager, St. George Clinic; Ileana Acosta, Program Manager, Silberstein Clinic; and Sheena Rogers, Patient Access Manager, Behavioral Health Services.