

More Than 43,000 Doses Later, Richmond University Medical Center Closes COVID-19 Vaccination Center



Jay Nfonoyim, MD, receiving the very first dose of the COVID-19 vaccine at RUMC back on December 15, 2020.

On December 15, 2020, the first dose of vaccine to combat COVID-19 was administered at Richmond University Medical Center (RUMC) in its COVID-19 Vaccination Center. On February 23, 2023, the center administered its final dose to the public. With a decline in appointments for vaccination since the vaccines have become more readily available at pharmacies, medical offices, and similar locations throughout Staten Island, the center fulfilled its purpose, providing over 43,300 doses of the vaccines, and helping to protect thousands of people from young children to individuals over the age of 100.

“We pride ourselves on being an independent, community-based hospital and when our community needed us most to protect them, we were there,” RUMC President and Chief Executive Officer Daniel J. Messina, PhD, FACHE said.

In the beginning, the center was one of few locations authorized by New York State to administer the vaccine. Following the strict guidelines provided by the Centers for Disease Control and Prevention (CDC) and New York State Department of Health (NYS DOH), vaccines were prepared in the hospital pharmacy and then administered in the center, which was

located initially on the first floor of the hospital, then moved to the main floor adjacent to the main lobby.

“This was the most challenging and rewarding project that I have ever faced in my professional career. The constantly changing guidelines, processes, and regulations placed a lot of pressure on my team to ensure that not a single dose was wasted,” Lenny Shats, MBA, BCMAS, MS, administrative director, Department of Pharmacy, said. “We were the ‘gatekeepers’ of the vaccination program. Every dose prepared and administered equaled one life saved.”

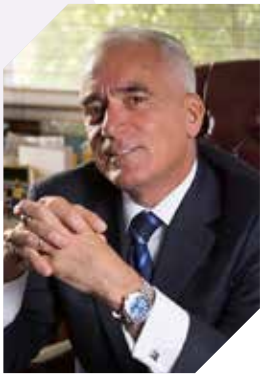
The first shot was administered on December 15, 2020 to Jay Nfonoyim, MD, vice chair, Department of Medicine, and chief, Critical Care Division. At that time, following CDC and NYS DOH guidelines, vaccines were administered only to designated groups, including the hospital’s medical personnel who were on the frontlines of the pandemic.

On January 13, 2021, RUMC administered its first vaccines to members of the public; again for groups designed by the CDC and New York State, namely the elderly and those with severe underlying comorbidities. Among the first was a 98-year-old grandmother with seven grandchildren and eight great-grandchildren who eagerly awaited her vaccination so she could hold her youngest great-grand child born just a few weeks before.

As more and more groups became eligible, it was a common sight to see lines of people standing outside RUMC’s main entrance waiting their turn to be vaccinated. Less than a month after the first doses were administered to the public, RUMC vaccinated its 5,000th person, a 66-year-old liver transplant recipient who said both the transplant and vaccination gave her a “second chance at life.” Just a few short weeks later, on March 12, RUMC vaccinated its 10,000th individual, a 91-year-old grandmother of four who immigrated from Greece in 1959.

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



It may sound like something out of a science fiction movie, but the use of robotics to perform surgery has actually been around for decades. First introduced in the 1980s and 1990s as a way to enhance the capabilities of surgeons and safely overcome some of the limitations of certain surgical procedures, robotic surgery has become increasingly standard in many specialties around the world and Richmond University Medical Center is no exception. In fact, over 80 percent

of our surgeons have training in robotic surgery.

This innovative technique allows doctors to treat patients more effectively and accurately, resulting in fewer complications and faster recovery. Among the many benefits of robotic surgery are less pain than open surgery, reduced complications, less scarring and blood loss, shorter hospital stays, faster recuperation, and a return to daily activities in a shorter amount of time.

Here at Richmond University Medical Center, we have the top of the line in robotic surgery systems, the da Vinci Xi. With setup automation and guidance that promotes operating room efficiency, the da Vinci Xi system translates a surgeon's hand movements at the console in real time, bending and rotating the instruments while performing the procedure. The tiny wristed instruments move like a human hand, but with a greater range of motion. The instrument size makes it possible for surgeons to operate through only one or through a few small incisions.

The da Vinci Xi robotic system assists our Chair of Surgery Loren Harris, MD, FACS, FCCP, and our many experienced, board certified surgeons during many surgical procedures, including bariatric,

thoracic, hernia repair, gynecological, urological, colorectal, and many more. In fact most types of surgery, involving robotics or not, are performed right here in our own hospital. Some of the most complex procedures thought only to be available outside of Staten Island are performed here close to home, eliminating the inconvenience of travel and enhancing perhaps one of the most important aspects of recovery: being near to family and friends.

The field of robotic surgery and surgery in general is an ever-changing landscape and as you may be aware, we are making a multi-million dollar investment to ensure Richmond University Medical Center remains at the forefront of the surgery field. Later this year, we anticipate the opening of our new Surgical Pavilion. Located directly above our new Emergency Department, our new Surgical Pavilion will feature 10 new world-class, advanced operating suites, larger preoperative and post-operative care units, and faster access from our new Emergency Department for critical patients, to name just a few of the new features. Our new Pavilion is named in honor of longtime supporters and hospital friends Jay Chazanoff and his late wife, Lucille. We thank them for helping to make this new Surgical Pavilion yet another major expansion for our hospital. Just like our MICU that opened last year and our Emergency Department that opened in January of this year, the Jay and Lucille Chazanoff Surgical Pavilion will serve our community for generations to come!

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*

I would like to say thank you to the amazing nurses at RUMC. I watched with my own eyes nurses save lives. Just imagine that someone whom you don't know does everything in their power to save your life? My mom had a very serious surgery a few days ago. Everyone was so attentive, so nice, so kind and understanding. I am forever grateful to the amazing nurses who selflessly help others. Thank you to Jean, Dawn, Mary, Lucy, Nicole and many more who I didn't meet personally. You are amazing!

— Anastasia C.

Dr. Michael Lacqua is a wonderful plastic surgeon, wound specialist, and hand plastic surgeon. You will not get better care, service or outcomes anywhere else.

— Carina D.

My son had ear tube surgery on 2/21/23. The nurses, staff, doctors, and assistants in the Ambulatory Surgery department were beyond wonderful. I want to specifically shout out RNs Antoinette (Annie) and Diane (recovery). They went above and beyond to make sure everything was just right!

— Elisa A.

The staff are very understanding and kind. I had to go here for a psychiatric evaluation today in order to go back to school. It was my first time and I was very nervous, but they were very supportive about everything. I wanted to say thank you to the staff here at RUMC.

— Actual Patient,

Department of Psychiatry & Behavioral Sciences

Richmond University Medical Center Holds 3rd Annual RUMC/Arnold Obey 5K Run/Walk



RUMC President & CEO Daniel J. Messina, PhD, FACHE, with race winners Melissa Kraker and David Carles.



The family of Arnold Obey.

Over 100 individuals braved the rain and wind to take part in the third annual RUMC/Arnold Obey 5K Run/Walk. Held at Clove Lakes Park on Saturday, April 1, those in attendance saw last year's men's winner, David Carles, defend his men's division title while the women's division title went to Melissa Kraker.

"My family and I are so honored that RUMC continues to keep my father's legacy alive through this event," Arnold Obey's daughter, Tonya Obey-McCombs, said. "This race is not only for remembrance of my father, but for a good cause. Many friendships were established with my dad at the park, along with running careers. He

encouraged so many to go above and beyond their own expectations."

Carles finished with a time of 17:46.0, slightly behind his time from last year when he finished at 17:30.6. Kraker finished with a time of 19:54.2. Rounding out this year's top three winners, behind Carles in the men's division were David Michaels at 18:34.5 and Jeff Benjamin at 21:30.6. In the women's division, behind Kraker were Lauren Pitarresi at 21:22.0 and Ana Bermeo at 27:20.0. Prior to the race and walk, a Kids 50-Yard Fun Dash was held for children 10 years of age and under. Each child received a T-shirt and medal.

Proceeds from this year's event went to support the critical services provided in RUMC's Level III Neonatal Intensive Care Unit (NICU), which specializes in the care of high-risk newborns, some weighing only one pound when born. In over five decades, RUMC's NICU has cared for more than 30,000 newborns.

As in year's past, members of the Obey family participated as runners and walkers. Part of this year's race route took runners past a tree planted in memory of Obey, a pillar of the Staten Island sports community and an avid runner who ran in 38 consecutive New York City marathons. Obey passed away in 2020.



Runners at the starting line in Clove Lakes Park.



A Kids 50-Yard Dash was held prior to the race.



Richmond University Medical Center Launches *RUMC Connections* Podcast

Richmond University Medical Center (RUMC) has officially launched a new podcast entitled “RUMC Connections.” The podcast features the hospital’s medical professionals talking about the latest advances in medicine, their areas of expertise, and healthcare services available at RUMC.

RUMC Connections is hosted by Meredith Gaskins, senior public relations and marketing specialist. She is joined by co-host Alex Lutz, vice president of Public Relations and Marketing. Gaskins is a podcast veteran with more than 14 years of podcasting experience. Lutz has been with RUMC for five years and

has an extensive background in public relations and journalism. The podcast launched in February and listeners can hear the 30-minute episodes on Apple Podcasts, Spotify, Google Podcasts, Overcast, Amazon Music, iHeart Radio, Castbox, Pocket Casts, RadioPublic, and Stitcher. All episodes are also available through the hospital’s website at RUMCSI.org.

Current episodes feature conversations on heart health with Francesco Rotatori, MD, chief, Cardiovascular Department; and an in-depth discussion on emergency medicine and RUMC’s new Emergency Department with Johnathon

LeBaron, DO, chair, Emergency Medicine, and Jean Gordon, RN, assistant vice president of Emergency Services. The podcast is recorded at studios provided by the Staten Island Advance.

“Richmond University Medical Center is committed to providing educational resources for those seeking to improve or maintain a healthy lifestyle,” RUMC President and Chief Executive Officer Daniel J. Messina, PhD, FACHE, said. “We are excited to launch this new media venture, bringing our medical expertise and resources to our community and beyond in a new and engaging way.”

Remember When...

A monthly look back at the history of Richmond University Medical Center

Our ambulance fleet has greatly changed since the hospital’s early days. Here is a look back at our fleet starting around 1930, then from the 1950s and finally, present day.

If you have photos you would like to submit for Remember When, email Alutz@rumcsi.org. Provide as much information as possible. Photos can be from anytime before 2013. The older the better.



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 Gleason Scott

Over the next six months, Richmond University Medical Center (RUMC) is preparing for a Hospital Accreditation Survey by The Joint Commission. An important area of the survey is a section on annual National Patient Safety Goals. National Patient Safety Goals (NPSGs) have always been a large focus in Hospital Accreditation

Surveys. The following is a brief summary of these goals:

What are the 2023 National Patient Safety Goals?

- ▶ **Identify patients correctly:** Always require two verifiers (name and date of birth) before any care, treatment, or service is provided. At RUMC, we use the patient's full name and date of birth.
- ▶ **Improve communication among caregivers:** Critical test results must be communicated to the physician within an hour per Richmond University Medical Center policy. All communication must be documented in the medical record.
- ▶ **Improve the safety of using medications:** Use proper labeling, medication reconciliation, anticoagulant and smart IV pumps; and be aware that some medications require countersignature. Before a procedure, label medicines that are not labeled. All medication containers and solutions are labeled on and off the sterile field when performing
- ▶ **procedures of any kind. Take extra care with patients who take medicines to thin their blood. Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. Maintain and communicate accurate patient medication information. Record and pass along correct information about a patient's medicines.**
- ▶ **Make improvements to ensure that alarms on medical equipment are heard and responded to on time.**
- ▶ **Reduce the risk of healthcare-associated infections:** Examples include infections due to hand hygiene, central line surgical site infections, and catheter-associated urinary tract infections.
- ▶ **Identify safety risks inherent in the patient population:** Protect patients from self-harm (suicide risk assessment and mitigation). Strategies to promote patient safety will be implemented on an individualized basis, but minimally will include: reduction of environmental risk factors; appropriate supervision; and/or safety planning.
- ▶ **Surgical patients and universal protocols for preventing wrong site, wrong procedure, and wrong patient surgery:** Protocols include: pre-procedure verification, site marking, and time-out. All team members must be present and listening actively.

Source: 2023 The Joint Commission National Patient Safety Goals
Accessed at: [2023-hap-npsg-goals-102122_simple.pdf](https://www.jointcommission.org/2023-hap-npsg-goals-102122_simple.pdf)
([jointcommission.org](https://www.jointcommission.org)) on March 23, 2023.

Congratulations to our Employees of the Month!



Michelle Dorsey, RN
Nurse, Seton 3-1



Anthony Arcuri
Peer Advocate, Center for Integrative Behavioral Medicine

The Long Journey From Arigbawonwo

by Ezra E.H. Griffith, MD



Joel Idowu, MD

There are many published stories of international medical graduates settling in the United States. A good collective example is described by Daniel José Gaztambide in his *A People's History of Psychoanalysis* (Lexington Books, 2019). He discusses the early psychoanalysts fleeing persecution in Europe and seeking safety on this side of the pond. The account is grand by design, signaling the historicity of psychoanalysis. However, there are quieter tales of this search for refuge, like the one I recount here about the Nigerian Dr. Joel Akande Idowu. His story is about being caught in the mundane pressures of life in a developing country that offers minimal opportunities to bloom and flourish. The local conditions often just favor migration, one of the most common outlets for releasing social and economic pressure in one's homeland. A subsequent life focus is to explore the possibility of putting down roots in a foreign land.

Joel Idowu was the youngest of five siblings born to a farmer father and trader mother in Arigbawonwo (pronounced Aree-ba-won-wó), a hamlet of about 200 citizens located in Ogun State in western Nigeria. There were no formal birth certificates issued there, although Joel's father kept a ledger that recorded important birth events. Growing up in that village made Joel noticeable because of his innate curiosity and cheerful disposition that collectively suggested a youngster with academic promise. He also had older cousins who were schoolteachers. They kept an eye on him and obtained his father's permission to take responsibility for Joel's education. The schoolteachers moved around the region from one job to another to improve their professional status. So, they soon realized that maintaining continuity in Joel's education would require his placement in a boarding school. That happened in 1973, and Joel became a boarding student at age 12. When his father died in 1975, an older relative took over defraying the cost of Joel's education.

The boarding school had its advantages, and Joel flourished in the new context. The students, all boys, came from a wider community and from families that were Muslim, Catholic, or Protestant. English was the language of instruction, but Yoruba remained the medium of

discourse at home. He was also exposed to Islamic religious instruction and to the Arabic language. He enjoyed being the best student in class and became more outgoing in the comfortable school environment. The long vacations were for spending time with his mother. This divided life was pleasurable and suited his disposition.

Joel's solid academic performance justified his relatives' financial support and reassured him that he was not wasting the generous outlay of money spent on him. When he was ultimately admitted to the University of Lagos in 1982 as a medical student, he saw himself moving among future doctors from families accustomed to privilege. He had no stories to tell about the benefits of being born with the proverbial silver spoon securely placed in his mouth. He realized in medical school that it would be worthwhile for him to become adept at student politics and to think about matters such as leadership, service, and representation of others who lacked voice in their surroundings.

Joel graduated from medical school in 1987 and went into the required rotating internship in a rural hospital of northern Nigeria. He saw the year as a worthwhile experience learning how to provide medical care with minimal resources. Although frustrating at times, he could sense his increasing clinical sophistication and confidence. This process also helped him recognize that he had no social or family connections that could help him set up a medical practice in Nigeria. Thus, the most viable option was to migrate overseas and obtain postgraduate training in Europe or North America. He accepted the pathway of a two-year contract with the Trinidad government. At the end of that, his wife was recruited by a New York City hospital. It was she who obtained the visas that facilitated resettlement in the United States in 1992. It then took him another two years to win a place in the psychiatry residency program at Harlem Hospital. After that, he specialized in forensic psychiatry at the State University of New York in Syracuse.

Over the next 15 years, he moved through both inpatient and outpatient hospital positions and finally reached a senior post leading the Department of Psychiatry at New York City's Richmond University Medical Center. His major roles as a clinician educator and physician executive reflect the benefits of his experiences with mundane impediments and barriers to smooth success. I often contemplate his deft manner of handling an administrative meeting or his distinguished performance as an expert witness in court and marvel at the long journey from the Nigerian hamlet to the pinnacle of his present profession. I wonder at the elements that nourish such resilience and accomplishment.

This article was published in the February 2023 edition of Psychiatric News.

April Observances

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

Month-Long

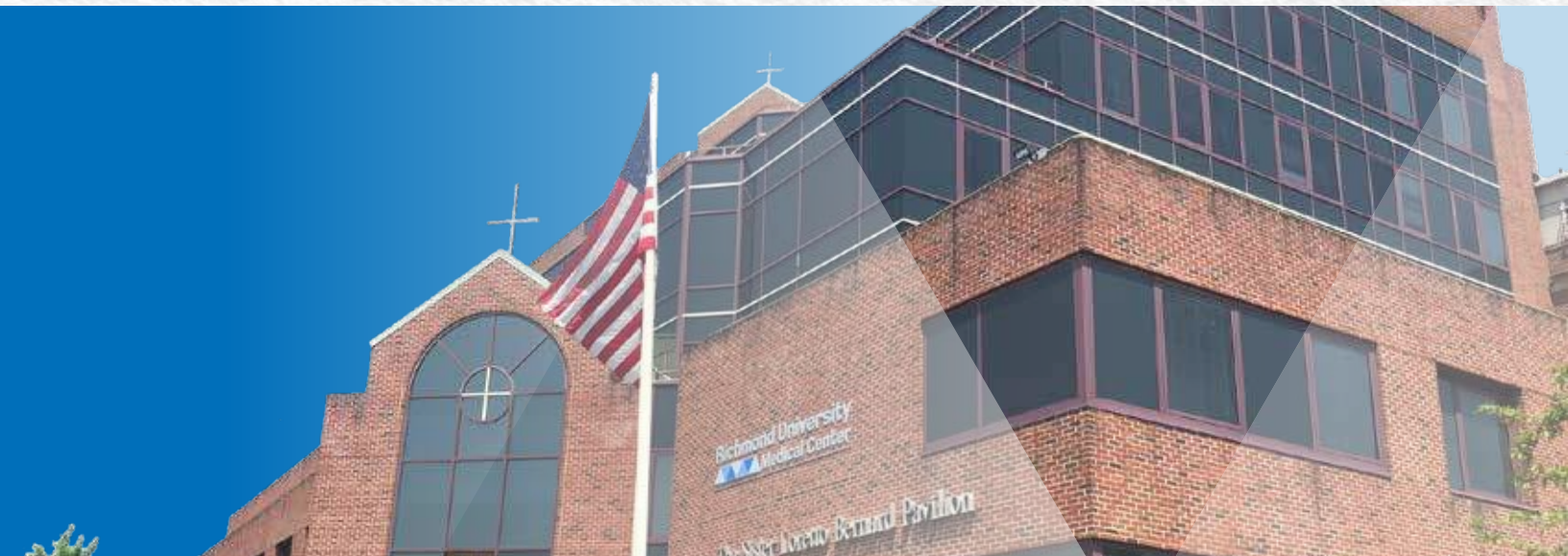
Alcohol Awareness Month
Irritable Bowel Syndrome Awareness Month
Medicaid Awareness Month
National Autism Awareness Month
National Cancer Control Month
National Donate Life Month
National Facial Protection Month
National Foot Health Awareness Month
National Interprofessional Healthcare Month
National Minority Health Month
National Sarcoidosis Awareness Month
Occupational Therapy Month
Oral Cancer Awareness Month
Parkinson's Awareness Month
Sexual Assault Awareness and Prevention Month
STI Awareness Month
Stress Awareness Month
Testicular Cancer Awareness Month
National Child Abuse Prevention Month

Week-Long Observances

National Public Health Week: April 3 to 9
Oral, Head and Neck Cancer Awareness Week: April 16 to 22
Pediatric Sepsis Week: April 18 to 24
National Pediatric Transplant Week: April 23 to 29
National Infertility Awareness Week: April 23 to 29
Patient Experience Week: April 23 to 29
World Immunization Week: April 24 to 30
Every Kid Healthy Week: April 24 to 30
National Infant Immunization Week: April 24 to 30

Recognition Days

World Autism Awareness Day: April 2
World Health Day: April 7
National Youth HIV and AIDS Awareness Day: April 10
Annual National Healthcare Decisions Day: April 16
World Hemophilia Day: April 17
DNA Day: April 25
World Malaria Day: April 25
World Day for Safety and Health at Work Day: April 28
National Prescription Drug Take Back Day: April 29



New Hires — Welcome to RUMC!

Eric Appiah — *Nursing Assistant*
Francesco Bavaro — *Security Guard*
Amber Black — *EMT*
Lauren Breen — *Clinical Resource Manager*
Hailey Brereton — *Patient Care Tech*
Gloria Brown — *Nursing Assistant*
Eron Cagan — *EMT*
Roseann Catania — *Sub Teacher*
Russell Cheung — *Security Guard*
Katherine Coughlin — *Social Worker*
Nia Davis-Pegues — *Registrar*
Nathaniel Dean — *Transporter*
Olivia DeRenzi — *Nursing Assistant*
Yasmin Diaz-Nieves — *Child Life Specialist*
Hayat Elatioui — *Clinical Lab Technologist*
Julianna Fischetti — *Unit Clerk*

Tara Gerbino — *RN*
Marten Henin — *Medic*
Elliot Hernandez — *Transporter*
Zhiying Huang — *Clinical Lab Technologist*
Kim Hurley — *Psych Counselor*
Shyamalle Kandamige — *RN*
Calah Kelly — *Assistant Sub Teacher*
Matthew Korundeng — *Ambulatory Assistant*
Denise Lear — *ACO*
Millicent Leigh — *Assistant Dir Of Nursing*
Kevin Lynch — *EMT*
Farhana Maqsood — *Peer Counselor*
Imerson Memko — *Guest Rep*
Sharon Merritt — *Social Worker*
Courtney Michnya — *RN*

Geraldine Monti — *Guest Rep*
Sena Mubarez — *RN*
Eduardo Munez — *Building Service Worker*
Michael Napoli — *Pharmacy Tech*
Botros Rizke — *Pharmacist*
Jared Rodriguez — *Transporter*
Lubjana Rusi — *Worker*
Anna Samoylovich — *Pharmacist*
Hector Sosa — *Registrar*
Suzanne Taygher — *RN*
Marilee Trulby — *Clerical Support*
Luis Vielma — *Medical Assistant*
Kailey Volpetti — *LMHC*
Yama Zhuang — *Clinical Lab Technologist*

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Then in May 2021, RUMC received authorization from NYS DOH to begin administering the vaccine to younger people starting at 12 years of age. Among the first in the newly approved age group were two 13-year-old friends who have known each other almost since they were born.

"As the vaccination program comes to a close, it is bittersweet to reminisce over the experiences of the past two years," Victoria Orleman, MSN, RN-C, IBCLC, assistant vice president for Women and Children's Services and Nursing Education, said. Orleman served as the administrator of the center for most of its existence. "The center reinforced the resilience we have as an independent organization when we work together to serve our community."

RUMC continues to care for COVID-19 positive patients and physicians continue to urge caution while also continuing to promote vaccination. "Vaccination remains a critical tool in the fight against SARS-CoV-2, since every day in this country individuals continue to die of COVID-related disease," Philip Otterbeck, MD, chair of Medicine and chief of Endocrinology, said. "Additional data continues to accumulate showing that vaccination remains effective at preventing not only severe COVID infection, but also symptoms consistent with long-COVID."

RUMC will continue to watch for any further guidance or changes in vaccination requirements from the CDC or NYS DOH and, based on those changes, will consider reopening the center to serve the needs of the community.



**Richmond University
Medical Center**

Jack Sipp

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* 2023 *

Monday, May 22, 2023
Richmond County Country Club

Honoring:
Joseph Ferrara
Principal, BFC Partners
and
Loren J. Harris, MD FACS FCCP
Chair, Department of Surgery

Register at **www.rumcsi.org/golf**

