

# Richmond University Medical Center

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## Richmond University Medical Center Among Nation's Top Performing Hospitals for Treatment of Heart Attack Patients



*Members of the RUMC Cardiovascular Department (L to R): Sean Galligan, MD; Nay Htye, MD; Srinivas Duvvuri, MD; Fiona Shehaj, MD; Francesco Rotatori, MD, Chief, Cardiovascular Department; and Iwona Gargala, PA.*

Richmond University Medical University (RUMC) received the American College of Cardiology's NCDR Chest Pain-MI Registry Platinum Performance Achievement Award for 2023. RUMC is one of only 400 hospitals nationwide to receive the honor. The award recognizes RUMC's commitment and success in implementing a higher standard of care for heart attack patients and signifies that RUMC has reached an aggressive goal of treating these patients to standard levels of care outlined by the American College of Cardiology/American Heart Association's clinical guidelines and recommendations.

"This is an important recognition of the high quality care at RUMC," Francesco Rotatori, MD, chief of RUMC's Cardiovascular Department, said. "Once again our hospital proves that we are able to provide the highest level of cardiovascular care for our community. In particular, this award highlights the tireless work of our Cardiovascular Department, in association with our Department of Emergency Medicine and the entire Internal Medicine Department. From quick evaluation, to rapid access to imaging, to prompt intervention, once again we are proven to have a multidisciplinary, award-winning team."

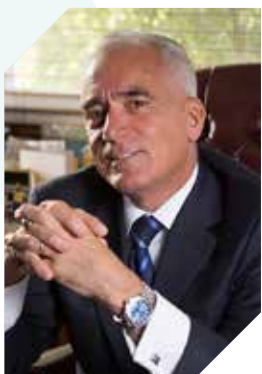
To receive the Chest Pain-MI Registry Platinum Performance Achievement Award, RUMC

demonstrated sustained achievement in the Chest Pain-MI Registry for two consecutive years (2021 and 2022), and performed at the highest level for specific performance measures. Full participation in the registry engages hospitals in a robust quality improvement process using data to drive improvements in adherence to guideline recommendations and overall quality of care provided to heart attack patients.

The Centers for Disease Control and Prevention (CDC) estimates that over 800,000 Americans suffer a heart attack each year. A heart attack occurs when a blood clot in a coronary artery partially or completely blocks blood flow to the heart muscle. Treatment guidelines include administering aspirin upon arrival and discharge, timely restoration of blood flow to the blocked artery, smoking cessation counseling and cardiac rehabilitation, among others.

RUMC's Cardiovascular Department has received numerous national awards and accreditations over the years for providing consistent high quality patient care. In addition to this award, RUMC was also recently designated a High Performing Hospital by US News and World Report in recognition of the treatment and care provided to those patients experiencing heart failure.

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



The rate of people dying from cancer in the United States has continuously declined over the past three decades. This encouraging news is according to a report released earlier this year from the American Cancer Society (ACS). The cancer death rate has fallen 33 percent since 1991, which corresponds to an estimated 3.8 million deaths averted, according to the report.

The ACS attributes this decline to improvements in treatments, increases in early detection, and fewer Americans smoking. The study showed that the US cancer death rate rose during most of the 20th century, largely due to an increase in lung cancer deaths related to smoking. Then, as smoking rates fell and improvements in early detection and treatments for some types of cancers increased, there was a decline in the cancer death rate from its peak in 1991.

Also encouraging is that the five-year relative survival rate for all cancers combined increased from 49 percent in the mid-1970s to 68 percent during 2012-18. The cancer types that now have the highest survival rates are thyroid, prostate, testis, and melanoma, respectively.

Yet more work needs to continue. The report estimates that there could be nearly 2 million new cancer cases and more than 600,000 cancer deaths in the United States by the end of 2023. Of concern is that despite the overall decline in cancer related deaths, the report underlined that new cases of breast, uterine, and prostate cancer are on the rise.

Our own recently completed Community Health Needs Assessment shows that Staten Island has a higher cancer incidence rate than the nation, but a slightly lower cancer death rate. Analysis of the four most common cancer types (female breast, colorectal, lung, and prostate) indicates Staten Island has higher female breast and

prostate cancer rates than the rest of New York City and the nation; our colorectal cancer death rate is similar to the other boroughs and the nation; and consistent with having higher smoking rates, Staten Island has a higher incidence and death rate due to lung cancer than the other boroughs.

Our board of trustees and senior leadership have invested millions of dollars to ensure that the most medically proven effective cancer treatments and procedures are available through our hospital and our outpatient specialty sites like our Breast and Imaging Center, Urology Center, and Center for Cancer Care. We have secured state-of-the-art surgical and radiological technology and brought in experienced, board certified, and fellowship trained oncologists, radiologists, and medical professionals to lead our patient focused program and produce better outcomes for our patients.

Our oncology programs have earned multiple accreditations from the American College of Radiology, as well as the American College of Radiation Oncology, and the American College of Surgeons' Commission on Cancer, an accreditation we have proudly had for over 80 consecutive years. This has made our oncology program the longest consecutive ACS accredited cancer program on Staten Island.

National Cancer Survivors Day is June 4, a day when people around the country gather to celebrate those living with cancer and raise awareness of the challenges cancer survivors face. Our entire RUMC family joins in this celebration of courage and triumph. Every story of survival is yet another victory in the war on cancer. Together we will win!

**Remember the Power of One — You Make A Difference!**

Sincerely,

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

## Protecting Young Hearts

On Sunday, May 21, Fiona Shehaj, MD, our chief of Women's Cardiology, participated in a healthy heart-screening event at Curtis High School. The event was held to screen student's cardiac functions, including free EKGs. Over 60 students were screened at the event, held in memory of Miles "KT" Kirkland, who passed away after suffering a cardiac emergency following football practice. The event was held in partnership with Curtis High School, Health for Youth, the Kirkland family, and the NFL.



Fiona Shehaj, MD with Tanzia Kirkland, mother of Miles "KT" Kirkland.





*The Harris family: Danielle, Dr. Doreen Addrizzo-Harris, Dr. Loren Harris, and Jeffrey.*



*Golfers get set to hit the greens and fairways of Richmond County Country Club.*

## Richmond University Medical Center Hosts Annual Jack Sipp Golf, Tennis, and Bocce Outing

Richmond University Medical Center (RUMC) hosted its annual Jack Sipp Golf, Tennis, and Bocce Outing on May 22 at the Richmond County Country Club. This year's honorees were Loren J. Harris, MD, FACS, FCCP, who was presented with the Stanley Stilwell, MD Memorial Award, and Joseph Ferrara, who was awarded the John F. L. Sipp Distinguished Service Award.

One of the creating principals of BFC partners, Ferrara was honored for his lifelong dedication to the community. Ferrara is a second-generation builder with nearly 35 years of construction and development experience. While still involved with the construction process,

he has made managing the firm's branding and marketing initiatives his primary focus. Under Ferrara's direction, BFC has received multiple marketing awards for branding, collateral material, interior design, and first-class sales galleries.

"Both of this year's honorees have been longtime members of our RUMC family," President and Chief Executive Officer Daniel J. Messina, PhD, FACHE, said. "Selecting them as our honorees this year is but a small token of our appreciation for all they have done for our institution."

Dr. Harris was honored for decades of service specializing in minimally invasive

surgery using the latest robotic techniques for both benign and malignant diseases of the lung, esophagus, and mediastinum. A board certified surgeon and veteran of the United States Navy, Dr. Harris is chair of the Department of Surgery at RUMC and has worked at the hospital for over 15 years.

"I am both honored and humbled to be selected as this year's honoree at this important event. I have enjoyed serving my patients and the Staten Island community. I look forward to continuing to provide top level care in this capacity for many years to come," Dr. Harris said.



*This year's tennis players right before hitting the court.*



*Perfect weather for a round of bocce.*

## Engaging Our Community



**Katherine Koenen, RN**, in our Radiation Oncology Department was named Medical Professional of the Year by Jamie's LILAC Foundation. Katherine was recognized for her quality patient care and outstanding professionalism. Jamie's LILAC Foundation's mission is to raise cancer awareness and assist people diagnosed with the disease.



**Our chair of Medicine and chief of Endocrinology, Philip Otterbeck, MD**, was named a Quality Improvement Champion for 2023 by the United Hospital Fund. Dr. Otterbeck (left) was honored for his commitment to improving the quality of care at RUMC. On hand for the award presentation were President and CEO Daniel J. Messina, PhD, FACHE, and Executive Vice President and Chief Medical Officer Pietro Carpenito, MD.



**Our chair of Emergency Medicine, Johnathon LeBaron, DO**, was named a member of the Staten Island Economic Development Corporation's 20 Under 40 class of 2023. Dr. LeBaron was selected in recognition of his commitment to the health of the Staten Island community.



**On May 13, RUMC participated in a health fair at Empire Outlets** in St. George. Information tables and free health screenings, including blood pressure and EKGs, were provided to fair attendees. The fair was held in partnership with Pride Center of Staten Island and Northwell-SIUH.



# Stroke Care and Treatments

By Nidal Isber, MD, FAAC, FHRS Director of Cardiac Electrophysiology



Stroke is a medical emergency that occurs when blood flow to the brain is interrupted, either by a blockage in the blood vessel (ischemic stroke) or a burst blood vessel (hemorrhagic stroke). This interruption prevents the brain from getting oxygen and nutrients from the blood, causing brain cells to die within minutes. There are nearly 800,000 stroke in the US each year with nearly 87 percent ischemic stroke.

*Strokes are a leading cause of death and disability in the United States.*

Symptoms of a stroke include numbness or weakness on one side of the body or face, confusion, impaired speech or vision, loss of coordination or balance, trouble walking, or severe headache.

Immediate medical attention is required for a stroke and treatment options include medications, urgent catheter intervention, or surgery.

The most common causes of ischemic stroke are large artery narrowing by atherosclerosis whether in the carotid artery in the neck or in the brain or embolism from the heart. These major

types account for about 75 percent of all ischemic strokes. The risk factors that contribute to ischemic stroke include poorly controlled hypertension, diabetes, hyperlipidemia, smoking, inherited blood-clotting conditions and atrial fibrillation. However, 25 percent of patients have no discernible cause for stroke and have none of the above specific risk factors.

Patients with strokes without discernible specific risk factors or obvious cause found despite through work-up are said to have cryptogenic strokes. The absence of clear cause for stroke creates anxiety, as it is unclear what can be done to prevent additional strokes, especially knowing that cryptogenic strokes have been shown to be associated with a higher rate of recurrence than other types of strokes.

Atrial fib is the most common arrhythmia that accounts for approximately 15 percent of all strokes. The presence of atrial fibrillation increases the risk of a stroke fivefold. The incidence of atrial fibrillation increases substantially with age. The prevalence of atrial fib in the general population is estimated to be 1 percent. While it is uncommon in young people below the age of 50, it is

estimated that 1 out of 10 persons 80 years or older has atrial fibrillation. Atrial fibrillation is a form of abnormal heart rhythm in which the upper chambers of the heart beat extremely fast in a chaotic fashion resulting in loss of effective contraction and subsequently the potential for formation of blood clots, called thrombus. The clots form usually in the left atrial appendage, which is a pouch that comes out of the left atrium. The blood clots can travel within the blood stream to any organ in the body, so if it travels to the brain it will cause a stroke, and if it travels to other organs it will cause cold ischemic leg or intestinal necrosis necessitating immediate intervention to salvage the organ.

Treatment of stroke is an emergency and depends on whether you are having an ischemic stroke or a stroke that involves bleeding into the brain. In ischemic stroke, the blood supply is interrupted and the flow to the brain must be quickly restored. This may be done with emergency intravenous medication that can break up the clot (called tissue plasminogen activator or TPA) which has to be given within 4.5 hours from the onset of symptoms. The sooner these drugs are given, the better. The other treatment for acute ischemic

stroke is emergency endovascular procedures. Doctors can directly remove the clot from the blocked blood vessel in the brain with a device attached to a catheter. This procedure is especially beneficial in patients with large clots that cannot be completely dissolved with TPA.

Another therapy to prevent stroke or recurrence is angioplasty and stents, where doctors thread a catheter to the carotid artery through an artery in the groin. A balloon is then inflated to expand the narrowed artery. Then a stent can be inserted to support the opened artery. In hemorrhagic stroke, treatment focuses on controlling the bleeding and reducing pressure in the brain. If the patient is on a blood thinner, medication can be given to reverse the effect. In addition, the blood pressure can be controlled to prevent further bleeding. If the bleeding is large, the surgeon might perform surgery to evacuate the blood from the brain.

Medical treatment to prevent recurrence of ischemic stroke consists of antiplatelet agent such as aspirin or Plavix; however, this therapy is not effective if ischemic stroke is caused by a blood clot that originated and travelled from the heart during atrial fibrillation. Anticoagulation using blood thinner (such as Eliquis, Xarelto or Coumadin) is the usual therapy for stroke caused by atrial fibrillation. This therapy substantially lowers the risk of stroke in patients with atrial fibrillation by nearly two thirds. Therefore, it is very important to monitor cardiac rhythm looking for atrial fibrillation in a patient with cryptogenic stroke. At this time, anticoagulation has no proven benefit in cryptogenic stroke when atrial fibrillation is not documented. The decision to treat with anticoagulant is straightforward when atrial fibrillation is documented; however, AF can be intermittent, short-lived or totally asymptomatic, making it challenging to detect the arrhythmia with conventional electrocardiography. Failure to detect atrial fibrillation will lead to under treatment and subsequently increased

risk of more strokes. The probability of detecting atrial fibrillation in cryptogenic stroke is highly variable depending on which strategy is used for monitoring. The longer duration of the monitoring method, the higher the diagnostic yield.

The detection rate of AF from a 12-lead ECG after ischemic stroke is 1 percent, 2.5 percent by using 24-hour-Holter monitoring and 5 percent using four weeks of ambulatory cardiac monitor. The most effective method to detect atrial fibrillation is an insertable loop monitor, which is very tiny device that can be injected under the skin of the anterior chest wall. The device has a battery longevity of four years. Recording can be activated in two ways: automatically, depending on heart rate that can be set by the doctor, and also by a hand-held activator that can store the cardiac rhythm when the patient pushes the button when symptoms are experienced. Loop recording monitoring is superior to a conventional monitoring strategy and it should be considered after a cryptogenic stroke.

## Meet Our New Manager for Health Equity: Dr. Priscila Echevarria de Sepulveda



*Dr. Priscila Echevarria de Sepulveda*

To further ensure patients at Richmond University Medical Center (RUMC) receive the highest level of care possible and that the hospital is implementing initiatives to help eliminate healthcare disparities, RUMC has hired Dr. Priscila Echevarria de Sepulveda as its new manager for Health Equity.

Dr. Echevarria de Sepulveda has served as a healthcare professional for the past decade helping foster better relationships between underserved patients and their clinical care teams. Her areas of focus have been ambulatory outpatient services, Patient-Centered Medical Home (P-CMH), Quality

Assurance Reporting Requirements (QARR), Healthcare Effectiveness Data and Information Set (HEDIS), patient satisfaction, monitoring, analyzing, and reporting.

Dr. Echevarria de Sepulveda obtained her bachelor of arts in psychology and received a master's in public administration from the College of New Rochelle. In the year 2021, she achieved a doctorate of education in executive leadership, with a focus on social justice, from St. John Fisher University. She is currently obtaining a credential in informed-trauma clinical practice with the NYU Silver certificate program.



## June Observances

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

### Month-Long:

Alzheimer's and Brain Awareness Month  
Aphasia Awareness Month  
Cataract Awareness Month  
Men's Health Month  
Myasthenia Gravis Awareness Month  
National Cytomegalovirus Awareness Month  
National Migraine & Headache Awareness Month  
National Safety Month  
National Scoliosis Awareness  
PTSD Awareness Month  
Scleroderma Awareness Month

### Week-Long Observances:

June 1-7: National CPR and AED Awareness Week  
June 12-18: Men's Health Week  
June 20-26: World Continence Week  
June 26-July 2: Helen Keller Deaf-Blind Awareness

### Recognition Days:

June 3: National Cancer Survivors Day  
June 8: World Brain Tumor Day  
June 10: Family Health & Fitness Day  
June 14: World Blood Donor Day  
June 15: World Elder Abuse Awareness Day  
June 16: Rare Chromosome Disorder Awareness Day  
June 18: Autistic Pride Day  
June 19: World Sickle Cell Day  
June 21: Global MND Awareness Day  
June 25: World Vitiligo Day  
June 26: International Day against Drug Abuse and Illicit Trafficking  
June 27: National HIV Testing Day  
June 27: National PTSD Awareness Day





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