

Richmond University Medical Center

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Richmond University Medical Center Welcomes Its First Baby of 2024



Makah Galal arrived at 5:05 AM. She weighed 7 pounds and was 20 inches in length.



Makah, proud parents Neanaah and Ahmed, and the RUMC Labor and Delivery team that helped welcome their daughter into the world.

Just a few hours into 2024, Richmond University Medical Center (RUMC) welcomed its first baby of the new year, Makah Galal. The bundle of joy arrived at 5:05 AM for proud parents Neanaah and Ahmed of Brooklyn. Makah weighed 7 pounds and was 20 inches in length. She is the couple's second child.

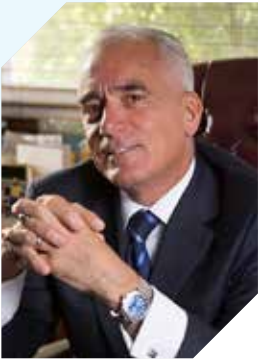
"It's wonderful, very wonderful," said her proud father. The couple's previous child is a boy, so he expressed his delight at now having the opportunity to raise both a boy and a girl. He said that Makah arrived slightly later than her expected due date.

Nearly 3,000 newborns are welcomed into the world each year at RUMC, which is the only hospital on Staten Island to carry the "Baby Friendly" certification from the World Health Organization (WHO) and United Nations Children's Fund (UNICEF). Since 2016, RUMC has been Staten Island's only certified "Baby Friendly"

hospital. RUMC is one of only 44 healthcare facilities in New York State with this certification and one of only 26 in New York City. The WHO and UNICEF launched the Baby-Friendly Initiative in 1991. The goal of the initiative is to protect, promote, and support breastfeeding and the mother-infant bonding experience.

A major modernization project is currently underway in RUMC's Mother/Baby Unit. Designed to enhance the family bonding experience, all rooms throughout the unit are being converted into single-bed suites, complete with new in-suite bathrooms, larger beds, showers, flooring and windows, among many other amenities. Each suite also has larger space for family and visitors. In addition to renovating the unit's existing rooms to single occupancy, the hospital is also converting underutilized space in the unit to create new suites. This will enable RUMC to maintain its current bed capacity. Completion of the project is anticipated later this year.

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



Happy new year to everyone! May 2024 be a year of good health, happiness, and new adventures for you and your families. As featured on the front page of this edition of the Chronicle, we welcomed little Makah Galal a few hours into the new year. She was the first baby of 2024 born at our hospital. Congratulations to her parents Neanaah and Ahmed and a shout out to our fantastic team in Labor and Delivery for assisting the

family and for all the families you will help and support in 2024.

Sadly, my letter to you this first month of 2024 is a tribute to our former Vice President of Development, Laura Gajda. Laura passed away on January 5. She was a part of our RUMC Family for many years. Her work and expertise in fundraising and grant development continues to bear fruit for our hospital even after her retirement in 2022. I have often spoken about, written about, and discussed the over \$250 million in capital projects currently underway here at RUMC. Laura's influence is felt in all these projects, and it is fair to say that many of them would not be possible if not for the countless hours she put in filing funding applications, exploring possible sources of grants, and following up in the sometimes tedious process required to finally have the money come through the door. From our new James P. Molinaro Emergency Department that celebrates a full year of service this month, to our recently unveiled Lucille and Jay Chazanoff Surgical Pavilion, Laura had a major role in bringing what started out as paper and pencil dreams for our institution into steel and concrete realities.

Over her time with us, she cultivated numerous individual donors, growing our RUMC Foundation and its board into a powerhouse of support for our expansion plans. For Laura, this was easy to do simply because of her charm, personality, and the friendly way in which she approached everyone she met.

Her laugh often filled rooms no matter the subject, and her smile was a welcome sight, no matter the setting. She took great pride in growing our annual events like the RUMC/Arnold Obey 5K Run, the golf and tennis event, and our annual gala. We would often spend hours developing themes and going over every detail to ensure the most successful event possible. Not surprisingly, each event often outperformed the previous one. During COVID, Laura would often be found any hour of the day, any day of the week, serving food or giving away the many shirts, sneakers, and whatever else we received from the many retailers in our community to thank each of you.

A native of Missouri, Laura and her late husband Walt and their daughter Jackie enjoyed life here in New York and on Staten Island. Our thoughts and prayers are with Jackie and all of Laura's family and friends. To say Laura will be missed by me personally and our entire organization is an understatement. She will be missed for her professionalism and stewardship, but mostly, and perhaps, more importantly, for her warmth, kindness, laughter, and lasting friendship. Rather than shed a tear at her untimely loss, let us instead smile and recall her voice, her personality, and the many memories she has left us with.

Laura, we love you and we miss you. You were a ray of sunshine who made our lives so much brighter and who made us all feel better when we were so fortunate to be in your company. Rest easy.

Remember the Power of One — You Make A Difference!

Sincerely,

A handwritten signature of Daniel J. Messina in black ink.

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



In Memorium

Laura Gajda — Former Vice President, Development

Laura was a beloved member of our RUMC family for many years. Her dedication to our hospital resulted in millions of dollars in support from individual donors, federal, state and local grants, and through funding conduits she worked tirelessly to create. Her warmth and incredible personality are no doubt what many of us will remember — and miss — most about her. Our thoughts are with her daughter Jackie and her entire family during this difficult time.



On December 6, New York City Mayor Eric Adams visited **Richmond University Medical Center** to announce that an additional \$12 million in city support has been allocated to Staten Island to combat the opioid epidemic throughout the borough. The support is part of additional settlement funds secured by New York State Attorney General Letitia James who was also at the press announcement.



Following the Mayor Eric Adams press event on December 6, **Attorney General Letitia James** toured several units at the hospital including the new James P. Molinaro Emergency Department, Medical Intensive Care Unit, and the Lucille and Jay Chazanoff Surgical Pavilion.

Watch New Episodes of RUMC Vital Signs

▶ **EPISODE 7: CARING FOR SURVIVORS OF SEXUAL ASSAULT**

Learn how RUMC's team of specially trained forensic nurses care for patients who come for treatment and partner with community organizations to provide additional support.

To watch this episode and others covering a range of health-related topics, scan the QR code.



Airing on **Community Media of Staten Island Channel 34** and available at www.RUMCSI.org, each episode of RUMC Vital Signs covers the latest trends in medicine and provides in-depth information on the services provided at Richmond University Medical Center.

Catch up on the Latest Episodes of RUMC Connections Podcast

▶ **EPISODE 19: DIABETES**

In this episode, Meredith and Alex are joined by Philip Otterbeck, MD, Richmond University Medical Center's Chair of Medicine and Chief of Endocrinology, to focus on one of the most common conditions affecting people today: diabetes.

▶ **EPISODE 20: THYROID PROBLEMS**

In this episode, Meredith and Alex continue their conversation with Dr. Otterbeck, RUMC's Chair of Medicine and Chief of the Endocrinology Department, to discuss conditions that cause thyroid problems and the link with obesity.



To listen to these episodes and others covering a range of health-related topics, scan the QR code.



rumcsi.org/RUMCCpodcast

Gastroenterologist Offers Insights on Crohn's Disease and Colitis



Gastroenterologist
Vahe Shahnazarian, MD

According to the CDC, an estimated three million adults in the U.S. have been diagnosed with inflammatory bowel disease (IBD), a spectrum of disorders involving chronic inflammation of tissues in the digestive tract. The two types of IBD include ulcerative colitis (UC), which involves inflammation along the lining of the large intestine and rectum, and Crohn's disease, which typically affects deeper layers of the digestive tract, especially along the small intestine.

"While there are some characteristic findings/traits associated with each of Crohn's and colitis, their symptoms can often overlap and be indicative of IBD as a whole," confirmed gastroenterologist Vahe Shahnazarian, MD. "A more in-depth workup — typically involving a colonoscopy with biopsies — can help us determine a singular diagnosis."

"In general, we often see a 'bimodal' array of patients struggling with IBD — younger patients ages 15-30 and older patients ages 50-75," Dr. Shahnazarian said. "But whatever your age, IBD that's left untreated can significantly elevate one's risk of colon cancer, so it's important to get diagnosed as early as possible so that you can proactively manage these conditions."

Following, Dr. Shahnazarian discusses symptoms of and treatments for Crohn's disease and colitis as well as top tips to help prevent and/or help keep these conditions under control.

Crohn's Disease

While symptoms can include rectal bleeding, loose stools, diarrhea, and weight loss, "fatigue, achiness, and/or a lack of energy — e.g., no energy to get out of bed, climb the stairs, etc. — are among the main presenting symptoms of Crohn's disease," Dr. Shahnazarian said of a condition typically found in the ileum (the last portion of the small bowel).

"Treatment for Crohn's depends on how mild, moderate, or severe the disease is at the time of diagnosis," he said. "If it's mild, treatment can be as simple as a short course of steroids to push the disease down or else maintenance medication such as colon anti-inflammatories following the course of steroids. Some patients can be on the same mild medication for life and will do great, while others need to be on 'biologics' such as Remicade, Entyvio, and Stelara, which work to modulate your immunity by changing how your body is responding to itself," he said. "Some patients need to be infused while others have the medication injected, but biologics are generally effective at controlling the disease and we can tailor the treatment based on a patient's lifestyle and preferences. These immunosuppressors have also been shown to reduce a patient's risk of colon cancer from IBD in their lifetime."

Ulcerative Colitis

"While Crohn's affects the full thickness of the diseased tissue along the GI tract, colitis only affects the superficial portion of the colon down to the rectum, though symptoms can also include loose, watery bowel movements, an urgent need to empty the bowels, and bleeding," Dr. Shahnazarian said. "Symptoms can additionally include abdominal pain, nausea, and vomiting, and, like Crohn's, can present in bimodal groups of people (for example, those in their teens-20s and those ages 50-75)." Should surgery be recommended, he said, "a full large bowel resection can potentially cure one of colitis, but you can't necessarily cure Crohn's disease with surgery because its fistulas and/or abscesses can be located in so many different areas."

According to Dr. Shahnazarian, treatment for colitis is roughly the same as it is for Crohn's. "We'll use steroids to knock it down to see how it responds, then colon anti-inflammatories or a biologic to try to control it, although we try to avoid resorting to biologics if they're not necessary, as that could begin a lifelong relationship with biologics for the patient," he said.

Tips for Preventing/Managing Crohn's and Ulcerative Colitis

"Because these conditions have strong genetic components, it can be hard to prevent them, but refraining from smoking and limiting consumption of red meat (which can irritate the gut's lining), fat, and processed foods can help mitigate the symptoms," Dr. Shahnazarian said. In terms of foods to favor, "probiotics and fermented foods like kimchi, sauerkraut, and kefir are very good because they help enhance the gut biome and ease digestion."

At the same time, "regular exercise proactively supports healthy digestion, circulation, and metabolism while reducing stress, a factor which can cause Crohn's or colitis to flare up," he said. "Other stress-reducing activities like deep breathing and meditation are also helpful — and underutilized — tools in a patient's arsenal."

Finally, Dr. Shahnazarian confirmed that regular medical check-ups are beneficial for those with IBD. "Doctors will determine how often to repeat colonoscopies depending on how well controlled and stable the patient is and how long they've been on their medication," he said. "The good news is that we have a very comprehensive endoscopy and colonoscopy program at Richmond University Medical Center and take pride in helping patients and being there for our community."

Overall, Dr. Shahnazarian recommends that people experiencing any of the aforementioned issues trust their gut and never lose hope.

"Don't ignore your symptoms — addressing issues sooner rather than later will likely make them easier to treat," he said. "And if you're diagnosed with Crohn's disease or ulcerative colitis, there's definitely a light at the end of the tunnel — therapies are much better than ever today and can help you enjoy a normal life regardless of the condition."

RUMC's Chair of Medicine on How to Successfully Manage and Prevent Diabetes



*Philip Otterbeck, MD,
RUMC's Chair of
Medicine and Chief of
Endocrinology*

According to the CDC, more than 38 million adults in the U.S. have diabetes — and one in five don't even know it. The CDC estimates that another 90-plus million adults in the U.S. are pre-diabetic. If left untreated, diabetes can lead to neuropathy (nerve damage), kidney damage, vision problems, stroke, heart attack, and peripheral vascular disease (e.g., blockages in the arteries in the lower extremities).

"While the national incidence of Type 2 diabetes is 11%, the rate on Staten Island is significantly higher at 13%," shared Chair of Medicine and Chief of Endocrinology Philip Otterbeck, MD, who attributes some of the issue to Staten Island's suburban setting, which leads many residents to live a more sedentary lifestyle than residents in other boroughs. "Unfortunately," he noted, "the rate of diabetes both here and nationwide is projected to increase as the population ages and the rate of obesity increases."

Below, Dr. Otterbeck discusses the latest diagnostic tools and medication for diabetes and offers top tips to help manage the condition once it is diagnosed as well as to prevent it altogether:

Q: How popular and effective is the class of medications known as "GLP-1 Receptor Agonists" in treating Type 2 diabetes?

Dr. Otterbeck: There's been an explosion of interest in "GLP-1 Receptor Agonists" in the last several years. GLP-1 is a hormone that the body makes naturally, but when a person has diabetes, their GLP-1 becomes ineffective at managing glucose levels. Administration of GLP-1 Receptor Agonists will enable the hormone to achieve its desired effect of lowering blood sugar by binding to

receptors in the hypothalamus, the portion of the brain which serves as the body's satiety center; essentially (and based on the link between obesity and Type 2 diabetes), these medications help patients feel full and not eat as much. Doctors have been utilizing these medications — which include brand names like Ozempic, Wegovy, and Mounjaro -- to address diabetes for years, but when word of their effectiveness in helping people also lose weight spread throughout the media, the drugs experienced a surge in demand. In terms of their success rates, these medications have proven extraordinarily effective in managing diabetes and can also help individuals lose 10-15% of their body weight, though results can vary.

What's your advice regarding the use of GLP-1 Receptor Agonists for diabetes and/or weight loss?

Dr. Otterbeck: Some of these drugs are approved for weight loss, and some only for diabetes. People taking diabetes agents like these for weight loss — essentially using them off-label and causing a run on the supply -- have created a difficult situation for diabetics. In certain patients, use of these drugs for weight loss may be appropriate if the drugs are approved for that application, as obesity can lead to diabetes, heart disease, high cholesterol, stroke, and other serious conditions. The ability to pre-emptively prevent those diagnoses in patients is important, so these drugs may be beneficial in helping to address obesity, especially in patients who have been unable to maintain weight loss long-term. That being said, the best way to lose weight is through diet and exercise; we encourage people to discuss their weight loss goals with their physician to determine if they can do it on their own without the assistance of medication, but if they're unsuccessful, they could consider these medications. Patients should be aware that side effects of these drugs can include an upset stomach, nausea, and/or other GI issues; also, these medications tend to be

expensive (there are no generics available for them as of yet) and their coverage by insurance carriers is poor/spotty.

Is there anything else new or noteworthy when it comes to the diagnosis or management of diabetes?

Dr. Otterbeck: One exciting technological development for patients involves the utilization of insulin pumps. Continuous glucose monitors attached to the skin measure glucose levels every five minutes, but now they can communicate with infusion pumps, enabling tighter control and mitigating the risk of low blood sugar (hypoglycemia). Until even just a few years ago, people with diabetes pricked their fingers several times a day to measure their glucose level and used syringes to inject insulin; this process advanced to pens and pumps, but now the pumps are more sophisticated and allow delivery of insulin to be adjusted in accordance with one's glucose level. People still need to monitor their sugar, count their carbs, and administer the right amount of insulin, but we're getting closer to the dream of a "smart" closed-loop system that truly replicates the function of the pancreas.

What final messages can you share with community members about diabetes?

Dr. Otterbeck: Everybody should see a doctor and get checked for diabetes or pre-diabetes, which are treatable entities; if left untreated, they can result in cardiac events, neuropathy, and other serious conditions. Treating diabetes early and aggressively is important and diagnosis is as simple as a blood test. Knowledge is power — if you're diagnosed with diabetes, you can begin treatment to manage it, and if you're diagnosed with pre-diabetes, you can proactively intervene before it progresses to clinical diabetes.

New Hires — Welcome to RUMC!

Melissa Acevedo — RN

Leonel Benedicto — Housekeeping Super

Barbara Cole — Registrar

Peter DeCesare Jr — Respiratory Therapist

Donna Dinolfo — Respiratory Therapist

George Elkik — Clinical System Analyst

Thomas Farrell — Asst. VP, Facilities

Toyin Gerio — Security Guard

Amanda Gilmore — RN

Kassim Jabateh — Security Guard

Gabriela Kaminska — RN

Jennifer Kindle — Director, Internal Audit

Artem Kuznetsov — Nursing Assistant

Edwin Leon — Custodian

Nicholas Leyson — Food Service Worker

Nicole Locante — Social Worker

Hugo McIntosh — Nursing Assistant

Jose Mejia — Nursing Assistant

Brianna Ozigbo — Unit Clerk

Alyssa Pinciotto — Switchboard Operator

April Pineza Katrine — RN

RUMC Board of Trustees Chair Elected to State Healthcare Board



“It is an honor and a privilege to have been elected to represent RUMC as a member of the Board of Governors of the Health Care Trustees of New York State.”

— Timothy C. Harrison

Richmond University Medical Center's Board of Trustees Chair Timothy C. Harrison

Chair of Richmond University Medical Center's Board of Trustees Timothy C. Harrison was elected to the Board of Governors for the Healthcare Trustees of New York State (HTNYS). Harrison was one of four individuals from across New York State named to the board, effective January 1. Each will serve a three-year term.

“It is an honor and a privilege to have been elected to represent RUMC as a member of the Board of Governors of

the Health Care Trustees of New York State,” Harrison said. “I am eager to interact with and learn from my fellow members, particularly best practices that would be of benefit to RUMC, ways that RUMC might more effectively improve and expand access to quality health care, particularly for those in need, and ways in which RUMC might develop and grow partnerships with social services providers in the communities that RUMC serve in order to establish in those communities a more comprehensive and effective continuum of care.”

HTNYS is dedicated to strengthening the governance of New York's nonprofit and public healthcare facilities. HTNYS is governed by a board of trustees from healthcare facilities across the state and is a division of the Healthcare Association of New York State. The HTNYS board of governors provides strategic guidance to direct HTNYS' activities and programs aimed at strengthening New York State's healthcare system through improved leadership and involvement by healthcare trustees.

NEW FACES

Cheryl Garber, MPA

Public Relations and Marketing Specialist

Cheryl has been an employee of RUMC since 2021. She started in the Public Relations and Marketing Department before transitioning to the role of manager, Richmond Health Network Administrative Services. Now back in the Public Relations and Marketing Department, Cheryl will assist in developing marketing materials, coordinating volunteer recruitment, and planning outreach activities in the community to build trust and awareness of RUMC, the Richmond Health Network, Staten Island Mental Health Society and additional hospital affiliates. Cheryl earned a bachelor of arts in sociology, anthropology and educational studies from Elmira College and a masters of public administration with a focus in public management from Baruch College.



January Observances

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

Month-Long:

- Cervical Health Awareness Month
- Glaucoma Awareness Month
- International Quality of Life Month
- National Birth Defects Awareness/Prevention Month
- National Blood Donor Month
- National Radon Action Month
- National Winter Sports Traumatic Brain Injury Awareness Month
- Thyroid Awareness Month

Recognition Days:

- January 4: World Braille Day
- January 11: Paget's Awareness Day
- January 28: World Leprosy Day
- January 30: World Neglected Tropical Diseases Day

'Tis the Season for Caring

Throughout the month of December, local community groups, agencies, and members of the community donated

toys, books, and additional items to our Pediatric Department and for our young patients at our Family Health Center,

located at 800 Castleton Avenue. We thank everyone for their generosity and caring holiday spirit!



Jonathan Beale, Paul Martorano, Maria Martorano and Angelo Luppino from Arms Wide Open



Cops for Kids



Knights of Pythias



New York Transit Kids Against Cancer



Ronald Cutrone and Angela Olsen



New York City Department of Sanitation