Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | **January 2023**

Yale NewHaven Health Greenwich Hospital

From the desk of the CMO

A Purpose Driven Life

Karen Santucci, MD, Chief Medical Officer

Dear Mighty Team,

For as long as I can remember, I have felt that I lived a purpose driven life. My husband who exercises EVERYDAY would drop subtle and perhaps not so subtle hints trying to get me to do the same. I just never picked up on the cues. When we first started dating (35 years ago) he gave me an exercise bike for my birthday… very romantic, right?! Don't worry the next year it was even better… a vacuum!

After we were married (yup… even after that we got married) he bought me an elliptical and then it was ankle weights. I would start off strong – this was gonna be "the new me" every time, but much to his dismay, I would fade and go back to my old ways. I could always rationalize it because time was a rare commodity. After all, we had the kids, our parents, hockey, violin, trumpet, work, a long commute up to New Haven, school projects (why I had to take over making a five-foot earthworm for science class using corrugated tubing from our dryer is beyond comprehension), but it was on display in the school lobby for a month! YES!! Additionally, don't forget my pathologic obsession with making customized gift bags for the kids' science classes, Girl Scouts, their sports teams in grammar school, high school and college, and then that trickled over to the hospital and community centers. I felt those acts served a purpose!

So, what about the exercise?

In the fall of 2013, my younger brother, Bob, was diagnosed with T-Cell PLL which is an aggressive form of leukemia. It was just before his 47th birthday and his life, and the lives of his wife and three young children ages 6, 9 and 13 would never be the same again. The only chance Bob had, which was a longshot, was a stem cell transplant. He was being followed by national experts at Smilow Cancer Hospital and Memorial Sloan Kettering and while the odds were stacked against him, I told my sister-in-law that "we have access to what so many others may not have had." We were gonna beat this and save Bob!

My sister and I sent in our samples… buccal swabs which made Kathy gag and wince. She is terrified of needles and hates hospitals and doctors, so of course I prayed that I would be Bob's match. And I was! 10/10!!

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What happened next? Well, I had to be in the best shape of my life for the acquisition of the stem cells, right?! Bob was almost twice my size and I had to do leukapheresis so my veins would be like pipes otherwise I would need a catheter. What do I do? I drove a few blocks and purchased a membership to our Planet Fitness in Norwalk (it was only $10 a month… my parents didn't raise a fool. I even splurged and became a black card member for $20 a month… you can go to any Planet Fitness in CT or the country for that matter!). I went every day, sometimes twice a day… I was RIPPED!! I used the outdated exercise bike until the chain froze; I used the elliptical even when it annoyed the hell out of me; I wore ankle weights; I ran stairs; and I even used a weighted vest… I was on a mission. I had a purpose. I played Whitney Houston's, *One Moment in Time*, and *Rocky's* theme song, blasting anything to keep the momentum going!

As they prepared Bob for the transplant, I gave myself the injections they prescribed; my peripheral WBC was 40,000… he was almost ready. I went on the leukapheresis machines three days in a row but after day three, only had one-fifth of the stem cells he needed! Holy God… what do we do? They wiped out his marrow preparing for my cells and I did not have enough. He needed a bone marrow transplant but they would not take me because my platelets were too low. We had 72 hours. My platelets had to be above 100K so I was hysterical and went to the gym. I thought if I could stress myself enough maybe I could get an exaggerated reaction and get them up in time for Bob! It worked, and the day of the transplant, my platelets were 104K and they took me!

I remember feeling so at peace in pre-op. The nurse looked at my wrist band and asked me if I knew what my procedure was going to be? I said yes of course "breast implants." She looked at me in horror as did my husband and I said, "I am just kidding, I am a bone marrow donor for my brother" and started to cry. I had never been more ready to do something and honestly would have given him my heart if they said that would save him.

I remember waking up from anesthesia (never had it before) and seeing a large bag of 'blood' and the smile on the face of the hematologist who harvested my marrow. He said, "I am bringing it to Bob now."

Then we waited. Was I too late? He had CBC's every day. His white cells (my white cells) were not doing anything… Then on Good Friday, he started to make cells! Easter Sunday there were more! He got discharged a few weeks later and they wanted to do a bone marrow and he had 100% of my cells….

Holy God! We did it! We beat it! My sister-in-law called me because he was vacuuming and had a strange and powerful need to go to the Dollar Tree and Christmas Tree Store. We all laughed because he had Karen Santucci cells now! We did it!

Or did we…

Father's Day he wasn't feeling well… it was back. Bob died at Smilow July 25, 2014, just 10 months after he was diagnosed; he was 47.

He touched the lives of countless children as a coach for many football teams on the weekends. They had to put barricades up for several blocks surrounding the funeral home for his wake and the day of the funeral they closed the Bronx River Parkway because there were so many cars for the procession.

A purpose driven life… working toward a goal, making a difference, leaving a mark. Bob had a purpose driven life working with kids and coaching football (he wasn't too bad as a VP at Morgan Stanley either). His passion was coaching and imparting the message that hard work can be the great equalizer. Some folks are born with talent, some develop it over time, but that takes effort.

Okay. Effort… I am going back to Planet Fitness! I will let you know how it goes. If you can't do it for yourself, how about for someone that you care about?

It is a new year. To quote our very own Gladys Luz, "May this year bring us strength and good health to face the challenges of the world." We all have a purpose and are leading a purpose driven life. May God bless you in all that you do.

Happy and Healthy New Year to each of you!

Karen and Bob

Congratulations Graduates!

GH's Romelle Maloney, MD, OB/Gyn; Kisha Mitchell-Richards, MD, director, Pathology; Dhara Soni, PA-C, APP clinical manager; and Kimberly Van Camp, manager, director, Diagnostic Radiology, are the latest graduates of the Accelerating Leadership Potential program.

Presented by YNHHS' Institute for Excellence (IFE), Accelerating Leadership Potential is a leadership development program focused on high potential managers.

With the use of on-line tools, virtual/classroom training and other learning modules, the intensive program focuses on developing team building skills; enhancing communication skills; developing leadership skills that improve efficiency and managerial competence; and providing opportunities for coaching, mentoring and formal assessments.

Congratulations!

Patrick A. Kenney, MD, appointed medical director, Smilow Cancer Hospital Care Center

Patrick A. Kenney, MD, has been appointed as the Cancer Service Line medical director for Greenwich Hospital and regional physician leader for Oncology Services for Lower Fairfield and Westchester Counties at Smilow Cancer Hospital at Yale New Haven.

In his new role as medical director, Dr. Kenney will continue to build multidisciplinary cancer care and further develop integrated clinical programs at the Smilow Cancer Hospital Care Center in Greenwich and in additional locations across the region.

An associate professor of Urology at Yale School of Medicine, Dr. Kenney specializes in treating genitourinary cancers, with a particular focus on kidney cancers. He performs robotic, laparoscopic, and open surgery for kidney cancer, with an emphasis on organ and function preservation and minimally invasive surgery whenever feasible. Dr. Kenney's research interests are in the integration of surgery and systemic therapy for locally advanced, metastatic and treatment-resistant kidney cancer.

Dr. Kenney's administrative leadership roles at YNHHS have included serving as interim chair of the Department of Urology, clinical leader for Genitourinary Oncology at Smilow Cancer Hospital, clinical vice chair of Yale Medicine Urology, vice chair of Quality and Safety of Yale Medicine Urology, and medical director of Corporate Supply Chain for YNHHS.

He received his MD from Columbia University, completed a general surgery internship and urology residency at Lahey Clinic in Massachusetts, as well as a fellowship in Urologic Oncology at MD Anderson Cancer Center in Houston, TX.

YNHHS works to eliminate biased tests and procedures that can lead to poor outcomes for certain patients

In August, Yale New Haven Health stopped using a standard kidney function test that healthcare organizations nationwide have used for the past 20 years. The health system has updated their standard approach to include a new equation that removes race from the calculus and is recommended by both the National Kidney Foundation and the American Society of Nephrology.

Research has shown that the traditional methods of estimating glomerular filtration rate (eGFR), may be inaccurate and are racially biased. Those who developed the test in 1999 hypothesized that Black patients have more muscle mass than white patients, so they included a "racial modifier" in the test to better fit the racial disparities in the data they were seeing. That means Black patients automatically have points added to certain values in the test, making the kidney function of Black patients appear healthier than it actually is. Those skewed results likely lead to diagnostic and treatment delays for patients based solely on their race.

YNHHS and organizations nationwide have been working for years to eliminate healthcare disparities that can lead to differences in treatment and outcomes based on patients' race, ethnicity, gender, socioeconomic status and other factors. Growing research is revealing racially biased tests, procedures and other clinical processes can lead to less-effective treatment and worse outcomes for all patients.

In addition to updating the eGFR test, YNHHS no longer uses race as a factor in predicting jaundice in newborns. According to research, many other more relevant elements contribute to jaundice and related complications.

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Using race can lead to unnecessary procedures or, conversely, inadequate treatment. It can act as a crutch that delays our knowledge production of the actual causal drivers, said Louis Hart, MD, a pediatric hospitalist, medical director of Health Equity for YNHHS and assistant professor of pediatrics at Yale School of Medicine.

These and numerous other clinical processes are often based on "racial biology," a false assumption that someone's race can be used to accurately predict their underlying genetics.

"Race is not a biological category that produces health disparities due to universal genetic differences; rather, it is a sociopolitical system used to support the continuation of structural racism," Dr. Hart said. "We remain steadfast in our commitment to push forward on our journey to eliminate racial biology from medicine here and beyond."

More changes in the works

In the future, investigators from Yale School of Medicine and YNHHS will change a tool that uses a point scale to predict kidney stones when a patient comes to the emergency department. The more points, the more likely kidney stones are causing the patient's pain. The current tool automatically adds points when patients are identified as White.

This race-based statistical adjustment has been supported and validated by numerous retrospective and prospective mathematical models. However, there is no scientific basis for why White patients would have more kidney stones than non-White patients.

This, along with well-documented inequities patients of color face when accessing health care in the U.S., call into question whether the race-based clinical models are inherently flawed, as they reflect data extracted from unjust systems, Dr. Hart said. They also statistically reify racial differences as innate and inadvertently normalize health disparities to better support data models.

The downside of using a racially biased tool is that clinicians might initially miss kidney stones in non-White patients, delaying proper treatment. Given the lack of plausible biologic hypotheses to support this universal and immutable racialized kidney stone difference, researchers are working to validate a new clinical variable that is biologic, objective and more reliable than subjective patient race to accomplish this clinical risk scoring.

Another change will involve how YNHHS clinicians interpret results from pulse oximeters. A University of Michigan Medical School study found that many participating Black patients and those with darker skin tones had normal pulse oximeter readings, but other tests showed dangerously low oxygen in their blood. The Food and Drug Administration is examining how well the devices work for patients with different degrees of skin pigmentation.

New Epic fields will support health equity

YNHHS' Office of Health Equity (OHE) is preparing to launch the "We Ask Because We Care" campaign this year. The campaign will support the continued collection of high-fidelity patient demographic data and awareness of how it is critical to YNHHS' efforts to eliminate healthcare disparities. YNHHS will continue to invite patients to share their race, ethnicity, preferred language, sexual orientation, gender identity and disability identity. Patients do not have to answer these questions, but information from those who do will be entered into updated fields in a patient's protected legal medical record in Epic.

The Office of Health Equity, working with the departments of Care Signature and Quality and Safety, can then analyze the stratified, de-identified patient information. The information in aggregate will help YNHHS measure indicators of equity with patient access; use of healthcare services; transitions from one care setting to another; patient experience; and quality and safety clinical outcomes, explained Darcey Cobbs-Lomax, OHE director.

The OHE's quality and organizational improvement work will help set a new standard for equitable care delivery and community impact that serves as a national model for implementation, Cobbs-Lomax said. This activity will also support state, federal and healthcare accrediting organizations' efforts to reduce healthcare disparities.

"Most importantly, this work will help us identify and eliminate unjust social disparities that exist within healthcare systems to guarantee that we are providing the highest-quality, safest and most accessible care possible to every patient, every time," Dr. Hart said.

With GRATITUDE

An open letter to the Medical Staff from Ellika Mardh, MD, medical director, Outpatient Center

As a new year begins, it is time to reflect. In a world that sometimes seems out of control, it is important that we can still find hope and goodness as evidenced by all the amazing work that's being done by the Medical Staff at Greenwich Hospital.

On behalf of the entire staff in the Outpatient Center at Greenwich Hospital, I would like to express our immense gratitude to all Medical Staff who provide care to our patients. We want to thank all of you for your hard work caring for the most vulnerable patients, while at the same time teaching our residents to become the best physicians they can be.

Thanks to your caring, knowledge, dedication and accessibility, the outcomes for our patients are stellar. You treat our patients with the dignity and respect all patients deserve and you are all role models for our doctors in training.

You offer our patients your skills and knowledge in close to 20 specialties and subspecialties, ranging from prenatal care and OB to ENT, Heme/Onc, Surgery, Dermatology, etc. In 2022 alone, we had close to 1,700 specialty visits in the Outpatient Center, in addition to countless visits in the offsite locations and procedures performed – these are amazing numbers!

It is truly wonderful and heartwarming to be able to acknowledge the hours you have generously dedicated to our patients' care, and the professionalism you have shown to patients and staff alike.

I know our patients are equally grateful; I spoke to a person who has been a patient at the Outpatient Center for 36 years! When she was asked to share her experience in getting her care here, she said, "I am an immigrant and I feel very safe at Greenwich Hospital. The attention I get from all the staff and the doctors is amazing. Any medical issue I have had, I have had fantastic results. Thank you, Greenwich Hospital."

To our Medical Staff, on behalf of the entire OPC team – THANK YOU. We appreciate everything that you do, and your contributions give us all hope as we continue to navigate the challenges of health care today.

News from the DEI Council

Holding those like you to higher standards

Submitted by Sandra Wainwright, MD, Medical Staff DEI Council

As physicians, we care for people of all races and socioeconomic strata. But how do we treat people of similar ethnicity to ours? Do we treat them differently? A recent patient experience became very thought provoking for me. In today's age of diversity, equity and inclusion, I find that I edit my social responses so as to NOT offend others. But in areas where I feel ethnically comfortable, there is less editing.

I had a patient of similar ethnicity to mine, Vietnamese. Let's call the patient Kris. Kris showed up late for the first appointment and asked me, in English, whether I knew how to speak our ethnic language. I replied in our language, "younger sibling, I know our language and am calling you younger sibling because you are younger than I am."

After listening to Kris' history about his foot wound, I made my recommendation. I inspected Kris' shoe and used a bit of material to fix the shoe and offload the portion of the wounded area to protect it from repeated injury. Kris made a comment, meant to be humorous, about how medical school doesn't include classes on becoming a shoe cobbler.

When Kris came back two weeks later, late again, Kris disagreed with the therapy I recommended. I patiently explained why I recommended the therapy I did. Kris did not follow my advice, returned two weeks later and showed me a copy of a pharmaceutical company-sponsored case report that supported Kris' choice for treatment – thanks to Dr. Google. At this point I stopped trying to educate Kris about the science behind my prescribed therapy, yielding instead to Kris' insisted upon treatment. I have found that when trying to reason with individuals who have made up their minds, you cannot change their minds, even if you expose them to authentic information.

Kris' final visit began late again, and I kindly asked Kris to show up on time so that my other patients would not be impacted by delays.

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This is what my self-analysis entailed about Kris' visits:

First visit: Kris opened the medical visit a bit arrogantly and challenged my "rank" so to speak. In many Asian cultures, there is a hierarchy of respect, that simplified, is respect for one's elders. In referring to Kris as younger sibling, I sensed that hierarchy struggle and demonstrated my rank. What triggered me was that typically people of my ethnicity are very respectful of physicians and will automatically defer to them as though they are of higher "rank" out of respect for their education and in adoption of cultural etiquette. This patient did neither.

Second visit: the patient felt much less pain with the offloading arts and crafts maneuver I had performed and again compared me to a cobbler. I laughed it off, stating that common sense is also a skill set that people can have regardless of education. Kris disregarded my medical advice.

Third visit: I counseled the patient to be respectful of time. It turned out that on this last visit Kris was healed. We had achieved in a few weeks what had taken Kris' other physicians nearly a year to heal. This outlines a contentious (for me) experience with a patient of similar ethnicity. Perhaps it is because I tend to hold people who share my ethnic background, maybe unfairly, to a much higher standard than I would patients of different ethnic backgrounds. Is it right? Nope! So let us figure out why I feel this way. I remember a great psychiatrist teacher of mine once stated, "when a patient gets under your skin, use your emotions as a stethoscope to diagnose them and yourself."

The patient did not adhere to the usual social norms of our culture. But where do I get my baseline for cultural norms from? Half of my family lived in Vietnam from 1942 to 1975. In that generation, people of similar age insisted on referring to themselves as lower ranking out of courtesy and respect until one party finally 'breaks' and accepts the higher rank with much reluctance. In my perception of the physician/patient interaction, Kris projected a bit of a superior attitude – breaking from cultural etiquette. When I called Kris "younger sibling," I was reacting to this break from tradition and re-aligning it to my standard with language. Cultural norms of respect are still present in Vietnam – junior physicians refer to senior physicians as sibling in Vietnam currently.

I perceive that my impressions and thoughts may come across as incredibly egocentric – that is not my intent. This patient left an impression on me and my perception of race in the 'safe context' of '*I am one of you too so I can say these things without penalty.*' Kris' behavior was not demonstrative of my perceived standard of graceful behavior for this population and ethnicity. By Kris failing my 'standards' to represent our ethnicity in the best light possible, I felt my own reputation was being marred. Kris did not represent the cultural norm I hold as ideal. Perhaps I am too nostalgic. A lot of my projection probably is not fair – but it brings up a point for discussion and analysis – are we more patient with some patients and less patient with others because of race? I am.

Peer Support Team helps staff navigate traumatic events

Traumatic events in the workplace – the death of a patient or colleague, on-the-job violence, unexpected medical outcomes – can leave staff feeling overwhelmed and unable to cope.

Help is now call away. Beginning this month, Greenwich Hospital has a specially trained onsite Peer Support Team to help staff respond to traumatic events that occur at the hospital. Team members are trained to provide compassionate, timely and effective assistance to all staff.

Peers can assist by actively listening and providing resources, such as YNHHS' Employee and Family Resources (EFR). The team does not replace professional counseling.

The Peer Support Team is available Monday - Friday, 8 am - 4 pm. To initiate a request, call the GH operator at 203-863-3000 and request a GH Peer Support Team Leader. On the weekends, call Employee and Family Resources at 877-275-6226, which will arrange an appointment within 24 hours.

To learn more or join the Peer Support Team, contact Susan Burke, GH employee safety specialist at 203-963-3506.

YNHHS to improve fecal management care, safety

Thanks to ongoing improvement efforts, Yale New Haven Health successfully reduced infections and other complications from urinary catheters and the central lines placed in patients to appropriately manage their care.

Now the health system is focusing on reducing complications associated with rectal tubes that can lead to additional treatment and longer lengths of stay. A team

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comprising staff from different roles and delivery networks has developed an approach that standardizes the use of rectal tubes. Scheduled to launch this month, the approach includes a Care Signature pathway with guidance on choosing and using the correct devices and identifying treatment options.

The new approach also includes optimized ordering and criteria for placing, maintaining and removing devices. Watch for more information, including education on the new processes, in the coming weeks.

Save the date: Feb. 16 – Trust Your Gut Digestive Health session

YNHHS and Yale Medicine host a free, monthly virtual Digestive Health CME series called Trust Your Gut. The yearlong series, held the third Thursday of each month at 5 pm, is designed to provide world-class digestive health educational programming, professional development and networking opportunities for physicians and advanced practice providers.

Join Walter Longo, MD, and Bauer Sumpio, MD, of NEMG for a discussion on Intestinal Ischemia Disorders. Click here to register or visit the Yale CME portal at yale.cloud-cme.com.

Yale School of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits per session, for a total of 12.0 AMA PRA Category 1 Credits for the series. To register, visit the Yale CME portal at yale.cloud-cme.com. For questions, contact Joe Mendes, executive director, Clinical Program Development, Digestive Health at joseph.mendes@ynhh.org.

Smilow Shares with Primary Care: Gynecologic Oncology – Feb. 7

Tune in for the next Smilow Shares with Primary Care: Gastrointestinal Cancers webinar on Tuesday, Feb. 7 at 5 pm. The event will include presentations by Mitchell Clark, MD; Johanna D'Addario, MHS PA-C; Jeff Josephs, MD; and Christi Kim, MD.

Smilow Shares with Primary Care is a monthly educational series for physicians, patients and the Greenwich community presented via Zoom. Presentations are subject-focused and hosted by experts from Smilow Care Centers around the state as well as from Greenwich Hospital. CME credits are available.

No registration necessary. Tune on via Zoom at https://bit.ly/3QZgkzv. With questions, contact Heather Studwell at 475-240-8328 or heatherleigh.studwell@greenwichhospital.org.

Newsletter Submissions

Deadline for submission of content for the February 2022 issue of *Medical Staff News* is Friday, Jan. 27, 2023. Please submit items for consideration to Karen Santucci, MD, at karen.santucci@greenwichhospital.org or Myra Stanley, YNHHS at 203-688-1531 or myra.stanley@ynhh.org.

MEDICAL STAFF CHANGES (December 2022)

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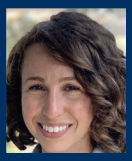

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Resignations/Non-Renewal of Privileges

Thomas Cerabona, MD (Surgery)

Matthew Delmastro, APRN (Cardiology)

Mark Glassman, MD (Gastroenterology)

David Miller, PA (Urology)

Katherine Mini, MD (Pediatrics)

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