

# Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | January 2024

Yale  
NewHaven  
**Health**  
**Greenwich**  
**Hospital**

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From the desk of the CMO

## Celebrating extraordinary contributions and acts of kindness

*Karen Santucci, MD, Chief Medical Officer*

Dear Mighty Team,

I would like to wish you all a very happy and healthy new year!

In this time of making resolutions and fresh starts, I was thinking about what to focus on for this column. At a recent meeting, a fellow medical staff member asked how we could recognize and really celebrate acts of kindness and wonderful contributions made by other medical staff members? It is a great question and there are so many ways we can accomplish this. I thought I would share a few:

1. Do you have an extraordinary story to share about someone going out of their way to give extraordinary care and service to a patient or colleague? Did you witness an act of kindness and would you like to recognize a colleague for that? You can nominate/recommend someone for the **PEACE (Patient Experience Award for Caring and Empathy)** Award by emailing your story to: [GHPatientExperience@ynhh.org](mailto:GHPatientExperience@ynhh.org). February nominations are due by Jan. 26. Don't worry – this is a monthly occurrence and you can submit a nomination for March if you need more time. If you'd like to discuss the event that occurred don't hesitate to contact me.
2. We also have the monthly **Great Catch Award** which recognizes someone preventing an unwanted event from occurring by practicing 200 percent accountability. You can send your Great Catch story to me at [karen.santucci@greenwichhospital.org](mailto:karen.santucci@greenwichhospital.org).
3. Every morning, yes, EVERY morning (seven days a week) at 8:30 am, we have a hospital-wide Morning Safety Huddle and always extend **GRATITUDE** to folks who have done something good/helpful in the preceding few days.
4. Weekly, and sometimes daily, we send **accolades/kudos from Patient Relations** to members of our medical staff and healthcare team.
5. There is an opportunity to recognize **Women Who Inspire** (with the YWCA) annually.
6. In our **CMO Report at MEC**, we provide special recognitions for medical staff and administrative leadership.

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7. Annually, there is an opportunity to nominate someone for the **Physician Partner in Care Award**.
8. Weekly, and often daily emails with accolades are sent to medical staff members after reviewing records and seeing the wonderful care provided to our patients.
9. Physicians are recognized at medical staff meetings with the **Physician Recognition Award**.
10. Monthly at our board meetings, we share a **patient story** and commend the care provided by members of our medical staff and healthcare team.
11. Annually, we accept nominations for the **Norm Roth Leadership Award**.
12. Annually, we announce the recipient of the **Phil McWhorter Award**.

Now that I have piqued your interest, I will share prior award recipients in next month's issue of *Medical Staff News*.

Thank you, Karen

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## Greenwich Hospital receives 2023 Press Ganey Human Experience Pinnacle of Excellence Award®

Greenwich Hospital has been named a 2023 Human Experience (HX) Pinnacle of Excellence Award winner by Press Ganey, the global leader in healthcare experience solutions and services. This award is part of Press Ganey's annual ranking of the top hospitals and health systems in the country, according to performance in patient experience.

The hospital was named a winner because it has ranked in the top five percent of healthcare providers in delivering outstanding patient experience in more than 200,000 Outpatient procedures. Press Ganey works with more than 41,000 healthcare facilities in its mission to reduce patient suffering and enhance caregiver resilience to improve the overall safety, quality and experience of care.

"We are extremely grateful to all of our doctors, nurses, employees and volunteers for their unwavering commitment to our mission of serving the community," said Greenwich Hospital President Diane Kelly, DNP, RN. "Together we are raising the bar on performance to ensure patients and their families receive the highest quality of care."

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## In Memoriam: Philip McWhorter



Philip J. McWhorter, MD, passed away on Jan. 12.

Dr. McWhorter's Greenwich Hospital career began in 1977 and spanned 44 years, during which time he took care of thousands of patients and held many positions of leadership. He was Greenwich Hospital's Chief of Staff from 1998-2000 during the capital campaign

and construction of the current Greenwich Hospital. After completing that three-year term, he served the remainder of his time on the Greenwich Hospital Staff as Chief of Surgery from 2001 to 2021.

Dr. McWhorter was honored to be able to help people heal. Rivaling his fondness for helping patients to heal and resume their lives his fondness for his colleagues. Many of his deepest and longest friendships were with his co-workers. Whether in the operating room, the office, staff meetings, or in the cafeteria, Phil was gifted at making others feel heard and valued.

At the time of his retirement in 2021, Dr. McWhorter was quoted as saying, "At the end of the day, I don't think anybody could think that being a physician isn't the greatest profession of all and I want to thank all of those who allowed me to fall into it. I feel blessed to have been at Greenwich Hospital."

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## APP News

Calling all Advanced Practice Providers interested in helping with ideas for APP Recognition Week which will be Sept. 23 – 27. Please share your ideas for recognition at both the local and health system level. Contact Lisa Henderson at [lisa.henderson@greenwichhospital.org](mailto:lisa.henderson@greenwichhospital.org) for more information.

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## New tool will help clinical staff intervene earlier when a patient's condition worsens

In 2011, Yale New Haven Hospital was among a handful of hospitals nationwide to pilot the Rothman Index, a tool designed to help clinical staff intervene earlier when a patient's condition begins to worsen.

For years, Yale New Haven Health has used the Rothman Index and another tool, the Epic Deterioration Index, to reduce complications and save lives. But a review of past cases showed a need for a different tool – one that would support even earlier and more accurate identification of patients whose conditions are deteriorating.

This month, YNHHS is scheduled to launch eCART at Yale New Haven Hospital and the tool will be phased in at all Yale New Haven Health hospitals, including Greenwich Hospital, in the spring. It will replace the Epic Deterioration Index and Rothman Index.

YNHHS decided to implement eCART after an extensive analysis of patients throughout the health system who experienced clinical deterioration. The analysis, which compared eCART to the Rothman Index and Epic Deterioration Index, showed that eCART was significantly more precise in predicting all-cause deterioration in patients.

The Rothman Index combines 26 variables – including vital signs, certain lab test results and clinician assessments – to create a score indicating a patient's likelihood of deteriorating. ECART uses 97 variables, along with artificial intelligence and other functions, to generate a score.

Other eCART advantages include:

- It will be integrated with nursing and physician workflows (clinical pathways) to help create standardized approaches to managing patients whose conditions are deteriorating.
- It continuously recalculates the probability of deterioration, from a patient's admission through discharge.
- The data eCART generates will help individual units, hospitals and the health system improve their responses to clinical deterioration.

Watch for detailed training materials and other information about the ECART launch at Greenwich Hospital.

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## YNHHS and Yale University announce 'One IRB'

To enhance the impact of clinical and translational research conducted at Yale University and Yale New Haven Health System (YNHHS), the two entities have launched a 'One IRB' project to align processes, policies, and procedures between the entities as they relate to human subjects research, including the Institutional Review Board (IRB) review.

As a result of this initiative, all human subjects research conducted at YNHHS will be under the purview of the Yale University Human Research Protection Program (HRPP) and all YNHHS research will be reviewed by the Yale University IRB. Yale University HRPP will also review submissions for studies reviewed by external (non-Yale IRBs) e.g., when a review by a central IRB is required or preferred.

There are several advantages to moving to One IRB. The standardized submission and oversight of research will be beneficial for all research subjects and researchers. One IRB will also increase access to clinical trials and diversity of enrollment. Additionally, as regulatory issues related to research continue to evolve and become more complex, there will be one focus of expertise to scale systemwide.

An effective date for submitting new studies to the Yale University HRPP for IRB review is still being determined, but the change is anticipated to occur early this year. The transfer of existing studies currently under the purview of the Bridgeport IRB is anticipated to begin in April 2024.

YNHHS investigators, research staff, and other stakeholders are encouraged to attend one of the training sessions on the IRB submission processes. More information about the Yale Human Research Protection Program and Yale IRB is available on the Yale University HRPP website at <https://your.yale.edu/research-support/human-research-protection-program>.

To ensure that YNHHS investigators and partners receive support, the Yale University HRPP will designate a member of the HRPP staff to serve as the primary point of contact for YNHHS investigators. In the interim, questions and concerns related to the transition can be sent to Linda Coleman, HRPP director at [linda.coleman@yale.edu](mailto:linda.coleman@yale.edu) or Monika Lau, HRPP assistant director at [monika.lau@yale.edu](mailto:monika.lau@yale.edu).

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## Safety Matters

The Resiliency in Safety Events (RISE) behavior for the month for January is Hand-Off Effectively using SBAR. Hand off communication is the transfer and acceptance of patient care responsibility and is done to ensure patient safety through the continuity of care. SBAR is the primary communication tool for transferring information in a standardized, concise, and complete format.

The SBAR acronym stands for:

- S = Situation (a concise statement of the problem)
- B = Background (pertinent and brief information related to the situation)
- A = Assessment (analysis and considerations of options – what you found/think)
- R = Recommendation (action requested/recommended – what you want)

Take away: Encourage staff to use SBAR during handoff communication. SBAR helps staff to communicate information in a structured and focused manner with assertion and confidence and the right amount of detail.

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## Digestive Health Virtual CME Series 2024: *Trust Your Gut*

Yale Medicine and Yale New Haven Health will continue to offer the free, monthly virtual Digestive Health CME series, called *Trust Your Gut*. The year-long series will again be held the third Thursday of each month at 5 pm throughout 2024. The series provides digestive health educational programming, professional development and networking opportunities for physicians and advanced practice providers.

Join Walter Longo, MD, and Piyal Alam, DO, on Feb. 15 Managing Hemorrhoidal Disease in Ambulatory Setting.

Yale School of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™ per session, 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](http://yale.cloud-cme.com). For questions, contact Joseph Mendes, executive director, clinical program development, Digestive Health at [Joseph.Mendes@ynhh.org](mailto:Joseph.Mendes@ynhh.org).

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## C. difficile testing now automatically ordered for certain patients

Yale New Haven Health recently implemented a process in which C. difficile testing is automatically ordered for newly hospitalized patients identified in their Emergency Department or inpatient nursing clinical assessments as having diarrhea.

According to the process, which took effect Jan. 3, an order for LAB7877 C. DIFFICILE ASSAY will automatically and silently be generated in the Emergency Department or for inpatients during the first few days of admission who have:

- An admission diagnosis or chief complaint of diarrhea
- Nursing documentation indicating diarrhea in nursing flow sheets

A clinician co-sign will be required. The C. difficile assay order will populate the task list to be collected.

The new process was prompted by delays in ordering C. difficile testing for patients meeting these criteria. This led to delays in diagnoses of community-acquired C. difficile infection (CDI), delays in appropriate treatment and prolonged hospitalization.

In addition, these patients' CDI could be misclassified as being hospital-acquired. Failure to diagnose community-acquired CDI within the first three days of hospitalization penalizes YNHHS hospitals both in quality measures (such as Star Ratings and Leapfrog Hospital Safety Grades) as well as financially (in hospital-acquired condition penalties).

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## Newsletter Submissions

Deadline to submit content for the February 2024 issue of *Medical Staff News* is Friday, Feb. 2, 2024. Please submit items for consideration to Karen Santucci, MD, at [karen.santucci@greenwichhospital.org](mailto:karen.santucci@greenwichhospital.org) or Myra Stanley at [myra.stanley@ynhh.org](mailto:myra.stanley@ynhh.org).



## MEDICAL STAFF CHANGES (December 2023)

### Appointees



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### Resignations/Non-Renewal of Privileges

**Sara Levine, MD** (Pediatrics Adolescent Medicine)  
effective 12/31/23

**Judith Meadows, MD** (Medicine Cardiology) effective 12/31/23

**Patricia Raciti, MD** (Radiology) effective 12/1/23

**Michael Remetz, MD** (Medicine Cardiology) effective 04/30/24

**Ashley Sabbatini, APRN** (Medicine Cardiology) effective 12/23/23

**David King Stephens, MD** (Medicine Neurology Telestroke)  
effective 12/22/23