

# Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | February 2023

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Health  
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Hospital

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From the desk of the CMO

## February Updates, Gratitude and Words of Inspiration

*Karen Santucci, MD, Chief Medical Officer*

Dear Mighty Team,

I am hoping you are all doing well.

I wanted to let you know that we will be reviewing our Fiscal Year 2023 Performance Improvement Plan for Greenwich Hospital and the Health System this month. It will be presented at the Patient Safety and Quality Committee soon and you will hear more about this.

There is a renewed focus on wellness and engagement. The corporate objectives: Heart Failure and COPD Readmissions, Transabdominal Surgical Site Infections, Central Line Associated Blood Stream Infections and Falls with Injury will remain, and we are adding Mortality.

Speaking of Mortality, I would like to thank everyone for their hard work on patient care, reducing the Mortality O:E (Observed/Expected), strong documentation and for thinking earlier about Palliative Care and Hospice. We have really been seeing a difference when we review each and every inpatient death at our monthly Mortality Committee meeting. I would like to extend my gratitude to the following committee members: Drs. Herb Archer, Morgan Bain, Eric Leibert, Mario Mutic, Richard Xia, and I would also like to welcome our newest members: Drs. Kirsten Lawrence and Tania Mariani. I would be remiss if I did not recognize Spike for steadfastly pioneering this effort and chairing the committee for many years.

I am now going to shift gears.

Marguerite Johnson was born April 4, 1928, in Saint Louis, Missouri. She died May 28, 2014, yet her wisdom and her words still guide us daily:

*"Courage is the most important of all virtues. Without courage you can't practice any other virtue."*

Be courageous.

*"Do the best you can until you know better. Then when you know better, do better."*

Don't stop trying.

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It is often within the darkest moments and pain of life that we learn and grow. *"We may encounter many defeats, but we must not be defeated."*

Stay strong.

Yes, these are the sage words of the one, the only Maya Angelou (Marguerite Johnson).

A couple more words of inspiration:

When you get frustrated, when you are tired, hit a wall and want to stop trying... remember:

*"A life spent making mistakes is not only more honorable, but more useful than a life spent doing nothing."*

– George Bernard Shaw

And as a hockey mom...

*"You miss 100% of the shots you don't take."*

– Wayne Gretzky

Have a good month,

Karen

## U.S. Navy honors Sandra Wainwright, MD, for treating COVID-19 long-haulers

Greenwich Hospital's Sandra Wainwright, MD, a self-described military brat and medical director of the Center for Hyperbaric Medicine and Wound Healing, was commended by the U.S. Navy recently for treating a sailor with debilitating long-haul symptoms of COVID-19.

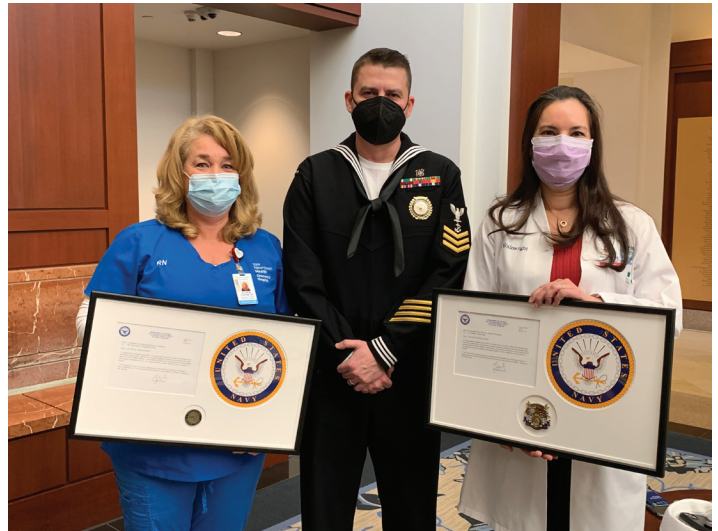
U.S. Navy recruiter John Meehan of Southbury presented Dr. Wainwright with a commendation signed by the U.S. Commanding Officer of the Naval Reserve Recruiting Command for going above and beyond to treat him when others could not. Meehan underwent 60 sessions of hyperbaric oxygen therapy, each two-and-a-half hours long, five days a week.

"I never met a doctor quite like Dr. Wainwright. She took the time to dig deeper and ask the right questions to make sure I was receiving the proper care," said Meehan, who contracted COVID-19 in November 2022. He later developed long-haul symptoms such as chest pain, muscle twitches, neurological impairments and vision problems.

The award was especially meaningful to Dr. Wainwright, whose father was a career Army officer who was wounded

in combat during the Vietnam War. He retired as a Lt. Colonel. "I know what it is for those brave men and women to serve our country," she said. "To receive such an honor from the U.S. Navy is beyond words. I'm so deeply touched by this presentation," said Dr. Wainwright.

Ellen Stacom, RN, HBOT safety officer, also received a U.S. Navy commendation for assisting Meehan during each session. "As the daughter of a Navy veteran, I'm proud to be the hyperbaric nurse who treated John," she said. "To be able to help the COVID-19 long-haulers does my heart good."



U.S. Navy recruiter John Meehan with Ellen Stacom, RN (left) and Sandra Wainwright, MD

## New Epic link connects clinicians with librarians

Yale New Haven Health clinicians are just one click away from a wealth of library resources thanks to the new Ask a Librarian link now live in Epic. The link can be found on the Epic landing page and in the library services tab. It directs users to a contact form that can be used to request library services, like assistance with literature reviews or accessing materials.

The Ask a Librarian service is monitored by librarians at each YNHHS medical library. All requests for services will be answered by the local librarian within one business day.

Visit the **Ask a Librarian** link in Epic for more information. With questions, contact Greenwich Hospital librarian Donna Belcinski at [donna.belcinski@greenwichhospital.org](mailto:donna.belcinski@greenwichhospital.org).

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## Important SBAR issued regarding patients with agitation

### SBAR for Management Guidance in Patients with Agitation with a potential for risk to self and/or others.

Situation: Agitation in patients admitted to the hospital can be from various reasons. Patients who are elderly with cognitive deficits, limited ability to perform activities of daily living, diagnosis of dementia with urgent behavioral disturbances are at increased risk of worsening agitation during the inpatient hospitalization.

Background: Clinical care teams at Greenwich Hospital aim to provide compassionate care to all patients who are admitted or being cared for at the facility. Patients with agitation and urgent behavioral disturbance who do not receive appropriate non-pharmacological and pharmacological management puts them in a category of increased risk of harm to self or others. Delay in placement of restraint orders when clinically appropriate can lead to unexpected serious injury to the patient themselves, staff and/or caregivers at patient's bedside.

Assessment: Using appropriate clinical pathways for management of patients with dementia and urgent behavioral disturbance is crucial to prevent unexpected serious injury to patient, staff and/or caregivers. Restraint orders must be used cautiously and judiciously as clinically indicated with time limited electronic medical record orders in conjunction with pharmacological and non-pharmacological management of these patients.

#### Recommendations:

1. Physicians and nurses must refer to Care Signature Pathway: Dementia with Urgent/Emergent Behavioral and Psychological Symptoms: Adult Inpatient for guidance on pharmacological, non-pharmacological and restraint orders placement.
  - a. In an event when patient is not responsive or minimally responsive to the pharmacological management administered and remains at risk of harm to self or any provider consider calling Rapid Response Event immediately.
  - b. A provider must avoid going into the patient room alone to take care of the patient. Always have another staff member accompany you when bedside care needs to be provided. Please use clinical judgement for patient safety in this scenario.
- c. Review medication administration record with treatment team to see what treatments can be grouped to minimize staff encounters into patient room.
- d. Consider Palliative Care Consult for ongoing goals of care and communication with patient and family when appropriate.
2. For a patient with known agitation as a symptom, every effort must be made to place patient in a video monitoring room. If patient is not in a video monitoring room, reach out to bed board to make accommodation as soon as possible.
3. Please inform and call Security to bedside to help with a physically combative patient.
4. Inform Patient Services to help navigate current situation and communication with patient's family. If Guest Relations is not on site, please email Erica Pinter at Erica.Pinter@greenwichhospital.org or Natalia Blanco at natalia.blanco@greenwichhospital.org.
5. In the event of an episode of physical assault to staff or a caregiver, report the event to RL Solutions for safety event tracking. Simultaneously event should be reported to supervisor on-call and attending provider or covering provider immediately.
  - a. Event details, next steps to prevent any further harm, review of pharmacological treatment, and consideration for restraint orders must be discussed with a quick safety huddle.
  - b. Refer to recommendations as noted above for management of clinical scenario.
6. Primary Team or Floor RN team must inform Family/POA about the event when event happens with the interventions put in place to prevent any harm to patient or caregiver.
7. Patients with a known psychiatric illness and if you think the psychiatric illness is contributing to current situation consider informing on-call Psychiatry Provider to get guidance on pharmacological and non-pharmacological management for the patient.
8. A thorough documentation of the event with steps taken must be documented in the electronic medical record.

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## U.S. News & World Report survey opens this month

All board-certified physicians within each of the applicable specialties evaluated by *U.S. News & World Report* (i.e., Cancer, Cardiology/CT Surgery, Diabetes/Endocrinology, ENT, Gastroenterology/GI Surgery, Geriatrics, Gynecology, Nephrology, Neurology/Neurosurgery, Ophthalmology, Orthopedics, Psychiatry, Pulmonary, Rehabilitation, Rheumatology and Urology) will soon receive a request to vote in the *U.S. News* reputation ranking.

The request will come via email from Doximity, an online networking website for physicians used to calculate the reputational portion of the hospital rankings. Registered users may also receive a prompt when logging into the site. As the *U.S. News & World Report* rankings are heavily weighted towards an institution's reputation, the survey provides the opportunity for members of the medical staff to make their collective voice heard about the exceptional care provided across Yale New Haven Health.

All YNHHS hospitals and ambulatory practices are home to outstanding physicians who continually advance medicine through the safe, high quality and compassionate care provided to our patients. The reputation of the entire health system would be greatly enhanced if Yale New Haven Hospital is voted into the Honor Roll. One barrier to this in the past has been the reputational score, which is determined by physician vote. Members of the medical staff across Yale New Haven Health are urged to consider this when casting votes during the upcoming voting period. Doximity reports that voting for the 2023 rankings will open later this month and will run through March. Additional information will be available once the voting period opens.

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## Simulation centers integrate

Yale New Haven Health's Simulation Center and the Yale Center for Medical Simulation recently integrated to educate and train healthcare providers across YNHHS and Yale School of Medicine (YSM). The combined simulation center, at 728 and 730 Howard Ave., is now called the Yale Center for Healthcare Simulation. Leigh Evans, MD, section chief, medical simulation, Emergency Medicine, and associate professor of emergency medicine at YSM, is the simulation center's executive director. For scheduling requests or changes to existing schedules, email [simulation@yale.edu](mailto:simulation@yale.edu).

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## News from the GH Medical Staff DEI Council

### Words Matter

*Submitted by Herbert M. Archer, MD, PhD, medical director, Hospitalist Program, NEMG-GH director, Internal Medicine and member, Medical Staff DEI Council*

Me: "This is an 84-year-old gentleman..."

Evil ICU Attending: "STOP! Do you know this man?"

Me: "I just met him this morning on rounds."

Evil ICU Attending: "Then how do you know he's a gentleman?"

Thus began my first presentation as a medicine intern 18 years ago. That exchange (and dropping my pager in the toilet about two hours earlier) sticks with me to this day as the defining moment of that first day of intern year. Just the relevant facts without qualification – that's what my attending was attempting to convey. Words matter, another lesson. The opening statement of a medical presentation is crucial to your portrayal of the patient under your care, a third take away.

Why, then, 18 years later, was I left speechless when I heard of a patient raising concern over the following first sentence of her history and physical exam: "This is a [20s] year old black woman who presents with..." Age, gender, and race. The three basic characteristics of our patients, right? Nothing wrong with that. All clinically relevant. I'll just draft a letter to this patient to address her concerns that this is in any way racially biasing her care and reassure her that this is purely clinical data that we need to properly care for her:

Dear Madam,

Thank you for bringing forward your concerns regarding your most recent visit to Greenwich Hospital. Race in the first sentence of your medical record is entirely standard. It is a concept we are taught during our very first interactions with patients during medical school. Age, gender and race. The three most important characteristics of a patient. Diseases often follow either an age or gender distribution and it is critical for the treating physicians to immediately call this to mind in order to generate an appropriate diagnosis. The same thing is true with race. There are numerous diseases that correlate with this ~~genetic basis of disease, biological state, ancestral grouping~~, poorly defined

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social construct. There is sickle cell disease, for example. We are all taught in medical school that sickle cell disease is much more common in black individuals due to evolutionary pressure to evade malaria in Africa.

Oh, you're not directly descended from Africa? Oh, your family is actually from Seattle where up to 35 percent of your genetic ancestry is of European descent? Well, the doctor is just casting a wide net upon first meeting you, to make sure you didn't have sickle cell disease. We do the same thing in screening for hemochromatosis. All white patients, whether from Ireland, Italy, or Romania are screened equally because they all share the same poorly defined social construct. Well – no, we actually don't do that. We also don't often write that they are white in our notes. But I assure you this was all well intended to make sure your symptoms weren't from sickle cell disease.

Oh, wait – I see you came in because you cut your arm and needed stitches?

Well, that's still important because if you did have sickle cell disease, we would assume that you probably take a lot of pain medications, and we would have to mentally prepare to have a conversation with you about why we can't give you more pain medicine to treat your pain. It really prepares the next physician to care for you properly.

What's that? Oh, you went through your full list of medications with our pharmacy technician, and double-checked that it was all correct in the record? And it didn't include any pain medicine? And you weren't in pain? Oh, and I see you've been tested for sickle cell disease about 10 times in the past as well. Weird you've been tested so many times, since it's an inherited disease. But still...

What conditions other than sickle cell disease are associated with this poorly defined social construct? Excellent question. I can't think of any right now, but it's important that the information is in the chart for all to consider. It's like your family history. It's so important to have in the chart. Yes, you might say that family history is actually much more relevant than this poorly defined social construct. Oh – no one asked you your family history?

We can do better.

**If you would like to read more about the topic of racial disparities in healthcare, I found the following articles notable in preparing for this newsletter:**

Brett, AS, Goodman, CW. *First Impressions – Should We Include Race or Ethnicity at the Beginning of Clinical Case Presentations?* NEJM 2021; 385 (27): 2497.

Nelson, A. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Journ Nat Med Assoc 2002; 94(8): 666-668.

Bryan, CS, deShazo RD, Balch MW. *A Legacy of Scientific Racism: William Osler's "An Alabama Student."* Ann Intern Med. 2022; 175:114-118.

Cerdena, JP, Grubbs, V, Non, AL. *Racialising Genetic Risk: Assumptions, Realities, and Recommendations.* Lancet 2022; 400: 2147-54.

Parra, Esteban Juan. *"Admixture in North America."* (2007).

Tweedy, DS. *Race and Health – A Persistent American Dilemma.* NEJM 2021; 385; 27: e98(1-2).

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## Orthopedic programs awarded national certification

Greenwich Hospital has earned The Joint Commission's Gold Seal of Approval for recertification in spinal fusion surgery as well as Advanced Certification in total hip and knee replacement surgery. This is the first time Greenwich Hospital has achieved the highest level of distinction by the Joint Commission for total joint replacement surgery. The Advanced Certification, offered in collaboration with the American Academy of Orthopaedic Surgeons, acknowledges that GH provides consistent communication and collaboration among all healthcare providers involved in the care of the patient – from the pre-surgical consultation with the orthopedic surgeon to the intraoperative, hospital admission, rehabilitation activities, and then the follow-up visits with the surgeon.

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## **GH recognized as national healthcare leader**

Greenwich Hospital has been recognized by Press Ganey as a 2022 Guardian of Excellence Award winner. As a Guardian of Excellence Award recipient, GH is in the top five percent of healthcare providers delivering an exceptional patient experience in Inpatient, Outpatient Oncology and Outpatient Rehabilitation services. GH also received the 2022 Pinnacle Award of Excellence as one of the nation's top-performing organizations for exhibiting the highest levels of standards in patient experience for three consecutive years in Inpatient, Ambulatory Surgery and Outpatient services.

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## **Save the date: March 16 – Trust Your Gut Digestive Health sessions**

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 Xavier Llor, MD, and Nitu Kashyap, MD, on March 16, for an update on colon cancer screening.

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](http://yale.cloud-cme.com). For questions, contact Joe Mendes, executive director, Clinical Program Development, Digestive Health at [joseph.mendes@ynhh.org](mailto:joseph.mendes@ynhh.org).

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## **Smilow Shares with Primary Care: Gastrointestinal Cancers – March 7**

Tune in for the next Smilow Shares with Primary Care: Gastrointestinal Cancers webinar on Tuesday, March 7 at 5 pm. The event features Beth Allard, MD; Amit Khanna, MD; Pamela Kunz, MD; Justin Persico, MD; Scott Thornton, 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](mailto:heatherleigh.studwell@greenwichhospital.org).

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## **Next Building Against Burnout – March 9**

Tune in to the Building against Burnout webinars highlighting timesaving topics in Epic on Thursday, March 9, 12:15 pm.

The sessions are led by trained, certified physicians and APPs. There will be an opportunity for questions after the session. The webinar will be recorded and hosted on the Medical Staff Portal ([ynhhconnect.org](http://ynhhconnect.org)) for those who cannot attend. CME is available. With questions, contact Allen Hsiao at [Allen.Hsiao@ynhh.org](mailto:Allen.Hsiao@ynhh.org).

Join via Zoom.  
<https://ynhh.zoom.us/j/96020079256?pwd=NUdaaXN4b1p6WWlkYTJQUkkrRnpXZz09>

Webinar ID: 960 2007 9256

Passcode: 649503

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## **Newsletter Submissions**

Deadline for submission of content for the March 2022 issue of *Medical Staff News* is Friday, March 2, 2023. Please submit items for consideration to Karen Santucci, MD, at [karen.santucci@greenwichhospital.org](mailto:karen.santucci@greenwichhospital.org) or Myra Stanley, YNHHS at 203-688-1531 or [myra.stanley@ynhh.org](mailto:myra.stanley@ynhh.org).

## MEDICAL STAFF CHANGES (January 2022)

### Appointees



**James Farrelly, MD**  
(Surgery)  
Yale Medicine Surgery  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203-863-4300  
**Fax:** 203-863-4310



**Christine Flood, APRN**  
(Medicine)  
Greenwich IM Hospitalist Service –  
Northeast Medical Group  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203-863-3840  
**Fax:** 203-863-4738



**Chilembwe Mason, MD**  
(Emergency Medicine)  
Greenwich Hospital –  
Department of Emergency Medicine  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203-863-3637  
**Fax:** 203-863-4274



**Marco Michael, MD**  
(Psychiatry)  
Greenwich Hospital – Outpatient Behavioral Health  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203-863-3316  
**Fax:** 203-863-3811



**Charlotte Sperling, APRN**  
(Neurosurgery)  
Orthopaedic and Neurosurgery Specialists  
6 Greenwich Office Park  
Greenwich, CT 06830  
**Phone:** 203-869-1145  
**Fax:** 203-869-2170



**Rebecca Welte, APRN**  
(Pediatrics)  
Greenwich Hospital – NICU  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203-863-3513  
**Fax:** 203-863-3816

### Change in Status

**Beth Moore, MD** (Medicine) was granted a leave of absence from the medical staff

### Resignations/Non-Renewal of Privileges

**Ammarah Iqbal, MD** (Pediatrics)

**Richard Santarosa, MD** (Urology)

**Michael Silver, MD** (Cardiology)

**Craig Thorne, MD** (Occupational Health)