

# Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | March 2022

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

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Karen Santucci, MD

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Assistant Chief of Staff

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Erez Salik, MD

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From the desk of the CMO

## Introducing QAPI and the C-RSQ

*Karen Santucci, MD, Chief Medical Officer*

Dear Mighty Team,

It's March! We are getting there slowly but surely. As I am typing this, we are getting hit with sleet and freezing rain and it was a less than pleasant commute in for many... but just a few days ago it almost felt like Spring! It is coming, so hang in there! You are doing a GREAT job and it is noticed and appreciated by so many!

This month there is quite a lot going on: March 4-11 was our Week of Gratitude, March 17 is St. Patrick's Day, and March 30 is National Doctors Day. There are several pop-ups and special events planned so keep a look out. While we still need to wear masks, we are allowed to gather for meetings again while taking the appropriate precautions.

Last month we introduced the Fiscal Year 2022 Performance Improvement Plan and I promised I would give you a bit of an introduction to **QAPI** and **C-RSQ**. **QAPI** is Quality Assurance Performance Improvement and **C-RSQ** is the newly formed Committee of Regulatory, Safety and Quality.

The QAPI structure for Greenwich Hospital includes our Medical Executive Committee chaired by Dr. Chris Howes, reporting to our Governing Body (leaders) and our leaders reporting to C-RSQ. (Please see below\* for the GH service lines, departments and programs participating in C-RSQ.)

C-RSQ is replacing the Quality Committee which was expertly chaired by Spike. The reason for the change is to allow more consistent reporting and connect delivery networks with their governance. It will also facilitate the tracking/trending and funneling of information to facilitate regulatory, safety and quality event synthesis which will be organized and presented to the System Quality Committee and the Joint Clinical and Operations Council. Locally, here at Greenwich Hospital, it is important to know that C-RSQ will report to our Patient Safety and Clinical Quality Committee (PSCQ) formerly known as our Board Quality and Safety Committee which is chaired by Dr. Mike Franco. This committee has representation from our medical staff, our board and hospital leadership. Each month, Dr. Franco highlights a Good Catch recipient. The PSCQ Committee reports to the Board of Trustees. Yes, there is a science to it and it can be a bit confusing which is why I wanted to take a little time to share this detail with you all.

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**\*Greenwich Hospital Service Lines/Departments/  
Programs in C-RSQ**

- Accreditation & Regulatory
- Anesthesia
- Behavioral Health
- Capacity Coordination Center
- Children's (Pediatrics)
- Critical Care (MICU/SICU)
- Digestive Health
- Emergency Department
- Environmental Services
- EOC
- Food & Nutrition
- Heart & Vascular (CTICU/Cardiology/Diagnostics)
- Infection Control/Prevention
- Laboratory/Blood Bank
- Moderate Sedation
- Neurology/Neurosurgery (Stroke)
- Nursing Services
- Oncology
- Orthopedics
- Patient Experience
- Perioperative Services
- Pharmacy
- Radiology
- Rehab Services (PT/OT)
- Respiratory
- Resuscitation
- Safety & Quality
- Social Work
- Urology
- Women's Services

Yes—this is why we drink coffee!

We will continue to report on our progress.

Have a good month and take care of yourself,

Karen

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## Enhanced telehealth services headed to Greenwich Hospital

Greenwich Hospital will be the next hospital within Yale New Haven Health to equip televisions in nearly all its inpatient rooms with telehealth capabilities, including cameras and microphones, making it easy and convenient to bring patients and providers together when in-person care is either not necessary or not possible.

Previously, a limited number of telehealth carts were available when a provider needed to meet virtually with a patient. However, having built-in technology in each room will enhance communication in ways that go far beyond immediate concerns involving the COVID-19 pandemic and visitor restrictions.

Early in the pandemic, telehealth proved to be an invaluable tool for clinical staff to communicate with patients and provide high quality patient care. Benefits of telehealth include increased efficiency, diminishing staff safety exposures, and preserving PPE. Video visits for inpatients also allow remote family members to be part of important clinical conversations if necessary. Workflows utilizing video are being developed that will transform inpatient care for years to come.

The enhanced telehealth services for inpatients is scheduled to roll out at GH throughout the coming weeks. Once installation is complete, GH-credentialed clinicians will be able to use the service for video visits.

“Both patients and providers have made it clear that telehealth should be an option, when clinically appropriate, to deliver the best care possible even in the inpatient setting,” said Scott Sussman, MD, physician executive director, Telehealth. “Telehealth does not replace in-person, bedside evaluation of patients, but it is an efficient and effective option that can augment inpatient care for both patients and clinical staff.”

Benefits to performing an inpatient video visit or consultation may include:

- Safe and secure patient communication from wherever you are
- Flexible access and scheduling to meet dynamic needs of inpatient providers
- Opportunity for patients, families and providers to interact more efficiently

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The new technology is up and running at Lawrence & Memorial and Bridgeport hospitals and installation will be complete at Greenwich Hospital by April. While this enhanced technology has not yet been introduced at Yale New Haven Hospital, telehealth for YNHH inpatients continues to be available through the Teladoc portable carts.

All members of the inpatient care team will have access to inpatient telehealth, including the in-room video technology. In order to provide telehealth services to inpatients, clinicians must be a member of the medical staff and have appropriate medical staff privileges at the hospital where the patient is located.

Additional, detailed information is available on the intranet at Inpatient Telehealth Materials; Email [telehealth@ynhh.org](mailto:telehealth@ynhh.org) with questions.

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## New ED Education Fund established in honor of emergency physician



As an emergency physician, Kristin Harkin, MD, FACEP, cannot predict what each day in the ED will bring. However, this past November during a routine shift, Dr. Harkin experienced one of the biggest surprises of her career when she looked up from her central work station to spot a gold plaque newly-affixed to the opposite wall with her name prominently displayed.

Upon seeing her name, a colleague handed Harkin a letter written by Greenwich Hospital President Diane Kelly explaining that a generous gift was given in the physician's honor to establish an Emergency Department Education Fund. A grateful patient's family, who Harkin had attended, made the gift in recognition of the outstanding care received. The donor requested that the plaque be placed in a location impossible for the doctor to miss.

"It was a phenomenal surprise," Harkin said. "It was one of the most wonderful things that has ever happened to me."

The fact that the gift was directed toward the furtherance of education for Greenwich Hospital's Emergency Department staff is something that touched Harkin deeply. "I come from a family of educators. I am the only physician. Education was something that I was always taught could never be taken away from me. So I appreciate that this family created

the fund for something that is near and dear to my heart," she said.

Emergency medicine is a specialty that Harkin was drawn to as a young girl. Her father was diagnosed with brain cancer at the age of 30, and while he was cared for at home, Harkin accompanied her father to many trips to the Emergency Department. "He was the inspiration behind me becoming a doctor. Going through that journey together taught me so much," she said.

While Harkin has worked in Greenwich Hospital's ED for 11 years, the physician's interest in emergency medicine led her to volunteer on an ambulance when she was merely 14. She eventually became an EMT and continued to work full-time nights for New York City's Emergency Medical Services throughout college and medical school. Upon completion of her residency, she was recruited by Harvard Medical School to oversee the development and implementation of emergency medicine curriculum for students and residents. Harkin then completed a Teaching Fellowship in medical education in emergency medicine.

The Emergency Department Education Fund, created in Harkin's honor, will help advance the careers of Greenwich Hospital's ED staff through education and training tailored to their particular goals for professional advancement. This includes funding for attendance and/or participation in professional conferences, and scholarships to defray tuition costs at degree-granting institutes at the associate, bachelor and graduate levels.

"I was so touched that the donor chose to focus on education. Investing in someone's education really will better healthcare delivery for everyone. That is truly priceless, and will help so many lives in ways we may never know," Harkin said.

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## Doctors' Day celebration

Stop by the GH National Doctors' Day 2022 celebratory breakfast and lunch on Wednesday, March 30, from 6:30 am – 2:30 pm, in the Doctors' Lounge (Room G-1200).

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## News from the GH Medical Staff DEI Council

*Submitted by Seema Sharma, MD, member, Medical Staff DEI Council*

### “How can one person be known as ‘they’?”

That was the question that sparked a very interesting conversation between my husband and 12-year-old daughter. She then went on to educate both of us on the differences between gender and sexuality – terminologies that aren’t necessarily new but now encompass more than we had originally thought. She was patient with her Gen X parents and we got a thorough understanding of terms that are part of the daily vernacular of our Gen Z children.

This got me thinking — how many of my patients fell into categories that I had not considered while taking care of them? Had my lack of understanding affected the way I cared for my patients? I began researching medical issues within the LGBTQ+ community and I was surprised to find the percentage of people who avoided routine screenings. The issue that arose repeatedly was that patients did not feel comfortable discussing their sexuality with their providers. As a gynecologist, my patients often seek care for contraception, which may not be necessary for all patients. For this reason, many patients who are assigned as females at birth avoid routine exams and lifesaving screenings.

As healthcare providers, it is our goal to make access for all patients as comfortable as possible. It is imperative that we educate ourselves on the differences within our community and help break down barriers to care. Learning the specific healthcare challenges within the LGBTQ+ community will also improve the quality of care provided. For example, identifying gender dysphoria in adolescents can be pivotal in preventing future mood disorders. Unless gender-affirming surgery has been performed, it is important to educate patients on screening for breast and cervical cancer. Patients should not have to allow themselves to be continuously misgendered by their providers to avoid uncomfortable conversations.

Creating an atmosphere of openness and acceptance is something we should all strive to achieve. So, what is your pronoun? Such an easy question that can automatically set our patients at ease. Creating gender-neutral intake forms can also improve dialogue. If your practice has already adopted these measures, I applaud you, but there is more work to be done. As a member of the DEI Council, I am honored to be able to address my community and bring awareness to topics that affect us all.

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## April is National Poetry Month

The Medical Library will celebrate with a special collection of poetry written by doctors and nurses. The poets include John Keats, William Carlos Williams, Louisa May Alcott, and Walt Whitman. The collection will also include works by doctors and nurses currently practicing their professions. Please stop by throughout the month to read about the poets or enjoy the poetry.

*“Medicines and surgery may cure, but only reading and writing poetry can heal.” – J. Arroyo*

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## Save the date: April 19 Microaggressions – what are they and how can we address them?



**Guest presenter  
Darin Latimore, MD**

Mark your calendars for Tuesday, April 19. The Greenwich Hospital Medical Staff DEI Council invites all members of the medical staff to an interactive presentation on microaggressions with guest presenter Darin Latimore, MD, deputy dean of Diversity, Equity and Inclusion, Yale School of Medicine. The presentation will be held in the Noble Auditorium at 6 pm and followed by a cocktail reception. CME credits will be provided.

Microaggressions are defined as the everyday, subtle, sometimes intentional — often unintentional — interactions or behaviors that communicate a bias toward historically marginalized groups. The difference between microaggressions and macroaggressions or overt discriminations is that people who commit microaggressions might not even be aware that they are doing so.

Dr. Latimore will review the science behind microaggressions, discuss the personal experiences of health professionals with microaggressions and offer potential solutions and interventions.

Please make every effort to attend – it promises to be a special evening!



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## Save the date: April 21 – Trust Your Gut Digestive Health session

YNHHS and Yale Medicine continue the 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.

On Thursday, April 21, Michelle Hughes, MD, and Marie Robert, MD, will discuss celiac disease and gluten sensitivity. The following month, on May 19, William Ravish, MD, and Daniel Pievsky, DO, will present a case study on esophageal swallowing disorders.

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.cloudcme.com](http://yale.cloudcme.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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## Save the Date – May 12 Stroke Symposium

Greenwich Hospital will host a stroke symposium on Thursday, May 12, 2022, at the Hyatt Regency Hotel in Greenwich.

The stroke conference will cover the latest advances in stroke management and prevention as Paul Lleva, MD, director, Stroke Program and Vascular Neurology and Akli Zetchi, MD, Neurovascular Surgery, present “Advances in Stroke Management and Prevention.” The event, which includes dinner, begins at 4 pm.

There is no cost to attend. RSVP by Thursday, May 5, to [josephine.judge@greenwichhospital.org](mailto:josephine.judge@greenwichhospital.org). Please include registration information: name, credential, title, address, email address, hospital affiliation/specialty. CME credits will be available for attendees.

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## Newsletter Submissions

Deadline for submission of content for the April 2022 issue of *Medical Staff News* is Friday, March 25, 2022. 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).

## THE WELLNESS CORNER

*The Wellness Corner is a Medical Staff News feature where the Medical Staff Wellness Committee will share information about various well-being resources for Greenwich Hospital Medical Staff.*

### **A dose of their own medicine: keeping physicians well during hard times**

Michael Ivy, MD, deputy chief clinical officer, YNHHS, is not afraid to tell people that he once sought counseling for burnout. Indeed, in the traditionally stoic and often heroic field of medicine, talking about physician wellbeing is precisely the point, he said.

“I talk about it as a way of decreasing the stigma,” Dr. Ivy said. “Because asking for help was never really part of our culture.”

Add in the unprecedented stressors of the current pandemic and the need for open dialog, adaptive strategies and a full accounting of the resources available to medical staffs at all YNHHS delivery networks is essential.

“Don’t get me wrong,” Dr. Ivy said. “Our physicians who have worked through this pandemic are incredibly resilient. But I do know physicians today who are seeing therapists or on medication. Culturally, we’ve definitely made progress acknowledging when people are struggling with burnout or depression or PTSD. We’re accepting that as a little bit more normal. In the past, no doctor or nurse would ever say I am depressed or I’ve been struggling.”

The open acknowledgement that physicians may need some of the same care and services as their patients is leading to more intensive systemic analysis of the ways medicine is practiced, Dr. Ivy said. He noted, for example, that stressors include the very nature of the work, documentation of the work and the overwhelming volume of the work.

“We have a lot of people across the health system working to try to make things a little bit smoother,” he said. As an example, he noted that the Epic electronic health record used by clinicians is a lot easier to navigate today than years ago. “We continue to have a lot of people in the background trying to make the documentation easier, the discharge process easier, and medication reconciliation process easier,” Dr. Ivy said. “There’s a lot of work that’s been done and it continues to this day.”

Physician wellness can also be positively impacted by a gradual yet continuing shift in medicine’s approach to accountability. “It has always been that doctors are not supposed to make mistakes – that we should be perfect,” Dr. Ivy said. “Instead of blaming people, we’re trying to identify systemic fixes that we can put into place. It’s what ‘High Reliability’ and ‘Just Culture’ are all about.”

A High Reliability Organization (HRO), for example, seeks to build a culture, from the top down, that proactively and consistently applies best-practice safeguards that can guide doctors and all caregivers toward best possible patient outcomes. Similarly, Just Culture is an approach to care that seeks to balance individual accountability with organizational responsibility; hence, less individual blame. A punitive approach to a medical error, for example, does not necessarily solve what quite possibly requires a systemic fix.

Ingraining such strategies into the medical culture remains a continuing process, and it dovetails with the YNHHS Care Signature pathway program, which helps standardize certain aspects of patient care. Promotion of online support resources available to help caregivers during the hard times is another key focus for overall wellness. As part of Yale New Haven Health’s Employee and Family Resources (EFR), any employee, including all medical staff personnel, have access to a variety of wellbeing services, including six free counseling sessions.

“Take advantage of it,” Dr. Ivy recommends. “It’s very easy, when you’re burned out, to slide into depression and not realize you’ve slid into depression. If you have concerns, talk to someone. Talk to a colleague you trust. Sometimes that’s an easier first step before talking to a professional.”

“Even as this most recent ‘Covid Wave’ appears to be approaching a new nadir, our medical staff continues to care for a high acuity and high volume patient census,” said Spike Lipschutz, MD, vice president, Medical Services. “Our profession has always been immersed in the intellectual and emotional challenges of balancing our mission work and our own wellbeing. The past two years have tested our mettle and taken its toll, and Dr. Ivy’s advice to access the same care for yourselves as you would advocate for your patients or your loved ones resonates greater than ever before.”

It is so important to support wellness and professional fulfillment efforts. With that in mind, our Medical Staff Wellness committee has supported many initiatives, and looks forward to focusing on improving workplace efficiency, and continued recognition of the many contributions of our colleagues. Please consider becoming a member,” added Dr. Lipschutz.

For more information about the Physician Wellness Committee, write to [spike.lipschutz@greenwichhospital.org](mailto:spike.lipschutz@greenwichhospital.org).

## Medical Staff Changes (February 2022)

### Appointees



**Thomas Abbenante, MD**  
(Medicine)  
Sleep and Neuroscience Associates  
15 Valley Drive  
Greenwich, CT 06831  
**Phone:** 203-653-3519  
**Fax:** 203 489 3169



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



**Jeremy Bier, DPM**  
(Podiatry)  
Preferred Foot Care, LLC  
1100 Bedford St.  
Stamford, CT 06905  
**Phone:** 203-975-9600  
**Fax:** 203-323-8430



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



**David Hersh, MD**  
(Pediatrics)  
Greenwich Hospital – Pediatric Hospitalists  
5 Perryridge Road  
Greenwich, CT 06830  
**MHB:** 203 747 9144



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



**Necla Kudrick, MD**  
(Pediatrics)  
Greenwich Hospital – NICU  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203-863-3513  
**Fax:** 203 863-3816



**Alexis Masbou, MD**  
(Obstetrics & Gynecology)  
Westmed Medical Group  
3030 Westchester Ave.  
Purchase, NY 10577  
**Phone:** 914-607-6270  
**Fax:** 914-607-6244



**Jessica McDonald, PA**  
(Orthopaedics)  
Orthopaedic & Neurosurgery Specialists  
6 Greenwich Office Park  
Greenwich, CT 06831  
**Phone:** 203 869 1145  
**Fax:** 203 869 2150



**Jennifer Moliterno Gunel, MD**  
(Neurosurgery)  
Yale Medicine Neurosurgery  
15 Valley Drive  
Greenwich, CT 06831  
**Phone:** 877-925 3637  
**Fax:** 203-863-4496



**Kristine Smith, CRNA**  
(Anesthesiology)  
Greenwich Anesthesiology Associates  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203 863 3390  
**Fax:** 203 863 3391



**Patricia Winter, APRN**  
(Occupational Health)  
Greenwich Hospital – Occupational Health  
5 Perryridge Road  
Greenwich, CT 06830  
**Phone:** 203-863-3484  
**Fax:** 203-863-3401

### Office Move

**Elsa Raskin, MD**  
(Plastic Surgery)  
4 Dearfield Drive  
Greenwich, CT 06831  
**Phone:** 203 861 6620

### Resignation/Non-Renewal of Privileges

**Damian DiCostanzo, MD** (Pathology)  
**Miriam Harel, MD** (Pediatric Urology)  
**Lisa Luehman, APRN** (Obstetrics & Gynecology)  
**Andrew Zhang, MD** (Radiation Oncology)

### Change in Status

**Jerome Brodlie, PhD** (Psychology) was granted a leave of absence  
**William Brown, MD** (Surgery) was granted a change in status to Honorary Medical Staff  
**Margaret Furman, MD** (Cardiology) was granted a change in status to Active Medical Staff