

Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | April 2021

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From the desk of the CMO

Introducing the Healthcare Matrix

Karen Santucci, MD, Chief Medical Officer

Dear Mighty Team,

It is lighter later, we are ramping up COVID vaccinations within the hospital and our community and we are hoping that the wastewater data trends in the right direction!

Happy Belated National Doctors' Day! Thank you to Spike, Gail Wallace and a countless number of people in Food and Nutrition for organizing and providing a lovely day. Thank you also to all the panelists for sharing their experiences from this past year. To our entire Medical Staff, you are a Mighty Team. We honor you and are in awe of you!

Last month I promised that we would introduce the **Healthcare Matrix**. The Healthcare Matrix tool was developed at Vanderbilt University Medical Center. It assesses the care of patients utilizing the ACGME (Accreditation Council for Graduate Medical Education) competencies as they relate to the IOM (Institute of Medicine) Aims for Improvement. The tool can be applied in a variety of ways. Since 2004, house staff have been using the tool as a means of learning the competencies in their daily care of patients. If a particular patient care episode is "analyzed," clinicians can populate the cells of the matrix and the opportunities for improvement become evident. One of the very useful facets of this tool is that opportunities for improvement often can be identified in a system-based fashion and then tangible action items become evident.

The Healthcare Matrix has been found to be an effective tool for teaching the ACGME competencies in patient care and the thoughtful resequencing of the competencies in the Matrix allow even a first time user to identify where improvement opportunities might exist.

At Greenwich Hospital, we have started to use the Healthcare Matrix while performing reviews of patient care with multidisciplinary groups. You may find it useful within your respective divisions or even within your office setting when you feel that perhaps things could have gone a little, or even a lot better.

As a reminder, the **IOM Aims** are the provision of **Safe, Timely, Effective, Efficient, Equitable** and **Patient-Centered** care.

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The ACGME Competencies related to the Assessment of Patient Care include: **Medical Knowledge and Skills** (What must we know?); **Interpersonal and Communication Skills** (What must we say?); **Professionalism** (How must we behave?); and **System-Based Practice** (What is the process? On whom do we depend? Who depends on us? This one always seems a bit tricky to wrap our heads around).

Healthcare Matrix: Care of Patient(s) with....						
ACGME Competencies \ IOM Aims	SAFE ¹	TIMELY ²	EFFECTIVE ³	EFFICIENT ⁴	EQUITABLE ⁵	PATIENT-CENTERED ⁶
Assessment of Care						
Patient Care⁷ (Overall Assessment) Yes/No						
Medical Knowledge & Skills⁸ (What must we know?)						
Interpersonal & Communication Skills⁹ (What must we say?)						
Professionalism¹⁰ (How must we behave?)						
System-Based Practice¹¹ (What is the process? On whom do we depend? Who depends on us?)						
Improvement						
Practice-Based Learning & Improvement¹² (What have we learned? What will we improve?)						
Information Technology						
© 2004 Bingham, Quinn Vanderbilt University						

In filling out the cells in the matrix, we can then identify potential **Opportunities for Improvement** or **Practice-Based Learning & Improvement** (What we learned after the review and what we will commit to improve).

Let's take a look at a hypothetical scenario:

A 16-year-old, obese boy presents to the Emergency Department (not ours) with a chief complaint of sore throat and decreased level of activity. While in the ED, he was afebrile and his vitals were HR 118-130, RR 24, BP 140/100, Sat 97% on room air and his weight was 140 kg. He appeared pale and not feeling well. His tonsils were overtly enlarged bilaterally, his rapid strep was negative, the Monospot was negative and on Review of Systems, he had fatigue, abdominal and left shoulder discomfort. His mom shared that he missed six weeks of school, was not

moving around much and he snores at night. His discharge diagnosis was Viral Pharyngitis, Morbid Obesity and likely Obstructive Sleep Apnea. He was discharged home on Acetaminophen for throat discomfort and was referred to ENT for a possible tonsillectomy adenoidectomy. A week later, he underwent the procedure (while under anesthesia persistent tachycardia, HR 130). The patient died the following day. His diagnosis made on autopsy was leukemia.

In performing the Healthcare Matrix, the team asked themselves if the patient's care was safe, timely, effective, efficient, equitable and patient-centered. Because this teenager died from the complications of undiagnosed leukemia and some pertinent information might have been missed, the team felt they could identify and make some formidable improvements in their future evaluation and treatment of patients.

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Several members of the healthcare team attributed this patient's tachycardia to deconditioning, anxiety and possibly his weight (140 kg), when in reality his hemoglobin was 4 gm/dl at the time of his arrest and he was overtly anemic. His tonsils were very enlarged secondary to his malignancy (leukemic infiltration) and while he was morbidly obese, it was discovered after additional questioning that he had lost 30 kg in the preceding six weeks, was too fatigued to get out of bed and just started snoring in the past month. What about the report of abdominal and left shoulder discomfort? He had overt splenomegaly on autopsy.

In using the Healthcare Matrix, while the care of this patient appeared to be patient-centered, the team felt it was not safe, effective, efficient or equitable. After using the tool, the healthcare team felt that attention to vital signs and in particular, persistent tachycardia was underappreciated. Causes of tachycardia were reviewed: fever, dehydration, anxiety, sepsis, pain, medications and anemia. Upon review, because this patient was a "teen of color" the pallor was overlooked (an opportunity to review attention to mucous membranes, conjunctiva and palms).

The teams involved admitted that the teen's weight might have influenced their interpretation of the vital signs and they did not ask about possible weight loss and readily admitted that they could not assess for lymphadenopathy or organomegaly but felt they would have a lower threshold to get imaging and a CBC in a similar patient in the future.

As a result of the Healthcare Matrix review, the OR team adopted changes to their pre-operative screening evaluations and review of vital signs and careful documentation of histories and physicals.

We could go into more detail but I wanted to at least introduce the potential usefulness of looking at the care we provide in maybe a slightly different way.

New providers added to Open Payments program

CMS Open Payments is a federally run program that provides transparency and increases public awareness of financial relationships between the healthcare industry and certain healthcare providers and teaching hospitals. This is accomplished by collecting and making public any payments or transfers of value from drug and device manufacturers to certain healthcare providers or teaching hospitals.

Open Payments requires that all transfers of value from an industry representative to certain healthcare providers or teaching hospitals valued at or above \$10 or aggregate of \$100 per year be reported. Transfers of value may include food and beverage, entertainment, charitable contributions, speaking fees, royalties or licenses, grants, consulting fees, honoraria, travel and lodging, education, research and more. The nature and purpose of the amount must also be recorded and disclosed.

The Open Payments program has expanded to include five new provider types. While drug and device manufacturers are required to collect this data in 2021, it will not be available for review until April 1, 2022. The provider types below should ensure that all interactions with drug and device manufacturers comply with the Interactions with Vendors policy:

- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists and anesthesiologist assistants
- Certified nurse-midwives

For physicians, the CMS review and dispute period began on April 1 and runs through May 15, 2021. Physicians can now review their 2020 data posted by drug and device manufacturers. The review and dispute period provides physicians the opportunity to dispute any inaccurate or incomplete data before it is published for the public on June 30, 2021. Each YNHHS physician is accountable for reviewing their 2020 data and disputing any inaccurate information during CMS' review and dispute period. Yale New Haven's Office of Privacy and Corporate Compliance (OPCC) will review applicable CMS Open Payments data once it is released June 30 and may contact physicians about their Open Payments data if it is not aligned with their most recent Conflict of Interest disclosure survey responses.

For more information, visit the OPCC site on the employee intranet, <http://dept.ynhh.org/OPCC/SitePages/Home.aspx>; call 203-688-8416 or email conflictofinterest@ynhh.org.

National Healthcare Decisions Day

National Healthcare Decisions Day 2021 was recognized this month on Friday, April 16. This day is set aside each year to raise awareness, educate and empower healthcare providers and the public about advance care planning.

While the annual recognition day has passed, every interaction with a patient is an opportunity to remind patients of the importance of advance care planning. The process of advance care planning supports adults at any age or stage of health in understanding and sharing their personal values, life goals and preferences regarding future medical care.

To help highlight the importance of advance care planning to patients, YNHHS Medical Staff may encourage patients to:

- View an educational video, Who Speaks for You: Choosing Someone to Make Healthcare Decisions if You Can't: <https://www.my-emmi.com/SelfReg/YNHHSProxy>
- Review information and forms related to Advanced Directives, Appointment of a Healthcare Representative, and Treatment Preferences and Living Will
- Discuss these forms with their loved ones and physician

The forms are located in Epic under “Tools,” and then select “Advanced Care Planning.” Patients can access the forms through MyChart under “Resources/Preferences.”

Visit <https://www.ynhhs.org/patient-care/advance-directives-shared.aspx> for documents and links to additional resources.

Save the date: Trust Your Gut Digestive Health – Virtual CME Series

YNHHS and Yale Medicine have launched 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.

Tune in for the next session on Thursday, May 20 when the topic will be Anorectal 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.cloud-cme.com. For questions, contact Joe Mendes, executive director, Clinical Program Development, Digestive Health at joseph.mendes@ynhh.org.

Greenwich Hospital to welcome new residents this spring

Greenwich Hospital's Internal Medicine Residency Program will welcome the following new interns, who will begin their training on June 28, 2021:

Categoricals

Dewayne L. Campbell Jr., MD – Alabama College of Osteopathic Medicine

Gerald J. Doherty, MD – Jacobs School of Medicine & Biomedical Sciences, University of Buffalo

George W. Jowsey, MD – Newcastle University

Ryan L. Kelly, MD – Des Moines University School of Osteopathic Medicine

Paras Patel, MD – Lake Erie College of Osteopathic Medicine

Matthew Pearl, MD – Royal College of Surgeons – Ireland

Fanyi Wu, MD – Thomas Jefferson School of Medicine

Preliminaries

Saheeb Ahmed, MD – New York University/Diagnostic Radiology

Sotonye Bobojama, MD – Tufts University/Diagnostic Radiology

Liam Du Preez, MD – University of Vermont/Diagnostic Radiology

Daniel Kim, MD – New York Medical College/Dermatology

Marjorie Morales, MD – Albert Einstein School of Medicine/PM&R

Victoria A. Perez, MD – Columbia University/Dermatology

Juliana M. Runnels, MD – University of New Mexico/Radiation Oncology

Medical Staff Changes (March 2021)

Appointees



Kimberly Cifelli, APRN
(Pediatrics)
Riverside Pediatrics
1171 East Putnam Ave.
Riverside, CT 06878
Phone: 203 629 5800
Fax: 203 629 7960



Gloria Huang, MD
(Obstetrics & Gynecology)
Yale Medicine Gynecology Oncology
55 Holly Hill Lane
Greenwich, CT 06830
Phone: 203 200 4176
Fax: 203-200-2560



Emily Kopas, APRN
(Medical Oncology)
Smilow Cancer Hospital Care Center at Greenwich
77 Lafayette Place
Greenwich, CT 06830
Phone: 203-863-3700
Fax: 203-863-3741



Husain Rangwala, PA
(Orthopaedics)
Orthopaedic & Neurosurgery Specialists
6 Greenwich Office Park
Greenwich, CT 06831
Phone: 203 869 1145
Fax: 203 869-7654



Elena Ratner, MD
(Obstetrics & Gynecology)
Smilow Cancer Hospital
35 Park St.
New Haven, CT 06519
Phone: 203 200 4176
Fax: 203 200 5077



Molly Schulman, APRN
(Pediatrics)
Greenwich Hospital – Emergency Department
5 Perryridge Road
Greenwich, CT 06830
Phone: 203 863 3637
Fax: 203-863-4274

Resignation/Non-Renewal of Privileges

Khaled Altassan, MD (Medicine)
Jennifer Ballard, MD (Obstetrics & Gynecology)
Silvi Ceccarelli, MD (Medicine)
Adam Ludvigson, MD (Urology) Effective June 30, 2021
Marisha Rampertaap, APRN (Nephrology)
Beth Rosenberg, MD (Pediatrics)
Eileen Sacharski, MD (Medicine)
Bradley Schlussel, MD (Rheumatology)
Joshua Shajan, MD (Medicine)
Marco Verga, MD (Radiology)

Change in Status

Eric Diamond, MD (Pathology) was granted a change in status from Active to Honorary Medical Staff
Vicki Kritsovas, MD (Pediatrics) was granted a change in status from Active to Referring Medical Staff
Marcus Mayus, MD (Medicine) was granted a change in status from Active to Referring Medical Staff

Newsletter Submissions

Deadline for submission of content for the May 2021 issue of *Medical Staff News* is Friday, April 30, 2021. Please submit items for consideration to Karen Santucci, MD, at karen.santucci@greenwichhospital.org or Myra Stanley, Yale New Haven Health at 203-688-1531 or myra.stanley@ynhh.org.