

Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | May 2023

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From the desk of the CMO

Harmony Project of YWCA Greenwich – working to break the cycle

Karen Santucci, MD, Chief Medical Officer

Dear Mighty Team,

I am about to introduce a very heavy topic but want to leave you all with hope by the end of the read.

One in 10 Connecticut children will be sexually abused before they turn 18 years of age. As a Pediatric Emergency Medicine physician for more than three decades, I have seen far too many children brought to the ED for evaluation and treatment... and these are only the ones that we know about. So frustrated by the problem, I even did my research in forensic medicine as a fellow and young attending, being so perplexed as to why I couldn't isolate DNA while doing evidence collection kits, wanting so much to break the cycle by having definitive evidence of the identity of the abuser.

Even with a confession, nothing seemed to fluoresce under the Woods Lamp analysis that we were all trained to use during sexual assault evaluations. It turns out the Woods Lamp emits a wavelength of 360 nm and you really need a wavelength closer to 500 to make semen fluoresce. As a result of doing this work, we now have Bluemaxx 500 alternate light sources equipped with barrier filters in emergency departments throughout the country to help us isolate where we should swab for genetic material. (A little-known fact being heavily involved in this research... I have an Omnicrome at home in our garage, which is that alternate light source in the silver suitcase that you see being carried by professionals where crime scenes are demarcated by the yellow police tape.) The Omnicrome light allows you to adjust the emitted wavelength so you can, in fact, look for trace evidence of semen, secretions, fibers, fingerprints or blood. *I guess this is why our neighbors are very careful about borrowing any of our garden equipment.*

What got me thinking about this important topic? I am writing this the day after attending the most remarkable conversation presented by Drea Kelly at the Greenwich YWCA. Drea is the ex-wife of R. Kelly (chart-topping R&B singer and convicted felon, racketeer and sex offender) and SHE is a force to be reckoned with. She had the courage and strength to leave her abuser and then remained silent about the abuse she sustained for years. She now uses her platform to fight and advocate for domestic violence awareness.

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In the state of Connecticut, 1 in 5 women and 1 in 71 men have experienced sexual assault in their lifetime. Nearly 1 in 4 women and 1 in 8 men will experience sexual assault while attending college in Connecticut. In our state, 77 percent of sexual violence victims know their perpetrator.

I sat in the back of the crowded conference room at the YWCA as Drea shared her story. It was candid, disarming, devastating, frightening, infuriating, humbling, honest and completely enlightening. As I looked around the room, I saw women wiping tears from their eyes and during the open mic session understood why. They had been victims too... but they identify as survivors, not as victims.

I learned so much. You NEVER know what someone is going through until you walk in their shoes. "Why don't you just leave?" Oh, it is not that simple. If it were, we would not be talking about it. **WE** need to be part of the force that breaks this cycle.

I am so proud to be part of a community that sponsored an educational night like this one and has had critical domestic abuse services for over 40 years. Thank you, Felice (Zwas), for being a big part of this. The YWCA announced the addition of much needed services and support for the victims and survivors of sexual violence and these will be added to the efforts already in place to help address interpersonal violence in Greenwich. Collectively, these initiatives will be known as the Harmony Project of YWCA Greenwich. It includes domestic and sexual violence services, violence prevention programs, a training institute, civil and criminal court advocacy, victim advocacy, public awareness, education and community building. We at Greenwich Hospital will be meeting with members of the team so that we can partner in this cause!

The program has a 24-Hour Hotline: 203-622-0003. The National Sexual Assault Hotline is 1-800-656-4673 (to speak with a trained advocate who can provide support and resources).

Awareness is the first step in making a change. I will leave flyers in the medical staff lounge. More to come as we partner in this critically important effort!

Hoping you are having a good and safe month,

Karen

108 Greenwich Hospital physicians on Connecticut Top Doctors List

A total of 660 physicians affiliated with Yale New Haven Health – which includes Greenwich, Bridgeport, Yale New Haven, and Lawrence + Memorial hospitals in Connecticut, Westerly Hospital in Rhode Island, and Northeast Medical Group – have been selected for *Connecticut Magazine's* 2023 Top Doctors in America in the May 2023 issue.

The list features 108 Greenwich Hospital doctors.

"We are fortunate to have compassionate and talented physicians whose dedication to our mission enables us to deliver the highest level of care to the many communities we serve in Connecticut and New York," said Diane Kelly, DNP, RN, president of Greenwich Hospital.

Connecticut Magazine partnered with national health care research firm Castle Connolly, whose extensive survey identified a total of 1,627 Connecticut physicians. The physicians were nominated by their peers and vetted to meet the criteria to earn the designation.

Physicians affiliated with Yale New Haven Health comprise 41 percent of the total list.

To see the list of Greenwich Hospital physicians on the 2023 list, see the news release.

Greenwich Hospital awarded "A" hospital safety grade second year in a row

Greenwich Hospital received an "A" grade as one of the safest hospitals in the United States for a second consecutive year, according to The Leapfrog Group, an independent national patient safety watchdog group.

Greenwich Hospital fosters a culture of safety through daily safety huddles with senior staff, unit-based safety coaches and hospital-wide quality rounds conducted by leaders. All staff, physicians and volunteers complete high reliability training adapted from the aviation and other high-risk industries. Another safety initiative includes a video falls risk monitoring program.

The Leapfrog Group uses an academic grading scale with five letter grades to score nearly 3,000 hospitals nationwide on more than 30 measures of patient safety. Leapfrog says its hospital rating system is the only one in the country focusing solely on a hospital's ability to protect patients from preventable errors.

A Typical Tuesday?

Submitted by Karen Santucci, MD

While there is never a typical day at Greenwich Hospital, April 4, 2023, seemed like a fairly typical Tuesday, well, at least the first few hours of it.

The ED was quite busy, ‘the house’ was pretty full, several opportunities for improvement bubbled up at Morning Safety Huddle and we all rolled up our sleeves to get to work. Then I received an unexpected call from Chris Davison, MD, ED director. “I just want to let you know I’m gonna activate a HICS (Hospital Incident Command) call and thought you might want to know before I do.” *I was really grateful, felt a little scared, but kind of important*, and then heard him say “there was a bus accident Karen, we are getting 24 children... sounds like it happened on Interstate 95 and we’re waiting for an update.”

The HICS call happened just moments later and there was representation from across the entire house. Then, purposefully, methodically, and almost miraculously, the Noble Conference Center was transformed into a MASH unit. There were tables, chairs, workstations on wheels, templated paper copies to document physical exams, an area with bottled water and snacks, and scores of people from a variety of disciplines doing what they do best to prepare to receive these children. There was a mini huddle led by Dr. Davison and Ann Marie McGrory, RN, and everyone was ready! We knew our roles, we had a purpose and everything that seemed to be a priority just 10 minutes earlier in our separate departments, somehow seemed so insignificant now.

Wheelchairs were brought to the front of the hospital, members of our healthcare team stood at the ready and then we saw the flashing lights of emergency vehicles, the police escort leading the bright yellow school bus to our front door... almost in slow motion. EMS and other emergency personnel were there to assist. Our Greenwich Hospital healthcare team mobilized and did a quick assessment and first assisted the bus driver in getting off the bus.

Dave, the bus driver, was still shaking from the experience, explaining “the car just jumped out in front of us from the right on the highway... There was no where we could go! There was a tractor trailer to our left so I couldn’t shift lanes and I couldn’t stop so I just yelled ‘kids hold on!’”

Trembling, his eyes filled with tears and as he looked through me, he said “I just keep thinking about what could have happened if I had lost control of the bus.” I found

myself getting choked up and didn’t know what to say and then out of my mouth I heard “Dave, you’re a hero!”

Then the children, 24 in total, one by one received assistance descending the steps of the bus. Each one stopping to touch Dave’s arm as he sat in the wheelchair on the sidewalk in front of **OUR** hospital. “Dave, are you okay? You alright Dave? Dave, you hurt? Dave, we will see you inside - don’t be scared”.

Dave said “I love these kids” as he held back tears.

Dave was first evaluated in the Noble and then transitioned over to the main ED (with a few of the children needing a more in-depth evaluation) but not before receiving a commemorative stuffed animal... a monkey! Yes, somehow two dozen really adorable monkeys were brought to the Noble to ease the tension and allay the fears of anything but a typical Tuesday. Each child held on to theirs, but when they saw that Dave had not yet received one, they readily offered their monkey to him. What a selfless gesture of kindness and gratitude. Dave said, “I already have all the *little monkeys* that I need,” and smiled knowing they were now safe! After the children pointed out **OUR** omission... we gave Dave a monkey too!

Dave, with a monkey on his lap, was wheeled through awaiting open doors, with staff members on either side, creating a majestic path for him to be wheeled from the Noble to the ED for further evaluation and imaging.

When it was all said and done, less than two hours in total, each child had been registered, evaluated, examined, had vitals and most of them, feeling so comfortable in our MASH unit, even started to relax and giggle. The parents began to arrive, frazzled yet relieved once they saw their child was okay, and they could not have been more grateful and appreciative for the care their children received, tearfully shaking our hands and thanking us over and over again.

Like most wonderful patient experiences, it is not one person or one team, but rather the entire healthcare team that works its magic.

This was a “typical” Tuesday. It included teams from admitting, administration, diagnostic imaging, environmental services, emergency medicine, nursing and techs as well as facilities, food and nutrition services, patient and guest relations, protective services, registration, trauma, folks from the OR, volunteer services and yes, even 25 monkeys were part of our team that day!

Thank you.

News from the GH Medical Staff DEI Council

This May, we celebrate our old

Submitted by Valeria Pazo, MD, Medical Staff DEI Council

Rounding on the wards as hospitalists, some may squint at the age group we care for. I squint because of my age, because of my eyesight, honestly.

As a hospitalist for two decades now, I observe that our hospitalized patients' age range is increasing. This appreciation seems to correlate with research showing that the inpatient mean age is 81.9 years, and WHO data evidencing longer lifespans with a life expectancy increased by six years between 2000 and 2019 – from 66.8 to 73.4 years.

However, I am finding an objective dissonance in practice. Inpatient's ages frequently exceed the age groups represented in practice-defining trials. Therefore, extrapolating clinical trials data to older adults – defined by the NIH as >65 years old – sometimes becomes more of an art, with a bit of crafting in it. I usually fall short of evidence-based treatment options. Heart failure, endovascular interventions in stroke or HTN therapies are a few fields of internal medicine where trials have approximately 15-20 percent of representation of older patients. Sometimes, extreme ages are not represented at all. So, I wonder: Are the “old,” my patients, being equally included and represented in research?

Reviewing the literature, the evidence is there. To address this inequity in representation in clinical trials of the extremes of life, the NIH has implemented the *NIH Inclusion Across the Lifespan (AIL) policy*. This is in

response to the *21st Century Act* that made a clear calling to modernize clinical trials requiring individuals of all ages be included. Even with these efforts, the NIH most recent research *Inclusion Statistics report* (2022, graph below) shows that older adults represent 19.3 percent of the NIH funded trials enrolled population.

Reality points to the fact that our elderly are a true societal gain and add incredible value to our communities. Brilliant, thoughtful, and productive members of our society now in their 80s and 90s helped us get where we are now. They are brilliant colleagues, thoughtful policy makers, resourceful teachers, indomitable artists and so on. Who would say Warren Buffett, Yoko Ono or Nobel prize in physics winner Arthur Ashkin, all in their 90s, are not relevant to society?

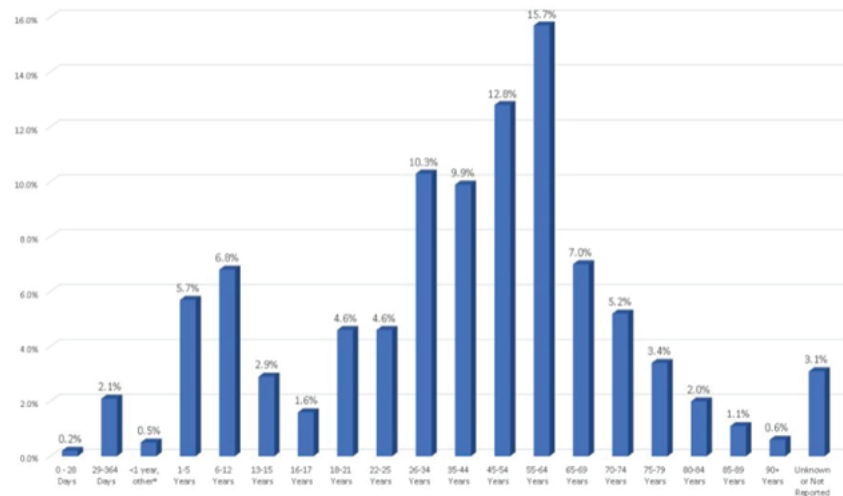
Youth are to be pondered and guided. Elders are to be admired, listened to and followed as guides.

As practitioners and educators, I propose a shift in focus or reframing, just for a quick moment, of our understanding of diversity and inclusion. In 2018, the NIH started an initiative, “All of us” <https://allofus.nih.gov/>, to include historically underrepresented participants in biomedical research, with a focus on extremes of life. Inclusion of people of all ages.

Let's for a moment *diversify* and *equally include* our over 65-year-old patients, colleagues, relatives, family and healthcare workforce as a whole in our DEI thinking framework. Let's revise our existing and familiar DEI construct of who are classically considered minorities and reflect on our current models in light of the evidence.

Perhaps older people should also be considered and thought of as a minority. Perhaps we should revisit the DEI paradigm and include them.

Figure 2: Participant Enrollment in NIH Research by Age Group, FY 2021



Pertinent references:

Becchi MA, Pescetelli M, Caiti O, Carulli N. - *Characteristics of patients in a ward of Academic Internal Medicine: implications for medical care, training programmes and research. Intern Emerg Med. 2010 Jun; 5(3):205-13.*

<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghelife-expectancy-and-healthy-life-expectancy>

Gregory W. Albers, M.D., et al., - *Thrombectomy for Stroke at 6 to 16 Hours with Selection by Perfusion Imaging. N Engl J Med 2018; 378:708-718 DEFUSE 3 trials*

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Rajiv Agarwal, M.D., et. Al., - *Chlorthalidone for Hypertension in Advanced Chronic Kidney Disease*. December 30, 2021. *N Engl J Med* 2021; 385:2507-2519

Felker GM, Lee KL, Bull DA, et al., on behalf of the NHLBI Heart Failure Clinical Research Network. *Diuretic strategies in patients with acute decompensated heart failure*. *N Engl J Med* 2011; 364:797-805 DOSE trial

NIH Inclusion Across the Lifespan (AIL) policy
<https://grants.nih.gov/sites/default/files/IAL-II-Workshop-Report.pdf>

<https://www.fda.gov/regulatory-information/selected-amendments-fdc-act/21st-century-cures-act>

<https://nexus.od.nih.gov/all/2022/04/11/fy-2021-data-on-age-at-enrollment-in-clinical-research-now-available-by-rcdc-category/>

Know Your Numbers Plus 2023 underway

The Know Your Numbers Plus wellness rewards program is currently underway. The program gives YNHHS employees, including employed physicians, the opportunity to earn up to \$500 credit toward the cost of their 2024 YNHHS medical premium – and be healthier at the same time.

Benefits-eligible employees will receive a postcard at home with details about this year's program.

Completion of a basic health screening, the core of the program, earns \$300 in credit. These biometric screenings may be scheduled at onsite locations and provide the following data: Total cholesterol, HDL (good cholesterol), LDL (bad cholesterol), triglycerides and blood glucose

- Blood pressure
- Height, weight and body mass index (BMI)
- Waist and hip measurements
- A1C, for employees with high fasting or non-fasting blood glucose

Employees can earn up to \$200 in additional credit (towards the maximum \$500 credit) by completing other Personal Choice Activities. All program details are outlined on the THRIVE at YNHHS - KYN+ intranet site.

All Know Your Numbers Plus elements must be completed by September 1, 2023.

Smilow Shares with Primary Care: Survivorship – June 6

Tune in for the next Smilow Shares with Primary Care: Survivorship webinar on Tuesday, June 6 at 5 pm. The event features Drs. Maryam Lustberg, Tara Sanft, Brian Williams and Javin Brita, PA-C.

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.

Next Building Against Burnout – June 8

Tune in to the Building against Burnout webinars highlighting timesaving topics in Epic. The next session is on Thursday, June 8, 12:15 pm, when the topic will be SlicerDicer.

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) for those who cannot attend. CME is available. Any questions, contact allen.hsiao@ynhh.org.

Join via Zoom. <https://ynhh.zoom.us/j/96020079256?pwd=NUdaaXN4b1p6WWlkYTJQUkrRnpxZz09>

Webinar ID: 960 2007 9256 Passcode: 649503

Save the date: June 15 – 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 Catiele Antunes, MD and Katie Reeve, MD on June 15 at 5 pm for a virtual discussion on Refractory Reflux Symptoms: What to do when PPIs don't work. To register, 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.cloudcme.com. For questions, contact Joe Mendes, executive director, Clinical Program Development, Digestive Health at joseph.mendes@ynhh.org.

Newsletter Submissions

Deadline for submission of content for the June 2023 issue of Medical Staff News is Friday, June 2, 2023. Please submit items for consideration to Karen Santucci, MD, at karen.santucci@greenwichhospital.org or Myra Stanley, at myra.stanley@ynhh.org.

MEDICAL STAFF CHANGES (April 2023)

Appointees



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Change in Status

Devra Braun, MD (Psychiatry) was granted to a change in status to Honorary Medical Staff

James Cunningham, MD (Orthopaedics) was granted to a change in status to Honorary Medical Staff effective May 1, 2023

Resignations/Non-Renewal of Privileges

Kelly Amoroso, PA (Orthopaedics)

Annette Bond, MD (Obstetrics & Gynecology)

Kevin Gobseske, MD (Medicine)

Naila Makhani, MD (Pediatrics)

Marco Michael, MD (Psychiatry)

Omair Sheikh, DO (Medicine)

Joanna Zolkowski Wynne, MD (Pediatrics)