

Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | June 2023

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Hospital

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From the desk of the CMO

Hospital Updates

Karen Santucci, MD, Chief Medical Officer

Dear Mighty Team,

I would like to take this opportunity to share a few Greenwich Hospital updates. Some of this news was shared at the hospital's Medical Staff Leadership meeting held on May 22.

New Hires/Recruits/Updates (CMO report)

- **ELP/AELP** Congratulations to the graduates of our Emerging Leaders Program/Advanced Emerging Leaders Program: Drs. Bain, Chrostowski, Davison, Lawrence, Petrotos and Lisa Henderson.

- **Acute Care Surgery/General Surgery/Trauma**
(replacement of fourth surgeon and business plan for a fifth)

- **MRIs with sedation**
(Regulatory, Anesthesia, Pediatrics, Hospitalists, Sedation Service, Community)

- **MRIs with pacemakers**
Multidisciplinary meeting

- **Risk Management**
Medication: Vitamin D and Digoxin

- **MSPC Policy for System**
This was part of the CMO report in May, and it is included in the MEC packet. We will vote on it in July. It was developed from our Greenwich Hospital MSPC Policy.

- **Y-Access Update**
We are on track for the last week in June. Thank you all for your assistance and participation and ideas. Five-year grant: Thank you Felice Zwas, MD.

- **Safety Steering/RL Solutions**
Please be sure to submit RLs when there is a concern, near miss, great catch, opportunity for improvement.

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- Calling a Code

Will help you to gain additional resources: clinical coordinator, RN, anesthesia, a set of hands

- Urology

Actively recruiting

- Level 3 Trauma

Site visit scheduled for January

- Orthognathic Surgery

Equipment and increasing procedures

- Plastics

Pediatric Cleft Lip and Palate Repairs

Multidisciplinary Meeting

OR/Anesthesia/Pediatric Hospitalist/Nurses/Plastics

Before proceeding, need a plan to be able to anticipate the needs and complexities of these patients and their families

- Robotics

Pause with assigning a medical director/privileges

Serious Safety Event/DPH Reportable/Medical Staff Professionalism Trends (Chief of Staff/CMO report)

- Food Allergy Follow-Up
- Autopsy under review (thank you to Kisha Mitchell Richards, MD)
- IVF Laboratory under review
- Codes of Conduct under review

President's Report (CEO report)

- Federally Qualified Health Center (FQHC)

Facility Expansion/Hospital Operations Updates (CEO/COO report)

- Master Facility Planning. Mark Chrostowski will be part of the consultant interview process
- Budget Process
- First pass of volumes submitted
- Staffing and expense budgets week of 6/12 and 6/23

Chief of Staff Report (Chief of Staff)

- Cleft Lip/Cleft Palate Surgery

Potential MEC Topics for next meeting (Chair of MEC)

Jennifer Pascucci (Garden Cafe/Nutmeg Grill/Grab N Go/Potential Options)

- Autopsy SOP
- Hospice (may not have time)

Miscellaneous

The Joint Commission Triennial Review (the surveyors came for three days in May)

It was a favorable visit and thank you to all who participated. Some important take-aways:

- Related to post-partum hemorrhage and pre-eclampsia and eclampsia (U.S. mortality rates in Maternity are highest in the world!)
- Thank you to OB/EM/ICU for their participation in simulations and drills this past year.
- Encourage the use of the Clinical Pathways
- No abbreviations are to be used on consent forms (we should really be transitioning to electronic)
- If English is not the patient's preferred language, we need to document the offering and utilization of an interpreter or the Martti Cart
- H&Ps: Remember to complete Histories and Physicals documentation
- Thoughtful Time Outs
- Clean glucometers (no blood stains)
- No ultrasounds over breaks in skin
- Follow manufacture's recommendation for the cleaning of equipment

Corporate Objectives

- Heart Failure Readmissions
- COPD Readmissions
- Falls with Injury
- Surgical Site Infections
- CLABSI
- Mortality O:E

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Mortality

“Surprise” question (ED, Obs, IP):

Would you be surprised if the patient died in the next 6 months? (IP/Obs)

Would you be surprised if the patient died during this encounter? (ED)

If the answer is “No. I would not be surprised.”

Serious illness/goals of conversation, Care Signature Pathway with script

Advanced Care Plan Navigator

Palliative care Consult/Coach

Social Work Consult

Spiritual Care Consult

Opt out of Consults

Palliative Care and Hospice:

In the ED and on the inpatient units, consider if a patient and their family would benefit from Palliative Care involvement.

Discharging Against Medical Advice (AMA)

How to discharge a patient AMA:

A competent patient (not conserved or under active PEC/CADAC) may request to be discharged AMA. If you are concerned about the patient’s competency to understand the risks and benefits of leaving AMA, psychiatry and social work may need to be involved.

If a patient is competent to leave AMA, all potential risks and benefits of leaving AMA should be reviewed, including indications for when to immediately seek out medical care.

Patients leaving AMA can and should be provided with necessary medical care. This includes prescriptions, VNA support, transportation, follow-up appointments, or any other needs.

Leaving AMA does not negate the need to provide quality care for the patient. Be sure to document your discussion with the patient and select AMA in your discharge order.

GH Hip Fracture Co-Management Agreement

There is a non-binding co-management agreement between the Internal Medicine Hospitalist Programs (NEMG and WestMed Groups) and the Orthopedic Surgery Department to improve the quality and efficiency of care for all patients admitted to Greenwich Hospital with a traumatic geriatric proximal femur or pelvis fracture.

Clinical Optimization

LOS (Length of Stay) is down and 11am Discharges are up! Thank you for the countless people involved, and in particular: James Pallett, MD; Lauren Stoerger, RN; and Jamie Sheehan.

GH Teleradiology Solutions Concordance

For Jan., Feb., and March 2023, 99.43 percent, 99.15 percent and 99.26 percent respectively

Schwartz Center Rounds June 13, 2023 at noon in Noble

Unsung Heroes in our Lives. Panelists include Josh Hrabosky, PsyD; Spike Lipschutz, MD; Nidhi Shah, MD; and Eva Wallace, RN.

Clinical Operations Meeting June 6, 2023

Thank you for all your submissions and your thoughtful participation.

Quarterly Clinical Staff Meeting June 7, 2023

Raffle held, Dr. Rosenberg presented

Congratulations to Joseph Feuerstein, MD

Condition Kitchen, new Internet series on everyday health, gets 80 million unique views per month with Joe and international celebrity chef, Daniel Green.

Three easy, go-to recipes for people living with cancer

2023 Silver Telly winner!

Congratulations to our graduating interns and residents and a special thank you to Richard Xia, MD, our Chief Resident.

Reminders:

- The second annual Spike Lipschutz Quality BBQ is scheduled for July 11, 2023.
- Ribbon cutting for the Pediatric Ambulatory Surgery Center held June 5, 2023.
- Please review the following policies: Consent for Procedure; Routine FPPE/OPPE (Focused Professional Practice Evaluation/Ongoing Professional Practice evaluation); AMA (Leaving Against Medical Advice).

Please reach out to me if you would like the full CMO Report from the May Medical Staff meeting.

Thank you,

Karen

GH's Internal Medicine interns and residents graduate

Greenwich Hospital celebrated the 48th annual Internal Medicine Residency Program graduating class earlier this month, and for the first time honored a nurse for her role in supporting the education of graduating physicians.

This year's six graduating residents were Kasandra Erazo, MD; Umar Hasan, DO; June Jeon, MD; Caroline Pham, MD; Zachary Retalis, DO; and Tushaar Shrimanker, MD.

The seven graduating interns were Idelle Aschen, MD; Dina Moumin, MD; Matthew Oleksak, MD; Sean O'Rourke, MD; Shailin Thomas, MD; Gordon Wong, MD; and Yue Helen Zhang, MD. Richard Xia, MD, the departing chief resident, was also recognized.



Celebrating at the annual Internal Medicine Residency Program commencement were (l-r) June Jeon, MD; Helen Zhang, MD; Caroline Pham, MD; Kasandra Erazo, MD; Gordon Wong, MD, Dina Moumin, MD; Zachary Retalis, DO, and Umar Hasan, DO. Missing from the photo were Idelle Aschen, MD; Matthew Oleksak, MD; Sean O'Rourke, MD; Shailin Thomas, MD; and Tushaar Shrimanker, MD.

Several awards were presented during the ceremony:

- Alison Thompson, MD – Golden Apple Award (Teacher of the Year).
- Dewayne Lee Campbell II, DO – Resident Teacher of the Year Award.
- Angelica Arenas, RN – Intensive Care Unit, Nursing Resident Partner-in-Care Award.
- Gerald Doherty, MD, JD – Resident Physician Patient Experience Award.
- Kasandra Erazo, MD – Resident Quality and Safety Award.

- June Jeon, MD, the Henry E. Markley, MD – Humanitarian Award in Medicine.
- Dewayne Lee Campbell II, DO, and Gordon Wong, MD, – Nelson Bonheim, MD, Research Award in Medicine

Congratulations to all!

YNHHS ranks 20th on national list for diversity and inclusion

Yale New Haven Health ranks 20th on the 2023 DiversityInc Top 50 Hospitals and Health Systems for Diversity list.

The ranking recognizes YNHHS' commitment to excellence in six key areas of diversity and inclusion management: leadership accountability, human capital diversity metrics, talent programs, workplace practices, supplier diversity and philanthropy.

Since 2001, the DiversityInc. Top 50 survey has recognized large U.S. employers that model fairness in their talent strategy, workplace and supplier diversity practices and philanthropic engagement. Rankings are based on employer-submitted data about organizational policies, practices and procedures, not on employee sentiment or sources that cannot be validated, said DiversityInc CEO Carolynn Johnson.

News from the GH Medical Staff DEI Council

Revolutionizing Wound Care: The Era of Digital Imaging

*Submitted by Sandra Wainwright, MD,
Medical Staff DEI Council*

When I contemplate the delivery of health care across the spectrum of our patients, I intrinsically understand that it is a very visual field. While providing care for my diverse patient population, I wonder if I am providing equal care in practice. Wound care is a very visual field – the skin is on the surface of the body and the pigmented layer of the epidermis is only 1mm thick. Our eyes are beholden to the visible light spectrum and limited to 400 to 700 nanometers. The combined digital imaging of a camera lens with thermal and fluorescence imaging will range from 400 to 14,000 nm. When I look at a wound on pigmented skin it

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is more difficult to ascertain redness, pallor or a subdermal injury – like the beginning of a deep tissue injury – a harbinger of a vascular problem.

Wound care has witnessed remarkable advancements in recent years, thanks to the advent of digital wound imaging devices. Digital imaging enables early detection of pressure injuries, vascular insufficiency, and infection in all types of wounds. The thermal and fluorescence imaging capabilities will clearly improve patient care, particularly from the perspective of diversity, equity, and inclusion (DEI).

Pressure Injury Prevention:

Pressure injuries, commonly known as bedsores or pressure ulcers, pose a significant risk to patients with limited mobility. These injuries can be debilitating and adversely impact patient outcomes. With digital imaging devices, healthcare professionals can identify early signs of pressure injuries, such as localized inflammation and compromised blood flow. By implementing preventive measures, such as repositioning, cushioning, and optimized support surfaces, clinicians can mitigate the risk of pressure injuries and enhance patient well-being.

Infection Control and Diagnosis:

Timely identification and treatment of wound infections are vital to prevent systemic complications and promote optimal wound healing. Traditional methods of infection detection often rely on clinical signs and symptoms, which can be subjective or subclinical. However, digital fluorescence imaging devices will utilize fluorescent markers to identify bacteria and visualize infection before the human eye can detect a problem. This advanced technique enables healthcare professionals to initiate targeted antimicrobial therapies, implement infection control measures as well as determining if those measures are working.

Vascular Insufficiency Assessment:

Vascular insufficiency, characterized by compromised blood flow, is a critical concern for patients with chronic conditions like diabetes or peripheral artery disease. Digital imaging devices equipped with thermal imaging capabilities provide valuable insights into the skin's temperature distribution, aiding in the assessment of vascular health. By detecting temperature variations and potential ischemic areas, healthcare providers can promptly address circulation issues, thereby minimizing the risk of wound deterioration and promoting healing.

Improving Patient Care from the DEI Perspective:

Digital wound imaging devices will play a crucial role in improving patient care from a diversity, equity, and inclusion perspective. These devices help standardize wound assessments by providing objective data, reducing potential bias or disparities in diagnosis and treatment decisions. By relying on objective measurements and visual evidence, healthcare providers can ensure equitable care delivery across diverse patient populations.



Additionally, digital wound imaging devices facilitate enhanced communication and collaboration among healthcare teams. With detailed and easily accessible digital images, specialists from various disciplines can review and provide input on wound management plans, leading to more comprehensive and multidisciplinary care. This collaborative approach fosters inclusivity and ensures that patients receive the best possible treatment options regardless of their location or healthcare setting.

Digital wound imaging devices will revolutionize wound care by enabling early detection of pressure injuries, vascular insufficiency and infection. These advancements not only improve patient outcomes but also contribute to a more equitable healthcare environment. By leveraging objective data, enhancing collaboration and reducing disparities, this type of device empowers healthcare providers to deliver optimal wound care while considering the diverse spectrum of our patient population. As these technologies continue to evolve, they hold great promise in transforming wound care and leveraging AI to put patients on a logical – data based decision tree to facilitate wound prevention and healing.

Free Hernia Screening event at GH

Community members may schedule a free hernia screening, meet one-to-one with an expert surgeon and see a demonstration of the Da Vinci® surgical robot. Walk-ins welcome. Saturday, June 24, 9 am – noon at Greenwich Hospital, 5 Perryridge Rd. Registration recommended at 888-357-2409 or visit ynhhs.org/events and search “hernia”.

Greenwich Hospital and Family Centers announce innovative care partnership

Greenwich Hospital and Family Centers recently announced their intent to partner on primary care services for adults and children to improve healthcare access while ensuring the long-term health of the underserved populations in Greenwich and its surrounding communities.

To accomplish this goal, Greenwich Hospital plans to file a Certificate of Need (CON) this month for approval to transition its Outpatient Center and clinic services (adult medicine clinic, including women's health and geriatrics, and pediatric primary care clinics) to Family Centers– a Federally Qualified Health Center – without any gap in services. Subject to governmental approvals, Family Centers will assume management and day-to-day oversight of the clinics in a newly renovated space at 75 Holly Hill Lane, which is accessible via public transportation. All services will continue to be offered at the current clinic locations at 500 West Putnam Ave. and 5 Perryridge Road until the new site opens.

The new space greatly expands capacity enabling the hospital and Family Centers to meet more patient's needs. Once completed, the new space will feature 15 exam rooms – 10 for adult patients and five for pediatric use, a 20 percent increase in capacity. In addition, mental and behavioral health services will be offered with onsite access to a mental health clinician.

Family Centers is a private, nonprofit organization offering health, education and human service programs to children, adults and families in Fairfield County.

The new center is expected to open in 2024.

Join Guadalupe Garcia-Tsao, MD, on July 20 at 5 pm for a virtual discussion on Managing Cirrhosis in Primary Care.

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. 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 July/August 2023 issue of *Medical Staff News* is Monday, July 24, 2023. Please submit items for consideration to Karen Santucci, MD, at karen.santucci@greenwichhospital.org or Myra Stanley, at myra.stanley@ynhh.org.

Save the date: July 20 – 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.

MEDICAL STAFF CHANGES (May 2023)

Appointees



Mert Bahtiyar, MD
(Obstetrics & Gynecology)
Yale Maternal Fetal Medicine
5 Perryridge Road
Greenwich, CT 06830
Phone: 203-863-3674
Fax: 203-863-3467



Meaghan Conway, PA
(Urology)
Yale New Haven Health Greenwich Hospital Urology
49 Lake Ave., Suite 201
Greenwich, CT 06830
Phone: 203-785 2815
Fax: 203 737 8035



Neil Floch, MD
Yale Medicine – Surgery
5 Perryridge Road, Suite 2 3200
Greenwich, CT 06880
Phone: 203-863-4300
Fax: 203-863-4310



Marcia Graca, PA
(Medicine)
Greenwich IM Hospitalist Service –
Northeast Medical Group
5 Perryridge Road
Greenwich, CT 06830
Phone: 203 863-3840
Fax: 203-863-4738



Jessica Jackson, PA
(Orthopedics)
Yale Orthopedics
260 Long Ridge Road
Stamford, CT 06902
Phone: 877-925 3637
Fax: 203 316 0539



Timothy Robinson, MD
(Radiation Oncology)
Smilow Cancer Hospital
35 Park St.
New Haven, CT 06519
Phone: 203 200 2000
Fax: 203-200-2640



Gabriela Vargas, PA
(Medicine)
Greenwich IM Hospitalist Service
5 Perryridge Road
Greenwich, Connecticut 06830
Phone: 203 863-3840
Fax: 203-863-4738



Amit Vora, MD
(Cardiology)
Yale Medicine Cardiology
789 Howard Ave.
New Haven, CT 06519
Phone: 203 785 4127
Fax: 203-373-6118

Change in Status

Steven Hindman, MD (Orthopaedics) was granted a change in status to Honorary Medical Staff

Resignations/Non-Renewal of Privileges

Juan Bartolomei, MD (Neurosurgery)

Neera Dahl, MD (Nephrology)

Allyson Driggers, MD (Pediatrics)

Thomas Naparst, MD (Emergency Medicine)

Reiner See, MD (Medicine)

Rahul Shah, MD (Pediatrics)