

Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | July/August 2022

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From the desk of the CMO

She just got accepted to medical school. She's 13.

Karen Santucci, MD, Chief Medical Officer

Dear Mighty Team,

I just read an article about Alena Analeigh Wicker, who is described as being “just like other 13 year olds”... except she is not.

While she likes watching movies, playing soccer, baking and hanging out with friends, she just got accepted into medical school AND is currently attending Arizona State University and Oakwood University where she is simultaneously earning two separate undergraduate degrees in biologic sciences! She became NASA's youngest intern in the summer of 2021. She is also a budding entrepreneur and philanthropist and started the Brown STEM Girl organization to provide opportunities for girls of color who are interested in exploring careers in STEM (Science, Technology, Engineering and Math).

As I continued to read the article (Sunday morning while at work... when I was *SUPPOSED* to be catching up from the prior week and preparing for the next) I wondered why I found myself getting irritated. Maybe because as a mom and pediatrician, I was intrigued and delighted for Alena's success. As a mom and pediatrician, I also thought, “oh my God, I totally failed.” I'm sorry, but I can't even get my kids (or husband) to change the roll of toilet paper at home! (That was totally uncalled for. They are great and I would not trade them for anyone, but for goodness sake...).

To what does Alena Analeigh Wicker credit her immense success? She ‘matter of factly’ shared: “I just have extremely good time management skills and I'm very disciplined.” “Really? Really?” I thought... “Plus she probably has an IQ of 190 and is a member of Mensa!”

Okay, so what if you don't have an IQ of 190 ... or what if **maybe YOU DO!** That still doesn't necessarily translate into success and probably not happiness either.

So, you have read up to this point in our *Medical Staff Newsletter*. Thank you! Let's figure out how we help each other. Time management and discipline! Okay, let's see!

Here are some quick time management and maybe even discipline tips:

- Find your most productive time of day (mine is early morning so I get up at 3:50 am to maximize on that time of day, and I wonder why those 5 or 6 pm zoom meetings are challenging?)

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- Design a suitable work environment and avoid distractions (library, office, kitchen table... when my kids were little I sometimes had to use a closet or work in my car parked outside the hockey rink where they were practicing to meet a deadline at work. Maybe those two uninterrupted hours on a plane?! I usually get six hours of work done in those two hours!!)
- Try to plan your day the night before. Ten minutes the night before can be a game changer (set up the coffee pot, set your keys out, pick something to wear, pack kids lunches... then your drive in is also less hectic because you are not as stressed).
- Create a to-do list. I totally peaked in my productivity level as an intern and to this day, that is true... yup 32 years later! I continue to make my lists with the empty boxes preceding the assignments. I get to joyfully put an 'x' in the box or completely shade it in (when I need a positive feedback loop... only if I get the job done). Some days when I get really tired, I even have a 'tah-dah' list. I give myself credit for waking up, making the bed and straightening up the house before coming into work. You'd be surprised, you actually start to feel better about the day ahead even if it is going to be 12, 24 or 36 hours knowing you have 'already' made so much progress.
- Set deadlines for yourself. I learned early on to make deadlines at work weeks earlier than the actual imposed deadline... to scare myself into getting the work done knowing you can't anticipate the unanticipatable (I think I just made that word up). If you'd like, you can even incorporate a reward into the mix to help motivate yourself! Maybe a walk, trip to Starbucks, a movie? You will have been so efficient that you now have the time for these things!

By the way, whether it is Starbucks, Dunkin' Donuts or Cumberland Farms, I believe that with coffee almost anything is possible!

Okay...so now let me give you back a few minutes.
In closing...

Dear Alena Analeigh Wicker,

Thank you! You inspire us and motivate us and we wish you all the success in the world!

Sincerely,

The Mighty Team at Greenwich Hospital

Please take a look at the important program updates and announcements in this summer's edition and enjoy the rest of the summer!

Sincerely,

Karen

What's new in hyperbaric and wound care? I'm glad you asked...

Much has changed in the world of Hyperbaric Oxygen Therapy (HBOT) including at Greenwich Hospital's Center for Hyperbaric Medicine and Wound Healing. Many of the latest developments began during the onset of the COVID pandemic. GH began offering HBOT in October 2020, treating 24 COVID-positive patients through February 2021. "Overall, we saw a survival benefit to those who received hyperbaric oxygen and a reduction in need for mechanical ventilation," explained GH's Sandra Wainwright, MD, who now leads the Hyperbaric Service Line for Yale New Haven Health.

Earlier this year, Health System wound care and hyperbaric departments established an executive committee. The group also hosted the first virtual Wound Science Symposium. In May, the HBOT program applied for a grant from the National Institutes of Health to support research in long COVID. If awarded, the grant will fund a randomized controlled trial on long COVID patients, to see if hyperbaric treatments help them recover their lung function and address neurologic symptoms and exercise capacity as well.

"In collaboration with the other delivery networks, we were able to create and build upon a care signature pathway for inpatient pressure ulcer prevention and management," continued Dr. Wainwright. "It is a robust tool which also reduces nursing documentation."

"We are currently in the middle of our busiest time – the summer months – when the heat and humidity cause legs to swell," Dr. Wainwright continued. "We also see many patients with venous ulcers, skin tears and hematomas," explained Dr. Wainwright.

Looking ahead, early this fall, the Undersea Hyperbaric Medical Society will conduct a survey for facility accreditation, an in-depth examination of practices, policies, operating procedures and quality. The goal is to attain "accreditation with distinction" allowing GH to offer 24/7 hyperbaric coverage for hyperbaric emergencies

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like carbon monoxide poisoning, failing surgical flaps and decompression illness. Currently, our hyperbaric department straddles the line between a Level 1 HBO Center (all emergencies) and Level 2 HBO center (no emergencies).

“A lot is happening in our Center for Hyperbaric Medicine and Wound Healing,” said Dr. Wainwright. “I feel privileged to work with such a strong team and look forward to moving ahead with these innovative endeavors.”

Greenwich Hospital Medical Staff Profile: Ellika Mardh, MD



A career in medicine was not what Ellika Mardh, MD, medical director, Outpatient Center, Greenwich Hospital, had in mind as she was wrapping up her high school years in Sweden. It wasn't until she spent some time working in finance that she fell in love with the idea of practicing

medicine; a decision the patients she's treated and the medical students she's mentored are very happy she made.

“I wasn't like some of my students who know at a very young age that they want to be doctors,” Dr. Mardh said. “I had to do some soul searching. But looking back now, I'm very happy with the choice I made.”

Dr. Mardh attended the Karolinska Institute, a medical university known for awarding the Nobel Prize in physiology or medicine every year.

“As medical students we are able to attend the dinner held before the Nobel ceremony,” she said. “I was also very fortunate during my final year because my dean had won the award, so my dean's letters were written by a Nobel prize winner.”

Shortly after graduating, Dr. Mardh was married and moved to the United States where she began her residency at a hospital in Harlem, New York.

“It was an incredible contrast to the socialized medicine we had in Sweden,” she said. “This was at the beginning of the

AIDS epidemic, before we really knew what it was. That was a very heartbreaking time, but also a very challenging and rewarding time because of the comradery with everyone at the hospital working together. It was very similar to the early days of the COVID pandemic.”

Her experience working with underserved populations in Harlem led Dr. Mardh to New York's Bellevue Hospital where she was director of their Primary Care Clinic.

“I had 122 residents and 27 attendings working with me,” she said. “You never knew what to expect on any given day. We had patients suffering from AIDS and even cases of leprosy. We also had a victims of torture clinic, so you had to be prepared for the most challenging cases.”

Dr. Mardh's early years continue to have an impact on her work today. “We saw so many people from so many backgrounds and that's one of the reasons why I'm so passionate about diversity, equity and inclusion,” she said. “I'm currently the chair of the Medical Staff Diversity, Equity and Inclusion Council and sit on the hospital's DE&I Council. We're doing so much to improve the way our patients are perceived, regardless of their socio-economic status.”

Being able to empathize with people is one of the reasons Dr. Mardh is drawn to medical education. She is the senior associate program director of the Graduate Medical Education program at Greenwich Hospital.

“I like to make a difference and mentor others,” she said. “It's very gratifying to see your students and residents go on to have successful careers.”

Internal Residency program announces leadership changes, new interns

The Greenwich Hospital/Yale University Internal Medicine Residency Program has recently had several program changes including the onboarding of 13 new first year residents (interns).

“In recognition of their exceptional performance and service to the patients and trainees of Greenwich Hospital, Ellika Mardh, MD, was promoted to senior associate program director and Khalil Hussein, MD, was promoted to associate program director. Dr. Mardh will continue in the role as medical director of the Greenwich Hospital Outpatient Center,” announced Charles Seelig, MD, director of Medical Education.

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Xianjiang (Richard) Xia, MD, was named the new fourth year chief resident and junior faculty member. Dr. Xia is a graduate of Downstate School of Medicine in New York and completed his internal medicine residency training at Northshore/Long Island Jewish Medical Center.

Six categorical interns will train for three years at Greenwich Hospital, becoming eligible for the certifying examination of the American Board of Internal Medicine. They are:

- Miranda Guerriero, DO, Lake Erie College of Osteopathic Medicine at Seaton Hill
- Miguel Mesarina, DO, Lake Erie College of Osteopathic Medicine
- Hyun Sung Park, MD, Weill Cornell Medicine
- Lu Qu, MD, Peking University Health Science Center
- Devyani Ramgobin-Marshall, DO, Touro College of Osteopathic Medicine
- Nikhita Shrimanker, MD, University of Bristol (UK).

Seven preliminary medical residents will train at Greenwich Hospital for one year before residency training in non-internal medicine specialties. They are:

- Dina S. Moumin, MD, Zucker School of Medicine at Hofstra/Northwell
- Matthew Oleksak, MD, New York Medical College
- Sean O'Rourke, MD, New York Medical College
- Shailin Thomas, MD, JD, NYU Grossman School of Medicine
- Idelle V. Aschen, MD, George Washington University School of Medicine
- Gordon Wong, MD, University of Rochester School of Medicine & Dentistry
- Helen Zhang, MD, Virginia Commonwealth University School of Medicine

Please welcome these new colleagues to Greenwich Hospital!

News from the GH Medical Staff DEI Council

Submitted by Spike Lipschutz, MD, vice president, Medical Services and member, Medical Staff DEI Council

Incorporating the DEI mission into our work

Our Greenwich Hospital Medical Staff Diversity, Equity and Inclusion Council (DE&I) was established to “foster an environment in which differences and individuality are respected and inclusivity is intentional,” and to promote awareness and education on appropriate topics focused on DEI.

My own need to better understand had me seek out what various religions and beliefs had to say on these topics. This led to very interesting discussions with seven wonderful and willing-to-share clergy. I learned there is so much to learn, and that there are complex challenges for many clergy, navigating between the traditions and/or the writings that are the basic tenets for many beliefs, and how to apply those precepts to contemporary issues in such areas as gender, race and equality. Of course, I tread very lightly on matters of religion and so am not preaching or teaching, just sharing.

Almost all religions believe each person is unique and special and should be treated equitably, although this may depend on whether you have accepted that religion or set of religious beliefs. Other religions, or the more orthodox arms of those religions, seem to place women in separate and not equal roles and without equal opportunities.

Modern clergy may struggle with their personal desire to be inclusive and their own faith turning away from gay, lesbian, and other more contemporary groups with whom people are beginning to self-identify. Several of the folks I was fortunate to speak with pointed out this very complex challenge that often faces them and their colleagues. Some clergy said how early writings and early traditions totally support inclusion and acceptance, but sometimes the interpretations of these words by some of its present leaders are for their own gains, not based on the original, more inclusive intentions.

Many of us are second and third generation Americans, some are first generation. Our relatives and ancestors came from all over the world for the promise to be allowed live to our fullest and be treated with dignity and respect. I suspect many of you have experienced or witnessed some of the micro-aggressions that Dr. Latimore so clearly articulated

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at May's medical staff meeting, and it is certainly possible that some of you are exposed to those micro-aggressions or unconscious bias remarks on a frequent basis.

So what is the message for us? Our Hippocratic Oath includes a commitment to care for all people. We've chosen this profession of healing and trust, and are in a unique position to influence others. You are a teacher for your patients, a student of our sciences, and can be a real force for others to change and grow. If you have the opportunity to speak with your clergy, ask them to help you understand how your faith and actions can help find the divinity in all. Use your voice and your actions so you can be a representative of the change that will have all included.

Seeing the divine in all people, and including ALL people in our lives and our understanding, is a way to possibly making a meaningful difference for others. Adhering to the principles of diversity and inclusion helps break down the barriers that our loyalty to a faith may sometimes create. By doing so, we likely can strengthen and enrich religions and beliefs by honoring our differences and celebrating what makes each of us unique.

YNHHS develops Care Signature pathways for monkeypox

Yale New Haven Health has developed two Care Signature pathways for diagnosing and managing patients with monkeypox, based on its success in creating and using standardized clinical pathways during COVID-19.

The Care Signature pathways include standardized processes for diagnosing and treating patients with suspected or confirmed monkeypox in both the outpatient and Emergency Department settings, supporting prompt and consistent care across YNHHS.

In mid-July, YNHHS issued updated Monkeypox Guidance. The processes for recognizing and diagnosing monkeypox and managing exposure are complex and subject to changing CDC and Department of Health recommendations and requirements. Please consult the monkeypox Care Signature pathways for detailed guidance on case recognition, specimen ordering and collection, isolation recommendations, exposure management and risk assessment, post-exposure prophylaxis, and treatment (including pain management). These pathways will be continually updated as recommendations evolve. Of note, it is no longer necessary to get pre-approval for monkeypox testing from the Department of Health.

Care providers should consider a diagnosis of monkeypox in any patient with:

- New rash (resembling pimples or blisters) within past 21 days on the skin, mouth, and/or the genital, anal, perirectal or rectal areas
- Anorectal pain, rectal bleeding, proctitis, or tenesmus AND recent history of receptive anal sex
- Concern for sexually transmitted infection based on lesions (skin, mouth, genital, perianal, and/or rectal)

Any patient with one or more of these criteria (or known monkeypox) should be immediately placed in a single private room with door closed. An airborne infection isolation room with negative pressure airflow is not required.

PPE used by healthcare personnel who enter the patient's room should include:

- Gown
- Gloves
- Eye protection (i.e. goggles or a face shield that covers the front and sides of the face)
- Respirator (fit-tested single use N95 respirator is preferred. Elastomeric respirator and PAPRs can be used but should be disinfected after use)

Employees and staff who are concerned about a potential monkeypox exposure should contact their supervisor, who will contact Infection Prevention.

The Department of Health must approve post-exposure prophylaxis with the JYNNEOS™ vaccine before it can be administered. All decisions regarding vaccination and orders for vaccination will be done in consultation with Infection Prevention, Occupational Health, and Department of Health. Patients with a potential monkeypox exposure **SHOULD NOT** be referred to the ED for evaluation, as vaccination will be administered only at designated ambulatory sites, and not in any of EDs. Ambulatory persons with concern for monkeypox exposure should contact their PCPs who should consult the Monkeypox Exposure pathway for guidance.

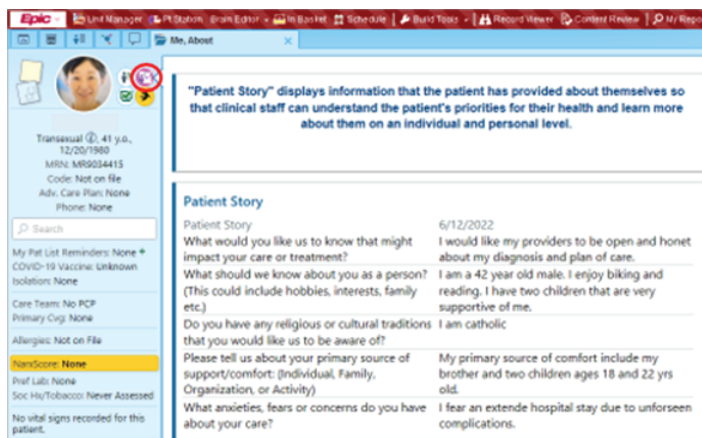
For more information, clinicians may refer to the Care Signature pathways, available in Epic and via the "Resources" tab on the Employee intranet, and the YNHHS High Impact Pathogen Plan on the Emergency Management SharePoint site. Additional information on monkeypox is available on the federal Centers for Disease Control and Prevention website: [cdc.gov](https://www.cdc.gov).

Epic tool helps patients share personal information with providers to enhance care

Yale New Haven Health recently launched Patient Story, a MyChart tool that gives patients the option of sharing information about their lives beyond what is in their medical record.

Patients may complete a short Patient Story questionnaire about their lifestyles, including hobbies and interests, religious or cultural traditions, and/or any concerns they have about their care. Participation in Patient Story is voluntary, and patients do not have to answer all of the questions. The tool is designed to support treatment and improve the patient experience by giving clinicians a more holistic view of their patients

YNHHS previously used a similar tool that was integrated with Epic. Advances in MyChart over the past few years allowed ITS to implement Patient Story within Epic at no additional cost.



"Patient Story" displays information that the patient has provided about themselves so that clinical staff can understand the patient's priorities for their health and learn more about them on an individual and personal level.

Patient Story
6/12/2022

What would you like us to know that might impact your care or treatment?
I would like my providers to be open and honest about my diagnosis and plan of care.

What should we know about you as a person? (This could include hobbies, interests, family etc.)
I am a 42 year old male. I enjoy biking and reading. I have two children that are very supportive of me.

Do you have any religious or cultural traditions that you would like us to be aware of?
I am catholic

Please tell us about your primary source of support/comfort: (Individual, Family, Organization, or Activity)
My primary source of comfort include my brother and two children ages 18 and 22 yrs old.

What anxieties, fears or concerns do you have about your care?
I fear an extended hospital stay due to unforeseen complications.

Clinicians can access participating patients' responses by hovering over an icon within Epic Storyboard on the patient's chart.

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 which can be used to request several library services like literature searches.

The Ask a Librarian service is monitored by librarians at each YNHHS medical library and Yale School of Medicine's Cushing, Whitney Medical Library 8 am – 4 pm, Monday – Friday. 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. Contact Clinical.Librarians@ynhh.org with any questions.

Alison Cass, MD, announces retirement

Alison Cass, MD, Pediatrics, retired from Greenwich Hospital on Aug. 1 and shared a farewell message to her colleagues:

"I have been truly honored with the privilege of working for over 36 years with such wonderful colleagues: physicians, nurses and a myriad of others! Thank you one and all! New adventures ahead – and finally some time for them – volunteering, travel, family and friends... Everyone says that upon retirement and I'm already well on the way! Cheers and be well. I will think about all of you often!"

Best wishes to Dr. Cass!

Save the date: Sept. 15 – next Trust Your Gut Digestive Health session

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, Sept. 15, 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.

MEDICAL STAFF CHANGES (June & July 2022)

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MEDICAL STAFF CHANGES (June & July 2022) *continued*



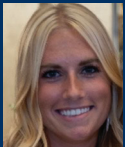
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Change in Status

Saul Rothenberg, PhD (Psychology) was granted a change in status from Active Attending to Honorary Medical Staff

Alison Thompson, MD (Medicine) was granted additional privileges in the section of Pulmonary Medicine

Kristen Woodard, MD (Pediatrics) was granted a leave of absence from the medical staff

Resignations/Non-Renewal of Privileges

Jason Catanzaro, MD (Pediatrics)
Xiomara Edwards, APRN (Cardiology)
Zeneta Forson Dare, MD (Pediatrics)
Jessica Hamlin, CRNA (Anesthesiology)
Philip Heinegg, MD (Medicine)
Nancy Higbee, APRN (Medicine)
David Hwang, MD (Neurology)
Janel LOfficial, MD (Medicine)
Avital Ludomirsky, MD (Pediatrics)
Sarah Maurrasse, MD (Otolaryngology)
Melissa Mascia, CRNA (Anesthesiology)
Mrudangi (Marcy) Thakur, MD (Plastic Surgery)

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Newsletter Submissions

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