

Medical Staff News

Newsletter for the Medical Staff of Greenwich Hospital | September 2023

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From the desk of the CMO

A parent is only as happy as their saddest child

Karen Santucci, MD, Chief Medical Officer

Dear Mighty Team,

Six years ago, I was working an overnight in our Emergency Department and we were getting slammed. I saw a 23-year-old had just been registered and while I am a Pediatric Emergency physician, I figured 23 is not so far from 21 and I didn't think my colleague would mind if I picked him up. The chief complaint was "I think I am pregnant." I went into room eight and thought for certain that I had gotten the room assignment wrong. A young male graduate student was lying on the stretcher and seemed unsettled. I introduced myself and he was very lively for 3 am. His speech was pressured, he was fidgety, and he looked a bit disheveled. I could tell he was super bright, and he kept apologizing for taking up my time but he said he was really worried that he was pregnant.

About 10 minutes later his dad came to the room and our eyes met. He said, "Karen what are you doing here?" and he started to cry. It was then that I realized that the father was one of our professors from Yale. I had served on several committees with him and had no idea what he was struggling with at home.

We stepped outside of his son's room and he said, "my wife and I came here because we didn't want anyone to know, we don't know what to do, we don't know how to help him and he hasn't slept or eaten in days, we are so scared."

I promised I would do everything I could to get them help. After a full physical and evaluation, it appeared that this truly was a behavioral health concern of a psychiatric nature without an underlying metabolic cause (glucose, electrolyte, thyroid studies all within normal limits, nothing detected on a drug screen and no stigmata of a neurocutaneous illness.) I could feel my colleague's pain and had a hard time making eye contact with his wife who was also a medical professional. The anguish and hurt was almost unbearable and reminded me of the all-too many children I had seen and unfortunately diagnosed with new onset leukemia, diabetes, brain tumors and more.

I worked feverishly to try to get him a bed and didn't realize it was now noon and my shift had ended at 7 am. The transport team was on its way and my colleague thanked me and said "*Karen, a parent is only as happy as their saddest child*" and a tear rolled down his cheek. I hugged him, his wife and then his son and started my drive home.

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I thought about this young man and his mom and dad so often and never spoke about him or to them again. But about nine months later, I was running down the ramp from the Air Rights Garage in New Haven toward the hospital for a shift... and I stopped dead in my tracks. My friend, the dad I told you about, was headed in the opposite direction coming up the ramp. Our eyes met, but I could breathe because I didn't feel that awful pain that I experienced the last time I saw him which was in the ED. His eyes looked BRIGHT! He smiled and we didn't even have to speak but we both went right back to that night. He said, "He is doing really well, back at school, working in the lab and is doing really, really well." This might have been inappropriate, but I felt compelled to hug him again and then we ran in our opposite directions.

"You can only be as happy as your saddest child." I have thought of those words so many times... when my own children were struggling with something and I couldn't be there because I was taking care of other people's children in a busy ED; or when supporting a friend or colleague who was worried sick about the health and well-being of their own child.

As physicians and healthcare providers... sometimes I think *"we can only be as happy as our saddest patients."* Those REALLY good days in the hospital always seemed to be when our patients felt better and smiled and finally had some relief from their pain or ailment. Of course, we can't fix the whole world but perhaps we can do our very best in a small part of it and if we earnestly try our best, maybe that is enough.

Hoping you have a really great month,

Karen

Greenwich Hospital recognized nationally for stroke and diabetes care

Greenwich Hospital's stroke program was recently recertified as an Advanced Primary Stroke Center by the Joint Commission, the nation's leading credentialing agency for healthcare organizations. In addition, the American Heart Association (AHA) recognized the hospital with three awards for providing up-to-the-minute scientifically based care to stroke and diabetes patients.

The Joint Commission certification process requires compliance with rigorous standards, incorporating best

practices in treatment and care, and actively seeking opportunities for program improvement.

The three AHA awards were *Get With The Guidelines Stroke Gold Plus Award* for demonstrating best practice as reflected in performance on hospital and discharge quality measures for 24 months or more; *Target: Stroke Elite Honor Roll* for meeting specific criteria that reduce the time between a patient's arrival at the hospital and treatment with clot-busting medication; and the *Target: Type 2 Diabetes Honor Roll* which validates that patients with Type 2 diabetes, who are at higher risk for complications, receive evidence-based care when hospitalized due to stroke, and upon discharge, to minimize their risk for future strokes.

New initiative aims to improve process for prescribing specialty medications

As part of ongoing efforts to enhance care for patients while simplifying workflows for clinicians, YNHHS and Yale Medicine have partnered with a firm called RxLightning to ease medication assistance program enrollment for patients receiving specialty medications. This applies to prescriptions sent and filled through the specialty pharmacy at YNHHS Outpatient Pharmacy Services (OPS). This initiative will reduce the time it takes for patients to begin treatment and reduce the administrative burden on clinicians and clinic staff. Also, this partnership could reduce the time to begin treatment with specialty drugs from several weeks to a few days.

With RxLightning, clinicians input their authorization code to approve a medication access program enrollment form instead of sending multiple emails, faxing, or having staff upload forms into Epic. The RxLightning process replaces multiple steps of communication with a single intervention.

Physicians who regularly send specialty prescriptions to OPS recently received an email from RxLightning inviting them to enroll in this service. It only takes a few minutes, but it can make a big difference for patients.

Questions and comments about the new process may be directed to Terri Sue Rubino, associate director, Specialty Pharmacy Services at terrisue.rubino@ynhh.org.

Reminder: New requirement for all DEA Registered Practitioners

In December 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders.

Questions and answers related to this new requirement:

Who is responsible for satisfying this new training requirement?

All DEA-registered practitioners (except veterinarians).

How will practitioners be asked to report satisfying this new training requirement?

As of June 27, 2023, practitioners are required to check a box on their online DEA registration form – regardless of whether a registrant is completing their initial registration application or renewing their registration – affirming that they have completed the new training requirement.

What is the deadline for satisfying this new training requirement?

The deadline for satisfying this new training requirement is the date of a practitioner's next scheduled DEA registration submission – regardless of whether it is an initial registration or a renewal registration – on or after June 27, 2023. This one-time training requirement affirmation will not be a part of future registration renewals.

How can practitioners satisfy this new training requirement?

There are multiple ways that practitioners can satisfy this new training requirement.

First, the following groups of practitioners are deemed to have satisfied this training:

Group 1: All practitioners that are board-certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine or the American Osteopathic Association.

Group 2: All practitioners that graduated from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States

within five years of June 27, 2023, and successfully completed a comprehensive curriculum that included at least eight hours of training on:

- Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or
- Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

Second, practitioners can satisfy this training by engaging in a total of eight hours of training on treatment and management of patients with opioid or other substance use disorders from the groups listed below. A few key points related to this training:

1. The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training.
2. Past trainings on the treatment and management of patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received a relevant training prior to the enactment of this new training obligation on Dec. 29, 2022 – that training counts towards the eight-hour requirement.
3. Past DATA-Waived trainings count towards a DEA registrant's eight-hour training requirement.
4. Trainings can occur in a variety of formats, including classroom settings, seminars at professional society meetings or virtual offerings.

For information regarding the DEA Diversion Control Division, visit www.DEAdiversion.usdoj.gov. With additional questions, contact the Diversion Control Division Policy Section at 571-362-3260.

Work underway to get patients in more quickly for Radiology visits

This article is part of our Strengthening Our CORE news series that looks at how teams across Yale New Haven Health are working to reposition the health system for the future by focusing on strategic priorities through a systemwide initiative called Strengthening Our CORE (Collaboration, Optimization, Resiliency, Efficiency). Multiple workstreams have been designed to improve operational efficiencies; foster innovation; and improve quality and safety for patients and employees. Access 365, a major component of CORE, is dedicated specifically to providing patients with greater, more timely access to our services across the health system.

“Why does it take so long to get an MRI?”

“I called to schedule my mammogram and my appointment is five months out!”

“I have to travel almost 20 miles to get the soonest radiology appointment...”

Sound familiar? Health System leaders say they are well aware of the access problems across the enterprise for radiology, tests and procedures, and that patients often wait for weeks or months for an appointment. A multi-disciplinary team that includes frontline staff and managers as well as employees from ITS, Central Scheduling, the Office of Strategy Management, JDAT, and others, is working to change all of that.

Increasing and improving access throughout the enterprise is the goal of Access 365, an initiative to create a world class experience for all consumers, inclusive of patients, providers, referring providers and staff members. One area of focus supported by this initiative is Radiology and access to appointments for imaging procedures.

“When it comes to imaging for our outpatients, we know that patients and providers are having trouble accessing our services,” acknowledged Daniel Alexa, executive director, Radiology Operations, YNHHS. “There are many variables to consider when making a radiology appointment, and we have been diligently working on strategies to get patients scheduled at the right time, in the right place and with the right exam,” he said.

“Simply put, the demand for many of our radiology services exceeds our capacity to perform them,” said Alexa. “We have many talented people throughout the health system working to solve the problems, but we need to be universal

in our approach in order to establish a standard Care Signature for ambulatory radiology services.”

“Care Pathways can help us reduce waste, ensure appropriate imaging requests and help clinicians assess the acuity of the need for imaging,” explained Rob Goodman, MBBCh, chair of Radiology & Biomedical Imaging, Yale School of Medicine, and radiologist-in-chief, Yale New Haven Health, along with Alexa, co-lead the Executive System Radiology Optimization Committee.

Alexa explained that our current state of operations is not sustainable for the long term, and that the health system is taking steps to address the issue by developing standardized templates, creating efficiencies and implementing technology to streamline access. YNHHS is implementing several strategies to align the supply and demand of radiology imaging services. Plans include short, middle and long-term tactics.

“In the short term, we can increase efficiencies and decrease appointment times,” said Alexa. There is an initiative currently underway to standardize scheduling templates and decrease some MRI appointment lengths. This will allow time for an extra two MRIs a day, per site, which can add up to an additional 5,000 MRI appointments per year across the health system. Plus, work is underway to automate the appointment scheduling process so that patients will be able to self-schedule more of their imaging exams online. This feature will be rolling out in select areas in the weeks ahead.

Longer term goals to improve workflow include expanding hours for radiology appointments; establishing a staff pipeline of talent to fill vacancies; and developing internal programs to train qualified individuals.

“Both Alexa and Goodman acknowledged that none of the work to improve access can be successful without the support and hard work of the technologists, schedulers, and other support staff who are at the heart of these processes. “It is important for our employees to know that all of the work they are supporting is appreciated – Alexa said – so we thank them for their dedication to improve access to imaging exams. Dr. Goodman added that Imaging touches every service line at YNHHS – so any improvement in imaging access has a direct impact on patient care.”

“Implementing a few simple strategies has already rendered positive results,” added Alexa. “Initiating reminders to

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patients about their upcoming appointments has helped improve the “no-show” rate from below target to up to 15 percent above target, and work is underway to establish a waitlist to help fill cancellations.”

“Earlier this year, we submitted a request with the State of CT through the Certificate of Need process for additional MRI scanners, CT scanners and PET CT machines. We were pleased to learn that the request was recently approved,” added Dr. Goodman. “Yale New Haven Health provides quality radiology service to patients – we look forward to being able to increase and improve access in the future.”

While Radiology is the first area to be featured in Access 365 work, other areas will follow. Look for more details as they are available.

YNHHS gears up for mandatory flu vaccinations

Flu season will soon be upon us, and YNHHS is gearing up for its annual mandatory flu vaccination program designed to protect patients, families and employees.

Beginning in October, YNHHS will provide flu vaccinations for employees at locations throughout the health system. As a condition of continued employment, physicians, employees and volunteers must receive a flu vaccination or have an approved medical or religious exemption. Onsite vaccinations will begin at Greenwich Hospital on Oct. 10. The deadline to receive the flu vaccination is Friday, **Dec. 1, 2023**.

Employed members of the medical staff may schedule their flu shot by signing into Infor, and then Employee Self-Service (ESS), or through the Employee Health section on the Infor landing page. Non-employed Licensed Independent Practitioners may schedule an appointment by visiting <https://fluvaccination.ynhh.org>.

Additional details about vaccination options, including how to submit documentation of vaccination by a primary care provider or participating pharmacy, will also be available on ESS. Information about applying for a medical or religious exemption is available on ESS as well. Employees must request the appropriate exemption by Oct. 14. For additional questions, contact vaccineinfo@ynhh.org.

News from the GH Medical Staff DEI Council

Submitted by Alicia Robbins, MD, Medical Staff DEI Council

U.S. maternal mortality rate is the worst of any industrialized country – how Diversity, Equity and Inclusion (DEI) can help

In October of 2019, Shamomy Gibson collapsed in her home in Brooklyn two weeks after giving birth to her second child. Her delivery was relatively uncomplicated. She delivered via cesarean section and was discharged home, as usual, on post-operative day three. However, several days after being discharged she called and complained of shortness of breath. She was told “everything was fine.” She then proceeded to go to the emergency room at the hospital where she delivered and *twice* was sent home. During her emergency room visits, she was repeatedly asked by healthcare staff if she “was on drugs.” Several days later she died at home from a pulmonary embolism.

This is a story that is far too common. In NYC, approximately 30 women die from pregnancy every year. In the U.S., Black patients have approximately a 3-4 times higher maternal mortality rate than white patients according to the CDC¹ and if you are a Black woman living in NYC, you have an *8-10 times* higher rate of dying from childbirth compared to a white patient⁸. The reason for this is multifactorial including chronic medical conditions, social determinants of health, and difficulty with access to care. Once they reach the healthcare system, these patients often encounter systemic and structural racism that results in Black patients being dismissed.

I bring up this story to bring attention to the importance of cultivating a hospital culture that supports diversity, equity and inclusion (DEI). Substantial research suggests that having a diverse healthcare force can be part of the solution for improving patient outcomes and costs of care.^{2,3,5,7} Investing in healthcare workers that understand a patient’s language or culture helps in overcoming possible barriers to care⁴. A recent JAMA study found that Black patients living in U.S. counties with more Black doctors live longer⁶ and the mortality rate for Black newborns drops by half when cared for by a Black physician⁷ – yet less than six percent of physicians are Black or Hispanic. The role of DEI is applicable to maternal health as well. Pregnant patients can become extremely sick very quickly and ensuring that our patients are not dismissed is of critical importance – literally life or death. Having a diverse healthcare force is

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of utmost importance in women's health especially when talking about maternal morbidity and mortality.

For those of us involved in DEI, the value and importance of fostering DEI in healthcare is obvious but recruiting diverse residents and nurses is not enough. The organization as a whole must value diversity and believe in the mission by understanding how it can improve patient outcomes and specifically for my specialty, how it can help our alarming maternal mortality rate.

1. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>
2. Stanford FC. The Importance of Diversity and Inclusion in the Healthcare Workforce. J Natl Med Assoc. 2020 Jun;112(3):247-249. doi: 10.1016/j.jnma.2020.03.014. Epub 2020 Apr 23. PMID: 32336480; PMCID: PMC7387183.
3. Gomez LE, Bernet P. Diversity improves performance and outcomes. J Natl Med Assoc. 2019 Aug;111(4):383-392. doi: 10.1016/j.jnma.2019.01.006. Epub 2019 Feb 11. PMID:30765101.
4. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
5. Lee CC, Cho YS, Breen D, Monroy J, Seo D, Min YT. Relationship between Racial Diversity in Medical Staff and Hospital Operational Efficiency: An Empirical Study of 3870 U.S. Hospitals. Behav Sci (Basel). 2023 Jul 6;13(7):564. doi:10.3390/bs13070564. PMID: 37504011; PMCID: PMC10376650.
6. Snyder JE, Upton RD, Hassett TC, Lee H, Nouri Z, Dill M. Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US. JAMA Netw Open. 2023;6(4):e236687 doi:10.1001/jamanetworkopen.2023.6687
7. <https://www.theguardian.com/world/2020/aug/17/black-babies-survival-black-doctors-study>
8. <https://www.nyc.gov/office-of-the-mayor/news/365-18/de-blasio-administration-launches-comprehensive-plan-reduce-maternal-deaths-life-threatening>

Physicians named Doctors of Distinction



Thanos Petrotos, MD, and Sandra Wainwright, MD, were honored this month at the

Westfair Doctors of Distinction 2023 Awards Ceremony. Dr. Petrotos received the Lifetime Achievement Award for his outstanding patient care and Dr. Wainwright accepted the Cutting Edge award for her work in treating long COVID patients with Hyperbaric Oxygen Therapy.

The Doctors of Distinction network is designed for medical professionals to connect, exchange knowledge, and foster collaborations within the healthcare industry.

Congratulations!

Newsletter Submissions

Deadline for submission of content for the October 2023 issue of Medical Staff News is Friday, Sept. 29, 2023. Please submit items for consideration to Karen Santucci, MD, at karen.santucci@greenwichhospital.org or Myra Stanley, at myra.stanley@ynhh.org.

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