Hospitals used to live in fear of the next Joint Commission survey, a survey that for many years was driven by books and books of required policies, irrespective of the care provided for patients. Over the years, the focus has definitely and much more appropriately shifted to clinical care, emergency readiness and life/safety issues.

So what’s the story of The Joint Commission (TJC)?

Many of you are likely unaware of the origins of TJC. For many years, patient care was determined by each physician, with almost no accountability at the physician or hospital level. This ended in 1913, with the creation of the American College of Surgeons (ACS).

About 100 years ago, the ACS developed the first “Minimum Standard for Hospitals.” It was on one page. In 1926, the first standards manual was printed, consisting of 18 pages. Around 1951, the American College of Physicians, the American Hospital Association, the American Medical Association, and the Canadian Medical Association joined the ACP to create the Joint Commission on Accreditation of Hospitals (JCAHO). Over the next several decades, additions such as long-term care, psychiatry, substance abuse programs, community mental health, and ambulatory care and surgery centers were added to accreditation surveys. In recent years, disease specific surveys – such as stroke, diabetes, congestive heart failure and chronic kidney disease, plus procedures including total hip and knee joint replacement, lung volume reduction surgery and left ventricular assist device (LVAD) implantation were also added. While many of us continue to call it JCAHO (JAY-KO), its name changed in 2007 to The Joint Commission.

The Joint Commission grew out of the American College of Surgeons at a time when accountability to practice evidenced-based medicine and justification of the care provided were very minimal. Gradually over many years, TJC has come a long way, from detailed surveys with questionable meaning to the much improved collaborative surveys, with the spotlight on how we care for our patients and clinical “tracers” that trace a patient across the clinical continuum. A tracer would, for example, follow an ED patient with a hip fracture, requiring transfusion, to the operating room, the PACU, the surgical unit, through the clinical stay and then the handoff to a rehabilitation facility. The hundreds
of steps and all the “stuff” happening to the patient is traced by TJC, applying the standards, reviewing the care and recommending potential areas to improve. The Joint Commission has definitely come a long way.

Why is this important? First, we are now in the 18-month “window” during which time the surveyors will come to Greenwich Hospital for our three-year recertification. The only way to be prepared for this unannounced survey is to always be prepared so that we are in a constant state of readiness. Secondly, our three-day “mock” survey will occur soon and the results will identify any gaps we need to address. I will share those results in our next issue.

What can you, as a physician, do to help prepare? Always perform appropriate hand hygiene; follow each step in the universal protocol, including time-out, site and side marking; keep current on the completion of your patients’ medical records; perform accurate medication reconciliation; honor isolation protocols; practice professional standards of conduct.

In other areas of note, thank you for making a profound difference in our opioid prescribing. We convert opioid prescribing into morphine mili equivalents (MMEs), and track MMEs per patient while here and MMEs upon discharge, captured through electronic prescribing. Our medical staff set very high standards to improve on a baseline that was already commendable, thanks to our multi-modal prescribing in the perioperative period. Our results to date, even with a great baseline to begin, has us right on target or better. Let’s continue to do anything and everything we can to support better, safer care.

Also, in this issue, please see brief comments from two of our recently retired colleagues – Dr. Steven Brody and Dr. David Hedrick – who served a combined 75 years on our staff!

And, read about the systemwide efforts to improve the care of our patients with the diagnosis of sepsis.

Greenwich Hospital Physician Directory

Do you have your newly updated Greenwich Hospital Physician Directory?

To obtain a copy, contact Gail Wallace, physician liaison, at 203-863-3906 or gail.wallace@greenwichhospital.org.

Friedman named Chief Medical Experience Officer

Alan Friedman, MD, has been named chief medical experience officer for Yale New Haven Health. In this role, he will provide medical leadership for the patient experience and physician experience. Dr. Friedman is a professor of pediatrics (cardiology) at Yale School of Medicine and will continue to oversee the Medical Staff Professionalism Peer Review Process and CLEAR (Communication Leads to EArly Resolution) Program.

He joined Yale New Haven Hospital in 1991 as a pediatric cardiology fellow and has served in a number of roles, including president of the YNHH Medical Staff, director of the Pediatric Residency Program and interim chief of Pediatric Cardiology. He was most recently medical director for Medical Affairs, YNHH. Dr. Friedman earned his medical degree from Wayne State University and completed his pediatric residency at Children’s Memorial Hospital/ Northwestern University in Chicago.

YNHHS clinical redesign project aims to strengthen and streamline sepsis treatment

Sepsis is a life-threatening illness that can affect any patient – inside and outside of the hospital. Nationwide, more than a million people a year get sepsis, which is an extreme immune response to an infection. It occurs when the body releases chemicals into the blood to fight the infection, triggering widespread inflammation. Without timely treatment, sepsis can cause a number of complications, including organ failure and death.

In the past, Yale New Haven Health’s delivery networks have taken different approaches to identifying and treating sepsis. That changed last December, when 80 people from throughout the health system formally launched a sepsis clinical redesign project.

The project focuses on quickly identifying and effectively managing patients who come to the emergency departments with sepsis or develop sepsis in an inpatient area. The project also aims to decrease sepsis-related deaths among inpatients.

“As representatives from each delivery network examined their procedures, they saw an opportunity to reduce
unnecessary clinical variation and improve care for patients with sepsis,” said Scott Sussman, MD, senior medical director, Clinical Operations, YNHHS.

One of the first project components to launch are “bundles” – sets of specific protocols and procedures for identifying and treating sepsis patients. These bundles include evidence-based practices research has shown to be effective, including best practices from different YNHHS delivery networks and national guidelines.

The clinical redesign teams have implemented a change in Epic that makes it faster and easier for providers to order the care bundles because “time is critical” for patients with sepsis, said Jennifer Johnson, APRN, a consultant with YNHHS’ Office of Strategy Management (OSM). She and OSM consultant Anesta Williams, RN, lead the sepsis clinical redesign teams, which also include physicians, advanced practice providers and representatives from the Laboratory, Nursing, Pharmacy, Information Technology Services and other departments. The ED and inpatient groups also have Patient and Family Advisory Council (PFAC) members.

PFAC member Pat Caruso, who is on the ED group, brings unique qualifications to the project. Twice she had sepsis related to cancer treatment. She’s also a retired nurse with experience in emergency and critical care and safety and quality.

“This is a great opportunity for me to help physicians and staff identify and treat sepsis patients sooner,” she said. “I know from personal experience that not every patient displays typical sepsis symptoms, so it’s important for staff to really listen to what their patients are telling them. I think that with my experience, I can impact care for the next person.”

The clinical redesign teams are implementing other components of the project and will gather data to assess its effectiveness.

A special acknowledgement to the Greenwich Hospital staff members that participated on the system wide sepsis clinical redesign project – Michael Franco, MD, Chris Davison, MD, and Barbara Leafe, RN.

In addition, Greenwich Hospital has its own committee focusing on safely and effectively managing patients who develop sepsis, chaired by Dr. Franco and Barbara Leafe, RN, with members: Herb Archer, MD, Erinn Birney, Chris Davison, MD, Jacquie Hyland, Anne Marie McGrory, Chuck Seelig, MD, and Shelby Smith.

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Save The Date: Wound Science Symposium set for September 13

A multidisciplinary panel of specialists and experts will present topics on the care, treatment and management of chronic wounds during the 5th Annual Wound Science Symposium September 13 at the Trumbull Marriott, 180 Hawley Lane, Trumbull.

The symposium, to run from 7:30 am to 4 pm, will include a special focus on geriatric wounds, skin failure and pressure injuries. The keynote speaker will be Jeffrey Levine, MD, a nationally recognized expert in wound care, pressure injuries and geriatrics. We encourage physicians, podiatrists, PAs, APRNs, nurses and anyone with an interest in assessing and treating wounds to enroll for the symposium. The event is also an opportunity to earn contact hours and CME credits. For early registration, please call 888-375-2396.

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Quality Award nominations

Do you have an exceptional story of a staff member, physician or volunteer going out of his or her way to give extraordinary care and service to a patient or colleague? Let’s celebrate those acts of kindness. Nominate someone today for the Quality Award. Just send an email to GHPatientRelations@ynhh.org or stop by Patient and Guest Relations to submit your nomination. Tell us the story in your own words and we will do the rest!

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Retired Greenwich Hospital physicians

Steven Brody, DDS, was appointed to the medical staff in the Department of Oral Surgery on February 29, 1984.

“My retirement plans include volunteering my professional services, continuing to teach at Columbia, spending time with my children and grandchildren, traveling to all the places my work schedule didn’t allow, and after 50 years of trying, playing golf without embarrassing myself.”

David Hedrick, MD, was appointed to the medical staff in the Department of Pediatrics on April 30, 1980.

“I’m looking forward to having the time to relax and figure out what is next!”
Reminder: CME made easy and accessible

In collaboration with the Yale School of Medicine, free Category 1 CME credits are available for members of the medical staff. There are a large number of CME offerings covering much of clinical care, including Connecticut mandated required CMEs.

All members of the Greenwich Hospital medical staff have free access to:

- Category 1 CME credit for ALL Yale CME online courses, including CT Mandates modules to help you fulfill the state-mandated requirements
- On demand access to your CME transcript – a list of all credits awarded to you by Yale CME
- Access to the courses continually being added to enhance Yale CME’s online, with Grand Rounds such as Internal Medicine, Surgery, Cardiology and a number of other offerings
- Yale CME will work with you to develop CME programs and courses that are specifically aimed at meeting your educational needs
- Free access to targeted live courses – please call the Yale Office of CME when you have an interest in attending and they will assist with the registration process

If you have not already done so, please create your Yale CME Profile by going to CloudCME at https://yale.cloud-cme.com/aph.aspx. If you have any questions regarding the registration process, please contact Yale CME via email (cme@yale.edu) or 203-785-4578.

Check yourself!

Remember STAR to help your brain catch up with what your hands are getting ready to do.

Stop – Pause for 1-2 seconds to focus on the task at hand.
Think – Consider the action you’re about to take.
Act – Concentrate and carry out the task.
Review – Check to make sure the task was done correctly and you got the correct result.
STAR reduces your chances of making an unintended mental slip or lapse by more than 10 times.

CHAMP for safety

High reliability organizations operate successfully in high-risk industries. For hospitals, CHAMP is a mnemonic used to help eliminate instances of preventable patient harm.

C – Communicate clearly
H – Handoff effectively
A – Attention to detail
M – Mentor each other
P – Practice and accept a questioning attitude

Newsletter submissions

Deadline for submission for the August 2019 issue of Medical Staff News is Friday, August 2. Please submit items for consideration to Spike Lipschutz, MD, at 203-863-3904 or spike.lipschutz@greenwichhospital.org or Myra Stanley, Yale New Haven Health, at 203-688-1531 or myra.stanley@ynhh.org.

Staff meeting topics?

Please contact Dr. Spike Lipschutz: 203-863-3904, spike.lipschutz@greenwichhospital.org
Medical Staff Changes (June 2019)

New Members

Affiliate Medical Staff

Garrick J. Alex DDS
(Oral Surgery)
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23 Maple Ave.
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Karthik Murugiah, MD
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Allied Healthcare Staff

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WESTMED Medical Group
73 Market St. – Ridge Hill
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Miriam Sussman, PA
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Greenwich Hospital – Surgery
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Office Move

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Sean Peden, MD
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Stamford, CT 06902
Phone: 866-470-9253
Fax: 203-316-0539

Change in Status

Steven Brody, DDS, (Oral Surgery) was granted a change in status from Active to Honorary Medical Staff.

David Hedrick, MD (Pediatrics) was granted a change in status from Active to Honorary Medical Staff.

Resignation/Non-Renewal of Privileges

Igor Latich, MD (Radiology) resigned from the medical staff.

Miscellaneous

The fax number for Thomas Pellechi, MD (Medicine) has been changed to 203-826-2338.

The fax number for Rheumatology Associates – Northeast Medical Group (Lana Bernstein, MD, and Richard Danehower, MD) has been changed to 475-240-8124.

In Memoriam

Thomas Rodda, MD (Orthopaedics) a former member of the medical staff and department director of Orthopaedics passed away in July.