



MedStar Health

Connections

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News for the medical and dental staff, residents, and fellows at MedStar Washington Hospital Center.



Sepsis performance improvement 2.0 opens a new chapter.

(L to R) Susanne Lara, DNP, AGACNP-BC, CCRN; Miriam Fisher, MD; Kristina Poole, RN, BSN, CMSRN; and Jennifer Yu, MD, are the new leaders for MedStar Washington's Sepsis Performance Improvement Committee.

Inside this issue

4
Cover story

6
"Long-haul" COVID-19 patients

8
Adopting pandemic pets

10
MedStar Medical Group update

Connections

MedStar Washington Hospital Center Connections is managed and published by Communications & Public Affairs for the Medical & Dental Staff, Residents and Fellows of MedStar Washington Hospital Center.

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CE conferences

Upcoming continuing professional education conferences.

MEDSTAR CONFERENCE HIGHLIGHT SPRING

ADVANCES IN THE MANAGEMENT OF PROSTATE, KIDNEY, AND BLADDER CANCERS

June 18 to 19 Virtual Education

Course Directors: *Michael B. Atkins, MD; Keith J. Kowalczyk, MD; Ross E. Krasnow, MD, MPH; Young Kwok, MD; Paul D. Leger, MD, MPH; George K. Philips, MBBS, MD, MPH; Suthee Rapisuwon, MD*

MedStar Health is proud to present this blended conference to bring you the most up-to-date comprehensive care and education for kidney, bladder, and prostate. During this meeting you can attend high caliber lectures with questions and discussion time focusing on these three cancer areas. Expert faculty will deliver state-of-the-art lectures that will include treatment approaches, clinical trials, biologic and genomic factors and future directions.

Kidney and Bladder Cancers will focus on recent advances in the treatment of these diseases and their integration into the multidisciplinary management of patients with early stage, high risk and metastatic disease. Presentations will also discuss emerging controversies and ongoing research aimed at addressing them, as well as the impact of the COVID-19 pandemic.

Advances in Prostate Cancer reviews recent advances in the diagnosis and treatment of patients with localized and advanced prostate cancer. Key clinical topics will include the use of biomarkers and modern imaging technologies in the management of early stage prostate cancer as well as advances in the multidisciplinary approach to patients with high-risk, locally advanced, relapsed non-metastatic, and metastatic prostate cancer. Applications of new therapeutic agents, cutting edge radiation technology, combined modality strategies and evolving minimally invasive urologic surgical approaches will also be discussed.

To register, visit CE.MedStarHealth.org/ProstateKidneyBladderCancers

UPCOMING SPRING CONFERENCES

40th Annual Cherry Blossom Seminar: An Update on Arthroscopy, Arthroplasty and Sports Medicine

April 23 to 24, 2021 A Virtual Conference

Course Chairman: *M. Mike Malek, MD; Course Co-Chairmen: Jeffrey S. Abrams, MD; Steven J. Svoboda, MD, Colonel (retired), US Army*

Frontline: Cardiovascular Care in the Community

May 1 A Virtual Conference

Course Directors: *Carolina I. Valdiviezo, MD; Allen J. Taylor, MD; Sriram Padmanabhan, MD; Course Co-Director: James C. Welsh, MD, MBA, MPH*

Abdominal Wall Reconstruction (AWR 2021)

June 9 to 12 A Dynamic Virtual Conference with Expert Faculty

Conference Chair: *Parag Bhanot, MD; Course Directors: Karen Kim Evans, MD; William W. Hope, MD; Jeffrey E. Janis, MD*

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Jeffrey S. Dubin, MD, MBA

Continuing to improve the highest quality, safest care in the region.

We can easily predict the outcome for our new, hospital-wide initiative: adding a Safety Officer in each department advances us in our Good to Great journey, as the trusted leader in caring for people and advancing health.

Each Safety Officer is an active champion for all HRO principles and practices. The Safety Officer:

- Identifies high risk practices in the department by conducting safety rounds and reviewing the patient safety event reports in RL Solutions; then works on system solutions to mitigate the risk of Serious Safety Events (SSEs) identified during rounding and review of precursor events
- Shares SSE reports, and considers common factors applicable to the department, to assess risk
- Takes part in monthly Safety Officer meetings, to share best practices, new findings, and further develop the role of the Safety Officer within the hospital
- Joins new committees that will focus on reducing PSIs, Patient Safety Indicators
- When applicable to the department, participates in event reviews of SSEs

Department Safety Officers work with our Quality & Safety and Risk Management departments to develop plans that reduce safety challenges. They are very aware of the many "what if's" that can exist in a department, or in a plan of care for an individual patient.

Chee Chan, MD, is a Pulmonary and Critical Care attending physician who is serving as a safety officer in the Department of Medicine.

"The safety program empowers the providers to improve patient care and safety. We are always told to say something if we see something. This program is the next step in doing

that. Identifying individuals in each section interested in this endeavor allows collaboration across disciplines to improve process overall, and will ultimately provide the best patient experience."

One of the Advanced Practice Providers represented on the safety officer team is Sarah Sabo, MSN, ACNP-BC, director of APPs in Medicine, who is also excited about this program.

"I believe the value in this program is tremendous, not only for the Department of Medicine, but for our hospital as a whole. It gives bedside providers like myself the ability to make changes in areas where we think there is room for improvement. It allows me to connect with my colleagues and address their concerns. More importantly, so many people have great ideas, and this program gives others an opportunity to improve patient care as well, by knowing who to bring their concerns to. This is a continuous outreach program to the providers and staff, so they can have a voice in affecting patient outcomes."

Serious safety events occur in healthcare when there is a variation from a best or expected practice, and harm or death follows. Strong corrective actions that demonstrate effective and ongoing improvement to reduce risk and prevent patient harm are always top-of-mind. Eliminating preventable harm continues as a top priority for everyone at MedStar Washington, and our Safety Officer program is one more way our One Team can move us forward.

Please contact me with any ideas or issues for our safety officers. Thank you for your daily efforts to provide the highest quality, safest care for our patients and community, and for your daily efforts to keep our teams and associates safe.

Jeffrey S. Dubin, MD, MBA, is the sr. vice president, Medical Affairs, and Chief Medical Officer at MedStar Washington Hospital Center. He can be reached at 202-877-6038 or via email, jeffrey.s.dubin@medstar.net.

Sepsis performance improvement 2.0 opens a new chapter.

In the nearly five years since beginning its concerted sepsis process improvement effort, MedStar Washington Hospital Center has made great strides in tackling one of the most prevalent and frustrating causes of patient mortality.

Measures such as 24/7 electronic screening, creation of a dedicated sepsis response team consisting of critical care-trained nurses and Advanced Practice Providers, and education to increase hospital-wide awareness of the need for early recognition and intervention have helped reduce all-cause sepsis mortality by 25 percent, with similar decreases in the number of severe sepsis and septic shock cases. Patient ICU length of stay related to sepsis and in the hospital overall have also decreased.

"It really did 'take a village' to achieve these results," says Janet L. Thorne, RN, BSN, MGA, director, Nurse Responder Team, Nursing Supervisors and The Biocontainment Unit. Thorne explains that while the Hospital Center always had a committee dedicated to sepsis issues, it took the 2016 formation of a broader, multidisciplinary Sepsis Performance Improvement Committee to formulate a multi-modal approach, for tackling what she calls an "unacceptable" sepsis mortality rate.

Co-led by Thorne and Critical Care Physician Seife Yohannes, MD, the committee was composed of physicians, APPs, nurses, and representatives from Pharmacy, Laboratory, Information Services, Phlebotomy, Coding and Documentation, Quality Improvement, and Process Improvement.

Strongly supported by both the hospital and MedStar Health leadership, the team laid out an effective multi-modal strategy, to augment current practices while also minimizing inefficiencies and communication barriers. Results of the initiative were published last November in *Critical Care Explorations*, the journal of the Society of Critical Care Medicine.

Thorne says the committee didn't set out to create the best hospital sepsis response in the country, but rather to make a difference where it counted—saving patients' lives.

"We're not yet where we want to be in terms of sepsis rates," Thorne adds, "but it's so much better."

The next steps

The Sepsis Committee is not about to rest on its laurels. During the last year, a gradual transition brought new leaders and participants, eager to build on what's already been done.

Signs and symptoms of sepsis can include:

- confusion or disorientation
- shortness of breath
- high heart rate
- fever, or shivering, or feeling very cold
- extreme pain or discomfort
- clammy or sweaty skin

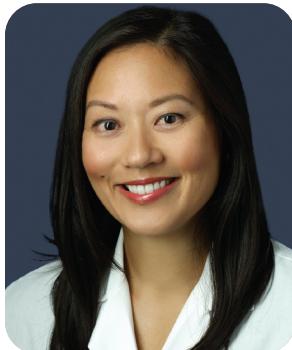
"The original team did a lot of terrific work, especially in the areas of improved sepsis response times and overall awareness," says Co-Chair and Critical Care Physician Jennifer Yu, MD. "People know that they can call on us, for help with improving how they identify, diagnose, and treat sepsis."

Adds Co-Chair and Emergency Medicine Physician Miriam Fischer, MD, who also serves as lead physician for sepsis for MedStar Health, "We want to reinvigorate the group, and look at what we can do to make it better. A big advantage is that our leadership members are practicing; we're all in the trenches."

The committee began its renewed effort last year, with the establishment of what Dr. Fischer calls "pillars of focus," based on analytics of current sepsis outcomes and an extensive literature review. These pillars are identifying high-risk patients, early antibiotics interventions, and providing a higher level of care for the most vulnerable patients, particularly at times when ICU capacity may be limited.

From there, the committee initiated a thorough examination of the current sepsis response and treatment workflow, in search of potential barriers to patient care and opportunities for improvement.

"We hit the ground running," says Co-Chair and Clinical Specialist, Sepsis Coordinator Kristina M. Poole, RN, BSN, CMSRN. Along with getting analytics on steps and response times from the Hospital Center's outcomes analytics specialists, the committee is interviewing individual stakeholders, to better understand their workflows, and how those workflows may affect sepsis response.



Jennifer Yu, MD



Miriam Fischer, MD



**Kristina Poole, RN,
BSN, CMSRN**



**Susanne Lara, DNP,
AGACNP-BC, CCRN**

"From there, we want to float ideas for cutting the time between the steps even further," Poole adds.

The committee also hopes to improve and focus the existing sepsis response, such as the St. John's Alert, an electronic clinical decision support tool. The tool was embedded in the electronic health record, originally in the Emergency Department and hospital units, during the initial performance improvement initiative. Although patient vital signs and other values will trigger the alert, the cause is not always an infection.

As a result, Poole says, repeated responses will result in "alert fatigue," much the same way people often dismiss fire alarms as being merely a drill or a mistake.

"We can't risk missing a true infection, but we would like to see if there are ways to make the alert more specific to a high-risk sepsis condition," she says. At the same time, "it's a reminder that different patients have different conditions and baselines, so their reaction to a sepsis infection may vary, as well."

Inclusive input

Gathering ideas and opinions from all phases of patient care will play a critical role, in helping the committee improve the sepsis response process.

"We need to see things through the eyes of others, and not simply rely on how it looks to us," says committee member and Critical Care APP Susanne Lara, DNP, AGACNP-BC, CCRN. "It's not possible to improve a process this complex without every person's perspective."

For example, Dr. Lara says that primary care physicians may have the advantage of seeing patients regularly, but a sepsis response team member has the advantage of seeing something through fresh eyes.

"That makes sepsis identification and intervention a more collaborative effort," she adds.

And it goes beyond the patient's bedside. "We're leveraging systemwide analytics and Process Improvement resources, including getting PI engineers involved, who will optimize our steps," Dr. Fischer says.

Dr. Yu also cites a recent committee meeting that focused on documentation.

"Our documentation specialist enlightened us to a part of the process that many of us didn't know about," she says. "I doubt most of us knew how much a patient's care is evaluated, even after he or she leaves the hospital."

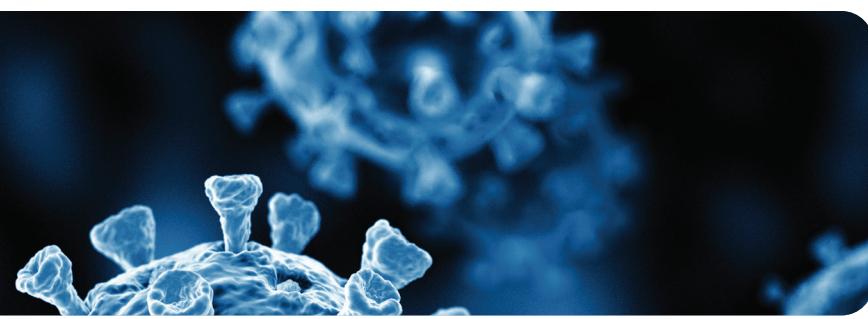
Not surprisingly, the coronavirus pandemic has affected the committee's work somewhat, with patient surges taking precedence over other activities, and limiting the size of discussion groups. Because COVID-19 patients are susceptible to superimposed infections, there are more opportunities to test the efficacy of the Hospital Center's response procedures.

"Adding COVID to the equation has helped pique APPs' decision-making processes," Dr. Lara says. "They have to act quickly, which helps instill the same kind of response to other sepsis cases."

While the committee hopes to roll out modified sepsis response processes this spring, Dr. Fischer says the effort has already produced successes. October found the Emergency Department begin a "Code Sepsis," in which any patient with an alert is immediately transferred to a room for examination, diagnosis, and treatment. "We saw a nine percent improvement in early antibiotic intervention in our sepsis cases, with no ill effects on patients that alerted, but were determined not to be septic," she says.

The continuing effort to make a good program better heartens Thorne, who recalls some initial resistance to the committee's work, among some providers reluctant to change how they handled sepsis cases.

"We're now at the point where everyone is engaged and willing to contribute, even if it means more responsibilities for one group or another," she says. Echoing MedStar Washington President Dr. Gregory J. Argyros, she adds, "it's the perfect example of the 'One Team' approach."



“Long-Haul” symptoms complicate COVID-19 recovery.

Since the District of Columbia recorded its first cases of COVID-19 in 2020, MedStar Washington Hospital Center physicians have helped hundreds of patients through the disease's multi-faceted challenges. But the survivors' return to normal life doesn't always mean an end to their symptoms.



Stan Chia, MD

Recently published studies report significant numbers of post-COVID patients experiencing fatigue, sensory impairments, and other symptoms for at least several weeks after their illness, with some conditions lasting many months. What's more, even a relatively "mild" case of COVID-19 might still have lasting after-effects. University of Washington researchers found that one-third of its outpatient COVID-19 cases had not returned to baseline health within three weeks of infection.

While persistent symptoms are often associated with viral infections, COVID-19's long-term effects have yet to be fully understood, further complicating efforts to effectively treat these "long-haul" cases. For example, loss of smell, or anosmia—one of COVID-19's most frequent initial symptoms—has proven much more enduring after the illness than many physicians expected.

"Many people don't associate sensory changes with respiratory viruses, so the prevalence of anosmia associated with COVID-19 infection was unexpected," says Otolaryngology Department Chair Stan Chia, MD, FACS. He adds that approximately

half of COVID-19 patients fully recover their sense of smell after 40 days, while 10 percent experience the condition for more than six months.

Dr. Chia notes that sensory nerve deficiencies tend to heal slowly, so prolonged loss of smell can pose health and safety risks.

"Affected individuals may be unable to detect gas leaks, smoke from a fire, or rotting food," he says. "And because of the complex interaction between taste and smell, they may no longer enjoy eating certain foods. That could lead to nutritional and weight issues, as well as depression."

Nasal steroids are a frequent, though not always effective treatment for loss of smell, but a number of new approaches are emerging, such as Omega 3 supplements, intranasal Vitamin A, and olfactory retraining therapy, in which patients reacquaint recovering nerve cells with specific aromas through structured practice programs.

"Considering the impact our sense of smell has on quality of life, COVID-19 patients with sensory loss should be provided with options for improving their chances of recovery," Dr. Chia adds.

“Battered” brains

Many post-COVID patients are also experiencing long-term cognitive issues, not all of which stem from the understandable stresses and fears associated with having the disease. Psychiatry Department Chair Elspeth Cameron Ritchie, MD, says preliminary research indicates the most-common symptoms are anxiety, depression, "brain fog" impairment, and, in older patients, insomnia and dementia. Patients with pre-existing mental health illnesses are at high risk as well.

"Some symptoms result from the virus's effects on the central nervous system, either by breaking the blood-brain barrier, or infecting neurons," Dr. Ritchie explains. "The virus can also cause hypoxia, which leads



Elspeth Cameron Ritchie, MD

to hallucinations and psychosis, even in those with no psychiatric illness."

Interestingly, many COVID patients who experience hallucinations recognize something is wrong and get help, which Dr. Ritchie says, "doesn't happen with many other major mental illnesses."

In treating patients with persistent COVID symptoms, Dr. Ritchie advises physicians to continually monitor for psychiatric and neurologic aspects, as they may arise well into the recovery process. While a variety of medications are available to treat these conditions, she recommends starting with a lower dose, and an expectation that it may take some time for symptoms to abate.

"We have to recognize that the brain has been battered by the virus," Dr. Ritchie says. "We may not know how well it works."

Search for connections

Another perplexing post-COVID condition is the new onset of diabetes in approximately 14 percent of patients. The vast majority of these patients typically develop Type I diabetes or steroid-induced Type II diabetes when in the hospital, says Endocrinologist Priya Kundra, MD. She states insights into other potential connections and causes remain elusive.

"The COVID infection could serve as a stressor mechanism, or trigger some kind of predisposition for the disease," Dr. Kundra says. "It may also arise from the use of the steroid dexamethasone, which has been found to precipitate diabetes in some patients."

Another possibility, she adds, is that the coronavirus binds to beta receptors in the pancreas, reducing insulin production over time as the organ "burns out."

"If that was the cause, however, you'd think we'd see a higher number of COVID patients with diabetes," Dr. Kundra says. "That's also why we're hesitant to say there's a direct link between the two diseases."

On the other hand, the fact that so few post-COVID patients have developed diabetes has complicated researchers' efforts to pinpoint causes and effects beyond the individual level.

"Because every patient responds differently, there's no single type of case," Dr. Kundra says. "There's a lot more to learn about it. There is a large database being created to look at the potential connections of COVID and diabetes over time, which should add more insight to this complex topic."

Coordinating recovery

To help post-COVID patients manage persistent symptoms, MedStar Health has established a COVID Recovery Program based at MedStar National Rehabilitation Hospital, to handle referrals from across the healthcare network, as well as from area primary care physicians and patients themselves.

Michael Wroten, MD, an attending physician in the MedStar National Rehabilitation Network, says the virus's multifaceted effects make MNRH an appropriate setting for the Recovery Clinic. Its broad range of specialties and skill sets lends itself to the COVID-19 patient population, who usually have other medical conditions that may complicate treatment and recovery.

"We're used to 'quarterbacking' complex recovery cases with a variety of issues, and can apply the same multi-disciplinary approach to multi-symptom COVID cases," Dr. Wroten says.

Dr. Wroten collaborates with Eric Wisotzky, MD, head of MNRH's Division of Rehabilitation Medicine, and Kathryn Pellegrino, PA-C, to triage post-COVID patient symptoms, performing a "deep dive" to identify comorbidities and previous illnesses that may contribute to the patient's current condition.

"If there are new complaints or issues, we can do a work-up, and bring in other specialists as needed," Dr. Wroten says. "Along with helping patients manage their recovery, we're also collecting data to get more insights into what's happening, and why."

Since Thanksgiving, the COVID Recovery Clinic has handled more than 100 cases, with shortness of breath, fatigue, and cognitive impairment being the most common complaints. Dr. Wroten has high praise for the "overwhelming support" the clinic has received from other MedStar Health specialists.

"They commit to seeing the post-COVID patients pretty quickly, which is a big help in the recovery process," he says. "Sometimes just being able to reassure the patient that there are solutions to their symptoms is priceless."



Priya Kundra, MD



Michael Wroten, MD

New companionship outside of work: Providers adopt pandemic pets.

With the COVID-19 pandemic past the one-year mark, providers have adopted strategies to deal with the necessary restrictions imposed by the pandemic. But some providers at MedStar Washington Hospital Center have adopted more than strategies—they adopted pets.



Maria Leber's puppy, Rosie Mae.

Maria Leber, PA-C Director of Advanced Practice Providers, Surgery

Leber's 13-year-old Vizsla had died before the pandemic, and the family was anxious to adopt a new Vizsla puppy. "With my husband working from home and homeschooling our two children, it made good sense to move forward with our puppy search," she says.

A Vizsla breeder had an eight-week-old puppy available for adoption at just the right time. The new pup, named Virgilina but called Rosey, arrived at their home last May 10.

"It's been so much positive, fun energy," Leber says. "With extracurricular activities on pause, my kids can get out and walk the dog in nearby Rock Creek Park. It's very beneficial for all of us."



Patrick and Katie Beaudoin with Red.

Katie Beaudoin, AG-ACNP, BC, Chief APP Interventional Cardiology

Beaudoin took pet pandemic adoption to a new level, with a 10-year-old horse. A lifelong rider, she found that quarantine was a perfect time to undertake this challenge. Big Data, his Jockey Club registered name, is now nicknamed Red.

"I got him through an adoption program called 'After the Races,' which is a rehoming program for thoroughbreds after their racing careers are over. This helps them transition to their second career, without the risk of ending up at an auction."

The adoption process was interesting, she notes. "Usually you can go ride a horse first, to see if it's a good fit. Due to the pandemic, we adopted him essentially unseen."

Beaudoin is now training Red for eventing, which is a three-phase competition, including dressage, cross-country, and show jumping. He's making great progress, she reports.

An unexpected benefit has been the stress relief she's experienced during the training process. "He is very sensitive; he picks up everything, so I have to make sure that I don't pass any stress to him," she says. "It's been very therapeutic for me, after long stressful hours at work. I ride at least five days a week. It's been quite the adventure."



Alyssia Bishop's kitten Oya and Siberian husky Faeya at the window.

Alissia Bishop, PA-C Neurosurgery

Bishop found the stars aligned for her to adopt a kitten during the pandemic. Her sister had been "adopted" by a stray cat, and the cat proceeded to deliver three kittens. By the summer, the kittens were ready for homes of their own.

"We have an eight-year-old Husky, Faeya, and had been wanting a kitten for some time to keep him company. With my partner working at home, the opportunity presented itself. Our hearts opened for our new kitten, which we named Oya, who is the goddess of chaos and firestorm. Now the dog is best friends with the new kitten. They sit side-by-side in the window, to watch what's going on outside."

And, her partner's friend adopted Oya's brother. Now the two kittens enjoy weekly play dates.

"It's been wonderful to watch," she concludes. "She's so stinking cute!"



Dr. Damien Smith's cat Sophie, with foster kittens Sama and Luis.

Damien Smith, MD PGY-2, Internal Medicine

Dr. Smith and his wife have two cats of their own, but wanted to help shelter kittens find new homes. "A lot more people are wanting to do that, since the pandemic began," says Dr. Smith, "because they're home more, and they feel more isolated."

Dr. Smith takes one or two kittens at a time from a local shelter, and helps the shelter find forever homes. "The shelter can't keep these kittens in-house due to the pandemic, so they advertise for new owners, and we interview applicants." And, Dr. Smith and his wife have expert assistance. "Our two cats provide lots of help. They're used to having kittens around, so they help socialize them, and teach them how to behave."

Dr. Smith feels he's found the next best thing to keeping the kittens—convincing his fellow residents to adopt them. "When this happens, we know a kitten gets a home, and most people are happier with them in their lives," he notes. "It's a win-win situation."



MedStar Medical Group continues to energize and evolve.

by Richard Goldberg, MD, President.



More than five years ago, as part of the MedStar 2020 strategy, MedStar Health recognized that optimizing the collaborative strength of an integrated MedStar Medical Group would help to propel our growth as a Distributed Care Delivery Network.

MedStar Health articulated four specific goals for our nascent medical group:

- Create an aligned and engaged clinician enterprise to design and implement a system-wide, standardized clinical care delivery model.
- Establish service-line specific practice councils to develop system-wide standardized, evidence-based guidelines for the professional practice of medicine, while providing a voice for physicians and advanced practice clinicians with respect to the practice of medicine in MedStar Health.
- Enhance the practice environment and operations, including practice management, staffing, access to services, and standardized referral processes.
- Standardize clinical care delivery and improve practice management to define MedStar Medical Group's future organizational structure.

It's fair to say that together we have advanced MedStar Medical Group to a place of notable progress in achieving these goals. As such, in July 2020, the organization evolved to require an updated leadership structure that allows MedStar Medical Group to continue to deliver on our overarching goal of becoming a world-class medical group, as befits one that is among the top 15 in size nationally.

As you will see from the graphic, this enhanced structure groups system service lines together into sets. Each set or "pillar" is led by a MedStar Medical Group leadership dyad. These dyads are each composed of a physician and administrator, responsible for managing MedStar Medical

Group's system-wide service lines within their pillar. They work collaboratively with hospital leadership to enhance and support strategic program development in accordance with MedStar's strategic direction.

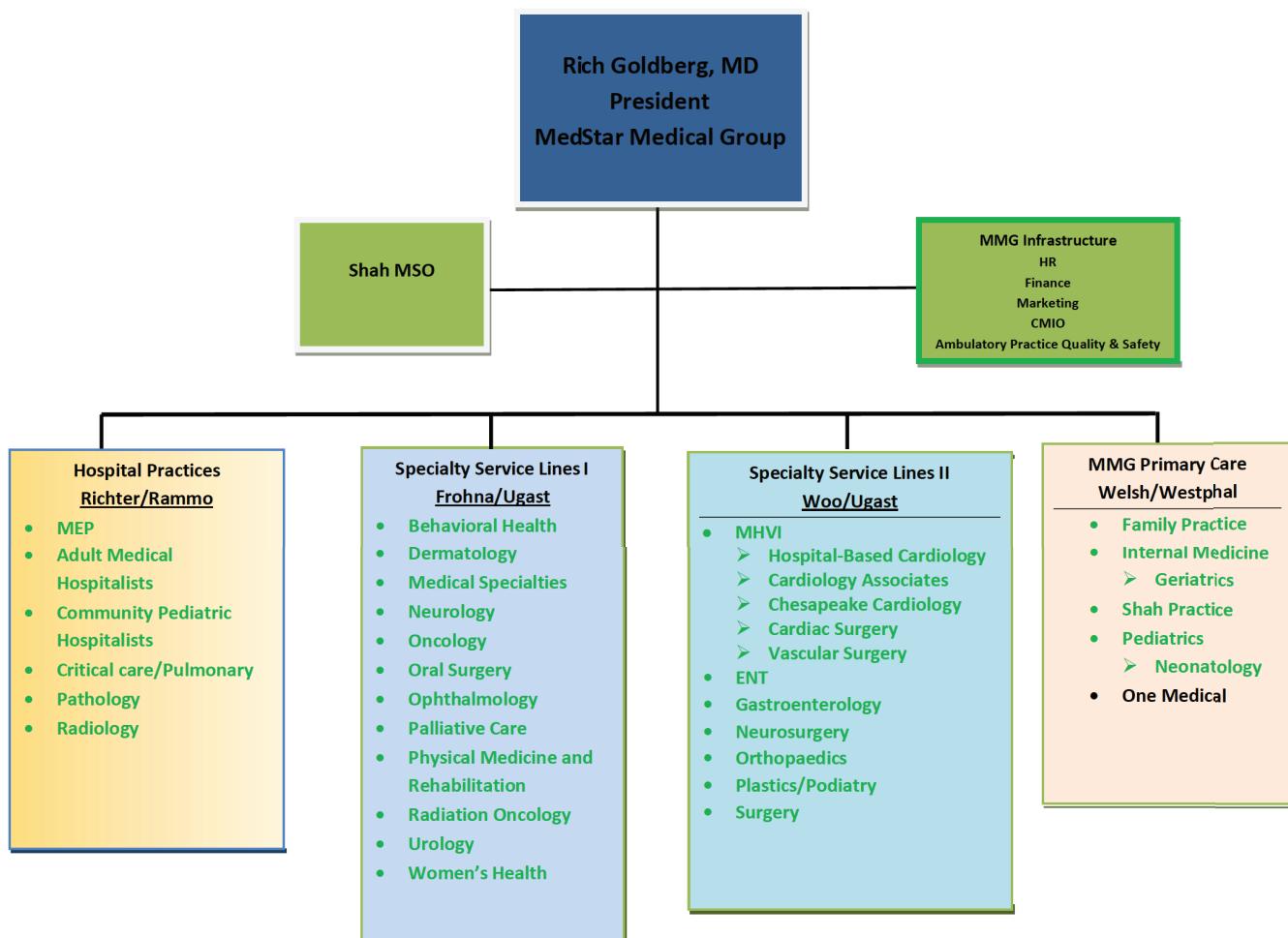
The service line chiefs and their administrators report directly to the dyad leadership of their pillar. The service line chiefs have primary responsibility for physician recruitment, practice financial performance, practice acquisitions, and expansion and growth of their respective service lines. With the support of their dyad leaders, they continue to lead the important work of the clinical practice councils.

We have been actively engaged in these efforts for more than seven months—through the entirety of FY21. This has allowed MedStar Medical Group, hospital, and service line leadership—in an aligned and collaborative fashion—to stay abreast of critical service line developments across the system. It has become the "bones" of MedStar Medical Group, if you will, providing critical infrastructure as we ensure cohesiveness and consistency in our Distributed Care Delivery Network. Along with our clinical practice councils, it also further hardwires the "voice" that our clinicians have in how medicine is practiced in MedStar Health, and provides necessary transparency and accountability in their own performance.

Our other major focus has been bringing MedStar Health physicians and practice-based advanced practice clinicians onto the MedStar Medical Group employment platform. Some have existing contracts assigned to MedStar Medical Group, but eventually all will be on the MedStar Medical Group compensation plans, which creates important consistency across our clinician enterprise.

The evolution of the MedStar Medical Group is energizing, and we have made tremendous progress in the past five years. We are on a trajectory that leads us on the path to becoming a world-class medical group, which has extraordinary significance, for our physicians and APPs in MedStar Medical Group and the communities we are honored to serve.

MedStar Medical Group Organizational Structure (Operations)



*Anesthesiology – Interim report to COO



Richard Goldberg, MD



Bill Frohma, MD



Fadi Rammo



Chris Richter, MD



Joe Ugast



Jim Welsh, MD



Michael Westphal



Edward Woo, MD

Thoughts about COVID-19 from behind a resident's mask.

by Mansi Chaturvedi, MD



As I got ready to leave, after finishing an exhausting ICU shift, a nurse called out: "Hey, the patient in Room 18 might need to be intubated." I went to evaluate the patient, and found him on maximum high flow oxygen, breathing rapidly, trying to catch his breath. I called my attending physician, and we quickly donned our PPE and prepared for intubation. After the intubation, I called the patient's wife to update her, and I heard her voice trembling. While I tried to reassure her, I realized that in reality, the patient's fight with COVID-19 had just begun.

This scenario has repeated itself countless times in the hospitals around the world. We continue to fight the deadliest pandemic of our time without any definitive therapy. It was only after several months that I was able to absorb the profound magnitude of the pandemic and the sense of impending doom it gave me, as if I was a surfer in a vast ocean suddenly aware of a massive wave just beginning to crest behind me. How do I know how deep it will be? Can I survive the current and the undertow? When I think about the magnitude of the pandemic, I feel that the emergencies and eventualities that I have prepared for are trivial in comparison.

As doctors, we pride ourselves in our knowledge, skills, and professionalism. We are often so busy taking care of others that we can miss our own symptoms when they initially arise. In my case, however, COVID-19 presented swiftly like an unexpected whirlwind. I had a high-grade fever and chills. With a sinking feeling in my gut, I hoped for flu, but the physician in me was aware enough to know that I had now become the patient. The medical professional in me began a mental calculation regarding my severity of disease, and likely outcomes, but the 27-year-old woman in me was petrified. My body was fighting a war, a war I had witnessed many others fight during the past few months.

Every day, I struggled to eat, to breathe. Suddenly, I was on the other side of the bed. Although most of my symptoms started improving after a week of illness, it took some time for the post-viral fatigue to resolve. It was then that I realized that the constant fear of spreading the infection, the fear of reinfection, and other disease-related sequelae were having an effect on my mind.

One of the least-addressed issues of this pandemic has been its effect on the mental health of health care workers. Many of us have lost a colleague, a co-worker, or a friend to this horrible disease. Time and again, we have been shocked by the medical trajectories of our COVID-19 patients, losing some of our youngest and healthiest.

As people attempt to return to normalcy, we must reckon with whether this is the new normal. Our initial lack of information about this disease has actually highlighted what a gift it is to have knowledge, science, and insight on our side. With fear and anxiety surrounding us, we have had to relearn the importance of love, friendship, and kindness. So, today, let's make a phone call to our loved ones, let's make sure we tell our colleagues in the hospital that they are doing an amazing job, and let's take a step back to appreciate the effort we have all been making in fighting this disease.

This is the time when we, as healthcare workers, are making a significant difference in peoples' lives, and isn't that why many of us chose to be in this profession in the first place?

Mansi Chaturvedi, MD, PGY-2, is a resident in Internal Medicine.

Gina Heyrana, CRNP.

Chief APP, Cardiac Surgery.



As one of seven children in a close-knit immigrant family, Gina Heyrana, CRNP, values close relationships. That's one reason why, after moving with her family from the Philippines to the Washington, D.C., area in the 1980s, Heyrana says she "fell in love" with the profession of nursing.

"Nursing is all about compassion and care, both for patients and colleagues," explains Heyrana, who had studied medicine before relocating to the U.S. Because much of her training would not transfer to American medical schools, she enrolled in Catholic University's Conway School of Nursing.

"During the height of the AIDS epidemic, student nurses would go to one of the D.C. hospitals to assist the full-time staff," she recalls. "No matter how difficult the task, everyone was eager to pitch in and help."

Joining MedStar Washington Hospital Center in 1991, Heyrana first worked on the Cardiac Step-Down Unit, before moving to the department's surgical ICU. She credits

the staff's senior Nurse Practitioners for providing inspiration and encouragement to continue her training, which she completed with an NP certification in 1997.

"When I finished, I think they were as happy as I was," she says with a laugh.

The autonomy that comes with being an APP in the ICU complements Heyrana's enjoyment of cardiac care, which brings her full circle to her original interest in medicine, helping patients through the healing process, so they can renew their lives. While she now serves as Chief APP for Cardiac Surgery, Heyrana nevertheless considers herself part of an experienced, mutually-supportive team.

"It's a tough job, but knowing that someone is there to support you makes it easier," she says. "We always make sure to check in on each other's personal needs and feelings."

That spirit was critical to the Hospital Center's coronavirus response, as Heyrana fielded many requests from other services to assist with testing, night shifts, and other responsibilities.

"There were concerns about potential exposure, but we also wanted to be fair and do our part," she says. "Along with filling every request, we also shared information about how different services conducted processes, like patient notes. That helped our NPs get up to speed quickly, and give us ideas for improving our own practices."

The pandemic has also brought changes to Heyrana's home life in Alexandria, where she lives with her daughter, who works as a Speech-Language Pathologist, and her 96-year-old mother. Heyrana's other siblings all live close by.

"On Sundays in the pre-pandemic days, my house was 'Grand Central Station,' as one family member after another would come by to see Mom," Heyrana says. "Obviously, we're being careful now, but we all stay in touch, and are ready to help each other, if needed."

Shirley Chen, DPM.

Podiatric Surgery.

Well before Shirley Chen, DPM, pursued her surgical specialty, she understood the anatomy of the foot. She knew, intimately, how those ligaments, joints, muscles, and bones worked together, and how they could spell prowess, but also pain. She knew, for instance, that an injury, even a small one, could derail an entire career.

Dr. Chen spent her formative years training in classical ballet, with a pre-professional dance company. Each day, she'd engage in a daily ritual of care and maintenance, preparing her feet, then carefully lacing the ribbons of her pointe shoes. She knew well the wincing that came from sore toes after hours of practice. She also observed the devastation that a ballerina felt, when this part of her body had somehow betrayed her.

"It scared me," says Dr. Chen, who now serves as chief resident for Podiatric Surgery at MedStar Washington Hospital Center. "I saw how a small injury could end the career you'd worked toward your whole life."

Dr. Chen didn't dream of being a company ballerina. "It was something I really enjoyed, but I knew it wasn't going to be my career." While peers diverged toward a professional track, Dr. Chen slowly stepped back. By the time she

attended college at Indiana University in Bloomington, she decided to minor in dance, but found that her true passion was medicine.

While a medical student, Dr. Chen shadowed a podiatrist working with the Joffrey Ballet School. She felt at home, but while her front-row seat to athletic injuries drew her to podiatry, Dr. Chen has found other emerging interests while in residency, including a passion for reconstructive surgery. Next year, she'll pursue a fellowship at the Silicon Valley Reconstructive Foot and Ankle Fellowship—Palo Alto Medical Foundation.

"In a lot of sports, as in ballet, you avoid surgery and provide more conservative care," Dr. Chen explains. "They want you to get back to normal as soon as possible. But with surgery, we have the opportunity to directly correct the problem. I like the challenge of being able to identify a problem, and use my hands to actually fix it."

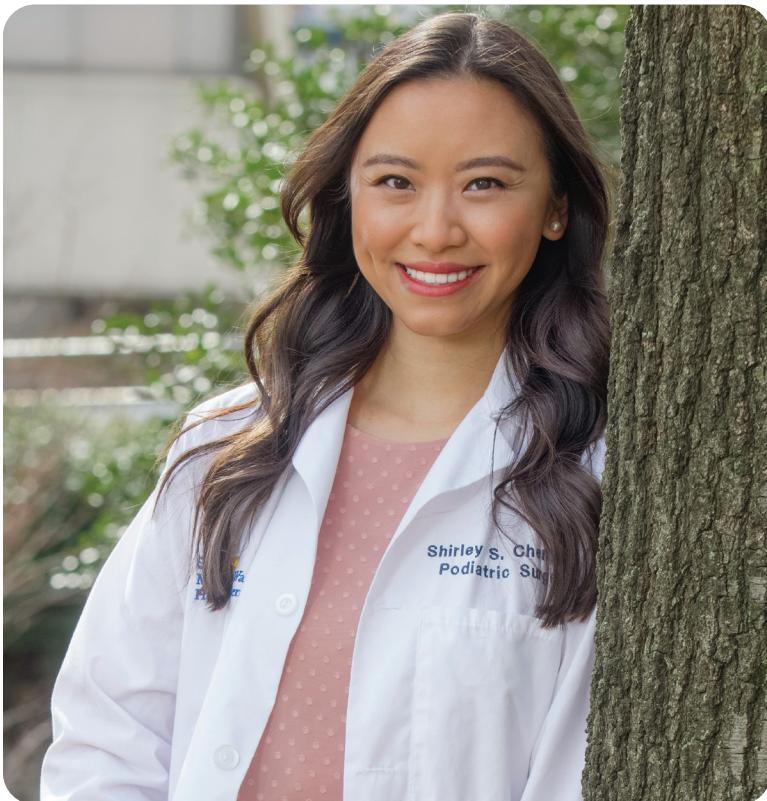
The geographic move is also a big one for Dr. Chen, who, prior to joining the residency program, had lived in the Midwest all her life.

Dr. Chen is clear-eyed about the unique challenge of being a leader in a residency program, amid the pandemic—especially given elective surgeries, the bedrock of their typical training, were sidelined for much of the year.

"People were upset with things beyond their control," says Dr. Chen. "But the experience really taught me to keep morale up, even when times are trying. I'm proud that I could be a good role model and leader to my group, and keep their ambition high."

Now, as Dr. Chen looks ahead to her next steps in podiatric surgery, the lessons she learned as a ballerina stay with her. "Both take a lot of hard work, and little details make a big difference," she notes. "Classical ballet is designed to make everything look easy, but in reality, it is practice and dedication to fine movements that makes it look so flawless."

Similarly, she knows it will take her years of training and refinement to hone those fine movements of a master surgeon. But, she says, she's excited to get to work.



Scott Shepperd, MD, and Gillian Southwell, MD.

Hospital Medicine.



Scott Shepperd, MD, and Gillian Southwell, MD, have a working relationship dating back two decades. Long before the pair became co-directors of Hospital Medicine for MedStar Washington Hospital Center, they crossed paths during Dr. Southwell's residency, which was also at MedStar Washington.

Dr. Southwell tells the story of their first encounter, when Dr. Shepperd briefly served as Dr. Southwell's attending physician. "Dr. Shepperd tells people that he walked into a room of residents and asked us a question," Dr. Southwell recalls. "Apparently, I answered it right away."

Her response must have inspired confidence, because Dr. Shepperd told the group, simply: "I'm just going to leave that one alone."

"And he did!" Dr. Southwell laughs.

Dr. Southwell and Dr. Shepperd lead a group of hospitalists that has grown from a handful of providers to a team that at any given time, interfaces with one-third or more of the hospital's patients.

"We share the same brain, when it comes to our thoughts about the service," says Dr. Shepperd.

For Dr. Southwell, sharing one mind affords a clarity of vision and consistent messaging of that vision. "We can operate on two separate floors or two separate weeks, and still give the same message," she says. "Our priority is building this robust program, with a dedicated group of providers who are happy, who provide great care, and fulfill the needs of the hospital."

That balance has guided the department's growth trajectory, a scaling-up that has consistently been guided by two core pillars: quality and efficiency. "It's my mantra," says Dr. Shepperd. "All patients should expect high quality, but they don't necessarily know it's going to be efficient," he says.

"When we do it right, we deliver old-fashioned medicine, in a state-of-the-art way," Dr. Shepperd adds, likening each team member to an investigator. "We crack the case in an efficient way." He recalled a time when the team diagnosed a case of neuropsychiatric lupus, while the patient was still in the emergency room. "The patient had been to three other hospitals first," he notes.

Beyond the "what" of the team's goals, Dr. Shepperd finds a common bond in the "why" he and Dr. Southwell are

hospitalists. At the start of the global pandemic, he heard national stories about doctors refusing to come to work. He recalls thinking, "'This is why you train to be a doctor.' And Dr. Southwell said the same thing."

"I'm very proud of our team," Dr. Shepperd says of the care provided during the past year. "They did an outstanding job, in a tough situation. You don't know how someone will perform in this situation; it's up to each team member to stand and deliver."

Dr. Shepperd has been part of the Hospital Medicine team since the early 1990s, when he was one of three hospitalists. When he's asked why he's never left, he replies, "I'm on top of the mountain, and it has everything you need: technology, consulting services, and the capability to manage patients, in the best facility in the tri-state area."

After residency, Dr. Southwell spent nine years with another healthcare system before returning to MedStar Washington. She says that there is no role more fulfilling. "It is an exceedingly hard job, but I prefer the pace," she says. "I would leave administrative duties to go see patients on any day of the week. I still enjoy patient care, even after all these years."

When Dr. Southwell returned to Hospital Center in 2007, there were eight hospitalists. Twelve years later, the team is slated to reach 45 physicians and two dozen Advanced Practice Providers. "It's a massive group," Dr. Southwell says. "A big part is setting and managing expectations for the team. When you're honest with people about your expectations, they can agree with your vision," she says. "The rest falls into line."



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News for the medical & dental staff, residents, and fellows
at MedStar Washington Hospital Center.

Physician's Perspective

From the desk of Kenneth Burman, MD.

Section Director, Endocrinology.



MedStar Washington Hospital Center has a world-class program in endocrinology, with respected leaders in every area of practice. Our specialties include diseases of the thyroid, parathyroid, pituitary, and adrenal glands, reproductive organs, and neuroendocrine tumors.

What makes us stand out is our comprehensive, multidisciplinary approach to patient care. We have seven full-time endocrinologists on our staff, each with a sub-specialty in a specific area. We also work closely with our colleagues at MedStar Georgetown University Hospital, giving us a multi-institutional approach.

The way we manage thyroid disease shows our approach to patient care. We see more than 900 thyroid patients each year, for evaluation and treatment of thyroid nodules and thyroid cancer. An interdisciplinary team meets once a week to discuss cases and plan optimal treatment.

For evaluation, an interventional radiologist performs an ultrasound-assisted biopsy, with a pathologist in the room to ensure that we collect a top-quality specimen. When a cancer diagnosis is confirmed, staging with PET, CT, ultrasound, and nuclear medicine determines the spread of the disease. Then the team devises a treatment plan, which can include

surgery, radioactive iodine therapy, external radiation, or chemotherapy.

Our surgeons are among the best in the country. Dosimetry allows nuclear medicine physicians to administer the most appropriate dose of radioactive iodine therapy for each patient. Washington Cancer Institute offers the latest advances in chemotherapy and radiation therapy.

Our molecular genetics program determines which patients have a genetic basis for their tumor, so in some cases (e.g., medullary thyroid cancer), we can identify future thyroid patients before their cancers have taken hold. Different thyroid cancer patients may have a specific mutation that allows us to target treatment and improve their long-term prognosis.

The MedStar-wide Tumor Registry tracks thyroid cancer patients, and continually allows us to improve our practices. We host regular conferences for local and regional physicians. For Graduate Medical Education, we accept two new endocrinology fellows every year into our highly competitive program.

Research is another mainstay of our program. We continually are working on our clinical protocols, informed by ongoing basic and translational research. We are committed to offering each patient the best care anywhere.

For any questions, or to refer your patients, please contact us at 202-877-2300.