

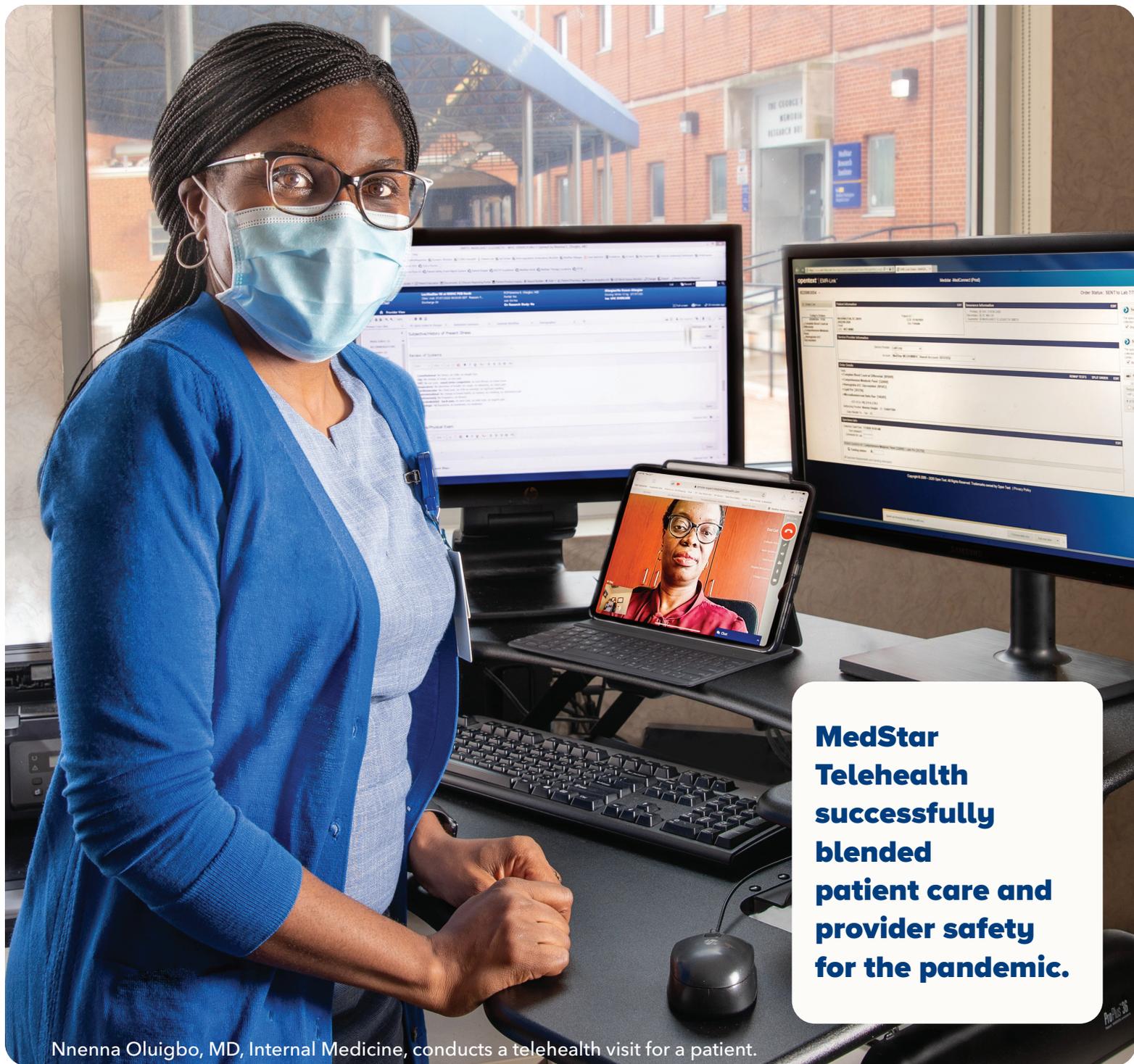


MedStar Health

Connections

July/August 2020
Vol. 26, No. 4

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



**MedStar
Telehealth
successfully
blended
patient care and
provider safety
for the pandemic.**

Nnenna Oluigbo, MD, Internal Medicine, conducts a telehealth visit for a patient.

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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 FALL 2020

GASTRIC AND SOFT TISSUE NEOPLASMS 2020

September 26 - Virtual conference with live speakers and Q&A

Course Directors: Waddah B. Al-Refaie, MD, FACS; Nadim G.

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MedStar associates use promotion code "GSMC" to attend complimentary.

This annual educational symposium is proud to update our medical community on the state-of-the-art care of gastric cancer and gastrointestinal stromal tumors, while focusing on the importance of a multidisciplinary approach to the diagnosis and treatment of these rare and complicated disease entities. National and international renowned and distinguished faculty, including those from MedStar Health and MedStar Georgetown Cancer Institute will discuss the significant roles of evolving new diagnostic modalities, immune, regional, and molecular targeted therapies, the use of organ-sparing surgery, and the use of state-of-the-art radiotherapeutics in these rare and complex cancers. This symposium will also highlight evolving role of palliative surgery for advanced gastric cancer. Finally, this symposium will host a case presentation panel to shed light on the controversies around the management of gastroesophageal cancers.

UPCOMING CONFERENCES

MedStar Heart Failure Summit

October 24 - Virtual conference with live speakers and Q&A

Course Directors: Mark Hofmeyer, MD; Samer Najjar, MD

Scary Cases in Endocrine Surgery

October 29 - Virtual conference with live speakers and Q&A

Course Director: Jennifer Rosen, MD

Melanoma & Other Skin Cancers: Biology and Patient Management 2020

November 7 - Virtual conference with live speakers and Q&A

Course Directors: Michael B. Atkins, MD; Waddah B. Al-Refaie, MD; Geoffrey T. Gibney, MD; Vesna Petronic-Rosic, MD, MSc, MBA

Diabetic Limb Salvage (DLS 2021)

April 8-10 - JW Marriott, Washington, D.C.

Course Directors: Christopher Attinger, MD; John Steinberg, DPM

Abdominal Wall Reconstruction (AWR 2021)

June 10-12 - Mandarin Oriental, Washington, D.C.

Conference Chair: Parag Bhanot, MD

MedStar associates may attend for \$100 using the code: AWRMS

For more information regarding MedStar Health conferences, please visit MedStar.Cloud-CME.com.

The crystal ball for FY 21 may be cloudy, but our vision is clear.



Jeffrey S. Dubin, MD

Our top priority has always been safety for all of us, and safety for our patients. When the pandemic began, safety was the reason we went to a “no visitors” policy, with only a few visitor exceptions.

All the changes we’ve made during the pandemic haven’t changed this fact: I’m proud and grateful for the way that members of our Medical & Dental Staff have demonstrated leadership

and strategic execution of patient care, during what has been a unique and unprecedented time in medicine.

In the past several months, we’ve all experienced professional and personal challenges. Our response to COVID-19 demonstrated how we could transform the high-quality care we always provide, to successfully conquer some career-defining moments. We focused on what happened, what could be, and how the next day could be better.

We may now have different lives compared to one year ago, but we know what’s important for our One Team approach to serving our community, and to moving forward.

Emergency preparedness

During this first quarter of FY21, COVID hasn’t gone away, and we are planning for any potential cycles of spikes in illness. We are continuing to pay close attention to what’s going on in the region as well as in the rest of the country. Throughout MedStar Health, there is COVID-related research taking place, with the goal of developing new ways to treat COVID patients who are hospitalized.

Procedures and surgeries

As you’ll see on the back cover of this issue of *Connections*, we strategically planned for a safe resumption of elective procedures and surgeries, which are now underway. We appreciate the understanding and support we received during the “no elective surgery” time from our patients, their families, and our referring physicians, as this “no elective” time helped us keep everyone safe, and provided capacity to care for the unexpected influx of COVID-19 patients.

Outpatient visits

Waiting rooms in outpatient clinics have fewer chairs, to accommodate physical distancing. Patients and our teams are masked, and wait time are minimized. Extensive cleaning takes place between each scheduled visit, and fewer appointments are available.

Telehealth

As you’ll note in our cover story, telehealth visits are now part of the daily routine for many providers. Telehealth has allowed us to see our patients when it’s most convenient for them, and if the patient allows it, we can include family members on the visit. We thank and congratulate the MedStar telehealth team, for successfully increasing the e-visit platform throughout MedStar, and we thank our providers, who quickly adapted to a new way of providing excellent patient care.

Virtual hospital and MedStar systemwide meetings

Many of us are now attend large group meetings via video or phone, and that will continue. We’ll see more virtual meetings for case discussions, tumor boards, journal clubs, M&Ms, and meetings across MedStar entities. We’ll ensure these meetings remain HIPAA-compliant.

Continuing education/national meetings

You may now attend professional national meetings in your house, via computer or phone. For some providers, not traveling could prove to be a benefit, providing more opportunities to present or participate, as it’s not always been convenient to travel.

Graduate Medical Education

We have always been an excellent teaching hospital, which will continue through MedStar Health’s GME program. This year, all programs throughout the country will use virtual recruitment, one more use for video conferencing. It will be a new way to determine which of the best and brightest will join us as residents in 2021.

We are transitioning to different types of care for our patients, but we know that care remains the highest quality, safest care in our region. Thank you for your One Team approach, not just during the pandemic, but every day.

Jeffrey S. Dubin, MD, MBA, is senior vice president, Medical Affairs & Chief Medical Officer at MedStar Washington Hospital Center. Contact him at jeffrey.s.dubin@medstar.net.

MedStar Telehealth successfully blended patient care and provider safety for the pandemic.



Ethan Booker, MD, and Dave Brennan showcase the technology and equipment that helped power MedStar's telehealth platform, with Mark Smith, MD, and Bill Sheahan on their monitors.

As the COVID-19 outbreak gripped the region, “when” became “now” for MedStar Telehealth.

Patients increasingly canceled or postponed office visits with their healthcare providers, and providers worried about becoming a disease vector themselves, and how isolation might put many patients' health at risk.

Addressing these realities required ramping up and efficiently deploying a new telehealth platform to meet the needs of all clinical services simultaneously, compressing months, even years of planning and refinement into a matter of days—five days, to be precise.

By mid-March, less than two weeks from initial government shelter-in-place directives, the critical patient-provider connection for scheduled visits had been re-established through a new and fully scaled telehealth platform: MedStar Health Video Visits.

“We were driven by a set of urgent priorities related to the public health emergency,” says Ethan Booker, MD, medical director of the MedStar Telehealth Innovation Center (MTIC) and an Emergency Medicine physician at MedStar Washington Hospital Center. “Where our historical focus may have been on gradually improving the efficiency and experience of healthcare delivery using telehealth technology, COVID-19 brought unprecedented demand from both patients and providers, to rapidly adopt telehealth into the care model.”

By mid-April, clinicians across MedStar Health were routinely conducting more than 4,500 telehealth encounters per day, the majority of which represented scheduled, ongoing care between patients and their primary care or specialist providers. The remainder were on-demand, urgent care telehealth visits between patients and MedStar providers via MedStar eVisit, along with a range of inpatient telehealth options—including connecting patients with family members.

MedStar Washington Hospital Center's Nnenna Oluigbo, MD, Internal Medicine, was one of the



Nnenna Oluigbo, MD



MI2 colleagues worked during the initial days of redeployment in mid-March, to ramp up MedStar telehealth. This photo was taken prior to the workplace requirement for proper PPE and physical distancing. All patients and providers are expected to follow the current MedStar Health guidelines for safety. Learn more at [MedStarHealth.org/Safe](https://www.medstarhealth.org/Safe).

providers who continued routine telehealth visits with her patients as the shelter-in-place was underway. She says telehealth has been good for her and her patients.

“Telehealth provided a way for us to see patients who were afraid to come to the hospital, or who didn’t have ready transportation available to get to an in-person visit,” she states. “We can see patients in their home environments, adding a wonderful dimension to our relationship. They can hold their medication bottles to the screen if they’re unsure of the name of a drug, or if a drug was prescribed by a non-MedStar physician.”

“We can also see patients at work, during their lunch breaks,” she adds. “I had one visit with a patient in his parked car, right before he went in to the office, because that was the time that worked best for him.”

Dr. Oluigbo found that most patients welcomed the telehealth platform. “Patients go straight to the reason they wanted to speak to me; they describe their concerns and what they’re thinking. For patients with complex medical issues, I will ask them to follow-up with an in-person visit, but with the information from the telehealth visit, we both know what’s currently going on with the patient.”

MedStar Washington Hospital Center has long demonstrated the power and practice of delivering care and consultations by video. More than a decade ago, Hospital Center providers were using telestroke to distribute critical expertise across our system. Teletriage was then



Rahul Bhat, MD

used to advance and expedite care within our emergency department.

Rahul Bhat, MD, Emergency Medicine, was one of the early adopters for teletriage.

“The idea was to create a service to see patients in rapid succession, in consultation with the ED and MedStar urgent care sites. It took a little time to get used to; the learning curve involved

multi-tasking with several screens, so we could add notes in addition to seeing the patient and speaking to the patient.”

“What we found,” Dr. Bhat reports, “is that our care team was ready to adapt to the new technology, and our patients didn’t have a negative reaction to it. We explained to the patient that while we were talking to them on screen, we were helping them by getting their work-ups started. The word that many of them used was ‘cool.’”

The centralized effort to accelerate telehealth’s deployment during and prior to COVID-19 was driven by the MedStar Institute for Innovation (MI2).

“We had long thought that telehealth was the future—as far back as 2011—but we realized it needed to have a dedicated

continued on next page



MI2's Dave Brennan and Dr. Ethan Booker utilized the telehealth platform, to meet virtually with the rest of the COVID-19 MI2 response team.

and designated home within MedStar Health to really succeed," says Mark Smith, MD, MedStar Chief Innovation Officer and director of MI2. In its first six years of this work, MI2 drove many smaller scale telehealth initiatives, until MTIC was designated in 2017 by MedStar Health President & Chief Executive Officer Ken Samet, FACHE, to provide a centralized, adaptable infrastructure for telehealth that aimed for system scale.

"Telehealth is more than just technology; it's become a big part of how we treat people," says MedStar Health Vice President Bill Sheahan, who leads both MTIC and the MedStar Simulation Training & Education Lab (SiTEL). "To that end, it must be woven into the fabric of what we do every day, including administrative workflows, documentation, billing and overall patient/provider experience." It's also why telehealth was built as a distributed expertise, and with a strong technology infrastructure serviced by a few core vendor partners for the majority of telehealth use-cases.

David Brennan, MTIC's director of Telehealth Initiatives and MI2's first telehealth expert, adds, "COVID-19 was a 'perfect storm' and the way we had been developing our telehealth foundation made us ready to respond. Our telehealth platforms were already cleared by security and were in use across the system. We had built relationships with key administrative areas during pilots and existing operations, and these subject matter experts were ready to help us quickly scale across inpatient and ambulatory care spaces."

The all-out effort required redeploying dozens of associates from across MI2 and the MedStar system to telehealth operations, and addressing administrative, technical, and application challenges so that frontline providers and their

support staff would feel comfortable with the technology from the outset. As examples, MedStar SiTEL experts quickly developed online education and job aids to familiarize users with the system. A new telehealth support center was also built from the ground up, providing phone and email support to patients and providers seven days a week.

By mid-May, telehealth accounted for approximately half of MedStar Health's primary care visits, and while that percentage has decreased as Washington, D.C. reopened, it is stabilizing at levels, 25 to 30 percent, that had been the goal set for 2025.

"Our clinicians have shown incredible resilience in embracing telehealth," Sheahan said. "So have our patients, who have given both our providers and platform near-perfect scores in more than 75,000 online survey responses."



Kristen Dixon, PA-C

With telehealth firmly in place, providers on the front line are taking advantage of it in ways they didn't expect. Advanced Practice Provider Kristen Dixon, PA-C, Critical Care Medicine, says using telehealth is now part of her workday.

"I can give the family a medical update, and then ask if the family would like to video chat. Most say they want to see their patient, even

if the patient is in the ICU and not able to speak. When APPs and RNs are in the room with the patient, we can use the telehealth platform to hold our tablets, and let the family see the care that is being provided. For those patients on a medical/surgical unit who can speak to their families, we're hearing that their anxiety is so much less."

Utilizing telehealth during the pandemic has been a great support for patients, families, and caregivers, says Dixon. "I've been on the family side of a critical medical situation, and not being able to provide bedside support is difficult. But being able to see the patient, and talk to him or her if possible, is crucial to helping during an emotional situation."

Dixon remembers one ICU patient who was not able to speak to his family. "He eventually died from COVID-19, but before that happened, I sat by his bedside with my tablet, so his wife could talk to him. She talked and cried for half an hour, and said she was grateful that she was able to see him, while he was still alive."

"The COVID-19 outbreak proved the wisdom of MedStar's systems approach to telehealth," Dr. Smith added. "The entire MedStar Health team embraced new paradigms of care and deserves all the credit for making the possible real."

COVID-19: Providers are part of the story.

by Sarfraz Durrani, MD, Electrophysiology



Dr. Durrani is pictured at his redeployment assignment.

I began my medical career in Kashmir in the early 1990s, during the civil unrest in that state. At the time, there were daily pitched battles in the streets of the capital city of Srinagar, and we received casualties in the ED, sometimes even in the middle of the night. It was a harrowing time, and we lost a lot of our patients. We ran out of medications and operated with search lights. Just going to the hospital and returning home was fraught with danger. From that experience, I learned to control my fears, and focus entirely on taking care of my patients.

Since that time, I have lived through the AIDS crises in New York during my residency, worked in refugee camps during the war in Albania, trained doctors in remote places like Tanzania and back home in Kashmir. I have climbed tall mountains and hiked treacherous trails. I was certain nothing I do now in my work would ever faze me.

The day I volunteered to take care of the COVID-19 patients, I thought I was emotionally prepared for anything I might encounter. I had first taken care of my home responsibilities. My 87-year-old father is living with us: He was visiting from India and has been stuck here for the last few months. To protect him and the rest of my family, I moved into our basement, to minimize everyone's exposure, in case I contracted the disease. I felt ready to spend a week on a med/surg COVID or non-COVID unit.

But this work was like nothing I have ever experienced—more emotionally challenging, more frightening. As physicians we learn to deal with our insecurities—and mask fear. Appearing fearless is simply part of our profession. But in this pandemic, we providers are part of the story, and I found I was monitoring myself for symptoms as closely as I was monitoring my patients.

During the last three decades as a physician, I have seen some patients who are relaxed, some are resigned, and others scared. Usually, I walk into their rooms, confident that I can reassure them. But this is the first time I saw fear in my patient's eyes, and I hoped they did not see the same in mine.

I wanted to give these patients the sense of calm that they deserved, and it didn't take long for me to become relaxed and my own fears to slip away. But I also let down my guard, and soon realized that this also led to carelessness. I made mistakes in my protocol to gown/glove and to deglove.

When one of the patients required a rapid response, I could see how my carefully thought-out ritual of self-preservation could quickly spiral out of control, and into chaos. Then I saw this amazing team fly into action. They had always been there, dealing with these situations all along. Everyone was calm and focused, and the situation was managed, and chaos reigned in.

I learned a lot in just a few days about medicine and about humanity as I covered the COVID-19 floor. I am sure we are all reflecting on this and more, and learning something new about both.

I can't stress enough how impressed I was by the nurses, technicians, hospitalists, NPs, cleaning crews, and techs who continue to work with the COVID-19 patients. They will be doing this day after day, long after we, the temps, are gone. They are the real fearless heroes, and deserve a medal for putting their lives on the line every day. Meanwhile, the fight goes on.

A physician reports on his first-hand hospital experience with COVID-19.



During his first day home after discharge, Dr. Garcia enjoyed a moment with his children, Catherine and Charlotte.

The way I now look at life, is that I'm lucky to be here. I spend as much time as I can with my wife, my kids, and my friends. The day I came home from the hospital was one of the happiest days of my life. I was weak and I had lost 15 pounds, but I hugged my girls and wife. They are precious to me, and I want to be around for as long as I can.

Both my wife and I contracted COVID-19. She is an Intensive Care Unit nurse, and we both started having symptoms on the same day. With us both working in the hospital and in close contact with numerous patients, it's likely we contracted COVID-19 through patient care.

My wife and I started having symptoms on March 22. Initially, we had fevers, body aches, and headaches. The next day, she was having trouble breathing, so we both went to the emergency room to get evaluated and tested. We were discharged home and then quarantined, while we waited for the results. I rested and took acetaminophen, and my wife and I took turns caring for our two girls, ages three and five. I knew something was wrong, though, and I thought it was very likely that I had contracted COVID-19.

Later that week, I started having a cough and difficulty breathing. With my shortness of breath and worsening

"The day I came home from the hospital was one of the happiest days of my life.

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symptoms, we went back to the hospital to be evaluated. I waited in the car with my mask on and with the kids, while she went to the clinic. That's when I really started having breathing problems. When she came back to the car, I went into the clinic. They put a pulse oximeter on me, and my oxygen saturation was in the 80s. They immediately sent me to the Emergency Department, and a chest X-ray showed I had infiltrates. I called my wife, and told her they were admitting me to the Medical Intensive Care Unit (MICU).

I spent five days in the MICU. My symptoms got worse on the second or third day. I remember my breathing was shallow, and I was taking 30 to 40 breaths a minute. No matter how hard I tried, I just couldn't take a deep breath. I remember I had a coughing attack once, and my vitals were terrible. My blood pressure was low, and I was tachycardic. I was on five or six liters of oxygen, just to maintain saturation above 90.

They took another chest X-ray, which showed worsening infiltrates. The patient next door to me was intubated, and I was worried I would be next. The whole time, I just tried to relax. Anything I did would tire me out; I couldn't talk. Even just talking took my breath away. My body was so weak, and I had no reserve. It really felt like a truck had hit me.

The nurses and doctors were great. The whole unit was a negative pressure unit. There were no visitors allowed, but I could face time with my wife and kids. I would just smile and wave, as I really was too weak to talk. My Dad would call from the Philippines and speak to a nurse on the unit every day. He was really worried about me.

The medical team had me lie prone, which really helped my breathing. On the fourth day, I finally started feeling better. On the fifth day, I was no longer using supplemental oxygen, and I was transferred to the floor. On day seven, I was able to finally be discharged home and hug my family.

My wife recovered without needing hospitalization, and luckily, neither of my kids got sick. I took it easy when I got home, before I thought about returning to work. The Occupational Health department was really good about making sure I was cleared to return to work. People really don't realize the amazing work nurses, respiratory therapists, and the whole medical team does, in order to care for one person. They truly are the front lines.

I am 48 years old. My wife is younger than I am. I play basketball, golf, and consider myself very healthy.

When I was a child, I had very mild asthma, but never used inhalers. I have no other underlying medical issues. This virus can spread easily, and it does not discriminate. Since my wife and I both work in health care, we understand there are risks, and there are things we have to do to care for our patients.

I do think about the future, and wonder if this virus will come back worse. I think COVID-19 is going to change the way we practice medicine, and it's going to change the way we live. But change can also be good. I think telemedicine will improve health care. In my field, I have a lot of patients for whom it can be difficult to come into a clinic, but they would be receptive to phone call or video chats.

I am back to work, and I do feel fine. I have a lot of goals I want to accomplish career-wise but being with family is most important. Going forward, I'm trying to spend as much time with those who matter to me, and I'm focused on making the most of it. I'm happy and blessed to be here.

Jesse Garcia, MD, is director of Vascular Access Surgery for MedStar Heart & Vascular Institute. His wife, Susan Garcia, RN, is a nurse in the Burn Center at MedStar Washington Hospital Center.

Taken pre-COVID, Dr. Garcia's family got together for a vacation. Pictured (L-R) are Jorge Garcia, MD, Dr. Garcia's father and former MWHC cardiac surgeon; Cora Garcia, Dr. Garcia's mother; Dr. Garcia; Dr. Garcia's wife, Susan; Linda Walker, Susan's sister; Chong Walker, Susan's mom; and daughters Catherine and Charlotte.



A successful delivery of our first COVID-19 positive mother.

by Sara N. Iqbal, MD, FACOG



MedStar Washington Hospital Center had the first published U.S. case of an uncomplicated vaginal delivery of a patient with COVID-19 in The New England Journal of Medicine. During that delivery, we learned that coordination of care and preparing for multiple possible scenarios is crucial. It is important to limit exposure to the same providers, provide some communication via telephone if appropriate, and allow proper time to safely don and doff PPE. It is also important to recognize the anxiety among providers and that maintaining open communication with the hospital and department leadership is helpful to ease fears. We must be aware of and address patient's fears and anxieties, especially since the patient is alone during this time.

We would like to thank the OB generalists, neonatologists, anesthesiologists, internal medicine, and infectious disease providers, who all contributed immensely to the healthy outcome for this mother and baby.

The 34-year-old woman presented in mid-March with upper respiratory tract symptoms, which included fever, chills, a dry cough, muscle aches and pains, and decreased fetal movements.

When she arrived at the Labor & Delivery triage unit, she was placed on droplet and contact precautions, and was given a surgical mask. All providers who treated her wore personal protective equipment (PPE), and after a brief evaluation by the Obstetrics & Gynecology team, she was transferred to the Emergency Department for further evaluation.

Given that the patient was c/o URI, our first thought was COVID-19 as a differential diagnosis, and given decreased fetal movements, we used OB ultrasound to confirm fetal well-being.

The ED evaluation included a nasopharyngeal swab for flu, a respiratory viral panel, a COVID-19 test, and a chest X-ray. She was considered a patient under investigation, and once we established a reassuring fetal status, we wanted to separate her from other patients on the L&D unit. A multidisciplinary team of providers coordinated her care.

The team acted quickly, to set up a private regular room off the L&D unit that was close to the OR. Anyone who entered the patient's room was required to first sign their name on a sign-in sheet, and only providers who had already been exposed were permitted to go in.

When the patient was in active labor, some of the furniture had to be re-arranged to make more space, as we knew we needed four providers, two nurses and two obstetricians, to be there. Thinking of the time it took to properly don and doff PPE, at 9 cm cervical dilation, the OB provider decided to stay in the room. In the event of a postpartum hemorrhage, we had medications immediately available, and a nurse waited outside the room, to be our "runner" if we needed one. As the patient began to push, all necessary staff had properly donned PPE. The NICU staff set up another room for the neonate.

The patient had an uncomplicated vaginal delivery and had a quick glance at her baby before they were separated. During the postpartum period, contact with the patient was minimized, and at times involved speaking to her on the phone. The newborn tested negative for COVID at 24 and 48 hours, and never developed fever or any other symptoms. The patient became asymptomatic, with no more fevers and only a mild, dry cough. She was discharged home with the baby, and all providers who cared for her remained healthy. The neonatologists assisted in discharge planning and education, to ensure safe practices at home to limit exposure between the mother and her newborn.

Sara N. Iqbal MD, FACOG, is the MFM Division Chief and Program Director for the Maternal Fetal Medicine Fellowship & MFM/Genetics Fellowship at MedStar Washington Hospital Center. She also serves as an Associate Professor, Department of Obstetrics & Gynecology, at the Georgetown University School of Medicine.

Coping with the emotional fallout of COVID-19.

MedStar Washington Hospital Center's life as a major regional referral center means the hospital has weathered several difficult disasters during its history. But emotional reaction to disaster cannot be easily shaped into a strategy, and the COVID-19 pandemic presents some unique challenges, with the potential to tax even the most prepared team.



Elspeth Cameron Ritchie, MD

"I've seen a phased-in reaction," says Elspeth Cameron Ritchie, MD, chair, Psychiatry. "We knew it was coming, and there was anxiety as we anticipated the onslaught of patients; also some denial about the nature of this particular disaster."

When patients began arriving, staff anxiety was tempered with the ritual of care delivery. "Experience takes over, and we

do the jobs we are trained to do," she adds. "Many of us have been through other disasters, such as 9-11 and mass shootings. A number of us have served in the military, too," notes Dr. Ritchie.

But the uncertainty of COVID-19 and the risk of infection puts special pressures on providers and their teams. "Exhaustion and anger can bubble up," she says. "We all face the stress that everyone faces—economic fallout, family and childcare issues. We may experience grief about patients, perhaps of family. There is also anticipatory grief, as we worry about the losses that may come."

"The positive side is that most of us here have jobs and a sense of purpose. Sooner or later, many of us will experience the emotional effects of this pandemic. How we react is very individualized; for some, it may have a long-term impact on health."

First steps? Acknowledge sadness, depression, anger, "and seek help," she adds. "Some could experience PTSD—which often coexists with depression, but can include severe anxiety, flashbacks, and hypervigilance, and is more likely to persist and impair one's ability to function day-to-day."

Dr. Ritchie says treatment falls into three buckets: medication, various forms of talk therapy, and everything else. "Everything else can include yoga, meditation, pet therapy—anything that is self-soothing."



Daniel Marchalik, MD

These resources, and more, are available to teams, explains Daniel Marchalik, MD, medical director, MedStar Health Physician Well-being Program. "In recent weeks, there has been a big push to align services, so they are available to all caregivers across the board," he says. "This is an unbelievably difficult moment. People are coming together to serve others, but often forget to care for themselves."

A systemwide, multidisciplinary committee was formed at the beginning of the COVID-19 crisis to enhance existing services, and create new ones. Among the new components are Wellness Rounds, where a team of people provide units with information about services, everything from peer support to childcare connections. Recharge Stations around the hospital provide food, refreshments, and resource information.

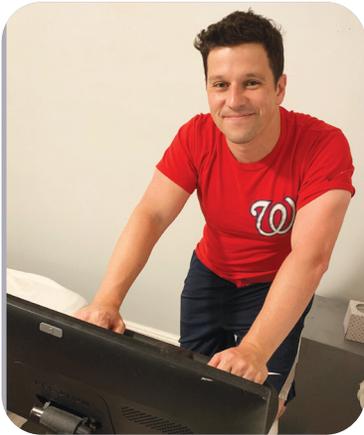
"We stepped-up Care for Caregiver training, to expand our existing Peer-to-Peer Support program, with 24/7 confidential conversations with people like ourselves, experiencing similar stresses," Dr. Marchalik says.

There are also Virtual Support Groups—online opportunities for providers to connect. There are other important support services, including free childcare through the YMCA, Bright Horizons and Heritage Learning, and back-up child and adult care through Care.com. The hospital's Employee Assistance Program provides behavioral health care coordinators 24/7, for real-time support to providers and members of their households.

"We understand there is a continuing need, and we're exploring what we should provide six months or a year from now," Dr. Marchalik says. "We are asking 'what happens after the dust settles.'"

To learn more about available resources and to access services, visit medstarhealth.org/wellbeing. If you would like to contact Dr. Ritchie and/or Dr. Marchalik, they can be reached at elspeth.c.ritchie@medstar.net and daniel.marchalik@medstar.net.

Exercise group helps providers cope with COVID-19.



Kevin Handy, MD



Jennifer Moran, ACNP



Christine Trankiem, MD



Nikki Jacona, PA-C

Seeking to find something positive during the COVID-19 pandemic, physicians and Advanced Practice Providers found exercising together helped increase their fitness levels and reduce stress.

Kevin Handy, MD, Critical Care and Anesthesiology, came up with the idea of inviting colleagues to join him during his exercise routine on his Peloton®, a high-tech exercise bike or treadmill with an accompanying app that tracks users' progress, and shares results.

Dr. Handy started his Peloton regimen about 18 months ago, to carve out exercise time in his busy schedule. His purchase was an acknowledgement that, with two young sons and a busy schedule, it was the only exercise option that seemed to make sense. He discovered through workplace conversations that some of his MedStar Washington Hospital Center colleagues also used the same bikes, and he created a group called #MWHCCrew, and invited others to join.

"It has provided us with a form of team bonding and moral support, as a number of my colleagues and I do group rides together, through #MWHCCrew," says Jennifer Moran, ACNP, Critical Care. "I enjoy the personal challenges and sense of accomplishment it provides me, but I also feel good knowing I am working to stay strong and healthy, to be able to care for our patients."

Using the bike's app, participants signed into the group, to find out who else is participating. Users can then track others' progress, or get feedback on classes and instructors. Real-time metrics include heart rate, resistance, cadence, and output.

Christine Trankiem, MD, Trauma Surgery, took the idea a step further. She invited others to join her in a live group on Saturday mornings called Together We Ride, led by a popular instructor. "We can text back and forth with each other and bike together on line," she says. "There's a lot of camaraderie, and it helps keep me motivated."

The 16 #MWHCCrew members include physicians from an array of specialties, APPs, and nurses. Some were new to Peloton; others are long-time users.

"The Peloton became a quick substitute for workout classes I used to attend with friends, and became my new workout of choice," says Nikki Jacona, PA-C, Critical Care. "I ride often with my MWHC family. It is amazing to be able to go through the challenging portion of the pandemic together, and the stress relief portion as well."

Dr. Trankiem bought her bike in April, looking for a convenient way to exercise, particularly given the stressful nature of working in the Trauma bays and the COVID ICU. "I didn't exercise at all before," she says. "Aside from maintaining fitness, this group has helped to forge a sense of togetherness. Even though you are by yourself on your bike, you are side-by-side with your crew. It has been a great distraction from how overwhelming caring for COVID patients can be, and it has given us a way we can support and lean on each other."

She adds, "Dr. Argyros always talks about us being One Team. This group has been a fun way to keep us together during the pandemic."

Sarah Sabo, ACNP-BC.

Department of Medicine.



If Sarah Sabo, ACNP-BC, not pursued a career in nursing, she might well have made an excellent air traffic controller. As director of Acute Care Nurse Practitioners for MedStar Washington Hospital Center's Department of Medicine, Sabo has seen her already hectic job become more challenging during the COVID-19 outbreak, balancing the deployment of approximately 50 nurse practitioners and hospitalists with daily fluctuations in both patient and admissions care needs.

"We have to make sure all services are properly staffed so that all our patients receive the highest quality of care, whether they're here for COVID-19 or something else," she says.

While the right people in the right places at the right time is an essential part of her job, Sabo didn't have a specific career path in mind, while studying nursing at Virginia Commonwealth University in Richmond.

"I loved critical care nursing, and considered becoming a CRNA, certified registered nurse anesthetist, but that track didn't provide the level of patient interaction I wanted," the Loudoun County native says. After getting some experience in Trauma and Emergency Medicine, she decided to go back for a Master's degree and her advanced nurse practitioner certification.

When her husband got a new job at Quantico in 2010, Sabo joined the Hospital Center's Advanced Practice Provider group, to support inpatients under the care of private practice physicians. Her arrival coincided with the emergence of the hospitalist program, subsequently allowing her leadership responsibilities to grow, in step with involvement with a broader range of sub-specialties.

"I love the hospitalist role, because it combines critical care and triage aspects with patient interaction, which is still my first love," she says.

When planning for a possible COVID-19 outbreak began, Sabo and her colleagues weighed strategies to optimize APP and hospitalist staffing under a variety of scenarios, from small upticks in COVID-19 admissions to a worst-case situation of maximum capacity.

"We continually asked questions of what we would need, and who would staff it," she says.

As the outbreak unfolded, what were once uncertainties were refined into processes that have kept operational performance at a high level, both at the Hospital Center and across MedStar Health.

"I've learned a great deal about how we fit into the overall system, and the dynamics of meeting clinical and administrative needs, while making sure no one hospital is overloaded with patients," APP Sabo says. "At the same time, we're interacting a lot more with services that we don't ordinarily work with. We get to see how other service lines work, and gain insights into what other people in the MedStar system are doing."

The rewarding aspect of the experience, Sabo adds, is the hospital-wide spirit of One Team collaboration and teamwork.

"I'm truly grateful for my team," she says. "They've come together under extraordinary circumstances, with a willingness to help and do whatever's needed."

That spirit of cooperation extends to staff members from other Hospital Center disciplines, who have given support to the APP and hospitalist operations during the pandemic.

"None of us has faced a health care challenge like this," Sabo says. "But our mutual commitment to patient care has helped overcome many difficulties over the past several months, and make sure we're prepared for whatever comes next."

Two children, ages 4 and 1-1/2, help Sabo keep her coordination skills sharp. "We try to do as many kinds of outdoor activities as we can," she says. "Keeping them busy and happy is a learning experience in itself."

Lakshmi Jayaram, MD.

Internal Medicine.

Lakshmi Jayaram, MD, has experienced plenty of crests and troughs across her five years of medicine. But the hardest moment came recently, in the middle of the night, was when she found herself consoling her COVID-19 patient.

The news Dr. Jayaram shared with her patient was painful, but it had nothing to do with his own diagnosis. She'd just told him the person he loved most had passed away, sight unseen, despite being in another intensive care unit, just three floors away.

"They were so close, yet so far away," recalls Dr. Jayaram, a chief resident for Internal Medicine at MedStar Washington Hospital Center. "How do you rationalize to someone that they won't be able to see their loved one, during the final moments?"

Despite the painful burden of sharing such devastating news, Dr. Jayaram says she recognized the privilege of her role as a caregiver in that moment. "It highlights the value of the role we play in others' lives," she says. "We should cherish that."

"COVID-19 gives you a lot of perspective," she says, noting just how isolating of a time this has been for

patients, families and caregivers, alike. "It has redefined the term 'resilience,' and emphasized the impact of stronger human connection."

Dr. Jayaram spent her early childhood in New Jersey, before her family relocated back to her parents' homeland of India. She was a natural puzzle master, with a keen interest in the mechanics of the human body. While studying medicine in India, she realized internal medicine was the perfect fit for her.

While in medical school, she also saw the potential for impact in the field of public health. She helped impact public policy for an orphanage, where the population was heavily impacted by malaria. The source of the disease was well known: a series of nearby uncovered wells. She took the municipality head on a tour of the wells, and soon they were covered, greatly reducing the malaria infection rates in the orphanage.

Dr. Jayaram says she's always gravitated toward leadership opportunities, and sees the opportunity to impact public policy, particularly on global issues, as a professional leadership goal. In addition, following her year as a chief resident, Dr. Jayaram hopes to pursue further training in rheumatology.

She notes that, initially, she saw the role as chief as an opportunity to learn more about the administrative side of a hospital. Her goals have shifted during the pandemic. "I want to focus on provider wellness, and raising awareness about ways to promote mental health." Dr. Jayaram understands the real potential for burnout amidst a pandemic, where the response requires the equivalent of sprinting through a marathon. As she thinks about the well-being of her residents, that is front and center in her thoughts. She also wants to create awareness for them, about the varying social landscapes of patients, and highlighting determinants of disparity in access to health care.

Dr. Jayaram is one of the chiefs onboarding a group of 50 new residents, who are entering their field at an unprecedented moment. "It must be so overwhelming for them," Dr. Jayaram says of this moment in medicine. "So it's critical to have enhanced peer support, and to help them recognize red flags for burnout."

Despite the very human toll, Dr. Jayaram is poised for the challenges ahead, confident that, as always, she'll find opportunities to lead and learn. "I have an unshakable belief we're going to come through this with a lot of personal growth."



Shane Kappler, MD.

Critical Care Medicine/Emergency Medicine.



A few years ago, while teaching his graduate course on preparedness, response, and capacity to global pandemics, Shane Kappler, MD, fielded a question from one of his students: what kind of global infection did he fear the most?

In recent months, Dr. Kappler has often thought about the answer he gave to that graduate student: What he most feared was a highly contagious coronavirus.

"I really wish I had been wrong," he says.

For only a very few physicians, their training makes them as uniquely suited for this moment in medicine as the training undertaken by Dr. Kappler. As director of the Section of Critical Care in Emergency Medicine at MWHC, Dr. Kappler splits his clinical time between the Hospital Center's Emergency Department and Intensive Care Units. He also holds an advanced degree in emerging infectious diseases, and teaches a graduate-level course on bioterrorism and pandemics.

As one of the architects of the hospital's response, and despite the grueling hours, a high level of risk, and the emotional toll of being on the front lines of a global pandemic, Dr. Kappler calls this moment an "extraordinary and uniquely purposeful time to work in medicine."

"Everyone has stepped up, to give whatever they can for a collective mission," he says. "Here's this disease that we

don't yet fully understand, and we've come together and have broken down our silos to figure out solutions, and move our response forward. The response from leadership is always, "Yes, we can do that. We can figure it out."

"I'm very thankful I'm working for MedStar during this pandemic," Dr. Kappler says. "The Hospital Center was focused on getting what we needed to be the best we could be, so that we could combine all those talents and expertise, and come up with the best answer to ensure safety for our teams, and high-quality care for our patients."

Dr. Kappler says that MedStar has been both nimble and adept at capacity management, utilizing its vast network. "We used our own transport system to balance out across all our hospitals, treating it like one giant, virtual hospital," he says. "Just to watch the organization's innovation around the surge, let alone our clinical work, has been impressive," he says.

But Dr. Kappler can't deny the very real human toll the pandemic has had on providers. For Dr. Kappler and his wife, a radiologist, there is an added layer of stress: an infant son. "COVID-19 is what we trained for, this is my role in my community, and I have a duty to go in and help," says Dr. Kappler. "But it's really hard to make that decision for your six-month-old."

Dr. Kappler quickly adapted to a routine of changing out of scrubs in the garage and various sanitizing rituals. He and his wife also had the conversation of whether it made sense for him to not come home. "But I can't imagine dealing with the stress and heartbreak we've seen, and not have my support network and my kid to get back to." Still, the fear of infecting a loved one, says Dr. Kappler, is a "stress complexity multiplier. That's been an under-recognized, but immense stress felt by most medical professionals."

The lack of an in-person support network for patients has been one of the cruelest by-products of this disease, says Dr. Kappler, who recalls the Herculean levels to which colleagues have gone to ensure the sickest patients have not had to die alone.

"At the end of the day, medicine is about human connection. This disease challenges that," Dr. Kappler notes. "We have all of these tools, but there's a humanity component we can't lose. I have so much more faith in humanity, just seeing what everyone will do to take care of each other."

Connections

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

Perspective

Perioperative Services.

Stanley Chia, MD, medical director

Mike Kelly, vice president

Cassandra Lawrence, RN, interim senior nursing director



COVID has had a dramatic impact on our daily operations. During the past spring, MedStar Washington Hospital Center had over 190 COVID positive patients hospitalized at the peak of the pandemic. To provide the highest quality care for these patients and to preserve resources, all elective surgeries were postponed in March, while surgeons continued to perform urgent and emergent procedures.

As the regional number of COVID cases decreased, we have expanded the ability to perform surgeries, and are now performing close to our pre-pandemic daily volume of cases. As we move towards our new normal, safety continues to be our top priority, both for patients and our surgical teams.

On June 15, we began phasing in elective surgeries, and opened 27 of our 32 ORs. Two additional ORs were opened in early July. The reopening of these rooms has allowed us to work with surgeons to reduce the backlog of some 1,800 cases delayed by COVID.

Initially, only outpatient elective surgeries resumed, to preserve hospital beds and resources for COVID patients. Effective July 6, surgeries that require overnight observation also resumed. A decision about resuming elective surgeries that require longer hospital stays will hopefully be forthcoming, and will be dependent on COVID case volumes remaining low.

All patients undergoing surgery must have COVID testing within five days of the scheduled procedure (testing day is considered Day 1). They are required to self-quarantine

after testing until the day of surgery. Testing is available at our Preoperative COVID Testing Center, or patients may be tested at MedStar primary care physician offices or Urgent Care locations.

Specific precautions are being taken onsite to limit the risk of COVID transmission to patients and associates. Given the current visitor restrictions, surgery patients must be dropped off and picked up at the hospital entrance. On the day of surgery, team members screen patients for COVID symptoms. Physical distancing and mask-wearing are required throughout the hospital. All Perioperative Services team members wear full personal protective equipment during surgery, including masks, goggles, face shields, gloves, and protective gowns. N95 masks are readily available when required.

Only urgent and emergent surgery will be performed on COVID positive patients. To minimize risk of transmission, procedures on COVID patients are performed in negative pressure operating rooms whenever possible. Strict room cleaning procedures are followed, and COVID patients recover in negative pressure rooms or in the operating room.

We continue to closely monitor the COVID situation. If COVID cases begin to increase locally, elective surgery restrictions may be put in place again, but as cases continue to diminish, our remaining ORs will be opened.

We are working hard to provide the safest environment possible for you and your patients. For more information or if you have any questions, please call 202-877-2602.