MedStar Health

Connections

Jan-Feb 2024
Vol 31, No. 1

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

INSIDE THIS ISSUE

Connections

Connections magazine is managed and published by Communications & Public Affairs for the medical and dental staff, residents and fellows of MedStar Washington Hospital Center.

Mission—MedStar Washington Hospital Center is dedicated to delivering exceptional, patient-first health care. We provide the region with the highest quality and latest medical advances through excellence in patient care, education, and research.

MedStar Washington Hospital Center, a private, not-for-profit hospital, does not discriminate on grounds of race, religion, color, gender, gender identity, physical handicap, national origin, or sexual preference. Visit the hospital's Web page at **MedStarWashington.org**.

Gregory J. Argyros, MD, President, MedStar Washington Hospital Center

Stan Gutkowski, Chair, MedStar Washington Hospital Center Board of Directors

Kenneth A. Samet, FACHE
President and CEO, MedStar Health

James Jelinek, MD, FACR
Editor

Cheryl Iglesia, MD, FACOG
Associate Editor

Mark Smith, MD, FACEP
Editor Emeritus

Maureen McEvoy
Managing Editor

Design Central Inc.
Graphic Design

Jeffrey S. Dubin, MD, MBA
Senior Vice President, Medical Affairs & Chief Medical Officer

David Moore, MD
President, Medical & Dental Staff

CE Conferences

Registration Now Open

Functional Diabetic Limb Salvage: A Team Approach
April 10 to April 13, 2024
JW Marriott | Washington, D.C.
Course Director: Christopher E. Attinger, MD; John S. Steinberg, DPM

7th Annual Nursing Research and Innovation Conference
March 14, 2024
The Catholic University of America | Washington, D.C.
Course Director: Pamela R. Jones, PhD, MPH, RN

SAVE THE DATE

National Nurse Wellbeing Conference & Certificate Course
March 7 to 8, 2024
Washington Marriott Georgetown | Washington, D.C.
Course Directors: Daniel Marchalik, MD, MBA; Cassie O'Malley, DNP, RN, OCN

The Issam Cheikh Update on Diabetes XLVI 2024
April 11, 2024
MedStar Union Memorial Hospital| Baltimore, MD
Course Directors: Issam E. Cheikh, MD, FACP, FACE; Paul A. Sack, MD, FACE

IBD Masterclass 2024
May 17, 2024
Park Hyatt Washington | Washington, D.C.
Course Directors: Mark C. Mattar, MD, FACG, AGAF; Eugene F. Yen, MD

Abdominal Wall Reconstruction (AWR) 2024
June 7 to 8, 2024
The Ritz Carlton Tyson's Corner | McLean, VA
Conference Chair: Parag Bhanot, MD

For more information and to stay up to date, please visit MedStar.Cloud-cme.com

If you have a story idea for *Connections* magazine, please contact Managing Editor Maureen McEvoy at **202-877-8366** or **maureen.e.mcevoy@medstar.net.**

Transforming patient experience

Hospital Consumer Assessment of Healthcare Providers and Systems scores – better known as HCAHPS –are significant for two reasons. Not only do the scores facilitate the identification of opportunities for progress but, more importantly, they impart to us as an organization if the health care we are providing to our patients is "patient centered."

Did you know that 22 percent of our HCAHPS scores are attributed to patient experience? Sometimes, we are so focused on providing the highest quality, safest care, it might slip our minds to appreciate what aspects of *their* experience are important to our patients.

Imagine you've seen your patient, who now has the correct diagnosis and treatment plan. Now go a step further to ensure you and your team are meeting the patient's expectations for a good experience. What does that look like?

We are an academic medical center. Many of us work with students, residents, and fellows. Do patients and their families know the members of the medical or surgical team working with you?

For a proceduralist, as team leader for the patient's care, please introduce the other members who will be involved in the procedure. It's important for the patient to talk with you before anesthesia, as well as after the procedure is completed. If your patient is going to a care unit after the procedure, it's important to follow the daily Interdisciplinary Model of Care (IMOC) model and introduce specialists and case management

"Our patients need to understand that their care is second to none, and it's their experience while at the hospital that colors their perception of the kind of care they receive."

– Jeffrey S. Dubin, MD, MBA,

who are part of the care team. Patients don't always remember a PACU visit, and five minutes at the bedside will help your patient feel that you've paid attention to them.

We should remember the HCAHPS questions patients answer:

- During this hospital stay, how often did your doctors treat you with courtesy and respect?
- During this hospital stay, how often did your doctors listen to you carefully?
- Before giving you a new medicine, how often did the hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe the possible side effects in a way you could understand?

Our patients need to understand that their care is second to none, and it's their experience while at the hospital that colors their perception of the kind of care they receive. If we take a step back and look with fresh eyes at how we treat our patients, we can see how we can positively affect patient experience.

Accomplishing our *Journey to 5 Stars* is achievable, thanks in no small part to you, our members of the Medical and Dental Staff at MedStar Washington Hospital Center. You are all models for professional behavior. What gets recognized gets repeated and as medical leaders, let's champion the way forward.

One Team!

Jeffrey S. Dubin, MD, MBA, Sr. Vice President, Medical Affairs & Chief Medical Officer.He can be reached at **202-877-6038**, or at **jeffrey.s.dubin@medstar.net**.

New chairs take advantage of strong foundations to improve patient care

As MedStar Washington Hospital Center enters the New Year, *Connections* highlights two members of "One Team" stepping into leadership roles within their departments: Caron Hong, MD, is our new chair of the Department of Anesthesiology, and Irim Ciolino, MD, is our chair of the Department of Physical Medicine and Rehabilitation.

Caron Hong, MD, MSc, MBA, FASA

When **Caron Hong, MD,** quantifies her investment in MedStar Washington, she thinks about the three hours a day she commutes from her home in Ellicott City, Maryland. While all that traffic isn't ideal, Dr. Hong says deciding to join the hospital three years ago was a 'no brainer.'

"I'd do it again in a heartbeat," says Dr. Hong.

Her decision came down to culture. "The people brought me here," Dr. Hong says, noting it was evident the moment she walked through the doors for her interview. "The first person I met was an associate who helped me find where I needed to go. There was a level of respect and passion coursing through the veins of every staff member." That sense of teamwork, comradery, and respect reminded Dr. Hong of her native home of Hawaii.

Dr. Hong thrives in the arena of high acuity, taking care of the sickest of the sick. As an anesthesiologist and Critical Care Intensivist, she spent 13 years at the University of Maryland, Shock Trauma Center in Baltimore city. "It takes a unique team to be able to do that work, day in and day out," she says.

> **"There was a level of respect and passion coursing through the veins of every staff member."**
>
> *– Caron Hong, MD*

Dr. Hong—who also holds an MBA—is always thinking through a lens of promoting change and innovation, efficiency improvement, and best practices for the care of patients. To excel in those arenas requires full participation from all members of a team.

"At MedStar Washington," she says, "*everyone* participates."

She also serves as the Pharmacy and Therapeutics chair for the hospital, a committee ultimately responsible for the approval of new and revised policies and clinical practice guidelines as well as modifications and additions of medications. The core of this committee is a partnership between the Pharmacy department and key stakeholders at MedStar Washington. Dr. Hong says she is proud to assist in leading it while working to seamlessly integrate MedStar Health advancements and changes as well as implementing modifications specific to the hospital to provide excellent care for our patients.

On the horizon, Anesthesiology is collaborating with other departments to enhance the care of high-acuity patients. Most recently, D.C. Health approved MedStar Washington for a combined heart-kidney transplant program, and the department is also collaborating with the Department of Cardiac Surgery and the Advanced Heart Failure Program to build this program. Dr. Hong has also taken strides to revamp and rejuvenate the department's educational mission. As a professor at Georgetown University School of Medicine and a previous residency program director, Dr. Hong says, "We're enriching and enhancing our education and clinical experiences for all trainees."

The department, under Dr. Hong's leadership, has strengthened the culture and collegial approach to patient care resulting in excellent care, improved recruitment, retention of many of our trainees, and decreased attrition of staff. "We all have each other's back," Dr. Hong says of her department's 24/7 operation. "It is a choreographed dance to shift or modify teams to seamlessly provide care for all our patients. We have done a great job working together to make the 'magic' happen."

Dr. Hong credits leadership at the hospital and MedStar Health for the department's pace and successful strides. "To do this work requires supportive leadership well beyond a single department. MedStar Washington and MedStar Health truly function as One Team that provides the foundation for continued success."

Irim Ciolino, MD

Irim Ciolino, MD, first visited MedStar Washington as a young college student. Her father was preparing for cardiac surgery and Dr. Ciolino remembers pausing to take in MedStar's National Rehabilitation Hospital across the street and considering what an incredible role those caregivers provided.

That initial, fleeting instinct ebbed in the subsequent years of college and in the flurry of medical school rotations. It wasn't until years later, in the midst of residency, that Dr. Ciolino faced a nagging realization that her chosen specialty—internal medicine—was not the area for her. So, following that residency, Dr. Ciolino spent a rotation at the Kessler Institute for Rehabilitation, where she promptly fell in love. "Wow, this is exactly what I want to do," Dr. Ciolino recalls thinking. "It was so rewarding to see the other side of acute care."

And so, Dr. Ciolino switched her specialty to Physical Medicine and Rehabilitation, applied for a second residency, and matched with MedStar National Rehabilitation Hospital. Following residency, she joined MedStar Washington in 2011.

"One of the big questions all our patients ask is: 'What is my life going to be like now?'" Dr. Ciolino explains. "Our job is to help patients understand a new way of looking at living. That's what rehabilitation is all about. Things may not be the way they used to be but they can still be successful."

"Our job is to help patients understand a new way of looking at living. That's what rehabilitation is all about. Things may not be the way they used to be but they can still be successful."

– Irim Ciolino, MD

As chair, Dr. Ciolino hopes to build on a strong legacy of collaborating with MedStar Washington's therapy team. "When making any decision for our patient population, we rely on them—they are our partners, and we need to be on the same page to ensure we are setting appropriate rehabilitation goals for patients."

Dr. Ciolino also hopes to take that model of expert collaboration and expand into other disciplines within MedStar Washington. "Many departments already consult with us, but some disciplines aren't as familiar with what PMR can offer." To help expand that understanding, the department is emphasizing cross-disciplinary rounds. Dr. Ciolino says the department is also strengthening its relationship with Cardiovascular. "It's a very fragile patient population," Dr. Ciolino says. "Our goal is to help the heart failure team optimize their patient's functional outcomes, which we can do when we get involved early on for rehabilitation recommendations."

For Dr. Ciolino, helping patients recover and find some level of independence is the most critical factor. Amid fragile populations faced with ongoing medical treatment, she adds that functionality can sometimes get lost in the shuffle. It is at the nexus point of treatment and functionality where Dr. Ciolino finds the greatest fulfillment: "How do we help patients feel successful when they get home?" she says.

"Sometimes I pinch myself," Dr. Ciolino adds, thinking back to her love-at-first-sight vision of rehabilitation. "I lost it, but then found it again—almost like it was my destiny."

Feature

Need-to-know basis: key contacts for physicians

We continue to highlight individuals at MedStar Washington Hospital Center who make a difference every day in smoothing processes.

Kenyetta Keys, MBA, Vice President, Operations

"I'm a true MedStar baby," says Kenyetta Keys, vice president of Operations for MedStar Washington Hospital Center. She has a long history here, both personally and professionally. "My daughter and four of my grandchildren were born at MedStar Washington and I was born at MedStar Georgetown," she adds. "It's personal for me because all of my doctors work here." As a teen, Keys was a volunteer candy striper and active in the hospital's summer jobs program.

Her first professional role on campus was as an inventory supervisor in the Supply Chain department before moving up through the ranks as supply chain manager and assistant director of supply chain operations. "I was here for 16 years and grew up with many of the leaders, building a rapport and mutual respect along the way," she says. Five years ago, she returned to MedStar Washington and considered it coming back home. "All of that history is my 'why.'" This is the place that developed me for the position I'm in today and has taken care of me as a patient. I want every patient, visitor, associate, and provider to have the same great experience I've had over the years," Keys added.

Now Keys is responsible for providing management oversight of supply chain functions, patient support services, and hospital operations. "Anything related to maintaining the infrastructure of the hospital, anything you can think of in terms of support, I'm involved in it," she adds. "My teams purchase, receive, and maintain equipment and medical and surgical supplies; ensure the hospital's cleanliness; manage food services for patients, associates, and guests; fix and maintain medical equipment; manage parking and shuttle services; oversee construction projects; and transport patients," she said. "We're the operators that take external calls, and the people at the entrances that greet and get patients and visitors to the right units and departments."

Keys says she's always "out and about" because her responsibilities span throughout the hospital, but she hopes clinicians and staff know they can reach out to her anytime. "People need to feel heard and seen and know someone is going to be there to answer their questions," she said. "Text, email, call me. Whether it's a leak in the physicians' garage or anything I can support. I feel it's part of my responsibilities and our One Team philosophy to help everyone who walks through our doors to have a great experience."

Having been born and raised in Washington, D.C., Keys is a fan of live

Five generations of the Keys family gather to remember Kenyetta's father.

music and, specifically, the local go-go sound. She is also a huge fan of the local sports teams. "People who know me probably already know that," she adds. "The Commanders, the Wizards, the Capitals, everything Washington." Another interesting fact about Keys is that she served in the U.S. Army Reserve. "I was working here when I took a leave of absence to join the military at the age of 29. I was due to fly to Fort Jackson, S.C., to begin basic training. The date was September 11, 2001. Suffice to say, I didn't fly out that day."

Keshia Jackson, Regional director of Revenue Cycle, MMG

Keshia with her husband Diron

As the regional director of Revenue Cycle for MedStar Medical Group (MMG), Keshia Jackson provides oversight of professional coding activity for MedStar Health's employed physicians and advanced practice providers. Her role includes evaluating the accuracy of CPT code selections for surgical procedures performed in the operating room setting before a bill is released.

"Our team of phenomenal certified professional coders help support a strong financial ecosystem and are critical to MedStar's mission. We ensure that we follow the correct professional coding guidelines with the appropriate documentation to protect the organization from vulnerability and ensure proper reimbursement," said Keshia. "We follow federal guidelines including but not limited to CMS and NCCI, which have become extremely complex over time."

Current Procedural Terminology (CPT) codes, the uniform language for coding medical services and procedures, are evaluated annually by the American Medical Association and Centers for Medicare and Medicaid Services (CMS) and often change. "For example, a change in procedure reimbursement guidelines could mean we can no longer bill for certain integral services separately; they have to be bundled into a single CPT instead," explained Keshia.

Keshia joined MedStar Health more than 25 years ago, initially as a front office supervisor before rising through the ranks as an office manager, practice administrator, and business manager at MedStar Washington to her current role, where she interacts with providers daily. "We are constantly collaborating and, together, many relationships and trust have been built," she adds. "When coding-related changes are on the horizon, education and communication within our organization are especially important. We don't want changes to sneak up on our providers, so one of my goals in collaboration with our Compliance Partners and other Revenue Cycle leadership is to ensure educational opportunities for our team of providers and department leaders are available."

Keshia encourages providers to reach out to her proactively if they receive an industry alert, information at a professional conference, or from colleagues about an impending change. "Managing change in a large organization can be complex," said Keshia. "Discussing the 'what' and 'why' and determining the way forward means we can continue to provide the best and safest patient care and expect reimbursement for it."

She also provides financial analysis on new technology, supplies, and research opportunities for cardiac and vascular services at MedStar Heart and Vascular Institute. "I evaluate how new opportunities might align with our revenue strategy within the service lines and help to ensure there won't be interruptions to revenue collection. We're also working to expand strategic analysis for other service lines throughout the organization."

When she's not at work, Keshia loves spending time with her husband, Diron, to whom she's been married for 19 years, and her family; bike riding; and kickboxing. She recently took up practicing yoga and mindfulness.

"We are constantly collaborating and, together, many relationships and trust have been built."

– Keshia Jackson

ONE TEAM model ensures quality, sustainable care

Ariam Yitbarek, DNP, MMHA

Registered nurses (RNs) are often described as the backbone of health care, and few environments better exemplify that importance than MedStar Washington Hospital Center. Nurses' training and experience are critical in not only delivering the highest quality medical care but also supporting patients and families from admission to discharge.

Unfortunately, the demand for these skills is outpacing the number of individuals qualified to provide them. The pandemic appears to have exacerbated an already acute nursing shortage, with one published analysis estimating that more than 100,000 RNs left the workforce during 2020-2021. The study noted that a significant number of departing nurses were under the age of 35, and most worked in hospitals.

Exploring new ways to deliver these critical services has been a longstanding effort for MedStar's nursing leadership. This past fall saw the introduction of a new nursing model of care that MedStar Washington's Chief Nursing Officer Ariam Yitbarek, DNP, MMHA, RN, NEA-BC, says utilizes patient care technicians (PCTs) and other skilled resources to handle routine tasks once performed by RNs.

"Along with addressing the shortage, the new model enables our RNs to spend more time working at the top of their license, and utilize the full extent of their education, training, and experience," Yitbarek explains.

The new model is also designed to make use of technology. A new Virtual Nurse, for example, can assist with tasks that don't require being in physical proximity to the patient. These include admission intake, patient education, discharge instructions, and even hourly rounding.

If the patient has any needs, Yitbarek says, "the Virtual Nurse can communicate with the unit's RN or PCT, helping avoid any delays in getting to the patient."

Similarly, rather than dedicating an RN to each patient who may require one-on-one observation for high-risk conditions or behavioral issues, a team of two PCTs can use remote visual monitoring to keep track of multiple patients simultaneously, communicating with the patient through a two-way video. The remote PCT can also communicate with the bedside RN or PCT if additional interventions are needed.

Exploring new ways to deliver critical services has been a longstanding effort for MedStar's nursing leadership. The introduction of a new nursing model utilizes patient care technicians and other skilled resources to handle routine tasks once performed by RNs.

The new model's staffing structure also complements each floor's current resource RN with a resource PCT who will provide similar oversight and guidance for those providing non-licensed care.

To accurately evaluate the new model across different patient populations, three MedStar Washington units—cardiac, surgical, and medical—were selected to pilot the new practices, beginning with a cardiac care unit. During the latter half of 2023, RNs and PCTs began training for their new roles, while also contributing to decision-making and process refinements.

"Everything was ready for the first unit to go live on November 13," Yitbarek says, adding that the other selected units will gradually transition in the coming months. The new model will be evaluated on a variety of factors, such as maintaining capacity, clinical outcomes such as changes in the number of patient falls and pressure ulcers, patient satisfaction, and RN/PCT job satisfaction.

"Having more PCTs working directly with patients and getting them ambulating sooner could have a positive effect on length of stay and throughput," Yitbarek says.

Mario Golocovsky, MD, and Raul Caso, MD

Respect and professional goals shape relationships

"In addition to patient care, having respectful relationships with residents and students are my constant professional goals," says Mario Golocovsky, MD, medical director of the Surgical Ambulatory Care Clinic, lead coordinator of Surgical Education (Orange Team), and senior attending in the Department of Surgery at MedStar Washington Hospital Center. He adds, "My father was a physician and he cared deeply about his patients and their families. From him, I learned how essential personal relationships are in caring for patients and for successfully working with my colleagues."

Since Dr. Golocovsky was a resident at the hospital in the late seventies, a patient's average length of stay has steadily declined. "Now we're able to send them home more quickly," he says. The term "resident" was initially coined because medical trainees often lived at the hospitals where they trained. In 2003, the Accreditation Council for Graduate Medical Education implemented restrictions capping the workweek at 80 hours, improving many aspects of residents' lives.

"No matter how things change—now we're operating with robots—Dr. Golocovsky teaches us that you can never lose that person-to-person connection," said Raul Caso, MD, who was on Dr. Golocovsky's service as a fourth-year resident. "He introduces himself as Mario, that he's our surgeon and that we can talk to him and each patient.'"

Dr. Golocovsky agrees that high-tech advances have changed the experience for residents today, and he calls the development of laparoscopic and robotic surgery "miracles of modern science and technology."

While on Dr. Golocovsky's service, Dr. Caso said he encouraged residents to take the initiative in and out of the Operating Room. "He treats residents like they're the chief of the service. It gives us the confidence that we are capable and the mentality to make difficult decisions as a surgeon, including whether or not we should be operating, and what instruments and techniques to use. 'Patients come first is his constant motto."

Technology has also moved documentation from paper and pen to electronic records. According to the American Medical Association, first-year residents spend an average of more than 100 hours per month updating electronic patient records. Though technology has its benefits and has had a great impact on the day-to-day practice of medicine since he was a resident, Dr. Golocovsky insists that there are things technology will never change, "saying good morning and smiling to a patient, loyalty, dignity, respect, ethical behavior—the old times are not so different from the new."

Dr. Caso noted that Dr. Golocovsky's "trajectory as a doctor" was also different than his own: "Dr. Golocovsky has performed trauma surgeries and cardiac cases and that doesn't happen today with general surgeons because we're so sub-specialized."

Mario Golocovsky, MD

Raul Caso, MD

Dr. Caso completed his postgraduate year five in June 2023 and is currently completing a cardiothoracic fellowship at Memorial Sloan Kettering Cancer Center. He plans to remain in contact with Dr. Golocovsky because, as he learned during residency, relationships matter the most. "Even though my rotation has ended, I expect we will interact constantly," said Dr. Caso. "That's the connection we've made."

Reconsidering Menopause

Felicia Hamilton, MD

Quality of life – a phrase we talk about often in medicine and the reason behind many decisions we make for our patients—can be significantly impacted for female patients experiencing hormonal changes during perimenopause and menopause. Best practices include revisiting the basics of menopause before your upcoming patient visits.

It's typical for women aged 45-55 years.

Perimenopause commonly starts in the early forties and can last for years, leading up to menopause, which begins when a woman experiences one year with no menstrual cycle.

"To some degree, we can say this is only what happens when our female patients get older, but what can we do to mitigate the symptoms?" said Felicia Hamilton, MD, OB/GYN Residency Program Director and Chair, OB/GYN Practice Committee at MedStar Washington Hospital Center. "This is a major part of a woman's life, and many women feel like the medical system has failed them when it comes to menopause. Since this is a normal part of a woman's transition in life, we have to be comfortable talking to them about it."

Each transition is different.

Hot flashes, night sweats, brain fog, anxiety, other emotional symptoms, insomnia, changes in sex drive, and sleep disruption are only some of the common symptoms. Some women seek medical attention for their symptoms, while others either tolerate the changes or simply don't experience symptoms severe enough to warrant attention.

"Symptoms can vary from mild to debilitating," said Dr. Hamilton. No two women experience menopause exactly alike, so asking targeted questions is important to get to the specific symptoms and severity your patients are experiencing.

Symptoms occur and can build over time.

Symptoms also may be subtle or come on gradually, causing women to not realize at first that they're connected to the hormone fluctuations of the menopausal transition. Normal menopause takes place over a three-to-eight-year timeframe.

Talk about sex.

"We know we have different things to discuss with our patients at different ages. If you have female patients, we should be talking about menstrual period and sex life in their forties," said Dr. Hamilton. "The whole woman includes her sex life, so let's talk about it. Not only do we want them to have satisfying sex for their quality of life, we don't want our patients to get to a point where there is pain with sex."

Vaginal atrophy—thinning, drying, and inflammation of the vaginal walls—may occur when the body has less estrogen. It can not only make sex painful, but can also lead to other urinary symptoms, including incontinence, urgency with and frequent urination, and even recurrent urinary tract infections.

Hormone therapy can help.

"Providers are often hesitant about hormone therapy," said Dr. Hamilton. "Get a full picture of your patients and their medical history and be open to considering it. There are contraindications and potential risks, but for some women, it's a great option and they only need hormones. The risk of complications for many is very low."

Other health risks increase.

The risks of heart disease, osteoporosis, stroke, diabetes, and cancer all rise after menopause. This increases the importance of asking key questions about menopause. "It's not just about managing symptoms," said Dr. Hamilton. "Menopause can have effects across the board for patients, and we need to be comfortable broaching the topic."

TIPS TO HELP YOU THROUGH MENOPAUSE

We have compiled some interesting statistics and facts, as well as tips to help women through Menopause.

- **Avoid common triggers** include caffeine, alcohol, and foods that are sugary or spicy.
- **Drink enough water** 8 to 12 glasses per day
- **Don't skip meals**
- **Eat protein-rich foods:** including meat, fish, eggs, legumes, nuts, and dairy.
- For bone health eat foods rich in **calcium and vitamin D**
- **Eat lots of fruit and vegetables**
- **Cut down on ultra-processed food** and ready meals.
- **Reduce salt intake**
- **Adopt relaxation and stress-reduction techniques,** including deep-breathing exercises
- Get into a routine of **going to sleep at the same time each night.**
- **Exercise regularly**

Menopause: Key Statistics and Facts

12 months without a period = menopause

51
The median age of menopause in the US

4-8
Number of years symptoms may last

1.3 million
US women become menopausal each year

5%
of women with early menopause between the ages of 40-45

80%
of women who say menopause did not decrease their quality of life

45% of women experience psychogenic symptoms: anger/irritability, anxiety/tension, depression, sleep disturbance, loss of concentration, and loss of self-esteem

QUESTIONS TO ASK YOUR OB/GYN

- What are the symptoms of menopause?
- When can I expect to experience during menopause?
- How can I prevent hot flashes?
- Does menopause cause bone loss?
- Will having a hysterectomy cause menopause?
- Does menopause increase risk of heart disease?
- What can be done about vaginal dryness?
- What can I do if I have trouble sleeping?
- Can hormone therapy (HT) help treat menopause symptoms?
- What are some reasons I shouldn't take HT?
- What can I do to improve mood swings from menopause?
- Why does forgetfulness occur during menopause?
- Do women have sexual problems after menopause?

Treatment and support advancements make long-term life with HIV a reality

More than four decades since the first cases of AIDS and the underlying human immunodeficiency virus (HIV) were diagnosed in the U.S., uncertainty has given way to remarkable advancements in care and treatment.

"We're entering the stage where HIV is a chronic, controllable illness, where people can live as long as they would normally without the virus," says Leon Lai, MD, associate program director for MedStar Washington's Department of Internal Medicine.

The key, he adds, is getting people in treatment before they experience significant immune degradation, and ensuring they take prescribed medication—something made easier with the advent of new, safer antiretrovirals in single tablet combinations and injectable forms.

"Earlier medications were a bit toxic, with mitochondrial and metabolic effects, increased risk of diabetes or hyperlipidemia, and other reactions," Dr. Lai explains. "Those risks have been significantly reduced."

Early studies also suggest no interaction between HIV and COVID-19. "If people kept HIV under control, there doesn't seem to be any increased risk, other than adjusting for race and income," Dr. Lai adds.

While regular testing and preventative measures remain cornerstones for limiting HIV transmission, guidance for living with the virus has evolved as well, Dr. Lai says. For example, an HIV-positive partner with an undetectable viral load generally can conceive safely with a non-HIV partner. And though the Centers for Disease Control recommends against breastfeeding by HIV-positive mothers, studies in resource-deprived areas overseas suggest that protective benefits for babies may outweigh the risk of transmission.

"It's an option that, in specific situations, may be offered with the agreement of the mother's HIV care provider and pediatrician, and with close and intensive monitoring and follow-up," Dr. Lai says.

A turning point in the response to HIV was the case of Ryan White, a boy with hemophilia who contracted the virus from blood transfusions. Dr. Lai credits advocacy by White, his parents, and numerous AIDS activists for helping overcome much of the early prejudice against the disease and the people who contracted it.

Following White's death in 1990, the federal government established the Ryan White HIV/AIDS Program, which annually provides funding to state institutions for enhanced HIV care and support services.

Dr. Lai and infectious disease physician Hosein Kafimosavi, DO, currently hold $1.7 million in grants from the Ryan White program, helping support MedStar

Leon Lai, MD

Washington's role as the District of Columbia's largest hospital-based HIV clinic. The ability to provide these services is essential as 1.8% of District residents live with HIV—one of the highest rates in the U.S.

"If a patient tests positive for HIV, we coordinate with the D.C. Department of Health to locate and alert the partner and get them into treatment," Dr. Lai says. "We also coordinate with MedStar Washington's Women's and Infants' Services on services such as a nurse-practitioner program to make sure pregnant HIV-positive women take proper steps to safeguard themselves and their babies."

Though HIV still presents many challenges, Dr. Lai marvels at how much has changed since he began his training in the late 1990s.

"I went to medical school to treat HIV, and thought I'd be getting into a complicated field with a lot of counseling, death, dying, and palliative care," he says. "Now, because we usually can find something people can take, we focus on helping them age with a chronic disease. It's a very different place."

Joshua Gay, MHS, PA-C

Lead Advanced Practice Provider, Cardiovascular Surgical ICU

Travel can teach us a lot about ourselves, as well as other places. So it's appropriate that a stay in London helped avid journeyer Joshua Gay, MHS, PA-C, recalibrate his future.

Just months away from finishing his undergraduate degree, the North Carolina native realized that he wanted something more than the career he'd been preparing for. Though somewhat familiar with the role of physician assistants (PA), the opportunity to spend a year working for the United Kingdom's National Health Service cemented an enjoyment of patient care and interaction.

"All I needed to do was find the right fit," Gay says.

Back stateside, Gay worked as an emergency medical technician before enrolling in Duke University's Physician Assistant program. From there, it was on to Johns Hopkins Hospital in Baltimore for a post-graduate critical care residency.

Gay calls critical care "a beautiful blend" of thinking and doing in a fast-paced, take-action environment. "There's an onus on getting things done, and keeping up with the dynamic nature of the patient," he adds.

Just as even the best-planned itineraries can encounter snags, Gay's employment plans were upended when funding for his potential position fell victim to the 2013 federal budget sequestration. A colleague suggested Gay apply to MedStar Washington, turning a career detour into what he considers an ideal destination.

"We serve a diverse patient population that includes those too ill to be properly cared for elsewhere," he says. "Because of that, there's a lot of high-level interaction and teamwork to help manage their condition. It's a very collegial environment, with lots of respect and support."

At the same time, he adds, PAs get to practice with a high level of autonomy and use their skill set at the heights that practice dictates.

"I feel like I'm making a difference and helping people," he says, "but I'm constantly being pushed to be better."

As lead APP for the Cardiovascular Surgical ICU, Gay works closely with the unit's other leaders—physician counterpart Melissa Anastacio, MD; co-director Michael Harper, MD, FAAEM; and Nursing Director Joel North, BSN, RN, to identify improvements that promise to benefit both patients and staff.

"We're united and focused on the same goal, and it's allowed us to accomplish a lot," Gay says. "In the last year, we've rolled out several initiatives to bring our practice up to an international standard."

He also credits Critical Care departmental leaders Kristen Nelson, MS, ACNP-BC, and chair, Seife Yohannes, MD, for giving PAs "a lot of latitude and freedom to think outside the box to operate and enact these policies."

Gay is grateful that both his work and worldwide network of friends provide a springboard for travel opportunities. After attending a critical care conference in Northern Ireland last June, he visited the Isle of Islay and Edinburgh in Scotland, then renewed acquaintances in London and Oxford. His current slate of "dream trips" includes locales as diverse as Georgia, Azerbaijan, Colombia, and Argentina.

At home, Gay enjoys running and "most any kind of sport," including volleyball and soccer. He also takes advantage of the Washington area's food and social scene. "This is a great place to be," he says.

" We serve a diverse patient population that includes those too ill to be properly cared for elsewhere. I feel like I'm making a difference and helping people but I'm constantly being pushed to be better."

– Joshua Gay, MHS, PA-C

Connor Bracy, MD

Emergency Medicine

As an undergraduate at the University of Florida, Connor Bracy, MD, took advantage of the proximity of that institution's health system as he weighed whether to apply to medical school. Dr. Bracy worked as a medical scribe, shadowing Emergency Medicine attendings as a note taker.

"There is the constant ability to check in and ask questions. Over my residency, I've worked with a pool of dozens of different attendings, all experts, but each approaches their practice differently."

– Connor Bracy, MD

"There were so many varied scenarios," Dr. Bracy recalls. "I'd observe a doctor consoling a family member one minute but, moments later, I'd see a patient with their intestines outside of their body—and no one else in the room seemed to be freaking out!" The scribe sat in the passenger seat as major decisions were being made, decoding the doctor's reasoning in his notes. Dr. Bracy entered medical school convinced that the variety, pace, and impact potential in the moment offered a perfect professional fit.

Fast forward nearly a decade later and, as chief resident for Emergency Medicine, Dr. Bracy is leading a new generation of medical scribes for MedStar Washington Hospital Center—in the form of the Emergency department's residents.

"As a department, we must be prepared for *anything*," says Dr. Bracy, who has sought to augment his residency's educational experiences with an expansive series of lectures hosted by various specialties. "It's incredibly helpful for a specialist to share and impart their wisdom on handling a specialty-specific emergency. Training at MedStar Washington prepares you to serve any patient that walks through the door, no matter where you go on to work."

Long gone are the days when he'd be thrown off kilter by the site of a patient's intestines. In the hospital's Trauma Bay, his team frequently supports trauma surgeons who might need to open up a patient's chest or make an incision. "It's amazing how you can be so present in the moment," Dr. Bracy says. "All of our lifesaving work is happening simultaneously to the work of the trauma surgeon."

For Dr. Bracy, the best part of MedStar Washington's Emergency residency has been the one-to-one attending/resident ratio—uncommon in other hospitals. "There is the constant ability to check in and ask questions," says Dr. Bracy, who says he's been grateful for the opportunity to observe how different doctors practice as he seeks to develop his theory of practice. "Over my residency, I've worked with a pool of dozens of different attendings, all experts, but each approaches their practice differently."

In addition to his work as chief resident, Dr. Bracy has also taken on another life-changing role: parent. Dr. Bracy and his wife welcomed a baby girl, Charlotte, into their family in early December. As he thinks about where he'll practice after residency, the couple is zeroing in on Charlotte, North Carolina, or Tampa, Florida, to be closer to family.

When asked whether the rigors of residency prepared him for a new parent's lack of sleep, he laughs. "It's a whole other level of sleep deprivation, but it's all worth it."

Melissa Anastacio, MD, & Michael Harper, MD

Co-Directors, Surgical Intensive Care Unit

It takes two to make an ICU run right

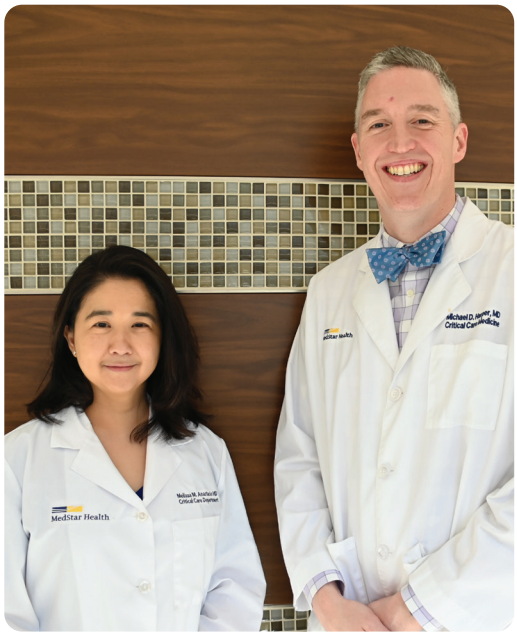
For as long as Melissa Anastacio, MD, can remember, MedStar Washington Hospital Center's Cardiovascular Surgical Intensive Care Unit (ICU) was helmed by a single physician. That is, until Dr. Anastacio teamed up with Michael Harper, MD, as co-directors of that unit. Two years into her role, Dr. Anastacio says she can't imagine leading the ICU without her partner-in-care, Dr. Michael Harper.

"I think about the work Dr. Harper and I do often and wonder how our predecessors managed by themselves," Dr. Anastacio says of the Cardiovascular Surgical ICU which, with 30 beds, is twice the size of a standard unit. "It has meant everything to know that, at any given time, I know he's there. I feel like I got really lucky."

Dr. Harper credits his co-director with enabling him to grow both as a clinician *and* leader over the past two years. "We certainly would not have been as successful without her knowledge and experience with the system, as well as the relationship building she'd engaged in for years. She's been an ideal partner."

That interdependence doesn't only help with vacation planning or overlapping meetings. The pair have been reshaping the ICU following a global pandemic, reinstating collaboration across a talented group of specialties.

"Critical care is such a unique specialty," says Dr. Harper. "There is so much multidisciplinary interaction required for us to perform at our best. Rebuilding that culture of shared care has been as big as any of our clinical efforts around modernizing care protocols or patient care."



Drs. Melissa Anastacio and Michael Harper photographed outside Unit 2NW.

Indeed, reestablishing that culture of deep collaboration, post-pandemic, offered the greatest challenge the pair has undertaken. "A patient's care doesn't start in the ICU, and we do our best to ensure it won't end there," says Dr. Harper. "There is a symphony of patient care occurring, with multiple groups of highly invested surgeons and medical teams. We are part of that journey."

For the two co-directors, participating in that longitudinal continuity of care has meant prioritizing a clear understanding of expectations and goals across their partners, who are among the very busiest specialties in health care.

To improve cross-care relationships, the pair implemented regular meetings with contributing care leaders, emphasizing open dialogue to address problems in real time and continuously raise the bar of patient care. "It's been a great collaboration," Dr. Anastacio says of this open forum, which covers everything from improving workflow to patient care.

The pair also notes their natural bifurcation of interest areas. Dr. Harper has an affinity for advanced heart failure and vascular surgery with its incredibly complex patient population, whereas Dr. Anastacio's interests tend toward cardiac surgical patients. They also credit much of their progress to the unit's lead Physician Assistant, Josh Gay, PA-C, and their Nursing Director, Joel North.

As the pair continues to seek ways to improve patient care, they are now tackling how the ICU manages pain post-cardiac surgery—emphasizing multimodal analgesia. "Historically, cardiac surgery has relied heavily on opioids, both in the hospital and after release," says Dr. Harper. "We're trying to reduce the ICU's contribution to the opioid epidemic significantly while *also* reducing patient pain." This effort is one byproduct of renewed collaboration between care teams, including cardiac surgeons, anesthesiologists, pharmacy, and bedside nurses.

"Our partners—inside and outside of our unit—are key," says Dr. Anastacio. "We simply couldn't do any of the things we do without their support and participation."

MedStar Health
110 Irving St., NW
Washington, DC 20010

MedStarWashington.org

Nonprofit
Organization
U.S. Postage
PAID
MedStar Washington
Hospital Center

Connections

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

From the desk of

James K. Robinson, MD, MS

Vice Chair, Women's and Infants' Services

"No matter how good you get," golfer Tiger Woods once said, "you can always get better." Woods regularly sought expert coaching and feedback in search of ways to improve and surgeons are no different.

Though we don't perform before millions of spectators, we must maintain our skills at the highest level to achieve successful outcomes for our patients.

However, there have been few post-training avenues for surgeons to get that same kind of feedback to identify ways we can refine and improve our techniques.

The advent of high-definition video systems that safely and securely record procedures from multiple perspectives offers an intriguing

way for surgeons to capture and critique their work, either through self-evaluation or with input from their peers.

To gain a better understanding of video-assisted review technology's potential benefits, MedStar Washington is currently conducting a six-month trial of one such system, Touch Surgery Enterprise. Installed in five surgical units—three robotic, one laparoscopic, and one mobile tower—the app-controlled system will record and save procedures using a HIPAA-compliant server, masking all patient-specific information.

A smartphone app is all that's needed to log into the system, which also enables the surgeon to mark transitions, complications, and other points during the procedure. The surgeon can then access the video at any time and go directly to specific actions or sequences. An optional artificial intelligence-based analysis of commonly performed surgical steps is also available.

Use of the video-assist system is voluntary and available to any hospital surgeon.

Since the trial began in October, we've been pleasantly surprised at the level of interest in the system, and its frequency of use. In the coming months, we'll perform our own extensive analysis of Touch

Surgery Enterprise's performance, from ease of use and perceived value of the reviews to financial, and aspects that might underlie a broader deployment. Several similar platforms have been developed, with features that may warrant further exploration via further trials.

Questions must be answered before MedStar Washington decides if and how it should proceed with the adoption of the surgical video-assisted review systems, and which approach will prove most advantageous to our diverse staff. But there's little doubt that the technology offers a great deal of promise in terms of refining individual and collective surgical skills, saving time and reducing costs, and—most importantly—improving the delivery of quality care.