



MedStar Health

Connections

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



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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.

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D.C. Lung Cancer Conference 2024

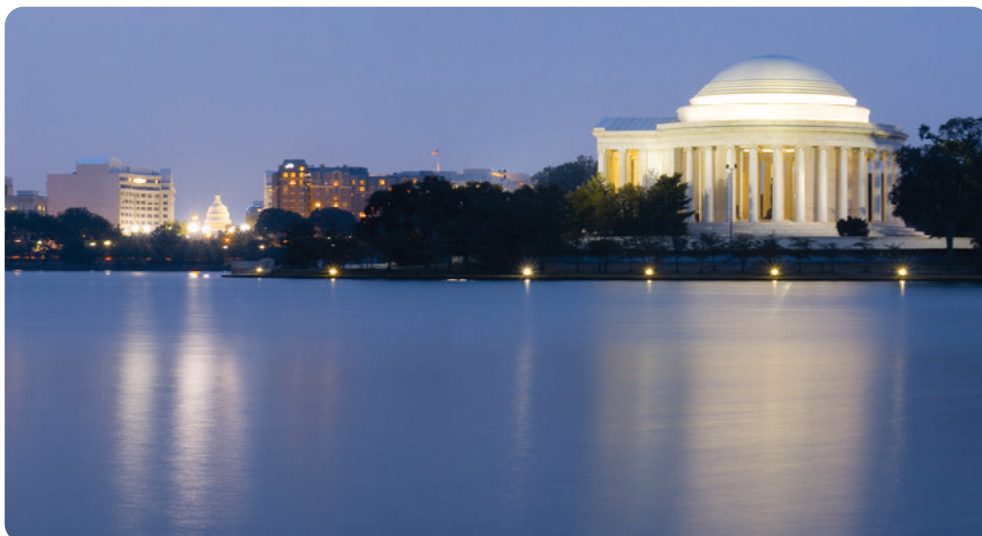
October 19, 2024

Grand Hyatt Washington | Washington, D.C.

Course Director: Stephen V. Liu, MD

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How the Office of Patient Experience is helping us transform patient experience

In the last issue of *Connections* magazine, I shared my thoughts about how we can transform our patients' experiences by ensuring the treatment and delivery of care we provide is "patient-centered."

Whether in an ambulatory setting—by pleasantly greeting patients, verifying their insurance and personal details, or apologizing when they've waited past their scheduled appointment time—or introducing patients who are scheduled for elective procedures to all members of their care team, and following the daily Interdisciplinary Model of Care (IMOC), lets our patients know they have our attention, and that the treatment and care we provide is second to none. It's incredible how five minutes at a patient's bedside can make them feel seen, heard, and acknowledged.

The Office of Patient Experience (OPX) has launched and led various initiatives to assist nonclinical and clinical associates, including members of the Medical and Dental Staff, to advance their knowledge and hone their skills on how to deliver exceptional and individualized patient experiences.

Among others, we have launched new Standard Service Behaviors, and an associate recognition platform called [Wambi](#). We have also offered a Telephone Etiquette refresher, and patient orientation training for associates in Admissions.

Standard Service Behaviors outline how we should treat our patients, families, and each other! When you meet our patients, greet them warmly, introduce yourself, and



smile. Actively engage them by using language they understand. Your interactions with patients are opportunities to build relationships and to make a strong impact. Also, let's put our phones away, not break out into other conversations, or look at our watches during those conversations so patients know they have our full attention.

Our *Telephone Etiquette* refresher was designed to build on the foundation of our Standard Service Behaviors. Associates are relearning the importance of offering a warm greeting and being empathetic to callers, listening actively and not interrupting, as well as summarizing key points of the conversation to transfer the caller or answer their questions.

In January, the Admissions department piloted a new orientation program encouraging staff to hold a robust conversation with patients before they are admitted. The discussion includes presenting patients with a refreshed

Bedside Guide that answers frequently asked questions such as how to identify and contact staff, what the whiteboard in their room is for, pain control, medications, bed alarms, and much more. Physicians and advanced practice providers can contact the Office of Patient Experience at mwhcpatientexperience2@medstar.net for a copy.

Wambi is one way—the Chief Medical Officer Award and Spirit Shout Outs are other ways—to recognize team members for their outstanding contributions. It's also a tool for patients to thank and share their appreciation for you.

Moving forward as One Team on our *Journey to 5 Stars*, let's look for ways, together, to identify opportunities for progress and, as members of the Medical and Dental Staff, be models for leadership and professional behavior. What gets recognized gets repeated!

I hope you know our achievements can be attributed to your commitment to treating our patients as you would want to be treated.

A handwritten signature in black ink that reads "Jeff Dubin". The signature is fluid and cursive.

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.

Need-to-know basis: key contacts for physicians

Meet two more vital connections who make a difference every day in smoothing processes and offering solutions for providers.

Dannita Dyson, MBA, Vice President, Professional Services

"We've always had great leaders who recognize talent to develop from within," Dannita Dyson, MBA, said of MedStar Washington Hospital Center. In 2023, she was promoted to vice president of Professional Services at the hospital, which Dannita calls a dream deferred that is now realized.

She first joined the hospital in 2000 as a cashier and then moved to Occupational Health as an administrative assistant before working in Emergency Medicine for more than 15 years. In 2017, she transitioned to MedStar Medical Group (MMG) as an administrative manager, and was later promoted to administrative director, after which she advanced to senior director of Integrated Surgical Services at MedStar Washington.

"Growing up I wanted to be a surgeon," she recalled. But when Dannita was 17 years old, her father received care at another hospital before he passed away, and the experience left her feeling like there was more that could have been done. "I was trying to make sense of what happened, while grieving, but I knew I didn't want to practice medicine anymore. I wanted to be in a position to prevent our family situation from happening to someone else."

In 2005, Dannita's mom became ill and was treated at MedStar Washington. "I got a phone call recommending we start end-of-life planning, but after an Emergency Medicine physician reviewed her chart, he changed my mom's care plan and she's still here today. My



Dannita in her office.

longtime loyalty to the hospital is because of the great care my mom received then and is still receiving. Here, you find caregivers who treat people the way we would all like to be treated," she adds.

In her current role, she manages the business and administrative operations of clinical service lines and ancillary departments and is executive liaison to MMG. Access is an area she's focusing on: "How can we create access that doesn't feel forced, overbearing, or unachievable? How do we expand, even though our physical footprint remains the same?"

While tackling these questions, Dannita is a mom of two, who spends her free time cheering her

son on at football games with her husband, whom she met at MedStar Washington. She's also passionate about cooking and completing puzzles. "Puzzles are a great way to come up with ideas. Just like at home, I'm solving puzzles at work and putting the pieces together to do what's right for our teams and our patients."

Dannita is responsible for managing Behavioral Health, Women's and Infants' Services, Medicine, ENT/OMF/Ophthalmology, Ancillary and Rehabilitation Services (Laboratory and Pathology, Rehabilitation, and Hearing and Speech), Imaging and Radiation Safety, Oncology, and Trauma and Burn.

Rosario Gutierrez, Patient Relations Manager

After 25 years with MedStar Washington Hospital Center, Rosario Gutierrez cannot imagine working anywhere else. "I've created so many friends and relationships over the years," she said. With past roles in Human Resources, Radiology, and Centralized Scheduling, she has worked as manager of Patient Relations and Decedent Affairs for the past five years. "Helping patients and loved ones navigate difficult situations, whether it is a family who has gotten shocking news about their loved one or a hospital patient who does not fully understand what is happening is very rewarding. People are so grateful for the help figuring out what to do next. I love what I do."

The Patient Relations team works as a liaison among healthcare providers, patients, and their families. Gutierrez's team is contacted when patients and families are dissatisfied with the care or services provided. They work with the care team to ensure that all parties involved in a patient's care are pleased with their experience. "When patients and families feel like they are not being heard, things are not clear, or there is a gap in communication because of family dynamics, our team works closely with physicians and nurses to bridge that gap by attending family meetings or connecting the patient or family with the appropriate care team member to answer their questions," shared Gutierrez.

"Our role is neutral. Patients and families see us as an independent voice of the care team, which makes them feel more willing to share their experiences. We see how we can help resolve the issue and reinforce what the care team is communicating," said Gutierrez. "It could be a simple



Rosario Gutierrez (center) with her children Daisy, Robert, and David.

misunderstanding, and you can say the same thing in a different way, and things end on a more positive note." Gutierrez and her team collaborate with the clinical team to complete a chart review and draft an official letter of response if an official grievance is reported. "Entering a hospital can be scary, stressful, and overwhelming for many patients and families. Being part of turning a negative interaction into a successful, positive outcome is very satisfying."

The Decedent Affairs team receives a daily report of patients who have passed away the prior day. "Decedent Affairs assists families

with inquiries regarding their loved one's body disposition, death certificates, and other postmortem care questions," said Gutierrez. "Families really appreciate having someone who can answer their questions during this vulnerable time."

When not at work, Gutierrez loves hockey and is a huge fan of the Washington Capitals. When not catching a game, she is all about spending time with her three children and husband. Gutierrez and her team can be reached at **202-877-4968**.

VTE-Prioritizing preventable hospital deaths



Stephanie Jerome, Liz Nixon, Selena Briggs, MD, and Gwendolyn Mulholland.

According to the Centers for Disease Control and Prevention, venous thromboembolism (VTE)—which includes deep vein thrombosis (DVT) and pulmonary embolism (PE)—affects as many as 900,000 Americans each year and is a leading cause of preventable hospital deaths in the United States.

For Selena Briggs, MD, MBA, PhD, vice chair of Otolaryngology, VTE prevention is a passion at work as it hits close to home. As an intern at the University of Minnesota, her chairman succumbed to PE during a hospital admission. Nearly 20 years later, following surgery, her mother, while in the hospital recovering from a hip arthroplasty, suffered a cardiopulmonary arrest secondary to a PE at an outside facility. She was transferred to MedStar Washington Hospital Center for a thrombectomy which Dr. Briggs

credits for saving her mom's life and improving her quality of life.

Dr. Briggs was already a member of the VTE Process Improvement Committee, and she has since assumed the role of committee chair. Her personal experiences with VTE have underscored the importance of the committee's work.

The committee is made up of a multidisciplinary group that strategizes ways to reduce the incidence of and prevent harm from VTEs, and the team has identified key areas of focus that clinical staff throughout the hospital can support.

Medication: compliance, refusals, and dosage

A critical step is to ensure that a patient receives VTE prophylaxis as prescribed and that it is the correct dosing and timing. "We have found that sometimes notes from the day

before are copied and pasted, so it could say VTE prophylaxis in their electronic medical record, but the patient has never been on it," said Liz Nixon, BSN, CPHRM, committee member and risk management consultant at the hospital.

"Documentation is a big piece of the puzzle. Somewhere along the line, it was intended for a patient to start the medication, but they never did."

Committee members complete chart reviews for patients who experience VTE while in the hospital to identify gaps, including confirming the timing of a prophylaxis order from the time of admission, type of medication orders, and compliance.

Dr. Briggs recommends checking the CORES rounding list: "It will tell you the prophylaxis status of a patient. If a nurse documents a missed dose or a patient refuses medication, it will be noted in the medical record. Additionally, a prompt will 'refire' if a patient has not been prescribed prophylaxis medication for 48 hours. We continue to look for ways to keep VTE prophylaxis at the forefront."

"It's a team function," said Kristen Nelson, MS, MBA, ACNP-BC, committee member and director of Advanced Practice Providers in Critical Care Medicine. "It's not only one person one day, it's everybody, every day, for every patient. You can't assume that another team member is making sure the patient has prophylaxis. Everyone needs to make sure."

Nelson shared that the medication used to prevent VTE is typically an injection that many patients refuse. "Nobody likes getting shots, but we've encouraged nurses to contact providers to address patient refusals and have a conversation with patients to underscore the importance along with the potential risks and consequences."

"Refusals are key," agreed Dr. Briggs. "We follow guidelines from the

American Society of Hematology that advocates for medication by injection as a first line, but providers can consider an oral medication if a patient continues to refuse injections. For high-risk patients, it's better to start them on an oral medication sooner if you can't get them to consent to an injection."

When ordering medications, also consider weight-based dosing. "VTE medication dosages should vary based on a patient's body mass index," adds Dr. Briggs. "Sometimes patients may be underdosed based on their BMI and are not being treated fully."

Patient education

Dr. Briggs recommends that providers who see patients in the clinic before a scheduled admission identify a team member who can take the lead on VTE patient education to ensure that it's a focused, intentional, and a routine protocol. "Working with our nurse navigator, Marquise King, RN, we completed a pilot initiative providing VTE patient education before admission, both verbally and in print, with a patient education flyer available in MedConnect. We saw the refusal rate for VTE prophylaxis drop from 41 percent to 6 percent during the pilot," she adds. "That awareness in advance

of admission is so critical. We even find patients will start advocating for VTE prevention themselves if they receive education."

Though it's a key time to educate patients before hospitalization, education continues to be important during hospitalization, not only to ensure medication compliance but to also ensure compliance with sequential compression devices, when ordered.

Sequential compression device (SCD) uses

Sequential compression devices (SCDs) improve blood flow in the lower extremities, helping to prevent blood clots. They can only do so if they are used properly, including frequency and duration.

"If a provider wants an SCD for a patient, they have to place an order for that patient," said Gwendolyn Mulholland, MSN, APRN, AGCNS-BC, CMSRN, CWOCN, committee member and clinical specialist in Wound Care & Medical-Surgical Nursing. "When a patient gets to a unit and their vitals are taken, it triggers an SCD being brought up to the patient. We don't have devices for every patient in the hospital, and the process may be different at other facilities, so it's important to understand the process here."

The committee has initiated a process improvement (PI) project to ensure that SCDs are delivered to patient rooms promptly following an order from a provider. "The next step in improving the SCD process is once the device is in a patient's room, ensuring that they get on the patient's legs and are used as directed," explains Dr. Briggs.

"If the SCD is next to the patient's bedside instead of on the patient where it should be, anyone can attach them to the patient. Our priority should always be patient safety," added Daniele Hill, MSN, RN, AMB-BC, CCCTM, committee member, and clinical specialist in Surgical/Oncology and Ambulatory Care. "Education can be shared by everyone to reinforce using SCDs. We all play a part together."

Screening on admission for transfer patients

"Patients coming from another facility should also be screened for VTE," said Stephanie Jerome, MSN, RN, CCDS, committee member, and clinical quality manager. Jerome shared that a new initiative from the committee is to perform an ultrasound on transfer patients. "Their risk has increased if a patient has been at another facility for more than two days. Patients are coming to our hospital with clots already formed. Screening transfer patients is another way we can get ahead of VTEs and impact the numbers."

Post-operative considerations

"Patients may be on restricted activity following surgery, even after they are discharged from the hospital," said Jerome. "Being in recovery from surgery puts them at increased risk." Restarting medications that may have been stopped due to the surgery should also be closely evaluated. "All of these considerations together support preventing clots before they occur," said Nixon, "which is safer for patients than treating a clot once it's formed."



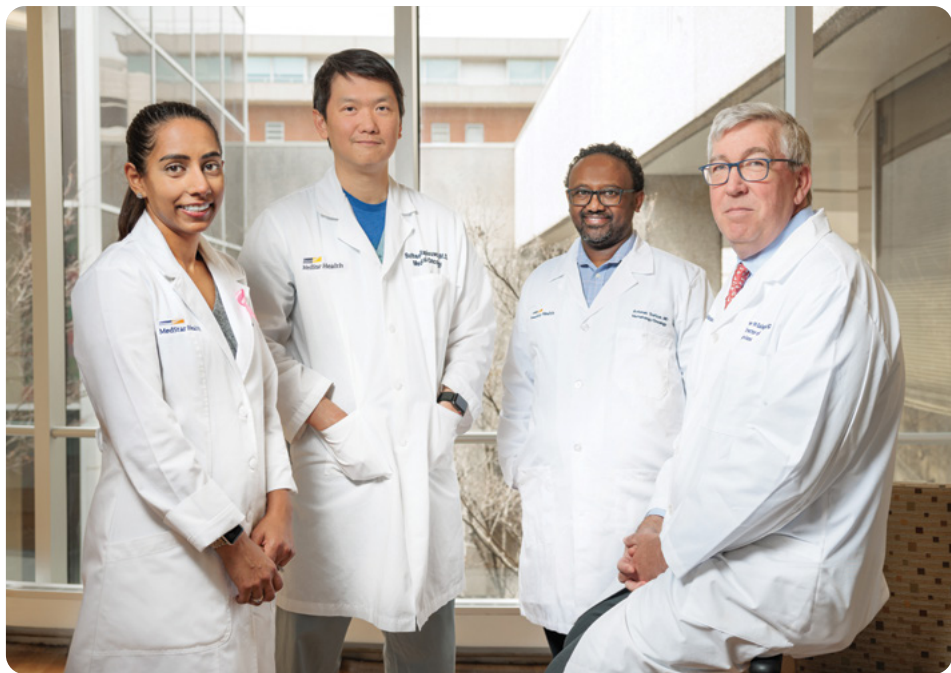
Daniele Hill and Kristen Nelson

Creating the future of cancer care through clinical trials

“Clinical trials offer cancer patients the opportunity for tomorrow’s cure, today,” said Christopher Gallagher, MD, medical director of Cancer Services at the MedStar Georgetown Cancer Institute at MedStar Washington Hospital Center. “What we’re looking for is improved outcomes with early stage and advanced stage diseases, as well as non-therapeutic opportunities to improve quality of life or improve strategies for cancer screening.”

Multidisciplinary tumor conferences are held regularly for most cancer disease groups, and each newly diagnosed cancer patient at the hospital is presented for case review and screened for participation in clinical trials. “Within the cancer community, we make sure we consider all of our new patients,” said Dr. Gallagher. “Patients don’t always realize the world-class care they are receiving. In fact, most people think it’s experimental.” He previously had a patient with metastatic cancer whose family was extremely hesitant to allow him to “experiment” on their grandmother by enrolling her in a clinical trial for a drug that later received FDA approval and was widely marketed. “After completing the trial, the patient had no evidence of the disease for more than seven years,” he shared. “Now when she sees the ads on television for the drug she was on, she points out to her granddaughter that was the drug her family didn’t want her to take.”

For the four most common cancers—lung, breast, colon, and



Drs. Ami Chitalia, Suthee Rapisuwon, Anteneh Tesfaye, and Christopher Gallagher

prostate—there are currently about 40 open clinical trials at MedStar Washington with the majority being focused on therapeutic treatment. “The goal of any cancer program’s research portfolio is to be able to offer something to any person with any cancer disease at any stage, to enroll at least 1 in 10 new cancer patients in a therapeutic trial, and to ensure that we are enrolling minority patients,” said Dr. Gallagher. “We enroll more minority patients in therapeutic clinical trials than most hospitals in the United States. If we didn’t offer these opportunities at MedStar Washington, we’d be doing our patient population a disservice.”

As many as 1 in 10 breast cancer patients at MedStar Washington are enrolled in the more than 20

therapeutic breast cancer clinical trials. “We’re studying agents in stage 3 breast cancer that are approved in stage 4 breast cancer, and we also enroll in surgical and radiation oncology-driven trials, prolonging remission, supportive care, and survivorship. Even if a patient doesn’t qualify for chemotherapy or systemic therapy, there could be a study for them in palliative care, registry, non-therapeutic, or surgical,” said Ami Chitalia, MD, a medical oncologist specializing in breast cancer at MedStar Washington.

“We have a wide variety of options,” she shared. “One current breast cancer study is open to Latina women who have a high risk for a gene mutation called BRCA which

can cause an increased risk for breast, ovarian, and other cancers, and another study is on symptom management using virtual reality to ease anxiety—or what we call “scanxiety”—for metastatic patients getting scans done. We even have trials that focus on collecting information to inform future, larger studies.”

All of the breast cancer studies look for opportunities to increase minority access and participation. “It’s so important to look at considerations for minority groups,” explains Dr. Chitalia. “Does the drug work the same way, are there unique adverse effects, or is the drug metabolized differently in these minority populations? These are important questions in cancer research.”

Many studies include strategies to eliminate potential barriers or burdens to the patient, such as reimbursement for travel, but Anteneh Tesfaye, MD, medical oncologist and hematologist and part of the multidisciplinary team at the Center for Gastrointestinal Malignancies at MedStar Washington, said it’s still common for patients, particularly within his patient population, to decline participation due to worries of added burden from their participation.

“Nearly 90 percent of patients in my clinic are African American and the other 10 percent are Hispanic,” he shared. “Within these groups, stories of research misconduct have been passed down over generations that have led to distrust of the medical system. We work hard to ensure that minorities are well represented in clinical trials for drug development to understand how drugs are going to work and affect patients from different sociodemographic backgrounds. It is so important to educate patients that there are safeguards in place for patients’ safety and

our studies are well vetted for their scientific value.”

His patients with neuroendocrine and digestive tract cancers are being given new hope. “If there is a drug that might get approved and be commercially available two years from now and a patient is receiving that drug now as part of a clinical trial, they have access to tomorrow’s drug, today. Clinical trials open doors and offer that chance to patients,” he adds.

Publicly recognized figures, such as former President Jimmy Carter, are examples of success in clinical trials. Dr. Tesfaye shares with his patients, “When President Carter was diagnosed with metastatic melanoma that spread to his liver and brain, there were no good treatments at that time. I told my patients it was considered a death sentence, but after receiving treatment with pembrolizumab, which was in its early course of drug development at the time, he became cancer-free. I share with patients that we have an exciting colorectal cancer study with an immunotherapy drug, which was shown to resolve rectal cancer in all patients who received it without any need for surgery a couple of years ago. Clinical trials are changing the way we treat cancer and extending peoples’ lives.”

Suthee Rapisuwon, MD, medical oncologist, medical geneticist, and hematologist at MedStar Washington, is part of a nationwide network of clinicians who collaborate to connect patients with clinical trial opportunities for less common cancers. Dr. Gallagher considers Dr. Rapisuwon a national figure for writing the protocol and leading an investigator-initiated study on melanoma.

“We are researching a rare melanoma of the eyes. We are privileged to investigate a potential treatment for patients who otherwise have a high risk of their cancer

metastasizing,” said Dr. Rapisuwon. “Once melanoma of the eye metastasizes, it is very difficult to treat, and the prognosis is very poor.”

He is also leading a bladder cancer clinical group investigating new treatment options to reduce the risk of bladder cancer recurrence after initial treatment. “I have an extensive lab background and consider myself a bridge between the bedside and the bench,” he said. “I like science for the sake of science. When we discover better ways to improve the quality of life and survival of our patients, it’s a win-win situation.”

Dr. Rapisuwon is dedicated to research not only for current patients but for future generations. “The standard we offer now has come from the fruits of clinical trials that others designed and executed before,” he said. “When we keep pushing the envelope, we find better treatment options, and that’s progress that can benefit people now and in the future.”

“We enroll more minority patients in therapeutic clinical trials than most hospitals in the United States. If we didn’t offer these opportunities at MedStar Washington, we’d be doing our patient population a disservice.”

– Christopher Gallagher, MD

Colleague-recommended trips to cure the winter doldrums

Winter doldrums got you down?

These MedStar Washington colleagues are here to share ideas for warmer and more relaxing vibes. Whether you're traveling with kids or grandparents, or solo, looking for adventure, or a nice place to sit and read a book—the options below are a great place to start brainstorming!

Galapagos Islands

What: Luxury cruise, all-inclusive

When: Any time of year: it's the Equator!

How much: \$6-8,000 per person (flight not included)

Right for: National Geographic offers a family cruise as well as adults only and caters to all abilities and activity levels.

James Jelinek, MD, chair of the Department of Radiology at MedStar Washington, had his cruise to the Galapagos Islands scheduled and rescheduled over four years, thanks to Covid. The trip was worth the wait. "It's one of the very best trips you can take,"



Left: Dr. Jelinek and Pam on the beach. Right: A blue-footed booby.

says Dr. Jelinek. He and his wife, Pam, flew to Ecuador, then sailed on an 8-day cruise with National Geographic. The ship was, by cruise standards, small—with only 46 passengers. But while small in stature, it packed a big punch in terms of amenities. "They had every activity you could possibly want," says Dr. Jelinek, including photography, scuba diving, hiking, and even informal classes during happy hour with the crew.

Over the eight-day trip, the cruise island-hopped, offering a different daily expedition with incredibly knowledgeable guides. Dr. Jelinek could not get over how the animals—who don't think of humans as predators—interacted with the visitors. "It was so astounding. You could walk within inches of a blue-footed booby with her baby chick, and they don't move. It was also the only place in the world where penguins existed at the equator. Sea lions would rub up against you while you were swimming and you had to step over the crabs and iguanas as they scuttled by without the slightest hesitation."

"Every day was an opportunity to learn something," Dr. Jelinek says. "You also could stay on the boat and read." Activities were tailored around a full spectrum of abilities, from endurance athletes to those with limited mobility.

Disney World

What: Theme parks and water parks

When: Pro-tip: It's not about what time of year, but what time of day...

How much: About \$10,000 for accommodations, meals, and rides for 6 nights

Right for: Families with small children, or the forever young at heart

For years, **Chee Chan, MD**, and her husband asked the age-old question: "What's the best time to take the girls to Disney?" They have three daughters, aged nine (twins) and five. They decided to take the plunge last June. They invited Dr. Chan's parents along and booked adjoining rooms. For a family that is used to the odd hours of an intensivist, the "Disney After Dark" option proved the perfect fit. They'd arrive at the park at 7 p.m. and some nights stayed until 1 a.m., enjoying limited crowds, fast access to rides, unlimited popcorn, and fireworks.

The family stayed at the resort, which also meant they had VIP access to different parks, with entry before the general public. They made use of the rooms' two refrigerators and stopped



Dr. Chan's daughters Thalia, Mira, and Zarya.

en route to pick up groceries, limiting themselves to purchasing one meal in the parks per day, which helped cut down on food costs. While the girls explored the rides, the grandparents could golf and go shopping, or hop on a ferry and enjoy the views.

Ireland

What: Smithsonian Guided Tour

When: Summer

How much: About \$8-9k per person

Right for: A once-in-a-lifetime trip that accommodates all ability levels

Cheryl Iglesias, MD, recently did some math. She learned that, after the age of 18, the number of meals a child has with their parents will never equal the number from the first seventeen years. Realizing that her daughters, in their mid-twenties, might someday soon have families of their own, Dr. Iglesias saw this ten-day tour of Ireland as a “once-in-a-lifetime” trip with their family of four. The trip included a driver and mapped out the routes and accommodations, making it a very low-stress experience. “We could focus on great pictures of the family and making memories. It was lovely to sit down and not



Dr. Iglesias with her husband Jon Lessin and daughters Julie and Brittany Lessin.

worry about safety or where to go the next day.” Their adventurous daughters went to the very edge of the Cliffs of Moher, while she and her husband stayed at a lower level. The trip hit all the iconic hotspots of the Emerald Isle: Dublin, Galway, the Aran Islands, and plenty of pubs and castles. “The Irish people have it together,” says Dr. Iglesias. “They are so welcoming of tourists, and we felt safe the whole time.”

And coming from a perspective where every meal with her daughters counts, Dr. Iglesias said the food was fabulous—despite Ireland’s bad rap. In fact, she returned home with a penchant for Irish butter and brown bread.

“Whether we’re eating fish and chips at a pub or fine dining at the K Club (the famed Kildare Hotel and Golf Club), it’s an opportunity to hear what’s going on in my daughters’ lives. That’s a blessing to me.”

Alaska

What: Luxury Cruise (Silversea)

When: Summer

How much: “Not a cheap vacation, but if it’s on your bucket list, it’s worth it. You won’t experience anything else like it.”

Right for: More geared toward adults, and accommodates all ability levels

John Sherner, MD, had always wanted to visit Alaska. The pulmonologist convinced his wife, twin seventeen-year-olds Grace and Jack, both sets of grandparents, and a few friends (for comic relief) to cross the trip off his bucket list. They opted for a 500-person, all-inclusive cruise that departed from Vancouver, Canada, and ended in Anchorage, Alaska, stopping at about four or five small Alaskan ports along the way. “We were able to experience these rugged Alaskan towns. It was so interesting to see how people live in this very small, isolated place and such a different lifestyle from what we’re used to in Washington, D.C.,” Dr. Sherner says.

Taking the trip in the summer meant lots of opportunities to hike and take in waterfalls, mountain lakes, and rainforests. The ship cruised up the inner passage of Canada, so narrow at points that viewers could take in a moving panorama of bald eagles and majestic scenery. They also saw the Hubbard Glacier up close.

“The kids were going into their senior year of high school, and we wanted a great family trip while their grandparents were still able to travel,” says Dr. Sherner. The food was terrific and there were so many various activities off-ship each day it was nice to come back and have a meal together and do a shipboard activity in the evening. It also meant there were plenty of options for their older traveling companions. “We went on bike rides through a rainforest or by a glacier while our parents went on a tour of a wildlife refuge.” They also had some amazing whale-watching opportunities. “We got some very extended views of whales spouting and splashing their tails. It was one-of-a-kind viewing.”



Dr. Sherner said, “We took this picture at an inlet in the North Pacific at the foot of the Davidson Glacier. With me are my dad John; family friends Nicole and Barry Lake; Grace; my wife Christine Thayer; and Jack.”

Marissa Stanziani, PhD

Behavior Management Psychologist

Workplace violence in hospitals was already occurring more frequently before the pandemic spurred a sharp increase in both verbal and physical abuse directed toward providers, nurses, and other associates. Though these environments have regained some semblance of normalcy in recent months, multiple surveys indicate that the number of incidents continues to rise.

Successfully coping with this disturbing trend and ensuring the safety of clinical and non-clinical staff requires an understanding of how and why patients experience behavioral health crises. It's a valuable perspective that Marissa Stanziani, PhD, brings as MedStar Washington Hospital Center's new Behavior Management Psychologist.

In her new role, created specifically to address the nationwide uptick in workplace violence, Stanziani will work with units in the main hospital and the Behavioral Emergency Response Team (BERT) to provide support, education, and behavior management guidance for patients experiencing a behavioral health crisis.

"MedStar Washington is fortunate to have a staff of highly skilled providers, nurses, and other professionals, yet not all of them are trained to handle behavioral issues," Stanziani explains. "My goal will be to not only help our staff deescalate

these situations, but also help them be alert to signs of a potential incident and, hopefully, head off an emergency."

While many factors may be at the root of behavioral issues, Stanziani says the added stress of the pandemic likely compounded other factors in patients' lives.

"Covid started or contributed to preexisting health, declines in livelihood, and/or personal and interpersonal issues," she says. "Unfortunately, sometimes the same people who are trying the hardest to help them end up being the targets for their emotions."

A native of New York, Stanziani earned her doctorate in Clinical Psychology from the University of Alabama, where she specialized in forensic psychology. She has worked in state and forensic hospitals, jails, prisons, and community diversion programs, as well as in private practice.

Most recently, Stanziani served as a mental health crisis consultant in the Emergency department of Greater Baltimore Medical Center in Towson, MD. There, she supported team members in managing difficult patients and conducted evaluations of patients' appropriateness for inpatient care.

Since arriving at MedStar Washington in October, Stanziani has had the opportunity to observe



Marissa Stanziani, PhD

nursing teams and how they interact with patients, providing support and suggestions as events have occurred.

"My hope is that I can identify units that are struggling with behavioral emergencies and offer training, whether it's general best practices or developing a plan for a specific patient's problematic behavior."

Stanziani adds that she's glad MedStar Health is embracing the role psychology can play in addressing and preventing workplace violence.

"As I get around and people come to know me, I'm hopeful they'll look to me as a resource," she says. "I want our physicians, advanced practice providers, nurses, and associates to know it's okay to ask for help, rather than waiting. If you are concerned, don't risk letting it escalate. Please reach out."

Contact Marissa at marissa.stanziani@medstar.net or via Teams at **202-579-3442**.

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– Marissa Stanziani, PhD

Memuna Kamara, NP

Geriatric Medicine

Carole King's song "You've Got a Friend" has long been associated with comfort and support. And for the staff and patients of MedStar Washington Hospital Center's Unit 1C, that friend is nurse practitioner Memuna Kamara.

Caring for patients who may be experiencing both physical and cognitive issues often requires close attention to a wider range of issues while they're in the hospital, and after discharge.

According to Unit 1 nursing director Meron Zikarge, BSN, RN, CMSRN, it's an area where the nursing staff can always count on Kamara's help.

"She supports staff by guiding them through the critical thinking process and working with them to make decisions to support patient care," Zikarge said in her letter nominating Kamara as APP of the Quarter. Zikarge also praises Kamara for consistently holding educational sessions with the nursing team and sharing ideas. One example is a 1C TEAM webpage to disseminate information, providing all team members with access to her presentations. She adds that Kamara "thinks outside the box and brings creative approaches to enhance the care of our patients."

Even with her responsibilities as a nurse practitioner, Kamara says she still gravitates to bedside care and interacting with the patients, even when it means helping them through periods of agitation.

"I enjoy the concept of taking care of the whole person," the Prince George's County, MD, native says, adding that sometimes Unit 1C patients don't have families. And



if family members are involved, they may not understand what resources are available.

"If my family member was in the hospital, I would want someone like me to check on them and have an understanding of how the care plan is moving toward a safe discharge plan," Kamara adds.

Family is the reason behind Kamara's choice of career. Admittedly "all over the place" during her freshman year at Hampton University, she focused on nursing at the suggestion of an aunt, herself a registered nurse. Kamara spent a student externship at MedStar Washington in 2003 and joined the Critical Care staff two years later. She earned her nurse practitioner certification in 2015 and has been regularly assigned to Unit 1C since.

In addition to her role in providing hospital-based care, Kamara enjoys following patients through the continuum of treatment, such as MedStar Washington's Geriatric House Calls program.

"It's always interesting when providers hold discussions on how we collectively manage the patient's care," she says. "Because we only see the patients in the hospital setting, learning the social and other aspects of their condition is always insightful, as it is when they need to be escalated to a higher level of care."

Kamara understands the importance of a good work-life balance and spends her free time with family, at concerts, hiking, or watching the latest Netflix shows. Kamara also loves to travel. As the daughter of immigrants from Sierra Leone, her dream is to do a full-circuit tour of the African Continent. "That would be fun...and expensive," she says with a laugh.

"If my family member was in the hospital, I would want someone like me to check on them and have an understanding of how the care plan is moving toward a safe discharge plan."

– Memuna Kamara, NP

Mohamad Al-Otaibi, MD

Cardiology

Mohamad Al-Otaibi, MD, participated in his first heart procedure at age five. Born with a congenital heart defect known as coarctation of the aorta, Dr. Al-Otaibi can still remember the bandages from his catheterization. "It was truly remarkable that I was able to undergo the appropriate treatment at the time," he says of the intervention, which took place in Amman, Jordan.

Even post-operation, he had more doctor visits than the average kid, and ultrasounds were part of the wallpaper of his childhood. When it came time to choose a career, it seemed like a natural fit—albeit a departure from the family "lineage" of engineering. "I come from a family of engineers," he says with a quip. "So as a doctor I am the 'black sheep' of the family."

But, jokes aside, Dr. Al-Otaibi says the value of a physician in the community was instilled by his parents at a young age. "We are instruments of God's hands," he says.

In part because of that engineering backdrop, the family has lived all over the world: Jordan, United Arab Emirates, Qatar, Canada, Ireland, and Bahrain. Dr. Al-Otaibi knew he wanted to complete his post-graduate training in the United States but first spent a year in Qatar completing a medical internship so he could spend time closer to his parents, who reside in the Middle East.

In 2018, he moved to the United States to complete his internal medicine residency at Temple University's Lewis Katz School of Medicine. He came to MedStar Washington Hospital Center in 2021 to complete a cardiovascular disease fellowship. Upon completing his fellowship in June 2024, Dr. Al-Otaibi will move to Portland, Maine, where he will work as a non-invasive and imaging cardiologist and complete further training.

Being born in Jordan and of Palestinian descent, Dr. Al-Otaibi hopes to give back to his community by opening a health clinic in Jordan for underprivileged populations. "As physicians, we are fortunate to have the ability to provide direct, life-changing benefits to those we serve and, to me, this is priceless. It is a promise to my father that I aim to fulfill in my medical journey."

Leaving MedStar Washington after three years will be bittersweet. "I feel very, very blessed and privileged," Dr. Al-Otaibi says of his time here. "I've been surrounded by trailblazers in the field of cardiology; it's been a dream come true."

"Everyone is humble and approachable," the fellow says of his colleagues and mentors at the hospital. "My program director, Gaby Weissman, MD, is an imaging/MRI pioneer, but above all a great human being. I was welcomed and embraced with open arms." In part, it has



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– Mohamad Al-Otaibi, MD

been that team of mentors who have helped him form a lasting ethos as a cardiologist. "Delivering high-quality medical care is not a one-man or one-woman job. It takes a team effort," says Dr. Al-Otaibi.

Addisu Mesfin, MD

Orthopedic Spine Surgeon

When Addisu Mesfin, MD, arrived in the United States from his homeland of Ethiopia at age eleven, he'd been raised to believe that whatever career path he chose, it would have to involve direct service and helping people.

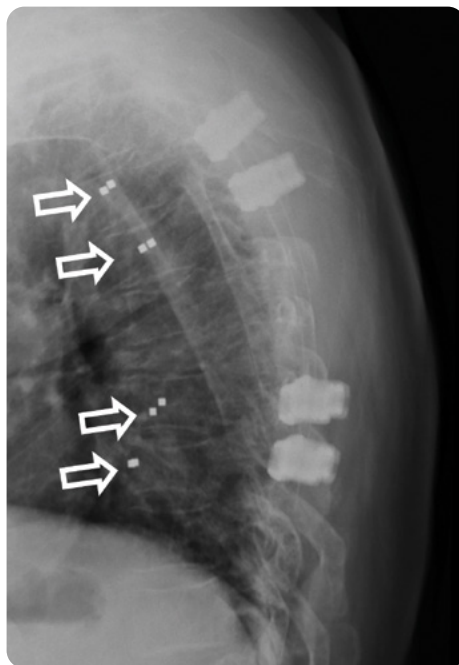
Upon graduating with a medical degree from Drexel University, Dr. Mesfin joined the University of Rochester. "I started there because of the Orthopaedic department, which had an excellent reputation, and to be part of the cutting-edge research they were doing," explains Dr. Mesfin.

During his Orthopaedic Surgery Residency, Dr. Mesfin had the chance to answer that call to service by joining the United States Army Reserve Medical Corps. Part of that service involved a four-month tour in Afghanistan as a member of the Forward Surgical Team in 2014. "Our mission was to preserve sight, limb, and life," Dr. Mesfin explains. "You're not doing complex surgeries; you're only focused on stabilizing the wounded and getting them out."

After a decade at the University of Rochester where he served as Chief of Spine Surgery and Spine Surgery Fellowship Director, Dr. Mesfin was ready for a new challenge. Ultimately, it was a combination of new opportunities at MedStar Washington Hospital Center and family ties that lured him back to the area. Much of Dr. Mesfin's family lives in the DMV, and he was excited for the chance to grow the spinal oncology space at MedStar Health, particularly in pioneering research. In his role, Dr. Mesfin is also Vice Chair of Research for the MedStar Orthopaedic Institute.

It is in that space that Dr. Mesfin thrives. "My passion is around improving outcomes following spinal tumor surgery," he says, noting a personal interest in preventing infections in patients who have metastatic spine tumors. "They're dealing with a lot," he notes. "The last thing they need is to get an infection in their spine, which can delay other treatments." By using more minimally invasive techniques and additional wound irrigation and antibiotic regimens, he's been able to bring post-surgical infection rates to below five percent. He also has built an extensive spine oncology network by visiting and collaborating with Spine Centers in Japan, Italy, and the Netherlands.

Another way Dr. Mesfin is seeking to serve his patients is through novel implants for spine tumor surgery.



A carbon fiber implant - a relatively new innovation in spinal surgery that Dr. Mesfin is helping to pioneer.



Historically, surgeons have used titanium for screws, rods, or other stabilization implants. These can both degrade and create low-quality imaging for CT scans and MRIs. Dr. Mesfin is leading a growing movement to utilize carbon fiber implants in these cases, which offer an equivalent strength without showing up on imaging.

Ultimately, for Dr. Mesfin, bringing that growing area of research to an established team with three decades of orthopedic oncology experience has been a tremendous opportunity. "Spinal oncology is multidisciplinary," Dr. Mesfin says. "You work as a team, and we have an excellent team. It's a positive collaborative atmosphere -that's what you need to grow a practice." Beyond his work in spinal oncology, Dr. Mesfin is passionate about motion-preserving surgeries.

Since coming to MedStar Washington, Dr. Mesfin has enjoyed exploring Washington, D.C.'s restaurants and spending time with his family. Last fall, the Army veteran completed the annual Army 10-miler, which was a fun way for the Rochester transplant to get to know people.

Connections

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

From the desk of

Ahmar Hashmi, MD Department of Medicine—General Internal Medicine

Last year, MedStar Washington Hospital Center Section of General Internal Medicine launched a new Residents' Diabetes Clinic, designed especially for patients who may lack the economic resources to seek specialized treatment for uncontrolled Type 2 diabetes and are dependent on their primary care physicians for treatment.

The need for the Residents' Diabetes Clinic is critical given both the growing prevalence of diabetes among patients and its connection to other comorbidities. According to the Centers for Disease Control and Prevention, approximately 43,610 people in the District of Columbia—eight percent of the population—have been diagnosed with diabetes. Another 164,000 people have prediabetes, with above-normal blood glucose levels.

The Residents' Diabetes Clinic aims to provide a resource for diabetes patients who rely on government-sponsored insurance or are otherwise ineligible for other programs such as MedStar's highly successful Diabetes Boot

Camp. Many of our patients may also have comorbidities that must be carefully considered in step with proper diabetes management.

At the clinic, treatment and education go hand-in-hand as many patients may not be fully aware of the available options for them. While proper diet and lifestyle remain fundamental to keeping the condition under control, we also help patients better understand medications such as Glucagon-Like Peptide-1 Receptor Agonists (GLP1RA), which can be taken through daily or weekly injections.

We also encourage our patients to consider utilizing continuous glucose monitors (CGMs) as an alternative to the sometimes painful and inconvenient finger sticks. In addition to eliminating a common obstacle to proper diabetes management, CGMs provide a continuous stream of data that helps patients identify and manage glucose level fluctuations during the day. CGMs can also help illustrate the benefits of diet and exercise to keep glucose levels within range.

Currently, our biggest educational challenge is raising awareness



about the Residents' Diabetes Clinic and getting more patients with uncontrolled diabetes to take advantage of these valuable services. Although some counseling and demonstrations are best provided through in-person visits, we do offer a telehealth model for patients who may have mobility or access issues.

All patients with diabetes should have access to the knowledge and treatments that can help them minimize the limitations it places on their lives. Controlling diabetes can play a key role in achieving better overall health, and we're pleased that the Residents' Diabetes Clinic is available to help patients take those important steps.