



MedStar Health

Connections

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



MedSTAR Transport celebrates 40 years of getting critically ill and injured patients to lifesaving care

INSIDE THIS ISSUE

4

MedSTAR Transport celebrates 40 years

8

A farewell to George Obeid, DDS

10

A water breach demonstrates the "One Team" bond

15

Tamika Auguste, MD named Physician Executive Director

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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CE Conferences

Registration Now Open

2023 Comprehensive Stroke Symposium Stroke at its Core

September 8 to 9, 2023 | Bethesda Marriott | Bethesda, MD
Course Directors: Sana Somani, MD, MBBS; Rocco A. Armonda, MD

10th Annual Gastric and Soft Tissue Neoplasms 2023

September 23, 2023 | Park Hyatt Washington | Washington, D.C.
Course Directors: Sosipatros A. Boikos, MD; Nadim G. Haddad, MD; Joseph J. Jennings, MD; Dennis A. Priebat, MD; Mark A. Steves, MD

Advances in the Management of Prostate, Kidney, and Bladder Cancers September 29 to 30, 2023

Washington Marriott Georgetown | Washington, D.C.
Course Directors: Michael B. Atkins, MD; Mohit Gupta, MD; Keith J. Kowalczyk, MD; Ross E. Krasnow, MD, MPH; Young Kwok, MD; Paul D. Leger, MD, MPH; George K. Philips, MBBS, MD, MPH; Suthee Rapisuwon, MD.

D.C. Lung Cancer Conference

October 7, 2023 | Mayflower Hotel | Washington, D.C.
Course Director: Stephen V. Liu, MD

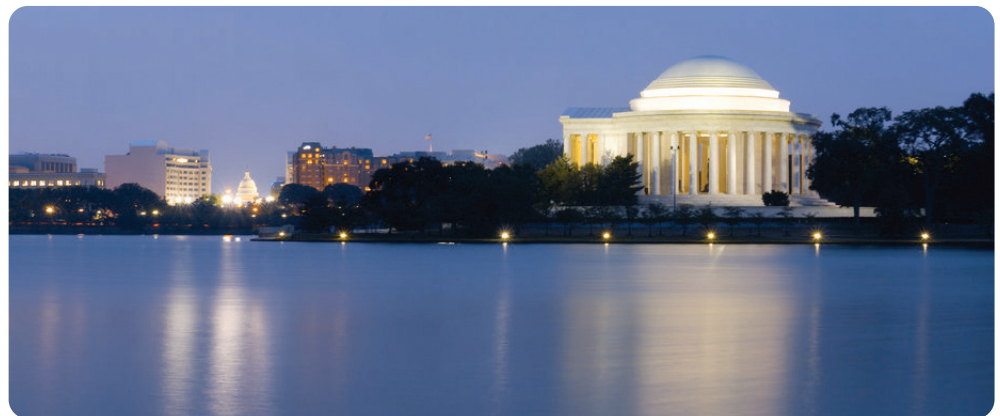
New Developments in Understanding Chronic Illnesses: The Role of Immune Dysfunction and Infections

November 8 to November 10 | Marriott Marquis | Washington, D.C.
Course Director: Gary Kaplan, DO, DABFM, DABPM; Craig Shimasaki, PhD, MBA

SAVE THE DATE

14th Biennial Thyroid Update

December 1, 2023 | Bethesda Marriott | Bethesda, MD
Course Directors: Kenneth D. Burman, MD; Jason A. Wexler, MD
MedStar Associates use promotion code **THYMSC** for 25% off registration fees.



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.

Turning the page on a new fiscal year

As members of the Medical & Dental Staff, you are the clinical leadership for MedStar Washington Hospital Center, and I know you take great pride in the daily excellent care and lifesaving work we provide our patients and community.

A constant year after year is our collaborative commitment to the highest quality, safest patient care which is embedded in our culture and drives what we do.

As we turn over a new fiscal year, I'm asking for your support in our ongoing efforts to achieve critical hospital goals.

Physicians, fellows, residents, and advanced practice providers have a fundamental impact on the success of our objectives, and there are specific areas I would like you to continue focusing on.

You may have read in some of my *STAT Update* eblasts, a reoccurring message regarding Length of Stay (LOS), reducing it, and throughput. We have made strides, but we have more work to do. Here's how you can help!

Many of you know and practice IMOC (Interdisciplinary Model of Care), a MedStar-wide process requiring daily rounds and spending at least five minutes with each patient and bedside nurse. This is an important time for the care team to communicate with the patient and their family or friends about treatment plans, and when they can expect to go home. Write discharge orders by 9 a.m. so patients can leave by 11 a.m. and discharge the patient to the Discharge Hospitality Center on the second floor, where they

can rest until a family member is available to pick them up. If the patient can be discharged and needs diagnostic procedures or a specialty consultation that can be safely performed in an outpatient setting, schedule those procedures, and proceed with the discharge.

We all want what is best for our patients, and as much as we wish rehabilitation for them, there are factors beyond our control that can contribute to the final discharge plan. The safe disposition of patients to acute rehabilitation, sub-acute rehabilitation, long-term care, or home—with or without various home services—often depends on factors including skilled needs, the ability to participate in therapy for a duration of time, and insurance eligibility and coverage. Please consult with physical or occupational therapy and where necessary psychiatry to determine a patient's ability to participate in rehabilitation. Case Management should also be involved early in the process to confirm insurance eligibility for certain levels of care and other medical support.

When patients have a clear understanding of their care goals, they often become more encouraged and motivated to return home; and our actions can lead to higher patient satisfaction ratings, support the reduction of patient readmissions, and further assist with decreasing our case mix index-adjusted LOS and the number of Emergency department boarding hours.

Remember, talking to each other builds stronger teams; please share your ideas for Length of Stay, throughput, and safe disposition with your colleagues across all disciplines on the units and/or departments where you work.

Also, let's extend a warm welcome to the new physicians - interns, residents, and fellows - who entered the Graduate Medical Education program and joined our "One Team" this summer. I have no doubt you will set the highest example in clinical practice and encourage them to learn, develop as leaders, and integrate them into our care teams.

Thank you for everything you do, every day, at MedStar Washington. Our achievements are because of your renewed commitment every day, to treat our patients as you would want to be treated yourself.



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

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

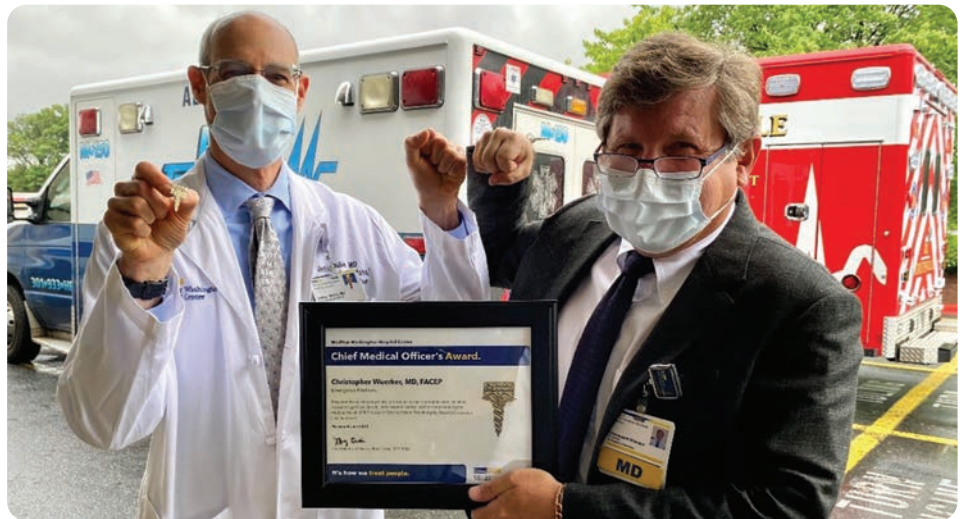
40 years of MedSTAR Transport: getting critically ill and injured patients to lifesaving care

“Time saves lives and we’re reducing the time to definitive care,” said Wade Smith, flight paramedic for MedSTAR Transport since its maiden flight on July 3, 1983. The program is celebrating 40 years of bringing thousands of patients each year to MedStar Health facilities via medevac helicopters and ambulances that act as traveling critical care units for extremely ill or injured patients.

“Time is of the essence,” agreed Christopher Wuerker, MD, who recently retired after leading MedSTAR Transport as medical director for more than 25 years. “Many cases are time-sensitive transfers: stroke patients, heart attack patients, or patients who need emergency surgery. This team provides excellent care, compassionately, and does so quickly to save lives.”

The majority of patients are transported between hospitals in the MedStar Health system and other major tertiary care centers in the Mid-Atlantic region as directed by the sending and receiving physicians. During transport, the highly trained transport teams routinely manage patients on advanced critical care life support such as APRV, IABP, LVAD, Impellas, and ECMO.

“The Emergency Medicine Service environment is unique because it’s challenging enough to provide excellent critical care inside a



CMO Jeff Dubin presenting Christopher Wuerker, MD with a CMO Award in 2021.



Greg Marchand, MD, former associate medical director

hospital, but much harder to do that outside of the hospital,” said Dr. Wuerker. “MedSTAR Transport provides fantastic care under unique and difficult circumstances. It’s pretty amazing when you realize what they are doing in the back of a helicopter or ambulance.”

“There have been amazing saves, astonishing stories of staff self-sacrifice and going into harm’s way,” added Greg Marchand, MD, Chief MedStar Triage Officer & Physician Director, MedStar Capacity & Transfer Center and Associate Medical Director, MedSTAR Transport Services. “Trying to get patients through a winter snowstorm that need specialty care and lining up snowplows to help the ambulance get through the snowstorm or a pilot dealing with summer thunderstorms, it’s literally every day that these individuals are willing to take the added risks necessary to care for these patients.”

The flight crew includes a pilot, critical care nurse, and critical care paramedic, all of whom are trained to handle the full spectrum of adult and pediatric critical care patients. For ground transportation, the

critical care team consists of an emergency vehicle operator, a critical care nurse, and a critical care paramedic.

Thomas Kyle, a nurse who has worked in MedSTAR Transport for more than 15 years, said the team is more like a family. "You form a bond with these people. There's a lot of stress and sometimes sadness; you see a lot and you support each other."

"I'm enormously proud of what the crew has accomplished over the years. It requires an extensive team of not only clinicians but also the pilots, mechanics, and ambulance drivers," said Dr. Wuerker. "And the engine that drives all of this is the MedSTAR Transfer Center. They work 24 hours a day, seven days a week to expertly get these emergency referrals to the right physicians and coordinate all the different aspects to get transfers expedited."



Thomas Kyle, RN, a staff crew member for 15 years

Over its 40 years of service, MedSTAR Transport has grown from one aircraft to three bases in the Baltimore/D.C. region, which are strategically located, equipped, and staffed to provide support to patients in Maryland, Virginia, West Virginia, Delaware, and Pennsylvania. No matter the time of day or day of the week, once a call for transport comes in, team members scramble to gather any special equipment they may need and can be airborne in five minutes. "The volume has continued to



Wade Smith, FP-C, paramedic with MedSTAR Transport since its maiden flight.

increase over time," said Smith. "Our ground crews are on the road 12 to 14 hours a day doing patient transports. And the flight crews, we're doing 2 to 4 flights a day."

The crews put themselves in harm's way once again throughout the COVID-19 pandemic but were busy in a new way primarily transporting patients between MedStar Health facilities to balance patient volumes. "The program was integral to the success of MedStar Health, at that time, to load balance and manage the flow of very sick patients across the system and move people across facilities in a timely manner. It was safer for patients to be moved to a facility that was less overwhelmed," recalled Dr. Marchand. "The transport program and transfer center were huge wins and supported the idea of One MedStar."

During the pandemic, the crews donned PPE along with their flight suits and helmets before getting into an ambulance or helicopter that could reach temperatures as high as 120 degrees. "It was scary and intense, but the team said, 'Give us the protection, we have a job to do,' and they did it," said Marchand. "They were facing the unknown and didn't hesitate to put themselves at risk and I'm proud of their response to that."

Though some situations, like the pandemic, or single events, like 9/11, stand out, the team remains focused on each patient every time. "Our response to the Pentagon on 9/11 is certainly memorable, but it's the daily events that are so important because each one is someone's child

or parent," said Dr. Wuerker. "The team is very sensitive to that."

For decades, Smith received a holiday card in the mail from the grandson of a patient he had transported to the hospital. "Some days you lose a patient, and that is incredibly hard, but you come back for the next shift. I still have the same drive I did when I was on that first flight 40 years ago. I still think I can make a difference," he added.

"When you're out there retrieving people, you can make a difference for those individuals," said Kyle. "Even if your care time isn't that long—the average flight time is about 30 minutes with 20 minutes to package and delivery—you can make good changes for people." He said two prior patients are memorable who were in cardiac arrest for more than 30 minutes. Both were transported quickly to emergency surgery and not only survived but walked out of the hospital. "Typically, any patient in cardiac arrest for that long would die, but we saved their lives," recalled Kyle.

"This program has been instrumental in the ongoing growth of MedStar Health in providing care to patients inside and outside the system in this region," adds Dr. Marchand.

"It's a symbiotic relationship between MedSTAR Transport and MedStar Health facilities" added Dr. Wuerker. "When they work together, they both grow, and the community benefits."

Rolling back the memories...



The first MedSTAR Transport helicopter flies in 1983.



The system's first helicopter program was established at MedStar Washington.



Staff attending community outreach events.



On 9/11, MedStar was the only civilian helicopter at the Pentagon and flying in airspace.



MedSTAR-rapid transportation team.



Members of MedSTAR Transport ground crew.

MedSTAR TRANSPORT FACTS



6,000 patients are transported annually



2,000 medevac missions conducted annually



Four EC-135 medevac helicopters (Range 250 miles)



10 Ambulances

- 1974:** MedStar Washington installs helipad for air ambulance transport
- 1979:** MedSTAR (Medical Shock Trauma Acute Resuscitation) opens at MWHC March 12. New Intensive Care Tower treats first patient.
- 1983:** First official flight on July 3
- 1999:** Dedicated ground critical care transport established
- 2001:** Only civilian helicopter to fly on 9/11
- 2006:** New Communications Center opens in Lanham, Md.
- 2008:** MedSTAR Transport celebrates 25th anniversary
- 2017:** MedSTAR Transport expands services to the Baltimore region
- 2023:** MedSTAR Transport celebrates its 40th anniversary

Collaboration leads to increased diagnosis of sarcoidosis: the great mimicker uncovered



Carlos Garcia, MD



Farooq Sheikh, MD

Carlos Garcia, MD, is the medical director of Nuclear Medicine at MedStar Washington and the regional co-director of Nuclear Medicine for MedStar Health. His team works hand-in-hand with Farooq Sheikh, MD, and his team on a multidisciplinary sarcoidosis program at MedStar Health, one of the fastest-growing services for the system.

Dr. Sheikh, medical director of Advanced Heart Failure for MedStar Health (D.C. region) and regional director of the Infiltrative Cardiomyopathy program, credits the collaboration with Nuclear Medicine as a critical success factor for the growth of the program, which means more patients are being diagnosed sooner.

Sarcoidosis, inflammatory cells accumulating in the body forming clusters of cells called granulomas, can affect any organ, including the heart. As with other diseases, earlier identification and treatment can not only improve patient outcomes but can also reduce the risk of further organ damage. With cardiac sarcoidosis, damage can lead to heart failure, arrhythmias, or even sudden death.

Drs. Sheikh and Garcia's partnership began with a conversation and has led to

best practices in the diagnosis and treatment of the disease.

"Nuclear Medicine's amazing work is so valuable, and the collaboration is important, said Dr. Sheikh. "Using cardiac imaging is a requisite. A cardiac MRI will provide a signal for sarcoidosis and, if so, a subsequent PET scan is performed to determine if there is active cardiac and/or extracardiac inflammation."

Dr. Garcia's team uses cardiac PET imaging both for perfusion images using Rubidium-82—to identify and outline the heart muscle cells—and function images using fluorodeoxyglucose (FDG), which will "light up" when absorbed by non-cardiac cells in the same region. "Then we can go back and overlay the two sets and see if any perfusion defect corresponds to an area where FDG was absorbed," said Dr. Garcia. "We have the ability to image granuloma cells and the inflammatory reaction their presence can trigger. As a result, we can identify where the problem lies. If a clinician wasn't thinking about it in the differential diagnosis, the patient would have not undergone the test."

Dr. Sheikh refers to sarcoidosis as a diagnosis of exclusion, particularly in patients with atypical symptoms. "It can look like other disease processes, and if it only presents in cardiac form, you might not diagnose it, if you

don't suspect it." Sarcoidosis can at times be mistaken for cancer, tuberculosis, or other infectious processes.

"It's been called the great mimicker," said Dr. Garcia. "It can look like something else on plain images. Knowing the correct questions to ask, and who to ask, distinguishes you from other clinicians, and the heart failure/ infiltrative cardiomyopathy team is gifted in this regard."

"With the advent of advanced cardiac imaging tools like FDG PET imaging, there are reasons to believe this is a more prevalent disease," added Dr. Sheikh. "What began as a small endeavor has turned into a full-fledged multidisciplinary team effort, and we are confident we can improve the quality of the lives of our patients."

"The program shines because the multidisciplinary sarcoidosis team and our clinical partners considered sarcoidosis an etiology," added Dr. Garcia. "Their level of expertise demands we perform at the same level. I believe over the years we've made each other better. And what more could anyone ask for when two specialties collaborate to improve patient care?"

A farewell to George Obeid, DDS

MedStar Washington “institution” caps a well-rounded career

As a young medical student in his native Syria, George Obeid, DDS, recalls a fascination with oral and maxillofacial surgery and, more importantly, the many ways it could help patients.

“Just imagine all the changes that kind of surgery offers,” he says, “whether it’s treating pain from a trauma or a corrective jaw procedure that improves one’s appearance and self-confidence.”

Dr. Obeid was able to do all that and much more with his chosen discipline during his four-decade career at MedStar Washington Hospital Center, more than half of which were spent as chair of Oral and Maxillofacial Surgery. Dr. Obeid, who retired this summer, has treated patients with routine and complex conditions with the same level of care and concern, while at the same time imbuing hundreds of residents

with a calm, patient-first approach that has been recognized and emulated across the profession.

“It’s incredible to see how one person can impact so many lives,” observes MedStar Washington’s Chief Medical Officer Jeffrey S. Dubin, MD. “He’s truly one of our ‘institutions’—a surgeon-leader who has contributed so much to patient care and resident education.”

“Outside of my family, he’s been the most important person in terms of who I idolize, and how I do things,” agrees Ravi Agarwal, DDS, who came to the hospital as a resident in 2008 and succeeded Dr. Obeid as department chair in 2021. “He’s one of the most patient individuals I know, and always there to listen and provide advice for challenging or difficult cases. He knows and has seen everything. And he’s rarely ever wrong.”

Career foundations

Dr. Obeid’s professional path began with a post-dental-school move to England, where training requires multi-year stints at various hospitals. He was fortunate enough to end up at Queen Victoria Hospital in East Grinstead, home to a prestigious oral surgery program that was visited regularly by professionals from around the world. Among them was MedStar Washington’s department chair at the time, Peter Connole, DDS, who became a friend and mentor to Dr. Obeid.

That relationship would lead to an invitation to fill an unexpected vacancy in the hospital’s residency program, which, along with a fellowship, would qualify Dr. Obeid to take the U.S. Board exam. The timing couldn’t have been better. Now married to his longtime sweetheart, Simone, and father of



Jeffrey Dubin, MD

George Obeid, DDS, (left) with fellow 2016 Gold-Headed Cane Award recipients Vera Malkovska, MD, and Paul Sugarbaker, MD.

two sons, Dr. Obeid had second thoughts about his original plan to return home to Syria, which was becoming fraught with economic and political instability.

He remembers the exact date he started here—January 15, 1984—and being immediately impressed with everything he saw, even though he would spend his first month as a temporary bachelor living in the residents' call room until his family could join him in the United States.

Marveling at the variety of complex cases, and meeting outstanding surgeons in all departments, he says, "It was really a place I wanted to be a part of."

Once he fulfilled his training and examination requirements, Dr. Obeid eagerly accepted the offer of a faculty position at MedStar Washington in 1987. Since then, he has witnessed incredible changes in both facilities and technology, including the use of 3D printing and digitally guided jaw reconstruction procedures.

Upon succeeding his mentor, Dr. Connole, as department chair in 1994, Dr. Obeid began leaving his own mark on the program in many ways. Along with growing the full-time staff, he cultivated a network of community providers who continued to bring cases and teaching expertise to MedStar Washington and developed a collaboration with Children's National Hospital.

Dr. Obeid also became well-known across the region as "the go-to person in the area for cases that are different or unusual," according to Leonard Goldman, DDS, a resident under Dr. Obeid who remains close to the MedStar program as a senior attending surgeon. He adds that Dr. Obeid's mentorship went beyond teaching foundational surgical knowledge and skills.

"By example, he demonstrated the importance of patience, wisdom, and conservatism in patient care," Dr. Goldman says. "His professional and gentle manner were

instrumental in shaping me as a surgeon and in changing the culture of oral and maxillofacial surgical education at our historic institution and beyond."

Recognition and relationships

Dr. Obeid's career also includes extensive service to his profession. In addition to establishing the region's largest, most robust surgery residency program at the hospital, he was also a National Board examiner for several years, helping evaluate other oral and maxillofacial surgery residency programs for the Commission on Dental Accreditation. His efforts to advance meaningfully oral health and dental education were recognized in 2018 with the prestigious William J. Gies Foundation Award from the American Association of Oral and Maxillofacial Surgeons and American Dental Education Association.

Indeed, the pandemic-driven interruption of those cherished interactions may well have been the sole low point of Dr. Obeid's time at MedStar Washington.

"I felt bad for patients because they had to wait a long time until we could resume routine and elective procedures," he says. "But being so isolated from my colleagues and unable to connect or even have lunch together—that was very hard."

With retirement at hand, Dr. Obeid looks forward to having more time for volunteer work, going on hikes with Simone, and visiting with his sons' families. His oldest, Iyad, is a professor of electrical engineering at Temple University in Philadelphia, while his younger son, Samer, practices law in the Boston area. The Obeid sons' four grandchildren are sure to receive plenty of attention from their grandparents in the coming years.



Dr. Obeid (center) with colleagues and friends Leonard Goldman, MD, (left), and Mario Golocovsky, MD

Along the way, Dr. Obeid has developed close professional relationships and friendships with his MedStar Washington peers, culminating in his being honored with the Gold-Headed Cane Award in 2016.

"He's a wonderful man, an excellent friend, and a good colleague," says longtime MedStar Washington trauma surgeon Mario Golocovsky, MD. "He cares about every member of his team. I've always enjoyed seeing him and catching up with what was going on in our work and our personal lives."

Travel also figures in Dr. Obeid's plans for the future. He got a head start on that goal not long ago when he made a trip to England, and once again walked the halls of Queen Victoria Hospital.

"I enjoyed seeing old colleagues and reliving wonderful memories," he says, "but most importantly, I wanted to thank my old mentors for all they did to help me get started on this wonderful career."

A water breach demonstrates the unbreakable “One Team” bond

On Christmas Eve, Ernest Hodge received an emergency phone call: An air handler had burst inside MedStar Washington Hospital Center, causing significant flooding on the ground and basement levels. Thousands of gallons had intruded, impacting a variety of patient-facing surgical and radiology spaces and more than a dozen administrative offices.

It was the sort of call no senior director of Facilities hopes to get. But it was also exactly the sort of phone call for which Hodge, along with his team and all those who support emergency preparedness at MedStar Washington, had prepared.

Hodge—who’d been celebrating the holidays with extended family in North Carolina—hugged his loved ones, wished them “Merry Christmas,” then began the five-hour drive home to Washington, D.C.

Even before he started the engine, Hodge was ticking through the triage list: Back on-site, they had an emergency team, led by Jamie Martinez, Jamiel Farrar, and Kevin Knight, excavating the water. They’d need to assemble around-the-clock shifts, lean on the Environmental Services department for equipment and staff, and ensure that Life Safety was standing by.

“We’re here to provide patient care,” Hodge says. “That’s the priority in our

department and every department. We’re ‘all hands on deck.’”

From a playbook that centered on patient care, to individuals who gave up their vacation to triage flooding, to a Command Center that deployed a constant rotation through New Year’s Day to ensure that no services or patient interfaces would be compromised, to clinicians who took on additional services or relocated services without complaint, a holiday emergency proved one thing: MedStar Washington’s philosophy of “One Team” is far more than a catchphrase.

“We’re a community hospital,” says Alisa Williams, director



All hands on deck! One Team EVS, Facilities, and Life Safety members



Craig DeAtley

“Emergency management is all about preparedness and response,” DeAtley says. “It’s not one or the other, it’s both.”

DeAtley notes that preparedness starts with buy-in from the hospital’s executive leadership. It extends to monthly meetings with the Emergency Preparedness Working Group. That group—which includes both operations staff and clinicians—meets monthly to talk through a variety of planning and response issues, giving opinions on priorities, reviewing after-action reports, approving new procedures, and helping plan and execute all exercises and drills.

Given the age of the facility, flooding is high up on his department’s list of internal threats. Combined with extreme frigid temps, the breach wasn’t wholly unexpected, even if the magnitude was.

Coordination that paid dividends

Chief Financial Officer Bill Gayne concurs. “The biggest reason the team worked well here is that they were well prepared. We don’t have these every day, but when we have unplanned events, the team knows what to do and what

Emily Briton, Alisa Williams, Kenyetta Keys, Jamiel Farrar, and Ernest Hodge

of Environmental Services for the hospital. “Most impacted areas—interventional radiology, ultrasound, oral surgery—are community outpatient and surgical services. If we didn’t adapt, people would not be able to get treated.”

Williams credits director of Environmental Health & Safety Kevin Knight and his team with enabling an almost seamless transition from floodwaters to the first appointment of the day.

“The ‘First on Site’ team assessed the area. They led, so my team knew exactly what we were walking into on Monday,” Williams says.

Embodying the role of first responders

Chief Operating Officer Emily Briton agrees: “This was complex work that required significant coordination with multiple parties and regular check-ins with many

key stakeholders. As they worked to ensure the pipes could be repaired and ceilings replaced, they did so all while communicating effectively and efficiently to allow clinical teams to make critical decisions about temporary relocations.”

Briton says she can think of no clearer example of “One Team” than the efforts of the collective team, with particular praise for the Facilities, Environmental Services, and Life Safety departments, which, in situations like this, truly embody the role of first responders.

“They offered relentless and tireless support during this unanticipated event,” Briton says. “I could not be prouder to call them my colleagues and teammates.”

As director of Emergency Preparedness, Craig DeAtley’s job is to attempt to anticipate the unanticipated and create the playbook that Hodge and others rely on.

Congratulations to Emily Briton who was named president of MedStar Montgomery Medical Center in June. We wish her much luck in her new position.



William Gayne

financial administrative process,” Gayne says. “These groups came together and they got it done.”

That leadership team met nightly for several weeks following the water breach. The group worked together to prioritize remediation and discuss the phases of work, along with any emergent issues: After water recedes, often previously undetected areas of damage frequently emerge. And, of course, the group ensured consistent and transparent communications to staff and patients.

For Williams and the Environmental Services team, the first 24 hours were critical, but so too were those nightly calls, which helped determine how the entire group would prioritize mitigation efforts.

Working as a collective to get things done

Senior Vice President and Chief Medical Officer Jeffrey Dubin, MD, also served as part of that command center. For Dr. Dubin, the team’s ability to work effectively as an asset-based collective was a given.

“This is who we are. This is our approach to everything we do,” says Dr. Dubin, who has been with MedStar Washington for close to



Jeffrey Dubin, MD

three decades. “Our focus is on working as a collective to get things done, and always: patient first. We all work together, collegially, as one team to solve problems.”

In action, Dr. Dubin says that looked like incredible flexibility from a multitude of departments: moving clinics, utilizing empty offices for surgical and burn clinic patients, and converting a Covid Test Center to an Oral Surgery Center.

Dr. Dubin notes that when the event depleted Interventional Radiology down to a few units, departments like gastroenterology and vascular surgery stepped up to provide procedures that were typically done by the radiology team. Nuclear medicine made room for bedside procedures so that, where possible, Interventional Radiology could come to them.

“We made it work,” says Dr. Dubin. “That was the most important thing.” He notes that this collegial response extended to other hospitals in the

MedStar Health family. “If we knew a procedure could be more safely done in another MedStar entity, we were able to send them there.”

On the clinical side, Dr. Dubin’s team also leveraged the skill sets of other physician specialties and nurse practitioners so there was no degradation in the quality of care and no loss in access to patients who needed emergent care.

“So many specialties responded by saying: ‘How can we help? We’ve got the bandwidth. We’ll take the patients. We’ll provide that service until you’re back up and running,’” Dr. Dubin reflects.

“Every physician leader said: ‘Yes, I can help.’”

All of that, says Dr. Dubin, was layered over top of an incredible facilities and administrative team, combined with nurses and medical assistants. “It takes more than the physicians, dentists, and advanced practice providers to see the patients,” he says.

“What made this event different wasn’t how widespread the damage was—even though that was true,” DeAtley says. Instead, it was the unparalleled “One Team” effort.

“On Christmas Eve, a day when many were enjoying time with their loved ones, the call came in, but these teams did not hesitate to put our patients and teammates first,” Briton says.

Williams agrees: “I’m part of an amazing team. They’re truly stewards of this place.”

The leadership team met nightly for several weeks following the water breach. The group worked together to prioritize remediation and discuss the phases of work. And, of course, the group ensured consistent and transparent communications to staff and patients.

Allison Glubiak, CNM, MSN

Director, Women's and Infants' Services

Allison Glubiak, CNM, RN, MSN, is proof that you can go home again – or get close enough to it, anyway.

Glubiak, who joined MedStar Washington in 2018, grew up in Tappahannock, Virginia, a small riverfront community about a 90-minute drive from the nation's capital. As her father was a family physician and her mother was an orthodontist, medicine was understandably a frequent topic of conversation in the household.

"I admired that they were able to apply their science-based training, yet make really strong connections in the community," Glubiak recalls. "That's what drew me into health care."

Glubiak first discovered midwifery while she was an undergraduate student at the University of Virginia. The more she learned about the profession, the more certain she became that it was the right career for her.

"It really felt like a calling," she adds.

After receiving her graduate degree in nurse-midwifery from Columbia University, Glubiak began her work as a midwife in New York and later in California where her husband, also an eastern Virginia native, was in law school. Both were eager to get closer to their roots, albeit in a big-city setting. Returning to Washington, she sought out a position with the Midwives of MedStar.

"It's a really special place to work—an independent midwifery practice in a collaborative care

setting, a team of exceptional providers and staff, and amazing families to support," Glubiak says. She also appreciates the work MedStar Washington is doing to address disparities in maternal and infant care through the Safe Babies Safe Moms program.

Glubiak says patients' interest in midwifery care stems from their desire for a more personalized, holistic approach to health care.

"Pregnancy brings a lot of excitement, but also a lot of questions and, sometimes, fear of what is a big life transition," she explains, adding that education is a large part of a midwife's work. "We can normalize the process as much as possible by helping patients understand what's happening to their bodies and why, and what will happen in the weeks and months ahead."

Glubiak adds that her patients are a mirror of Washington's diverse demographic makeup. "We strive to address each patient's individual needs while still ensuring everyone receives quality, compassionate, evidence-based care."

Recently promoted to director of Advanced Practice Providers (APPs) for Women's and Infants' Services, Glubiak looks forward to helping the department's nurse practitioners and physician assistants with training and other efforts that will aid their own scopes of practice.

"I like that MedStar recognizes the value APPs bring in supporting patients and families," she says. "We have a special group of APPs in the department, and I'm hopeful we can continue to grow our team."



"We strive to address each patient's individual needs while still ensuring everyone receives quality, compassionate, evidence-based care."

– Allison Glubiak, CNM, RN, MSN

Glubiak and her husband, Zack, an attorney, enjoy outdoor activities, particularly those where they can bring their dog, Toby, along. They also love good food and trying new restaurants. "There's always something new to try around here," she says. "That's another advantage of being in a big city. But it's good to know that home is always down the road."

Mairead Baker, MD

Chief Resident—Dermatology

In medical school, Mairead Baker, MD, always planned to pursue internal medicine. She enjoyed the inquisitive research and the ability to study and treat perplexing illnesses. But when it came time for her third-year rotations, she found she liked multiple specialties.

While she thrived on the diagnostic dilemmas of her internal medicine rotation, she also liked the hands-on nature of her surgical rotation. Indecisive on which specialty to choose going into her fourth year, she decided to pursue a one-year research fellowship at the National Institutes of Health in a field that always held her interest: cancer. After that year, conducting immunotherapy research on a skin cancer model, she found her match. Sort of.

“Dermatology felt like the external component to internal medicine,” she says. “You learn so much from the outside in.” All the aspects of internal medicine that interested the medical student—oncology, rheumatology, infectious diseases—can sometimes present with a cutaneous manifestation. She liked dermatology but still felt that initial tug toward internal medicine.

Luckily for Dr. Baker, a handful of residency programs offered a combined dermatology and internal medicine residency program, including MedStar Washington Hospital Center.

“It was exactly what fourth-year Mairead needed,” she adds.

Now, as chief resident for dermatology, the doctor rounds out the final leg of a dual program where she spent two-and-a-half years as an internal medicine

resident followed by two-and-a-half years as a dermatological resident.

Studying internal medicine first enabled Dr. Baker to hit the ground running. “I’m far more comfortable navigating the network and MedStar Washington. We also get the benefit of forming relationships with attendings from other departments, allowing us to be more effective, faster,” she says.



For a medically minded doctor whose overarching interest is dermatology, Dr. Baker says she could not have found a better classroom than MedStar Washington. “We have such a diverse patient population with so much complex medical dermatology. That’s where we really shine. We see things in residency that I don’t know that I’ll ever see again. That’s a huge strength of any residency training program.”

As a chief resident, Dr. Baker says she’s been excited to be part of the dermatology program’s growth—witnessing the trajectory in real time,

while also having a seat at the table to help guide those changes. “We’ve gotten so many new faculty members, and we’re starting to fill out all of these opportunity areas—subspecialty oncology/dermatology clinics, nails, cosmetics—it’s incredible to learn from so many different specialists.”

Now, in her final year of the dual residency, Dr. Baker is grateful for those educators helping her think through how to carve out her own niche within two specialties. “Dr. Pindiprolu, our Internal Medicine program director, has been a supportive mentor, especially helping me to articulate what my career goals are,” Dr. Baker says. “When you’re taking the next step in front of you, it can be a challenge to figure out what the big picture should be.

“In many ways, my perfect practice would be similar to the variety of clinical duties I am privileged to perform in residency—bouncing from inpatient dermatology consults to an outpatient infectious disease clinic and back to a general dermatology clinic. I frequently remind myself of how special a time residency training is, especially in this combined program.”

For Dr. Baker, that big picture includes complex medical dermatology.

“I’m going to leave residency feeling very grateful,” says Dr. Baker. “This program is so unique. It’s been the perfect home for me and I’d do it all again in a heartbeat.”

Tamika Auguste, MD

Physician Executive Director, Women's Service Line, MedStar Health
Chair, Women's and Infants' Service Line

This summer marks Tamika Auguste's nineteenth year at MedStar Washington Hospital Center. The physician came to the hospital as an attending—having completed her medical training and residency down the road at what was then Georgetown University Medical Center—and has most recently served as the chair of Women's and Infants' Services. Now, this summer marks a new anniversary: Dr. Auguste was recently named Physician Executive Director of the Women's Service Line for the MedStar Health system.

As Executive Director of that service line, Dr. Auguste oversees the chairs of the system's eight OB/GYN departments. She aims to help transition MedStar Health from silos of site-specific expertise to a seamless one-stop shop for all women's health and reproductive needs. "We're becoming 'One MedStar' in terms of our practice. The goal is to help bring our various hospitals together and make us truly one service line," Dr. Auguste says. "We can share the wealth when it comes to manpower, ensuring all patients who touch MedStar receive the same level of care and expertise."

Part of providing exemplary service means educating all patients about the scope of care available. Often, that means emphasizing the "GYN" in "OB/GYN." "I want to make sure women understand that, yes, delivering babies is so much of what we do, but we can't forget the care of a woman from the start to finish of her reproductive health life," Dr. Auguste adds.

As such, Dr. Auguste takes advantage of those post-delivery



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— Tamika Auguste, MD

visits as an on-the-spot classroom. "I use that opportunity to check in and educate women. It's kind of remarkable how many women don't understand what's happening in their bodies as they age. Women say to me 'I never knew the difference between a Pap smear and a pelvic exam!'" Dr. Auguste says.

Her response? "Tell a friend! In fact, tell two friends!"

Dr. Auguste came to her specialty driven by the breadth of care offered across a lifetime. For a physician who initially planned to pursue family medicine, that longevity, combined with the specialty's variety, has always been part of the appeal. "We take care of the patient for her entire life, from her teens into her 80s and 90s. People tend to forget we're also surgeons; we treat GYN cancer, endometriosis, urinary incontinence, and also oversee perimenopausal disorders."

Nearly two decades into her career, that rewarding combination is bearing out in real time. "I recently saw a patient I've been taking care of for 18 years," Dr. Auguste notes. I delivered two of her children and now she's coming to me for gynecological care. It makes my day."

Beyond MedStar Health patients, Dr. Auguste hopes to educate another vital constituency about her group's work: her MedStar Health colleagues.

"I want my colleagues to know our physicians are nationally known for their expertise in obstetrical and gynecological care. We care for the most complicated and high-risk obstetrics cases in the area," she says. "There is nothing that we can't handle. Having that expertise at the larger system's fingertips is very special."

Especially in a moment when women's health is under a microscope. "This service line is doing the work to ensure that women have access to all of their reproductive health rights," says Dr. Auguste. "You can count on our team to advocate and stand up for all women's reproductive rights."

Connections

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

From the desk of

Ravi Agarwal, DDS Chair, Department of Oral & Maxillofacial Surgery

I'd like to start by thanking George Obeid, DDS, for his 40 years of service to MedStar Washington and our profession. As you'll read on page 8 in this issue of *Connections*, Dr. Obeid meant so much to so many people as a physician, colleague, mentor, and person. He'll be sorely missed, but we wish him well as he begins what's sure to be an active and fulfilling retirement.

Probably the most fitting tribute we can give Dr. Obeid is continuing to build on the outstanding program in oral and maxillofacial surgery that he developed—one I was honored to "inherit" as chair two years ago. We are staffed with four full-time surgeons, with the welcome addition of Saif Abdulateef, DMD, in January. Dr. Abdulateef, who will also serve as residency program director, brings valuable expertise in surgical and non-surgical management of temporomandibular joint (TMJ) disorder, dentoalveolar surgery, corrective jaw surgery, and nerve repair.

Jason Marrasso, DDS, continues to apply his experience in reestablishing facial form and function as our main site liaison with the craniofacial team at Children's National Hospital, while Kalpakam Shastri, DDS, combines her work at MedStar Washington with serving as oral surgery specialist at the National Institutes of Health's National Institute of Dental and Craniofacial Research clinic.

As a department, we continue to strive toward excellence in hospital-based oral and maxillofacial surgery and enjoy strong relationships with the Washington, D.C., area's surgical community. We also continue to push our use of technology, including in-office navigation, point-of-care 3D printing, and digital treatment planning to improve both accuracy and precision during routine and complex procedures. These tools, along with the hospital's diverse patient population and unique range of cases, are providing valuable training opportunities for our 12 oral and maxillofacial surgery residents as they pursue the 48-month certificate



program and prepare to make their own contributions to our profession.

Amid all this change and activity, three of our department surgeons somehow found time to get married during the past 12 months—a reminder that our lives, both personal and professional, are in a constant process of evolution. We look forward to seeing what the coming months and years bring.