I’m also seeing and hearing about the challenges that many of you face on a daily basis: hearing are both eye-opening and heart-warming. I’ve also taken part in IMOC rounding for our geriatrics ICU nurses were singularly, seriously focused on the process that happens every time they are caring for one of our tiniest, warmer, and I went to the 5th floor and met the NICU director, Dr. Zac Cherian, who graciously provided an older, but still functioning, baby warmer to the ED. Fast-forward two decades. I went to the NICU recently, and saw two team members in action, demonstrating how they involve the patient and family in the process, to help you resolve some of these challenges. Two years ago, we had the “sticker project,” where on the day the patient was admitted, we discussed with the patient and family about the anticipated day of discharge. Now, that same process should be taking place during IMOC rounding. Early engagement with the patient and family, with discharge planners and other members of the clinical resource management team, and with all consultants and members of clinical teams, are key factors to keeping care at a high quality, while setting up the process for a safe discharge. Another group I’ve rounded with includes the members of our Palliative Care team. First impression: we have tremendous respect for the patient and family’s autonomy when Palliative Care is part of the plan of care, even when the family is not ready to accept our message. Again, early engagement is key, to get families to accept difficult decisions, and it invites families to become part of our “One Team.” I’m planning on continuing the Chief Medical Officer meetings with each department. During our time together, please tell me your ideas for improving care for your service line, and let me know how I can help you. I’m looking forward to hearing from you.

Jeffrey Dubin, MD, is Sr. Vice President, Medical Affairs & Chief Medical Officer at MedStar Washington Hospital Center. Contact him at jeffrey.s dubin@medstar.net, or 202-877-7509.

• How can you structure a safe discharge for your patients?

W E E K L Y A C T I V I T I E S
Numerous continuing professional education opportunities, including Regularly Scheduled Series, take place each week at MedStar Washington Hospital Center. For a complete list of CPE activities, please visit MedStarCloud-CME.com

U P C O M I N G C P E E V E N T S

Diabetic Limb Salvage Conference: The Surgical Approach to Improved Outcomes in Functional Limb Salvage April 4–6 | JW Marriott Washington | Washington, D.C.
Conference Chairmen: Christopher E. Albright, MD | John S. Steinberg, DFPM Course Co-Directors: Cameron M. Alkabi, MD, MBA | Karen F. Kim Evans, MD | Paul J. Kim, DFPM, MS | David H. Song, MD

Comprehensive Stroke Symposium: Continuum of Care: Acute Management to Rehabilitation May 3–4 | Bethesda North Marriott Hotel & Conference Center | Bethesda, Md.
Course Co-Directors: Richard T. Benson, MD, PhD | Ricco A. Armonda, MD

Updates in Inflammatory Bowel Diseases May 4 | The Ritz Carlton, Tyson’s Corner | McLean, Va.
Course Directors: Mark C. Matter, MD | Nihal Mathota, MD

Frontline Cardiology: Cardiovascular Care in the Community May 18 | College Park Marriott | Hyattsville, Md.
Course Directors: Caroline J. Widder, MD | Alan J. Taylor, MD | Srimon Padmanabhan, MD
Course Co-Director: James C. Welsh, MD, MBA, MPH

11th Annual Abdominal Wall Reconstruction June 6–8 | Grand Hyatt Washington | Washington, D.C.
Course Directors: Carolyne J. Watts, MD | Michael J. Taylor, MD | Shadman Padmanabhan, MD
Course Co-Director: James C. Welsh, MD, MBA, MPH

Mid-Atlantic Ovarian Cancer Symposium June 15 | Bethesda Marriott | Bethesda, Md.
Course Directors: Paul Sugarbaker, MD | Lisa Byetik, MD | Louis A. Dainty, MD

Course Directors: Thomas M. Fishbein, MD | Basit Jawad, MD, MS | Rohit S. Satoskar, MD | Matthew Cooper, MD | Stuart S. Kaufman, MD

Gastric and Soft Tissue Neoplasms September 21 | Park Hyatt Washington | Washington, D.C.
Course Directors: Wadad A. Al-Rafea, MD, FACS | Nadim G. Haddad, MD | Dennis A. Priebat, MD, FACP

For more information regarding MedStar Health conferences, please visit CE.MedStarHealth.org

UPCOMING CPE EVENTS

Play with Aces and Always Win: Pelvic Surgery at its Best April 5–6 | Washington Marriott at Metro Center | Washington, D.C.
Course Director: Yadim V. Morosini, MD | Course Co-Director: James K. Robinson, MD, MS

This two-day conference is designed for obstetricians, gynecologists, urologists, and physicians who perform pelvic surgery, from basic to advanced, and will focus on multiple issues that arise during pelvic surgery. With heavy emphasis on minimally invasive gynecology, the course will highlight topics including vaginal hysterectomy, laparoscopic hysterectomy, management of abnormal vaginal bleeding, and management of a variety of urogynecologic and pelvic floor disorders and common malignancies. Hands-on training in laparoscopic suturing and hysteroscopy exercises will reinforce the learner’s ability to apply advanced techniques to everyday practice. Additionally, current controversies in the field, as well as emerging technologies, will be discussed and provide an excellent venue for debate.

For more information and to register, visit CE.MedStarHealth.org/PelvicSurgery

First Impression: We’re Working Together, As One Team

“You never get a second chance to make a first impression.” That quote has been attributed to both American humorist Will Rogers, and Irish poet and playwright Oscar Wilde. No matter who said it first, there’s some truth to the saying. Since my 22-year career at MedStar Washington Hospital Center has been in Emergency Medicine, it’s been a gratifying experience for me as Chief Medical Officer, to round on all the hospital’s inpatient care units.

The high quality, safe care you provide every day has made a great first impression for me. I’ve seen that you’ve embraced the concept of “One Team,” and are working collaboratively to benefit our patients and their families.

One example: the first time I went to the NICU, I had just started working at the hospital. The ED needed a baby warmer, and I went to the 5th floor and met the NICU director, Dr. Zac Cherian, who graciously provided an older, but still functioning, baby warmer to the ED.

Fast-forward two decades. I went to the NICU recently, and saw two team members in action, demonstrating how they central line infections. In one NICU pod, a patient privacy screen was pulled, and there was a sign indicating that no one should enter the area. It was because one nurse was inserting a PICC line, and another associate was observing, to ensure the procedure was done correctly.

First impression: my observation reinforced for me that our NICU nurses were singularly, seriously focused on the process underway, and on preventing infection. This same process happens every time they are caring for one of our tiniest, most fragile patients. They’re working as “One Team.”

I’ve also taken part in IMOC rounding for our geriatrics patients, and for patients on other units. First impression: I’m proud of the numerous types of care we provide to all ages of patients, with all types of diagnoses. Some of the stories I’m hearing are both eye-opening and heart-warming.

I’m also seeing and hearing about the challenges that many of you face on a daily basis:

• How can you move patients through the hospital, so they don’t have a long length of stay?

• How can you set up outpatient testing after an inpatient stay?

• How can you break down any clinical silos that exist as barriers to day-to-day care?

FIRST IMPRESSION:
W E ’ R E W O R K I N G AS O NE TEAM

AS

O NE

T E AM
Physician Wellness
A Priority for MedStar Health

MedStar takes this situation very seriously, and is at the forefront of efforts to combat the epidemic. “There is a pressing need for MedStar to start tackling physician burnout,” Dr. Marchalik continues. “That’s why my position was created a year ago.”

Physician burnout was first described by psychologist Christine Maslach, PhD, as having these components: Exhaustion—Physical and emotional energy levels are extremely low and in a downward spiral. A common thought at this point may be, “I’m not sure how much longer I can keep going like this.”

Depersonalization—Cynicism, sarcasm and the need to vent about your patients or your job are common. At this stage, you are not emotionally available for your patients or anyone else.

Lack of efficacy—Doubting the meaning and quality of your work and worry that you may make a mistake are paramount. You may think, “What’s the use? My work doesn’t really serve a purpose anyway.”

Burnout has been linked to depression, suicide, and health problems. It also can result in a physician deciding to change jobs, or even leave medicine entirely.

“MedStar has been proactively tackling this,” Dr. Marchalik says. “We are among the first to develop a comprehensive, robust program to combat burnout.”

MedStar joined a physician wellness academic consortium two years ago. The consortium includes 15 partners, all large academic medical centers. Consortium members conducted internal surveys of residents and faculty members, to determine the level of burnout, and establish a national benchmark for comparison.

“We wanted to look at burnout in a regimented, systematic way, like studying a disease process,” Dr. Marchalik says. The group found that physicians at all participating medical centers suffered from a similar level of burnout.

Consortium members also explored what types of programming might ease symptoms. “We asked ourselves, what is necessary to move the needle?” Dr. Marchalik explains. “We need to give our physicians the support that they need. We want them to thrive.”

He notes that the mind-body medicine movement is alive and well within MedStar, with programs that teach physicians relaxation techniques, guided imagery, meditation, and journaling. “But we know we can’t solve problems with meditation techniques alone,” he says.

Accordingly, Dr. Marchalik has developed system-wide initiatives designed to provide relief to busy physicians. The initiatives address these primary drivers of burnout:

- Efficiency of practice—How easy is it to do my job? Do I have enough support?
- Cultural wellness—What does it feel like to be at work? Is hospital leadership supportive?
- Personal resilience—What kind of reserve do I have, in dealing with the problems I encounter?

Current initiatives include:

- **Wellness Champions:** Physicians from 40 separate programs serve as Wellness Champions. They are attending training in well-being science that they can use to provide support within their departments. “They’re learning about burnout and what we can do to tackle it,” Dr. Marchalik says. “We’re providing resources so they can establish their own initiatives within their departments.”

- **Emergency Childcare:** The program provides access to emergency childcare services for all residents and fellows, with plans to extend it to all MedStar physicians.

- **Bioinformatics:** Dr. Marchalik is working with bioinformatics and MedStar’s National Center for Human Factors in Healthcare to help physicians with issues related to the Electronic Health Record (EHR). “MedStar is a national leader in efforts to improve EHR usability,” he says.

- **Residents’ Book Club:** Not a Journal Club, this is a book club that encourages reading for pleasure. “Studies show that reading prevents burnout in physicians,” Dr. Marchalik notes. “Literature creates a better connection to patients, and fosters empathy.” An American Medical Association survey showed that the odds of burnout decreased by 59 percent for residents who read for relaxation.

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Dr. Pindiprolu, who also serves as the hospital’s Designated Institutional Official, says these efforts have paid off. “In the culture of medicine, we might talk about what went wrong, but we don’t usually talk about feelings. All these groups help process negative feelings.”

When she interviews potential residents, she addresses burnout. “There is emerging data on burnout, starting in medical school. Residency is a stressful time. Residents should be able to not only survive training, but enjoy it.”

Dr. Pindiprolu notes that residents also provide their own ways to reduce stress. “We should not discount what residents do for themselves, such as sports and creative outlets.”

Dr. Marchalik concludes with his idea of success—“When we talk about wellness the same way we talk about quality and safety, then the day we start to do this, we will really turn the corner.”
When Matt Brock got a new crown on a dental implant in 2017, he never imagined a new heart valve would accompany it. But that's exactly what was needed to save the 51-year-old communication professional's life.

It all began the week of Labor Day 2017, when Brock saw his family dentist to replace a broken crown. When the new crown was secured in place, Brock experienced terrible pain, which his dentist assured him would subside. When the pain persisted over the holiday weekend, he was prescribed narcotics for comfort and relief. Brock recalls. “And the following weekend, I had what I thought was a bad reaction to the opioids. I was shivering uncontrollably, and I just felt horribly sick.” Brock was prescribed antibiotics to prevent infection.

Despite the antibiotics, Brock says he never really felt better. By October, Brock, at the time a light smoker, was convinced his badly damaged valve was in part due to a shard of the implant had broken off, and was lodged in his gum. The metal shard was hitting a nerve, and was responsible for his excruciating pain.

“When days later, I had the implant drilled out of my mouth,” Brock recalls. “And the following weekend, I had what I thought was a bad reaction to the opioids. I was shivering uncontrollably, and I just felt horribly sick.” Brock was prescribed antibiotics to prevent infection.

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“The place means so much to me,” Brock continues. “The nurses were kind, they worked so hard, and they advocated for me every day.”

“I pay better attention to things than in the past,” Brock says. “I continue to watch my diet, and try to avoid smoking.”

The reason: Brock’s badly damaged valve was in part due to healed infective endocarditis, likely caused months early by Brock’s dental implant. Infective endocarditis is an infection in the heart valves or endocardium typically caused by bacteria entering the bloodstream and infecting the heart. Vegetation, or clumps of bacteria, adhere to the valve, damaging it to the point that regurgitation occurs.

Brock’s surgery took approximately five hours, followed by six days in the Intensive Care Unit, which is much longer than average, following this type of surgery. “He was sicker than we expected,” says Dr. Bafi, “and had he not gotten treatment when he did, he would have wound up in the Emergency Department, in congestive heart failure.”

While Brock has intermittent memories of his time in the ICU, he recalls how hard the nursing staff worked. “I can’t sing the praises enough of the nurses who cared for me,” Brock says. “They were so kind, they worked so hard, and they advocated for me every day.”

“My treatment was fantastic,” Brock continues. “I felt specially treated, but I don’t feel like I got special treatment. The residents would involve my wife in their daily huddles. I was confident in my care team the whole time.”

After a few more days in a step-down unit, Brock was sent home. He returned to cardiac rehab, and is followed by a local cardiologist. He continues to watch his diet, and tries to exercise three times a week. Brock also monitors his International Normalized Ratio (INR) as a result of taking Warfarin, which he is required to take because of his artificial heart valve.

“I pay better attention to things than in the past,” Brock explains. “All the breathing pain I once had is now gone. There is nothing more freeing than taking a deep breath, and knowing there is another one behind it.”

Brock, who worked at the Hospital Center as a senior communications specialist, is grateful to his former employer.

“This place means so much to me,” Brock continues. “The Hospital Center saved my life.”
Can Adopting a New Standard of Inpatient Opioid Prescribing That Prefers Oral and Subcutaneous Over Intravenous Administration, Result in Reduced Intravenous Opioid Exposure?

A small pilot study of opioid routes of administration in an urban hospital found that by using oral and subcutaneous opioids, the amount of IV opioids was reduced by 84 percent, and the amount of oral opioids by 49 percent, while mean pain scores stayed constant. Two pain management physicians give their viewpoints about the study’s import.

Lee Ann Rhodes, MD
Reducing opioid use is a goal for everyone in pain management. Across the country, we are working together to provide the best possible experience for patients in the hospital and also down the road, after discharge from the hospital. Intravenous opioid administration can cause brain changes that could be more likely to lead to opioid dependence, when compared with subcutaneous and oral administration. For hospitalized patients who need pain relief, it makes good sense to minimize IV opioids. For patients with chronic pain, we are trying to address their pain early on, to reduce dependency and misuse. It is our duty to the community to address the opioid crisis. We have lost so many people. We have to make sure that we are protecting patients from developing a dependence on opioids, and we have to reduce the number of pain pills available on the street.

Throughout the U.S., pain management specialists are promoting an enhanced recovery program that addresses pain relief for hospitalized patients. We are using methods that reduce post-operative pain, promote early ambulation, and reduce length-of-stay. When pain is better controlled, we send patients home with less medication, to be taken for shorter periods of time. That lowers the risk of addiction, and there are fewer pills available for misuse. We also have to address patients’ expectations for pain relief. It is unrealistic for patients to expect complete relief. Instead, steady, reliable pain relief with the least amount of opioid use is the goal.

Malady Kodgi, MD
It is clear that the evidence supports subcutaneous and oral administration of opioids. The pain relief provided is equal to IV administration, and we can reduce overall exposure to opioids.

AHA Toolkit
The American Hospital Association published an online toolkit to address the opioid crisis. Called Stem the Tide: Addressing the Opioid Epidemic, the toolkit provides suggestions for ways that hospitals and clinicians can address the crisis. Topics include:
- Clinician Education on Prescribing Practices
- Nonopioid Pain Management
- Addressing Stigma
- Treatment Options for Opioid Use Disorders
- Patient, Family and Caregiver Education
- Transitions of Care

You can access the toolkit online at: https://aha.org/system/files/content/17/opioid-toolkit.pdf

The advantages to IV administration are rapid onset of pain relief, and the patient’s ability to control pain relief through a PCA pump. But IV administration leads to more side effects, such as dose-related respiratory suppression and constipation. An advantage to subcutaneous and oral administration is the ability to provide steady relief, over time. By contrast, with IV administration, pain relief is rapid, but decreases as the effects wear off.

Many of our hospitalized patients have had a significant amount of oral opioids to treat chronic pain conditions before they come to the hospital. This leads them to develop a high tolerance for opioids, so they require a significantly higher dose to manage post-operative pain in the hospital. Many of these patients also take benzodiazepines and muscle relaxants, which can also lead to problems addressing pain adequately.

Some studies say that certain people become tolerant within hours of IV opioid administration, requiring ever bigger doses. If we can slow that down by delivering pain medicines in smaller doses, it reduces the overall amount of opioids in the blood, and should result in less tolerance.

There is no one-size-fits-all approach to pain management, and it is more an art than a science. We have to look at the kind of pain the patient is experiencing, and what we want to accomplish with pain relief. Here at MedStar Washington Hospital Center, we are conservative in our use of opioids, and we are mindful of the potential for misuse and addiction.
New Perioperative Services Team:
Past the Crossroads, Progressing Ahead

by Stanley Chia, MD, Medical Director, Perioperative Services and Chair, Department of Otolaryngology; Mike Kelly, Vice President, Perioperative Services; Cody Legler, DNP, RN, Senior Director of Nursing, Perioperative Services

Perioperative Services is a wide-ranging, far-reaching presence within any hospital, especially in a regional tertiary care center such as MedStar Washington Hospital Center. With some 100 surgical procedures performed every day in 32 operating rooms, supported by more than 400 nurses, surgical technicians and patient service staff, Perioperative Services has a significant impact across the hospital.

There are a huge number of moving parts, including pre-op holding areas, operating suites, recovery rooms, sterile processing, and admissions testing, all of which need to mesh to provide optimal patient care. For many years, all functions of this incredibly complex machine reported to a single leader. Increasingly, it became clear that a multi-pronged leadership approach was necessary for us to reach our full potential.

President Gregory Argyros, MD, outlined our objective: “Our goal is to have the most effective and efficient way to provide surgical services for our patients, and to improve the daily satisfaction of a ‘job well done’ for everyone who works in Perioperative Services.”

It became evident that we needed a new vision to unite surgeons, nurses, anesthesiologists, technical staff, and support staff. After looking at 35 different reporting structures, common themes emerged, included forming a dyad leadership team, consisting of a Vice President of Operations and a Medical Director.

New Organizational Structure
The new clinical structure is headed by Stanley Chia, MD, Medical Director for Perioperative Services. To better oversee this operation, Cody Legler, RN, Senior Nursing Director for Perioperative Services, and Eileen Begin, MD, Chair of the Department of Anesthesia, are working closely with Dr. Chia.

The administrative structure, headed by VP for Periop Services Mike Kelly, includes all operational, financial and strategic functions, such as business, scheduling, administrative support, and sterile processing.

The Perioperative Governance Committee’s membership was reduced to allow for greater discussion and agility. Seven subcommittees, six of which were newly created, meet monthly, each with specific tasks to improve operations and morale. We also established a perioperative advisory committee, to promote physician wellness and serve as an oversight group for physicians.

As a team, we studied every aspect of Periop. Staff engagement surveys provided valuable information, as have discussions with representatives from Perioperative Services within other MedStar hospitals. With the information we have gathered, we are developing a model of best practices.

New Accountability
Focus groups provide all stakeholders with an opportunity to have a voice. As a result, every two weeks, we meet with a different group—patient care managers, nurses, anesthesiology, pre-op holding, and surgeons for example—to discuss challenges and opportunities. We are planning periodic team meetings that include representatives from all groups to coordinate the varying aspects of Perioperative Services. We are using these forums to foster teamwork and drive accountability.

New Operating Room Goals
In our operating rooms, we have a clear chart. We work to start cases on time, with complete sterile surgical carts in place. Between cases, we work to ensure rapid room turnovers, with timely cleaning of rooms and changing of personnel. When we meet these goals by working collaboratively, staff members should have a more reliable schedule; morale should improve, and our efforts will enhance quality and safety.

New Communication Efforts
Communication is essential to operating efficiently and fostering collaboration. Dr. Chia, Mike, and Cody perform daily rounds to oversee patient flow and help solve any problems. Mike and Cody convene huddles with nursing leaders every morning to review the day’s cases and address any anticipated concerns in coming days. By creating a positive feedback loop, we celebrate our successes and learn from our challenges.

New Ethos
To function at our full potential, a group of representatives from Periop developed an Ethos, or mission statement, that empowers each individual, and strengthens teamwork.

We have also developed a “Perioperative Promise” pledge based on MedStar’s SPIRIT values that more clearly defines the expected actions outlined by the Ethos statement. The Periop Promise will be displayed in strategic areas for everyone to see.

By working together, we are renewing our sense of purpose and teamwork. We have already seen some early successes in improving first case starts and everyday operations. We need to sustain these changes, and continue to improve in all areas. By coming together, we strengthen our position as the premier caregivers in the nation’s capital. Every day, we strive to align our vision for performance in Periop with Dr. Argyros’s vision for the entire hospital. This is exemplified by the following words that motivate us every day:

Pride. Purpose. Performance. PERIOP. ONE TEAM!

Dr. Chia can be reached at stanley.h.chia@medstar.net, Mike Kelly can be reached at michael.p.kelly@medstar.net, and Cody Legler can be reached at cody.d.legler@medstar.net.

Perioperative Services
Ethos Statement
In times of crisis, and in times of calm, we stand united with a common purpose:

To provide safe, compassionate care, knowing that the life of every patient is entrusted in our hands.

In the face of any challenge, we hold ourselves accountable, with humility of self and respect for others. We are a world class surgical community in our nation’s capital, that serves the sickest and most complex patients. With every drop of blood, through every critical second, we work together with pride and dignity, which drives us towards excellence. We are resilient.

WE ARE PERIOP.

Cody Legler
One Team!
News & Notes

“Above & Beyond” Awards for Medical & Dental Staff

...to Olivier Tannous, MD, Orthopaedic Surgery, following a nomination from another physician, who wrote:

I had a family meeting with Dr. Tannous for a patient who is 88 years old and with many physical issues. Dr. Tannous did an incredible job of explaining the benefits and risks of the surgery, conducting a patient-centered family meeting with several of the patient’s family members. This was the best family meeting I have had in the past four years at the Hospital Center. I have never seen a surgeon who is as compassionate as Dr. Tannous. He did the judicious thing for the patient, and also facilitated complex patient decision-making. As a young physician, I am always looking to learn the best attributes from senior physicians; I was thoroughly humbled and I traveled at Dr. Tannous’s communication skills and empathy. I think Dr. Tannous is an exemplary physician, with impeccable bedside manners, clinical judgment and decision-making skills. He reflects the core values of MedStar, of putting our patients first.

...to Stephanie Bruce, MD, and Robyn Feely, MSN, RN, GNP-BC, MedStar House Call Program, for their care for a fragile elder in the community. The patient’s family wrote:

“We want to share our gratitude for the House Call Program at MedStar Washington Hospital Center. Our mother is in her 90s and thriving at home, because of Dr. Stephanie Bruce, Nurse Robyn Feely, and the staff. It is a tremendous support to have our mother’s medical care provided in her home, as it is an effort for her to come into the hospital for care. Nurse Robyn visits monthly, and has a wonderful rapport and friendship with our mother. She is never rushed, and always has the time to discuss our mother’s care and medications. Dr. Bruce met our mother after surgery a few years ago, and she has a wonderful rapport with our mother, as well. We cannot bring ourselves to think about not having their support. You probably already know how wonderful the MedStar House Call Program is, to the communities it serves. We just want you to know how wonderful it is for the care of our mother.”

...to Andrew Abadeer, MD, PGY-1, Plastic & Reconstructive Surgery, for his leadership and plan of care for a post-op patient.

It was very busy on JNE in the late afternoon on Sunday, August 26, as two Cardiac Surgery patients became unstable at the same time. One of the patients was being seen by Plastic Surgery for a sternal dehiscence. Dr. Andrew Abadeer was the resident who had been on shift all day. He had seen the patient earlier, and was asked by the primary team to come back and re-evaluate her. On arrival at JNE, Dr. Abadeer removed her chest dressings and binder, to find a left breast hematoma. The patient was in severe pain, and was becoming hypotensive; the JP drains were bloody. Dr. Abadeer’s prompt medical response to the situation and his professional demeanor kept the team calm. He quickly formed an action plan for the patient. Working hand-in-hand with the Cardiac Surgery APP, Sharon Taylor-Panek, fluid resuscitation was started and blood was ordered.

Until the patient was transferred to the OR, Dr. Abadeer remained with the patient and her husband. He explained to the husband what was going on, and why this plan of care was selected. He continued to work calmly with the team, making sure that everyone stayed together for the patient’s care. The patient’s husband saw that no one left his wife’s side. The husband saw a team of caregivers in action, and that the team did everything possible for her husband.

Since that time, the patient, who is an ICU nurse, has come back to JNE. She thanked everyone, and declared, “Andrew and Sharon saved my life.”

National Award for Dr. Obeid

George Obeid, DDS, chair, Oral & Maxillofacial Surgery (OMFS), was given the William J. Geez Foundation Award by the American Association of Oral & Maxillofacial Surgeons. This annual award recognizes distinguished achievement as an educator, and nominations are received from around the country.

“It was an incredible honor to be recognized by my colleagues,” said Dr. Obeid. “Many of our alumni from our residency program were there for the presentation.”

Dr. Obeid joined the OMFS team in 1984 as a resident. He became faculty, and served as both chair of the department and program director in 1994. The residency program at the Hospital Center includes a significant number of private practice attendings, many of whom are graduates of the training program. Many of those surgeons help provide on-call and clinic support, and additional teaching assistance. Working with the private attendings and alumni are a unique aspect of the Hospital Center’s training program, not commonly seen in other teaching sites.

APP of the Quarter, Winter 2019

Sarah Fairbrook, MSN, RN, AGPCNP-BC, ACHPN, Palliative Care, who was named Advanced Practice Provider of the Quarter, Winter 2019:

Sarah was nominated by a team of four Palliative Care physicians. They described her as:

• Dedicated, caring, and an amazing team player
• Clinically astute, and an outstanding patient advocate
• Reliable, remarkably humble, and eager to build relationships with colleagues

“Sarah applies her skills with thoughtful, compassionate, patient-centered care. She demonstrated initiative and motivation, by leading several communication workshops for both Palliative Care and Hematology/Oncology fellows, and has helped revamp the assessment tools for the Hospice and Palliative Medicine physician fellowship program.”

She is involved with research and quality improvement projects, and was part of a multidisciplinary team representing the Hospital Center at the IPEX conference, a national training program for educators, in Developing Interprofessional Education for Supportive Care in Oncology.

Sarah is an enormous asset to the growing Palliative Care Team. She is always willing to fill in when team members are on vacation, and moves seamlessly between Palliative Care sub-teams. We are indebted to her, for her consistent effort in caring for seriously ill patients. Sarah is an amazing representative for MedStar Washington Hospital Center.”

In Memoriam

Bruce Smith, MD, former medical director for Perioperative Services and former director, Vascular Surgery passed away in early January. Dr. Smith was the husband of Lisa Boyle, MD, vice president, Medical Affairs, MedStar Georgetown University Hospital, and former MWHC endocrine surgeon.

Dr. Smith graduated from Harvard Medical School in 1971, and completed his surgical residency and vascular fellowship at Duke University Medical Center. He was board certified in both general surgery and vascular surgery, and in addition to his leadership duties, was an active vascular surgeon from July 1993, until he retired in August 2011.

Hunter E. Mallyo, MD, Otolaryngology, passed away at the end of January. Dr. Mallyo received his medical degree in 1963 from Meharry Medical College. His internship was at Freedman’s Hospital-Howard University, and his residency was at D.C. General Hospital. Dr. Mallyo’s special interests included treating patients with allergies, sinus disease and those who needed head and neck surgery for ear, nose, or throat conditions.

Paul Krogh, DDS, passed away early February. Dr. Krogh received his dental degree from the University of North Carolina at Chapel Hill in 1960, and completed a fellowship at Mayo Clinic in 1962. He became board certified in Oral & Maxillofacial Surgery in 1967, and a long-time member of the Medical & Dental Staff.
Colin Mizuo, DPM
Podiatric Surgery

Colin Mizuo, DPM, has a philosophy that has served as the compass to his life’s journey. Plan too much, and you might lose sight of small instances that can change your life. Indeed, while an undergraduate at the University of North Texas, Dr. Mizuo could never have known that walking into a particular pub one evening would lead him to a career in professional rugby, and later, to the field of podiatric surgery. The choice on a random Saturday night was a split decision—the smallest of instances—but it changed the course of Dr. Mizuo’s life.

The bar in question was owned by the university’s assistant rugby coach. Dr. Mizuo, a longtime football player, scoffed at the idea of rugby. “I was instantly drawn to the camaraderie of rugby,” he recalls. “It would go on to define much of Dr. Mizuo’s future.”

As it turns out, they showed him a thing or two—about a sport and showed them a thing or two,” he said. “I wanted to make an example out of some less than genteel things to say about football.”

The rugby coach. Dr. Mizuo, a longtime football player, scoffed at the idea of rugby. Jocular banter ensued. The rugby fans had some less than gentle things to say about football. So, on a dare, Dr. Mizuo showed up to one of the rugby team’s practices a few days later. “I wanted to make an example out of them and show them a thing or two,” he said.

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Colin Mizuo, DPM

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When Colin Mizuo, DPM, arrived at MedStar Washington Hospital Center for a Vascular Surgery Fellowship, you’d wonder, one of his first patients was a gentleman who lost his toe to an infection. Using a minimally invasive approach, Dr. Dearing improved blood flow to the man’s foot, drastically curtailing the amount of time the patient would spend in the hospital, and greatly improving his overall quality of life. During the next 15 months, Dr. Dearing has come to know not just that patient, but his wife and daughter, who routinely attend appointments. Last Christmas, the man’s wife showed her appreciation by baking Dr. Dearing a cake.

Joshua Dearing, MD
Vascular Surgery

Joshua Dearing, MD, has found that living in the D.C. area has some advantages. “I enjoy eating at all the wonderful restaurants in the area. As a place where new restaurants are continually opening, there’s always something new to try, and I’m slowly making progress at dining at all the area Michelin-starred restaurants.”

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When I became section director of Gastroenterology three years ago, my mission was to staff the section with expert clinicians who offer all the gastroenterology services that patients need, using the most advanced technology, in a patient-friendly environment.

We now have six full-time gastroenterologists and two full-time nurse practitioners, which includes five women, our two NPs and three physicians. Our physicians are highly trained to perform the full range of procedures, and our team includes a fellowship-trained specialist in inflammatory bowel disease.

We added a full-time director of anesthesia in our endoscopy suite, who has greatly increased efficiency, and allows us to better serve both hospitalized patients and outpatients. Our department policy penalizes physicians for late starts, which has contributed to maximizing the best use of our endoscopy suite.

At MedStar Washington Hospital Center, our patients have a high level of acuity, and we continue to meet the challenges of treating more complex patients. Our staff works closely with other specialists as needed, including colorectal surgeons, surgical oncologists, and thoracic surgeons. Each year, we perform nearly 10,000 procedures, mostly outpatient, including endoscopy, colonoscopy, endoscopic ultrasound, flexible sigmoidoscopy, single balloon enteroscopy, and Endoscopic Retrograde Cholangiopancreatography (ERCP).

We recently added Spy Glass™ DS Direct Visualization System, a new technology for ERCP. It uses digital technology, to offer the benefit of cholangiopancreatoscopy as an extension of the ERCP procedure. We also offer single balloon enteroscopy, allowing us to reach beyond the limits of standard endoscopy, with a more thorough examination of the gastrointestinal tract. We are the only center in D.C. to offer this technology.

We are very excited about our community outreach project, “Colon Cancer Prevention in the Neighborhood,” one of former Vice President Joe Biden’s “Cancer Moonshot” projects, funded by grants and private donors. We are sending workers throughout Ward 5 to wherever people congregate, to educate community members about colorectal cancer, and to offer free screening. So far, we have screened about 1,000 community members, and hope to expand the program to Wards 7 and 8.

For any questions or to refer your patients, please contact me, at 202-877-5144.