



MedStar Health

Connections

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

The importance of getting to know colleagues, you don't know!



Meet key contacts at MedStar Washington - Gwen May, an American Sign Language staff interpreter, Pam Donais, 2A2's administrative manager, and Debbi Mister, our administrative manager in Credentialing.

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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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CE Conferences

Registration Now Open

Diabetic Limb Salvage (DLS) 2023

April 26 to 30, 2023

Gaylord National Resort & Convention Center | National Harbor, MD
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Scary Cases in Endocrine Surgery Spring Fling

April 27, 2023

MedStar SiTEL Baltimore (Sim Lab) | Baltimore, MD
Course Directors: Rebekah Campbell, MD; Jennifer Rosen, MD

2023 MedStar Health Benign Esophageal Symposium

April 29, 2023

Bethesda Marriott | Bethesda, MD
Course Directors: John F. Lazar MD; Angelica Nocerino, MD
MedStar Associates use promotion code MSHBES for 50% off registration fee.

Abdominal Wall Reconstruction (AWR) 2023

June 23 to 24, 2023

Grand Hyatt Washington | Washington, D.C.
Conference Chair: Parag Bhanot, MD, FACS
Course Directors: Karen Kim Evans, MD; William W. Hope, MD; Jeffrey E. Janis, MD, FACS

MedStar Associates use promotion code MSGU100 for \$100 registration fee.

D.C. Lung Cancer Conference

October 7, 2023

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

SAVE THE DATE

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

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

14th Biennial Thyroid Update

December 1, 2023

Bethesda Marriott | Bethesda, MD
Course Directors: Kenneth D. Burman, MD; Jason A. Wexler, MD

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Violence against healthcare workers is at an all-time high: Here's How MedStar Washington Hospital Center is keeping you safe

At MedStar Washington Hospital Center, the safety of our providers, patients, and visitors is a top priority, whether to protect against infection, occupational injury, or violence of any kind.

Regrettably, workplace violence—verbal or physical—is still a serious concern facing hospital frontline workers and healthcare facilities across the country. Safety at work for everyone is one of the most important issues we have been addressing during the past several years, and I would like to reassure you of my, and the Executive Leadership team's, ongoing commitment to the safety and well-being of all our associates.

Our efforts to improve security, train staff in de-escalation techniques, and enhance the organization's physical structure are intended to create the safest possible work environment and accomplish our goal of reducing the number of incidents that occur here.

The newest safety measure we have taken is the implementation of a Patient and Visitor Code of Conduct policy to ensure our units and departments are safe, considerate, and inclusive places, not only for patients and visitors, but for physicians, advanced practice providers, nurses, and associates. In addition to the keyboard-enabled panic alarm systems, a video telecom system and badge reader access on inpatient units, we have introduced a new visitor management system to identify visitors and track the date, time, and duration of their visit on campus.

Our multidisciplinary Behavioral Emergency Response Team (BERT) supports and safeguards associates by de-escalating behavioral emergencies (associates involved in violent incidents are encouraged to contact the Care for the Caregiver program), and the Workplace Violence Committee continues to collect data, identify trends, and expand action plans. Door safety signage, safety contracts that set

expectations for patient behavior, educating staff on self-defense, and offering de-escalation training are tactics that have proved invaluable in protecting our care teams.

Furthermore, we have reduced uncontrolled points of entry throughout the hospital and in the Physicians Garage and East Building and upgraded our overhead public announcement system. Last year, we completed renovations to the Emergency department's waiting room and installed badge access-controlled doors, bulletproof barriers, and easy-to-clean furniture for infection control and prevention.

Safety is our top priority—it is essential to offering the best patient care and aligns with our goal to be a Best Place to Work. True safety takes all of us, and I thank all of you for your partnership and efforts in working together as ONE TEAM.



A handwritten signature in black ink that reads "Jeff Dubin". The signature is written in a cursive, flowing style.

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.

Need to know basis: Key contacts for providers

The saying, "it's all about who you know," acknowledges the importance of making the right connections. At MedStar Washington Hospital Center, key contacts make a difference every day. In this special series, meet your colleagues whose talent and experience can accelerate your path to success.

Pam Donais *Administrative Manager - 2A2*

Pam is the administrative manager of the MedStar Washington executive team, supporting three vice presidents, hospital president, Gregory Argyros, MD, and the board of directors. Before joining the executive team, she worked with Dr. Argyros in his prior role as chief medical officer. "I came with him when he became president and brought that knowledge from medical affairs here," said Pam.

There is no typical day for Pam. Emails, calendar management, preparations for meetings, responding to patient letters, and handling problems are in her job description. "Any crisis could come up, so you have to be able to go with the flow and multitask and choose what needs your attention

at that moment. It's a very busy and diverse position, but a lot of fun."

Organizing and problem-solving are her forte, and she puts those skills to work each day. "I get calls all the time with time-sensitive requests from physicians," she said. "I know if they are asking to see the president it's important, so I'll work with them to get a result. I don't want to take them away from a patient, so flexibility is important."

Oftentimes, the answers physicians need they can get from Pam herself. She's well-connected and knows the ins and outs of the hospital from her 15 years of service. "If someone needs a question answered, I can get them the answer," she said. "Even if I don't know the answer myself, I'll find out and always get back to them. It makes me feel good that they rely on me and trust me for that purpose."



Pam enjoying an afternoon with her granddaughter Olivia Grace

"The best part of my job is the people," she added. "It's a close-knit group and we always help each other. We really live the 'One Team' approach, we don't just say it. We're here for physicians and I want them to know that, but I think they already do."

Gwen May *Nationally Certified ASL/English Interpreter*

Gwen is a staff interpreter dedicated to American Sign Language (ASL) interpretation for Deaf, Hard of Hearing, or DeafBlind patients.

Washington, D.C. has over 20,000 Deaf and Hard-of-Hearing residents, and with Gallaudet University, which is exclusively devoted to Deaf students, two miles from MedStar Washington, the hospital sees a large volume of Deaf patients each year.

Just like Pam, Gwen's days are far from predictable. "Last night, we got an email requesting ASL interpreting services for an emergency surgery at 5 a.m. today," said Gwen. "We try to be as prepared as possible for the day, but we have to be equally as flexible. Things can change at any time for an emergency or even a labor and delivery patient that needs our support."

Both of Gwen's parents are nurses in Chicago, which also has a large Deaf population. "My mom wanted

to learn sign language for her deaf patients, and she started teaching me ASL when I was six years old," she recalls. It sparked a passion for Gwen, who took more than half of her undergraduate and graduate courses in ASL. "Some people don't realize that medical terminology is its own language in a way," said Gwen, "so being at the dinner table with my parents talking about their work gave me a base knowledge." Gwen expanded that knowledge

by completing a certification for specializing in healthcare interpreting. "It's such an honor to be in a position where I'm providing communication access to people at a vulnerable and crucial point in their lives," said Gwen. "We're a bridge to accessibility and having patients' basic rights acknowledged and met and we take pride in our jobs."

Though video interpretation is available, Gwen said that the personal connection is not the only benefit of using an in-person interpreter, "ASL is a three-dimensional language, so putting it in a two-dimensional video screen doesn't work as well and can lead to miscommunication." Gwen likes to remind clinicians that interpreters are a tool for the benefit of everyone involved, "We're there for hearing people, too. I would love for physicians,



Gwen and her wife, Alicia Johnson, on their wedding day

advanced practice providers, and all clinical staff to feel empowered to request our services whenever needed." (You can request an ASL interpreter at aslwch@medstar.net or by phone at 7-2100. For spoken language

interpreters, email spanishwhc@medstar.net.) When not at work, Gwen and her wife share a hobby, semi-pro women's tackle football. Her wife is Deaf, so at home, Gwen's primary language is ASL.

Debbi Mister *Administrative Manager - Credentialing*

Debbi is the administrative manager for credentialing. She considers herself part liaison to practitioners and part investigator. "We're kind of like a detective reviewing data and information to ensure that someone who is going to take care of a patient is both qualified and competent to do so," she said. Debbi provides onboarding services to ensure clinicians have IT access, an ID badge, and a parking space. She also offers guidance on additional training new clinicians may need.

She got her start in healthcare as a unit secretary on a medical-surgical unit, and then as a pharmacy tech before taking a position in a medical staff office. "I've had this position at three different hospitals since 1985, with this one being by far the farthest drive from my house," said Debbi. "But it's worth it. I've been at MedStar Washington since 2005 and take so much pride in telling people that I work here."

Though credentialing has transitioned to a central process in recent years, Debbi still follows the applications for providers and ensures that the files

are completed and released properly both for initial applications and reappointments. She also reviews and responds to requests for analytics such as the number of surgeries a clinician has performed and supports all the medical staff committees. "I also keep track of when someone's license is soon to expire or their medical records need to be completed," she said. "I get a lot of phone calls and emails, so if a physician has a question or doesn't know who to go for an answer, even if it's not something I do, I'll say, 'let's find who can help you.'"

Debbi, who had previously completed an associate's degree and is a certified provider in medical staff management, is currently completing a bachelor's degree in healthcare administration. "Drs. Argyros and Dubin supported me going back to school," she said. "The people at MedStar Washington are so caring and they are my work family. They've taken care of my parents, my husband, and me, and I have so much respect for everything we do here and how we try to give patients the best possible care."



Debbi with her late husband Greg

Debbi is known in her community in Calvert County, MD, as a volunteer. She has been involved for many years at a local animal shelter, where she puts her investigative skills to work. "I process applications, including background investigations, similar to what I do at the hospital," she said. In fact, Debbi's two dogs are both rescues from local shelters. She has also held various positions for nearly a decade, including president and vice president, at the Calvert Alliance Against Substance Abuse.

An increased focus on safety results in 2-year milestone on 2NE

Despite high patient volumes and acuity, the Medical Cardiovascular Intensive Care Unit (MCVICU) team at MedStar Washington Hospital Center recently surpassed two years with zero significant safety events (SSEs). Located on 2 North East (2NE), the unit has been co-led by medical directors Drs. Alex Papolos and Benjamin Kenigsberg since July 2020. Along with nursing director Jonathan Donevant, MBA, BSN, the trio reflected on why this milestone is so important for their patients and how they got there.

“Our patient population has morphed over time—we’re not the coronary care unit of decades prior. The increase in complex multi-organ failure requires complex care to keep our patients alive. Medicine is also very dynamic. Devices and drugs change, and so does staffing. We always need to be vigilant,” said Dr. Kenigsberg. “If even one patient has a hospital-acquired event, it further complicates things, and that is unacceptable. Our patients are very sick and might not always have a positive outcome, but we want to give them the best chance. It’s a moral imperative.”

“Through data, we share in the Critical Care Cardiology Trials Network, we could see that our length of stay, and mortality rates were the same as other hospitals in the network, but our patients were sicker. Even still, we were seeing lower mortality rates in heart failure and cardiogenic shock,” said Dr. Papolos. “And then you can look at how clinically busy we were in fiscal year 2022. We had 1,661

admissions, which is roughly twice the admissions of other intensive care units in the hospital.”

Fostering an open culture

Jonathan Donevant said, like other high-reliability organizations with repeatable processes, such as airlines, correcting potential errors before they happen requires transparency and communication. “We are a system full of humans and we understand that, as humans, we’re going to make mistakes. But we also know that everything is a learning opportunity and we’ve really fostered a culture of openness and collaboration. We want staff to comfortably discuss issues and identify potential gaps in an impartial and non-punitive environment.”

In addition to cultivating a Just Culture, several changes were implemented to heighten the focus

and approach to patient safety, starting with the Department of Critical Care Medicine taking over management of all hospital intensive care units in fiscal year 2021. After that, the team moved to a model where an intensivist with critical care training was involved in all patient care. Both Drs. Kenigsberg and Papolos are dual trained in cardiology and critical care but are two of only about 150 in the entire country. The team plans to increase the number of dually trained physicians on the unit in the future.

“A general cardiologist is paired with an intensivist if someone dually trained isn’t available,” said Dr. Papolos. “We also went from having no geographic boundaries—with 16 dedicated beds and the ability to flex to take over other beds in the hospital, and then we shrunk for safety to



Drs. Benjamin Kenigsberg and Alex Papolos agree putting in the work is essential to affecting change.

a 12-bed maximum, more closely reflecting institutional intensive care unit standards.”

Next, the triage system and nursing pool were redesigned, intensivists increased their presence at night so one is always present around the clock, on weekends, and holidays, and additional advanced practice providers (APPs), such as nurse practitioners and physician assistants, were hired on. “The APPs have been integral to the team’s success. One thing true in all facets of medicine is that the people who do something the most do it the best and safest, and our APPs do critical care all the time,” said Dr. Kenigsberg. “It’s added a blanket of safety on the unit.”

Continuity and consistency

Leanne Carter, PA-C, is the clinical lead of the APPs on 2NE. “Our APPs stay for many years and that means continuity and consistency, and relationships with staff across the hospital,” she said. “It’s made the residency learning on the unit better, too, because we can act as a bridge to fill in any knowledge

gaps, and the attendings can teach with less concern on what’s happening in the next room over.”

Support from stakeholders at all levels, from staff to hospital leadership, was another key ingredient to success in strengthening the MCVICU’s structure and safeguards. “There was a lot of buy-in from all involved parties, with a ton of support from Chief Medical Officer Jeffrey Dubin, MD, and Alex Pratt, MD, former chair of the Department of Critical Care Medicine,” said Dr. Papolos.

“It doesn’t matter what the denominator is; even one patient safety event is too many, and the leadership on the unit understands that and did the real work to prevent future events,” said Jeffrey Dubin, MD, Sr. Vice President, Medical Affairs, and chief medical officer for MedStar Washington. “The triad of leadership on the unit with Alex, Ben, and Jonathan really set the tone for everyone to feel comfortable asking for help and sharing concerns so the environment is one of continuous process improvement. During leadership rounds we can see that—how can we help each other and

what can we do better—is the culture.”

When reflecting on lessons learned from the past two years, Drs. Kenigsberg and Papolos agreed that a willingness to give things a hard look and putting the work in to affect change are critical.

Lessons learned

“You can make micro changes at the individual level, but the macro changes are where the majority of the work was and the more impactful outcomes were made,” said Dr. Kenigsberg. “The focus was on systemic issues, making structural and staffing changes to heighten safety for the extremely high-burden patients we care for who require close, constant attention.”

“I would recommend to anyone that you have to get comfortable with looking at things that could be improved, acknowledging them, and being open to making changes for the better,” added Dr. Papolos. “We’re hoping that, for us, that means we’ll be celebrating three years of zero patient safety events next year.”



Leanne Carter and Jonathan Donevant lead two of the units vital stakeholders: APPs and nurses

“Our APPs stay for many years and that means continuity and consistency, and relationships with staff across the hospital. It’s made the residency learning on the unit better, because we can act as a bridge to fill in any knowledge gaps.”

– Leanne Carter, PA-C

HPV-associated head and neck cancer: a rising tide

“HPV-related head and neck cancers are now the most common HPV-related cancers, overtaking cervical cancer,” said Matthew Pierce, MD, a board-certified otolaryngologist at MedStar Washington Hospital Center, “and HPV-related cancers are becoming more prevalent, in general, over the past two or three decades.”

There are more than 14 million new human papillomavirus (HPV) infections in the U.S. each year; it’s the most common sexually transmitted infection. While our immune system fights off most HPV infections, often without us knowing it, certain HPV strains, such as HPV-16 and HPV-18, remain in the body and cause precancerous cells to form, which can eventually become cancer. HPV-16 has been associated with up to 70 percent of cancer in the oropharynx, including the back of the throat, the base of the tongue, and the tonsils. Healthy, non-smoking individuals between 35 and 55 are the fastest-growing segment of the oropharyngeal cancer population, with the incidence in men being three times higher than in women.

Asymptomatic cancers

“We’re on the front end of the wave of this epidemic that we’ll only be seeing more and more frequently over the next 10 to 15 years. These cancers are typically decades after someone contracts the virus,” said Jonathan Giurintano, MD, a board-certified otolaryngologist

at MedStar Washington and MedStar Georgetown University Hospital. “These cancers are often asymptomatic and even though they are occurring in the back of the tongue or tonsils, patients typically aren’t presenting with a sore throat or weight loss. The classic presentation is a new neck mass under the jaw that isn’t painful but doesn’t go away.”

This past January, tennis legend Martina Navratilova announced that she has been diagnosed with HPV-associated throat cancer after discovering an enlarged lymph node in her neck. Similarly for Brenda Young, a patient of Dr. Giurintano’s, it was a lump in her neck that led to her diagnosis of HPV-related cancer. “The lump was first noticed with my primary care physician at a regular physical, but I was feeling fine,” said Young. Afterward, an unrelated illness sent Young to the Emergency department (ED) at MedStar Washington, and the physician sent Young for a neck mass biopsy, after

which she was diagnosed and connected with Dr. Giurintano.

An unforeseen diagnosis

“When Dr. Giurintano told me I needed surgery, I asked him, ‘what if I decide not to do it?’ and he told me that the surgery was my best chance, and I wanted to live,” recalled Young. Dr. Giurintano performed a radical tonsillectomy and Young needed no additional treatment and has been cancer free for four years. She’s since married, traveled, and gotten back to singing in her gospel choir. “I feel like I understand the meaning of living now and I don’t take things for granted like I used to before the diagnosis,” she said.

Unlike Young, some patients need a combination of surgery, radiation, or chemotherapy, but with early diagnosis, the prognosis is typically still positive. “These are very treatable and curable cancers



Brenda Young with her husband on their wedding day.



Jonathan Giurintano, MD

if caught early, and we offer the full gamut of treatment options," said Dr. Pierce. A tumor board meeting is held regularly with otolaryngologists, head and neck cancer surgeons, and radiation and medical oncologists to discuss each patient's condition and management options.

When surgery is called for, Drs. Giurintano and Pierce typically perform transoral robotic surgery (TORS), using the da Vinci robot, which was introduced in 2005. "This is a much less invasive surgery than the traditional, larger surgery to get to the back of the throat with lower morbidity, fewer hospital stays, and it's a lot more well tolerated," said Dr. Pierce. "It's given us access to more tumors and has resulted in surgery being the single type of treatment, avoiding chemotherapy and radiation, for many patients."

Clinical trials, new treatments

MedStar Health is also currently performing clinical trials to investigate de-escalation, or a reduction in the amount of treatment given to patients with HPV-associated head and neck cancer, while still maintaining the same positive outcomes. "The prevailing research with HPV-related cancer is to scale back the intensity of treatment," said Dr. Giurintano. "This also decreases side effects and morbidity so that swallowing and speech are preserved."

William McNeil, a fifth-grade teacher in the Washington, D.C., area, is a clinical trial participant and patient of Dr. Pierce. In early 2020, he noticed a lump on his neck, and by the summer it seemed to be growing larger. "I didn't have any other symptoms and it didn't hurt," he said. His primary care physician (PCP) referred him to Dr. Pierce, who performed a biopsy to determine that McNeil had HPV-



Matthew Pierce, MD



Mr. McNeil, a patient treated by Dr. Pierce, is a participant in a de-escalation clinical trial.

associated tonsil cancer. "Doom was my initial reaction, but Dr. Pierce took that fear away," said McNeil. "He's really able to articulate very plainly what is going on and what is going to happen. I'm so appreciative of him."

Dr. Pierce performed a radical tonsillectomy in 2021 and McNeil's treatment plan also included radiation. As part of his participation in the de-escalation clinical trial, though he's since completed radiation treatment, he's still being followed through regular CT scans and bloodwork. He's back to teaching and credits his PCP's swift referral and Dr. Pierce for his positive prognosis. "The doctors that

I had were professional and intent on saving my life and following the calling that brought them to their profession," he said. "I'm really glad I went to a PCP as soon as I noticed something that didn't seem right."

Screening as an option

At this time, there is no screening to reduce the risk of developing or dying from oropharyngeal cancer. "Cervical cancer is caused by HPV, the exact same pathogen, and the pap smear was developed to look for HPV-related precancerous cell changes. We don't yet have an analogous test for that in the back of the throat but it's being actively researched, and we may see something come out in the next five years," said Dr. Giurintano.

HPV vaccination

This possible development, along with the expansion in who receives the HPV vaccination, could lower the incidence of HPV-associated head and neck cancers dramatically. "At some point, we expect the tide to turn and the number of these cancers we'll see in the future will decrease. We won't see them as much by the end of my career," said Dr. Giurintano. "The HPV vaccine initially was only offered to girls, but it's now also accessible to boys, and the Centers for Disease Control and Prevention (CDC) has expanded the age range. The HPV vaccine, which targets the most cancer-causing strains of the virus, is currently recommended for anyone ages 11 or 12 through age 26. Although it provides less benefit, some adults ages 27 through 45 years who are not already vaccinated may decide to get the HPV vaccine after speaking with their healthcare provider about their risk for new HPV infections."

Non-surgical gallstone removal: a new option for challenging cases

One of Dianne Bascomb's favorite things to do is take a long relaxing bath, but she couldn't submerge in water because of a percutaneous



Dianne Bascomb underwent non surgical gall stone removal.

cholecystostomy tube (PCT). The tube was placed in her gallbladder in 2019 to treat two large and painful gallstones that were blocking her gallbladder's normal outflow of bile, but she was not a surgical candidate to have the gallbladder removed. "My cardiologist advised it should not be removed surgically because of the stress the surgery could put on my heart. I might not make it," she said. "The tube was put in instead and it was very uncomfortable. I had to be careful how I slept, how I got up, how I moved around, and how I reached for things. It hindered me from getting around the way I normally would."

Due to its position, Bascomb couldn't reach the tube herself, so she also had to rely on her

daughters to regularly change her dressings and to drive her to appointments every three months at MedStar Washington Hospital Center to exchange the tube. During one of the appointments, John Smirniotopoulos, MD, attending physician of Vascular and Interventional Radiology, presented Bascomb with a new option - percutaneous, non-surgical removal of the gallstone through the tube site. Following the minimally invasive procedure, the tube is removed and patients like Bascomb can live both tube-free and free from gallstone-related pain.



John Smirniotopoulos, MD

Creative ways to treat diseases

"As an interventional radiologist, we find creative ways with image guidance and minimally invasive techniques to treat a wide variety of diseases," said Dr. Smirniotopoulos. "We started offering percutaneous cholangioscopy a few years ago to a subset of patients with calculous

cholecystitis who aren't, and may never be, surgical candidates. Prior to this procedure, they were living with a chronic tube that needed to be frequently exchanged and could have other issues over time. For many, it can become a tube for life, with all the maintenance and lifestyle impact that entails for themselves and their family members, if the gallstone can't be removed."

High anesthesia risk, cardiovascular disease, and cirrhosis of the liver are among some of the reasons that would preclude a patient from surgery. Though cholangioscopy doesn't replace cholecystectomy for appropriate surgical candidates, using a percutaneous cholangioscope, a short-length scope, to access the gallbladder through the same hole used for the existing cholecystostomy tube, gallstones can be removed using aggressive irrigation, basket retrieval, or laser lithotripsy.

Collaboration is key

For patients whose gallstones are too large for a basket removal or laser lithotripsy, Dr. Smirniotopoulos collaborates with Daniel Marchalik, MD, director of the Kidney Stone Program at MedStar Washington, to perform shockwave lithotripsy which simultaneously destroys and removes the stone." The collaboration between our two specialties has been paramount for finding an innovative way to treat this particular subset of patients," said Dr. Smirniotopoulos. "Equally important is the encouragement and support from the surgical



Daniel Marchalik, MD

departments and the Department of Radiology to make it all the more feasible and collaborative."

"These are patients with complex, large stones and complicated medical histories," said Dr. Marchalik. "Dr. Smirniotopoulos has a really unique skill set to gain access to gallstones percutaneously and I have a particular skill set to quickly treat large stones. When you combine these two things, we're able to provide something that is special and unique. There are very few places that offer this."

Data insights enhance care

Both physicians were recently highlighted in the *Journal of Vascular and Interventional Radiology* regarding the procedure and its outcomes. Patients with gallstones typically have a 20-30 percent chance of recurrent cholecystitis over their lifetime, but MedStar Washington's percutaneous cholangioscopy patients have seen a zero return of stones

or cholecystitis two years after stone removal. For patients whose stones must be broken up first, Drs. Smirniotopoulos and Marchalik are analyzing data from the past year and are also seeing their patients are remaining stone free.

"This has really opened doors," said Dr. Smirniotopoulos. "Now we have the ability to treat gallstones of all sizes for all patients, which makes a big difference for our patients' lives and for their family members who are helping to care for them. For many people, it has truly been life-changing. I had a patient in her nineties who we were able to help percutaneously without surgery. She sent me a picture of herself gambling in a casino, which was something she wanted to be able to do. People want to get back to a quality of life that has been restricted by having a tube."

"At the hospital, we've got one of the top stone programs and one of the most respected interventional radiology programs in the country and that's what it takes to do something cutting-edge," added Dr. Marchalik. "It's a privilege to work with someone as incredibly skilled and who has such great patient rapport as Dr. Smirniotopoulos. The entire interventional radiology department is outstanding."

Life after gallstones

It took less than 30 minutes using ShockPulse lithotripsy for Drs. Smirniotopoulos and Marchalik to remove both of the large gallstones in Bascomb's gallbladder. Before she was presented with this option, Bascomb was worried about her quality of life for the rest of her life. She had had gallstones in the past with subsequent recurrences and had been hospitalized with infections. With the size of the stones, she was facing having a tube for life and the possibility of future infections.

"I was so fearful when I thought the only option I had was to live with the

gallstones and the tube," she said. "At age 77, I feel great and more confident, and I can move on and do more activities and live comfortably. My children don't have to wait on me hand and foot and it means so much to me to have better health."

Dr. Smirniotopoulos said that it's common at MedStar Washington to consider new solutions to existing problems, "If we're using a tool for one thing, we'll consider whether we can use that tool for something else. We're always trying to "MacGyver" new techniques, and to find something successful to treat an otherwise difficult-to-treat patient population is incredibly rewarding, especially seeing them a year or two post-procedure and they are doing so well and back to a quality of life they enjoyed before they got sick."

"There are people with world-class skill sets here," added Dr. Marchalik. "That makes it possible to create these types of collaborative initiatives that have the potential to transform our approaches to treating various conditions while transforming our patients' lives."



Fluoroscopic image of a gallstone.

New chair promotes excellent patient care, and MedStar Washington as an excellent place to work

Seife Yohannes, MD, says that he would probably have been unemployed if he wasn't a doctor. He has found being a physician is the right fit for him to align his skills and passion with helping people. Originally from Ethiopia, he feels he understands firsthand the impact that improving health care can have. He personally follows the motto, "Don't forget where you came from."

Dr. Yohannes completed medical school at Howard University College of Medicine before joining the residency program at MedStar Washington Hospital Center in 2005. After that, he completed fellowships at both MedStar Washington and George Washington University Hospitals before accepting a position as a critical care and neurocritical physician at Inova Fairfax Hospital.

In 2013, he returned to MedStar Washington as a surgical and neurocritical care physician and was later selected as the vice chair of the Department of Critical Care Medicine. In 2022, Dr. Yohannes worked at the hospital as a PRN while practicing as a chief medical officer at an Amsterdam-based startup company focused on building hospitals in emerging markets. "It was a passion project because I love global health," he adds. "It was an excellent year thinking of complex problems and trying to find out-of-the-box solutions. A year later, I was excited to apply for the chair position when Alexandra Pratt, MD, was



promoted to Executive Director Physician at MedStar Medical Group."

Since being named chair this past February, Dr. Yohannes begins his days, when he is not working clinically, by connecting with physicians on the Critical Care Units, attending rounds, and meeting with staff inside and outside the department to solve issues and address patient care. "We have more than 120 critical care beds and we take care of high-acuity patients, so there are always issues that come up. It is our mission to provide the highest quality of care, so we continually strive for improvement," he adds.

In his new position, Dr. Yohannes hopes to balance supporting MedStar Washington as an excellent place for patients to receive care with being an excellent place for clinicians to work. "There are opportunities and challenges in health care. The

opportunities are that medicine and health care are growing, innovation is ever-expanding, and we have highly skilled surgeons able to do complex procedures. The field of critical care medicine is developing, and we can incorporate more support at the bedside including ultrasound, dialysis, ECMO, Impella, EEG, and brain tissue oxygen, among others," he said. "On the other side, we are working through the impact of COVID-19. Many of our providers have not had the chance to fully recover from the stress and burnout of the pandemic, and we need to support them in finding a suitable work-life balance. My vision is to clinically grow in innovation and complexity of cases, while simultaneously taking care of our staff to ensure that burnout does not become a chronic problem."

After working here for nearly 10 years, Dr. Yohannes feels it's an asset in his new role that he knows many of his colleagues well. "It's a complex time in health care but I have the pleasure of having been here for years and I can say that I practice with my friends both inside and outside the department. I can knock on any door or stop and have a conversation with anybody about issues that are going on. I like that MedStar Washington is a place that mentors and retains its internal staff."

Outside of work, Dr. Yohannes considers his two sons, ages 14 and 9, his proudest accomplishments. "They are grounded, happy, and loving boys."

Virginia Tran, PA-C

Orthopaedic Surgery

Helping others is a reason many people pursue careers in medicine. But the commitment is something of a family tradition for MedStar Washington Orthopaedic Surgery Physician Assistant Virginia Tran, PA-C. Growing up in Northern Virginia, she often heard stories of how her immigrant parents' sponsors helped them adjust to living in a new country.

"As a family, we've always wanted to do our part to give back to the community," Tran says. "That's why I absolutely always wanted to be in medicine."



While a pre-med Neuroscience major at George Mason University, Tran had the opportunity to shadow at MedStar Georgetown. It was there that she learned about the role of Physician Assistants (PA).

"It was a fantastic experience," she recalls. "Being a PA meant that I could work in different specialties – providing the flexibility that I really wanted."

After completing her PA training at Jefferson University in Philadelphia,

Tran returned to the Washington, D.C. area and joined MedStar Washington's Emergency department (ED) in 2015. Having treated high-acuity patients at urgent care centers, the ED was a natural place for her to begin her PA career.

Though Tran has since put her Neuroscience degree to work in the Orthopaedic Spine Surgery department, she's always happy to return to her ED roots.

"I love my colleagues, because we're all in this together and work to support each other," Tran says. "And because we're a teaching hospital with a very diverse patient population and complex cases, the attendings and other PAs are always willing to teach and help explain things."

That mutual support was particularly important during the pandemic when surgical shutdowns and role re-assignments required a high degree of resilience among the hospital's APPs. Always eager to take on a new challenge, Tran quickly adapted to working on medical floors and conducting Urgent Care e-visits. She recalls one patient asked for a Covid test due to a cough and shortness of breath. However, on further questioning, Tran astutely recognized the etiology was more likely cardiac in nature, and promptly referred the patient to the ED. The patient was later diagnosed with new onset heart failure and admitted for a higher level of care.

"I gained a greater appreciation for internal medicine staff because the time was particularly stressful for them," she says. "Yet they always took the time to show us the ropes, and make us feel at home as part of their team." Because the pandemic put a much-needed spotlight on

"It was a fantastic experience. Being a PA meant that I could work in different specialties – providing the flexibility that I really wanted."

– Virginia Tran, PA-C

the inherent stresses medical professionals face even under the best of conditions, Tran has stepped up to become her department's Engagement Committee Co-Director and Wellness Champion as a liaison for MedStar's Corporate Wellness Committee.

"We've taken steps to help our colleagues with things like childcare and elder care, and promote philanthropic activities that help them connect with each other and the communities we serve," Tran says. "We hope to broaden these programs as the year unfolds."

Tran's life away from work centers on family, friends, and, of course, community service. Coming full circle from her parents' experience, she's now helping teach conversational English to Ukrainian immigrants. Tran also loves rock climbing, and can often be found scurrying up indoor walls at area climbing centers. "I love puzzles, so figuring a way to the top is just another one to solve," she says. "It also helps build my confidence for outdoor climbs."

Russel Dinh, MD

Ophthalmology

Russel Dinh, MD, found his way to medicine as an outgrowth of teaching. After college, Dr. Dinh founded a tutoring center for middle and high school students. As he worked with students, he was constantly gauging how much the students already knew about a topic, how much they could understand, based on prior knowledge, and how he needed to accommodate them based on those factors.

"It's the exact same thing with medicine," Dr. Dinh says. "We spend so much time teaching patients about various diseases, teaching medical students, or learning from each other. Medicine has always felt like an extension of teaching, so that's what really drew me to it."

As chief resident of Ophthalmology at MedStar Washington Hospital Center, Dr. Dinh has led the department's efforts, alongside colleague Justin Shortell, MD, to coordinate with several other local ophthalmology programs including George Washington University Hospital, Howard University Hospital, and Walter Reed National Military Medical Center. Together, the programs seek to integrate their didactic instruction and meet other teams of residents. For Dr. Dinh, that meshing of programs has allowed him to collaborate with chief residents from other medical programs and rotate alongside them.

The collaboration has also brought active military personnel from Walter Reed to MedStar

Washington, a patient population Dr. Dinh's team would not routinely treat. "It's a totally different patient population than we typically see," he says.

This fall, Dr. Dinh will head to Vanderbilt University Medical Center for a Surgical Retina Fellowship. "It's such a really beautiful structure," Dr. Dinh says of the retina. "It's the wallpaper of the eye. It takes all of that light and sends it to the brain. The surgeries are akin to laparoscopic abdominal surgery—we place tiny trocars and operate with a light pipe to visualize the intraocular structures; the surgery is elegant. It's a beautiful subspecialty."



After the two-year fellowship, Dr. Dinh plans to return to the area, ideally returning to a teaching hospital like MedStar Washington, where he can balance surgery and clinical care.

And, of course, teaching. "I want to continue teaching as much as possible," he says.

Dr. Dinh came to the profession because of his love of being an educator but, he notes, just as often he bears witness to patients teaching him—most often about the true embodiment of gratitude. Dr. Dinh recalls one patient—an immigrant who had come to the United States after decades of worsening cataracts. Before surgery, the man could barely register a hand waved in front of his face. A week or so later, he was reading at 20/20.

His patients often cry following their surgeries. They are nearly always tears of appreciation, having been given the gift of sight, once again.

"It's a very rewarding, special feeling to give someone their sight back," says Dr. Dinh.

"We spend so much time teaching patients about various diseases, teaching medical students, or learning from each other. Medicine has always felt like an extension of teaching, so that's what really drew me to it."

— Russel Dinh, MD,

John Lazar, MD

Thoracic Surgery



In the world of surgeons, there's a term used to describe a doctor at the top of their field. It's a phrase meant to signify a surgeon who excels at the trifecta of clinical care, education, and research: The Triple Threat.

For John Lazar, MD, it felt nearly impossible to achieve that coveted goal. "There was a time when surgeons were in the hospital 100+ hours a week," says the general thoracic surgeon and chief of Thoracic Surgery at MedStar Washington Hospital Center. "If you want any kind of work-life balance, it's much harder to achieve that goal, especially on the research side."

But, he says, MedStar Health is enabling him to do that, thanks to an internal \$5 million K01 grant meant to promote research within the hospital's faculty.

"It's basically leadership saying: 'We see great potential in you, and

we want to help support your vision, even though we don't quite know where this project might go," he says with a smile.

The grant has allowed Dr. Lazar to take time away from clinical care to expand his research, which focuses on resident education and the use of data-driven feedback to perfect lobectomy training.

"The best way to teach a lobectomy—the anatomical removal of part of the lung—used to be 'see one, do one,'" Dr. Lazar explains. "But now, with robotic surgery, we need something more objective that is not dependent on the user. We're exploring whether we can use machine learning to say: 'What are the most significant parts of the lobectomy? What specific skills would make someone an expert?'"

Dr. Lazar compares this data recorder, attached to a surgical robot, to a plane's black box, allowing residents to step back after surgery and review the data using objective performance metrics. "Often, residents have Surgeon A telling them one way to operate, but might have Surgeon B telling them another," says Dr. Lazar. "Residents are craving something other than subjective feedback."

Dr. Lazar's is the first thoracic program in the country to look at surgical performance and clinical outcomes using data under objective performance metrics.

"I think it's going to change the nature of surgical performance in the next decade," he adds. "The goal is to help nurture young surgeons."

The program is still in its first year but is already drawing a buzz. One incoming resident heard about the program while at Stanford Medical School and set their sights on

MedStar Washington because of the pilot.

Dr. Lazar's research was funded through a two-year internal grant, which he's hoping will render into a National Institutes of Health grant. "Our major goal is to get this adopted by residency programs across the country within five years. If we can get tangible feedback and prove significant learning, others will adopt this," he says.

But, in an ideal world, there is less of a need for late-stage lobectomies to remove cancerous tumors. Dr. Lazar's other passion is building awareness and early detection of lung cancer, the number one yearly cancer killer in the United States.

Bending that survival curve depends on helping to educate primary care physicians (PCP) to identify the disease early, including offering lung cancer screenings using CT scans for those at high risk—something that Dr. Lazar and his colleagues are working to promote across the system and beyond.

"It's painless, takes ten seconds, and then you're done," Dr. Lazar says of the screening.

"Anything we can do in terms of early diagnosis goes a long way toward survival," he says. "By applying robotic minimally invasive surgery to early-stage lung cancers, we have the potential to change the survival curve—impacting not only Washington, D.C., but the entire region. We can change the rate across the region."

Connections

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

Physician's Perspective

Navid Homayouni, MD Director, Nuclear Medicine

Nuclear medicine and molecular imaging have the potential to identify diseases at an early stage, often before conventional imaging and other tests are able to detect abnormalities. Fortunately, MedStar Washington Hospital Center has stayed current with the latest advancements in diagnostic technology for a wide range of conditions.

As nuclear medicine has begun to play an increasingly important role in patient care, the awareness of MedStar Washington's capabilities have grown in step with this trend, which is particularly gratifying. We are now one of largest centers on the East Coast for evaluation and treatment of thyroid cancer, and demand for our expertise encompasses both new and follow-up treatments, as well as complicated cases that require collaboration with oncologists and physicians practicing in a variety of specialties.

One area where nuclear medicine has made a significant difference

is in the evaluation of inflammatory heart failure. Research has revealed that a high prevalence of cases stem from non-ischemic causes, particularly inflammatory sarcoidosis. In a relatively short period of time, dual tracer PET/CT imaging has become a valuable tool in identifying and evaluating conditions that other imaging modalities did not or could not detect. This in turn has led to the diagnoses of cases that otherwise might have gone undiagnosed or been attributed to other disorders. This breakthrough will allow clinicians to differentiate between the various stages of cardiac sarcoidosis, resulting in more tailored treatment strategies and response assessments.

As awareness of cardiac sarcoidosis and MedStar Washington's cardiac imaging capabilities have grown, so too have the number of physician referrals of heart failure patients for evaluation. So much so, we have increased the number of days we perform cardiac imaging to accommodate demand. Many patients are coming to us from beyond the Baltimore-Washington



region, which is a testament to the reputation of the Advanced Heart Failure Program, and the successful collaborative relationships we are fortunate to enjoy with cardiology and rheumatology specialists throughout the organization and system. It's truly epitomizes MedStar Washington's ONE Team approach, allowing the Nuclear Medicine team to expand its role to make a greater contribution to help patients as they progress through their respective treatment journeys.