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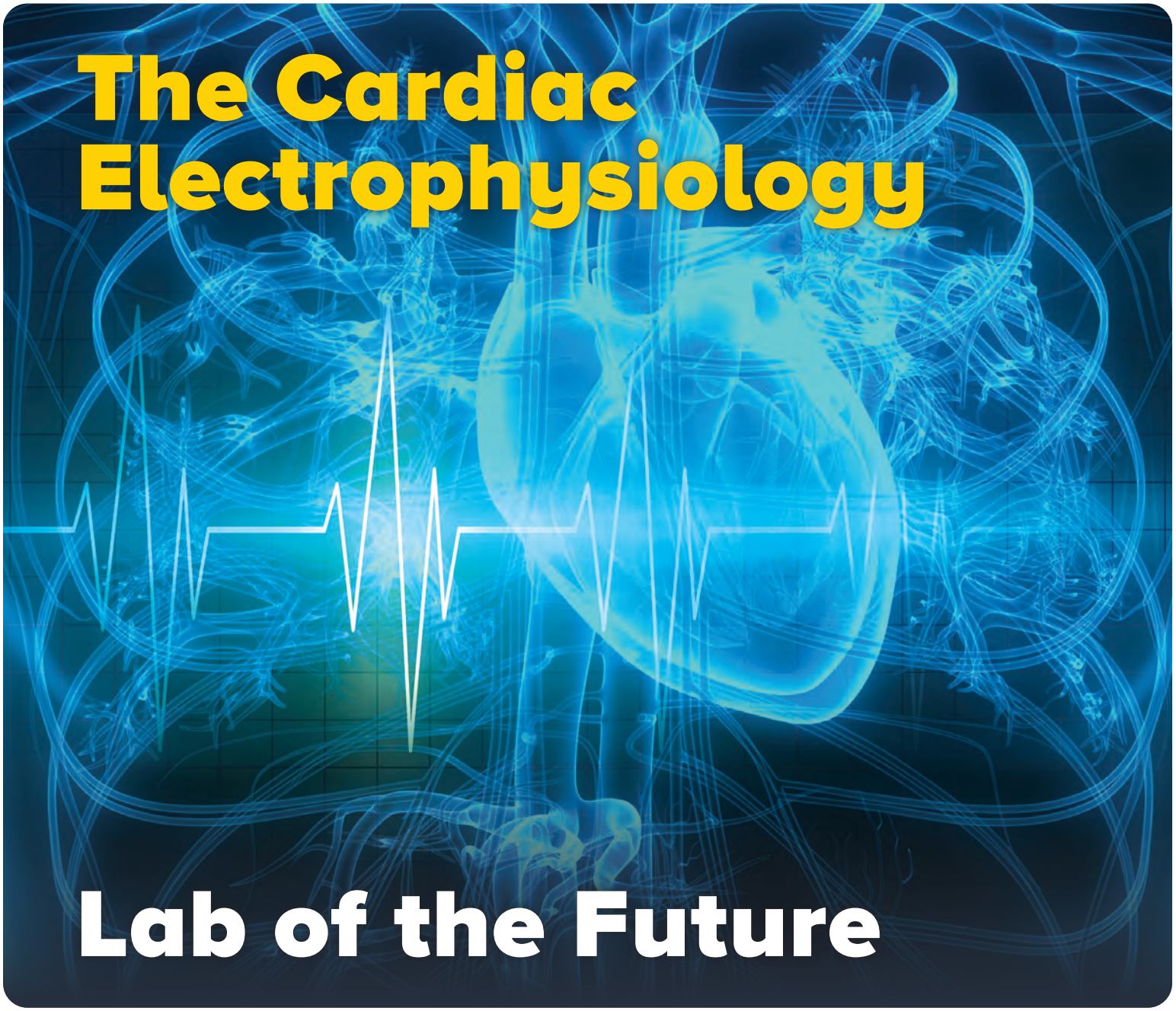

The Cardiac Electrophysiology Lab of the Future

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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.

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

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Registration Now Open

New Developments in Understanding Chronic Illnesses: The Role of Immune Dysfunction and Infections
November 8 to November 10 | Marriott Marquis | Washington, D.C.
Conference Chair: Gary Kaplan, DO, DABFM, DABPM
Conference Co-Chair: Craig Shimasaki, PhD, MBA

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.

SAVE THE DATE

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

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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.**

Extending healing through hospice care

As physicians, we are called upon every day to provide compassionate, appropriate, and effective patient-centered care, whether we practice medicine inside or outside our hospital walls.

There comes a time when a patient's medical treatment has been exhausted or they no longer wish to receive life-sustaining care. Together, we, as their caregivers and the patient are faced with the last stage of their life, and so our focus shifts from treatment to providing comfort and support in the time they have left.

> **"Hospice care is not about death but rather about living the best life a patient can until the end of their life."**
>
> *– Jeffrey S. Dubin, MD, MBA*

Over the years, I have met patients who have shared their wish to end treatment, their hope to die with dignity, or families of critically ill patients who wish the same for their loved ones. I have often interpreted that to mean patients want to be free of pain and fear while their medical, emotional, and spiritual needs, as well as their families, are attended to.

That's why, in early July, we began a partnership with Accentcare Hospice to provide inpatient hospice care. Presently, we are licensed for eight beds with eligible patients being accepted between 8 a.m. and 4 p.m. Monday through Friday. Our collaboration is supporting the seamless transition of eligible patients from the Emergency department and other units directly to the new hospice beds. The unit is managed by MedStar Washington Hospital Center physicians and nurses in partnership with a team of highly skilled hospice healthcare professionals—social workers, physicians and nurses on call, music therapists, and chaplains—to support patients in meeting the challenges of their specific hospice diagnosis, including pain management, open-access interventions, and psychosocial support. Please consult inpatient hospice early so these services can be arranged.

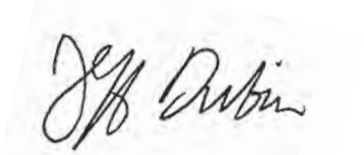
Additionally, patients' families can choose to receive up to 13 months of person-to-person bereavement support, access to support groups, and written resources and materials following their loved one's death.

At the heart of our decision to open a hospice unit was recognizing the importance of fulfilling our patients' hope to comfortably transition. Hospice care is not about death but rather about living the best life a patient can until the end of their life.

This dedicated unit offers our patients and their families a peaceful end-of-life experience, and hospice provides additive care for end-of-life patients and their families that MedStar Washington alone cannot provide.

Focusing on our patients' comfort and quality of life aligns with our mission of treating each patient as we would a loved one by providing the highest quality, safest care, and best patient experience, most especially during this sensitive time. If you'd like more information about our hospice unit, please contact Martha Awoke, director of Clinical Resource Management and Population Health, at **202-877-0135** or **martha.s.awoke@medstar.net**.

I appreciate your continued cooperation and dedicated efforts in working together as ONE TEAM.



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**.

Lab of the Future — The Cardiac Electrophysiology

We are grateful to all the cardiologists who are part of the Electrophysiology team at MedStar Washington Hospital Center. Sarfraz Durrani, MD; Zayd Eldadah, MD; Margaret Fischer, MD; Michael Goldstein, MD; Cyrus Hadadi, MD; Jay Mazel, MD; Susan O'Donoghue, MD; Edward Platia, MD; Manish Shah, MD; John Shin, MD; David Strouse, MD; Athanasios Thomaides, MD; and Seth Worley, MD.

The MedStar Health Heart Rhythm Innovation Center opened this spring at MedStar Washington Hospital Center, launching a new era of advanced heart rhythm care, teaching, and technology development. This new facility, also known as the MedStar Health Cardiac Electrophysiology (EP) "Lab of the Future," expands the existing Morris and Gwendolyn Cafritz Foundation Cardiac EP Suite. MedStar Health offers the region's most established and dynamic heart rhythm program. At 24 hospitals and ambulatory sites across Maryland, Washington, D.C., and Virginia, internationally renowned cardiac electrophysiologists manage the full spectrum of heart rhythm conditions for thousands of patients each year.

"Seeing this facility come to life is a dream come true for us. MedStar Health brought the National Capital Region its first dedicated cardiac electrophysiology laboratory 40 years ago, and this Lab of the Future is the latest leap forward for our region and beyond."

1 While it is the team's intention to provide as many services as possible close to the communities where patients live and work, highly technical and complex therapies must be delivered in the sophisticated setting of the medical center. "Cardiac electrophysiology is among the most technology-driven specialties in modern medicine," says Zayd Eldadah, MD, PhD, Director of Cardiac Electrophysiology at MedStar Health. "Early adoption of computers, robotics, three-dimensional mapping, as well as miniaturization of devices, integration of artificial intelligence, and many other advances, highlight how EP innovation has transformed heart rhythm care. A state-of-the-art specialty deserves a state-of-the-art innovation center, and we hope that this EP Lab of the Future will deliver tomorrow's therapies to patients who need them today."

❷ A unique incubator for training and research, the lab is specifically designed to facilitate in-person and remote teaching and research. It will serve as a knowledge and product development hub for industry, academic centers, government agencies, medical societies, and other local, national, and international visitors. A key component is the state-of-the-art, integrated audiovisual system, which allows for the recording and transmission of procedures in real time.

❸ Strategically placed cameras, including those in overhead surgical lights, capture optimum views of procedures as they are performed. A 27-seat auditorium, separated from the operating theater by a smart-glass wall that can transform from transparent to opaque with a flip of a switch, offers unique access for clinicians and researchers.

The lab's inaugural procedure, for example—performed in April by Susan O'Donoghue, MD, a senior member of the EP team—was viewed from the auditorium by MedStar Health leadership, executives from the Heart Rhythm Society, and Georgetown University School of Medicine faculty.

❹ Next-generation technology for optimal patient care today. The central feature of the new facility is a large (850-square-foot), hybrid, interventional procedure/operating room with an adjacent control room.

It offers complementary cardiac surgical capabilities as well as the very latest technology for therapies that include implantation of pacemakers, defibrillators, cardiac resynchronization devices, and cardiac monitors, as well as cardiac ablation, ranging from simple to highly complex.

The lab's advanced technology includes the next-generation Philips AZURION 7 image-guided therapy system, which allows for maximum flexibility during either hybrid or interventional procedures. From its ceiling mount, the platform's flexible arm can be maneuvered around the operating site for precise view and focus in eight different planes, avoiding the risk and disruption of repositioning the patient.

❺ The lab is part of a 6,000-square-foot expansion that also includes a dedicated Heart Rhythm Same-Day Care Suite designed to enhance patient safety and comfort by ensuring that the entirety of the procedure day is managed under specialized EP associates in one area. "Coupled with the recent expansion of our research and clinical teams, plus the addition of new, geographically dispersed ambulatory sites, this facility will supercharge our dedicated caregivers in their mission to prolong and improve human life," Dr. Eldadah says. "We're humbled by the support of grateful patients, philanthropic partners, health system leadership, and tireless associates, who have built an international destination center for advanced care."

Safeguarding staff: MedStar Washington makes staff safety paramount

Lourdes "Desi" Griffin, PhD

Elspeth Cameron Ritchie, MD

Assistant Vice President of Behavioral Health for MedStar Washington Hospital Center Lourdes "Desi" Griffin, PhD, has witnessed patient behavioral health crises on inpatient medical units and in ambulatory settings.

"Recently, an elderly patient was exhibiting verbally and physically aggressive behavior toward her clinical care team, so a unit staff member paged the hospital's Behavioral Emergency Response Team (BERT) to provide assistance in de-escalation and management of the patient's behavior," says Griffin. The team, which includes a psychiatric clinical social worker, a psychiatric nurse, a behavioral health technician, a behavioral management psychologist, and a Public Safety officer, usually responds in five to eight minutes after being paged. Using clinical skills, these providers were able to calm the patient and create a behavior management plan with both the patient and nursing team.

"In this situation, the patient had received a very challenging medical diagnosis. At the heart of her agitation was the need to speak to her sister about her medical worries," Griffin recalls. "Our behavioral management psychologist was able to identify that need, create a plan so she could connect with her sister, and help her regain her composure."

Balancing team safety and patient care

This instance is illustrative of the way MedStar Washington helps its associates to be safe. Not every behavioral health crisis can be neutralized that quickly, but the situation encapsulates the critical balance between supporting a patient in crisis and ensuring that the care team is safe. A growing number of tools exist in MedStar Washington's toolbox to protect providers from patient aggression, whether verbal or physical.

In a major shock-trauma hospital, there is simply no clear line of demarcation between medical and behavioral health challenges, says Elspeth Cameron Ritchie, MD, chair of the Department of Psychiatry. "It's not a clean break between psychiatry and medical," she says, "Many patients are experiencing both."

That is why MedStar Washington has been proactively integrating behavioral health across all medical units. A patient may arrive with gastric bleeding, but a medical event or diagnosis might trigger a behavioral crisis. "Our goal is to provide care to the whole person," Griffin says. "To do that, we must identify behavioral health challenges early on, and provide treatment so they don't escalate into a workplace violence situation."

Implementing deterrents

The first line of defense includes tracking patients entering the building and adding precautions, such as wanding, upon arrival, says Tracey Hayes, director of Public Safety. "If someone is coming in with a gunshot wound or has had a violent outburst while here previously, we need to make sure they are not entering carrying weapons."

Another critical layer involves a patient being presented with a behavioral contract, which requires those who have the mental capacity for safe behavior to conduct themselves in a safe and respectful manner with staff.

"We can only provide care if we provide care in a safe environment," says Ira Rabin, MD, vice president of Medical Operations and Clinical Resources. "A threat to a nurse, a social worker, or a food services worker is a threat against everyone," he adds.

The first step for any staff member is to report a concern to their supervisor or a member of leadership. "Report that potential risk immediately," Dr. Rabin insists. "There should be no suffering in silence." Dr. Rabin notes that verbal and emotional attacks are treated with the same weight as

Tracey Hayes

Ira Rabin, MD

Kristina Martin, RN, CS

physical attacks. "To us, derogatory language is the same as punching someone; it should never be tolerated."

Once reported, the patient's capacity will be determined. A committee then figures out how to safely provide care and presents the patient with a behavioral contract if the patient has capacity. Those behavioral contracts alert a patient that a behavior needs to change in order to provide safe care. "That's the only goal," Dr. Rabin says.

Roughly 75 percent of the time, the clinical team sees an improvement in patient behavior. "The highest probability of a patient changing behaviors is when a behavior plan is presented by the team in a multidisciplinary way," Dr. Rabin adds.

Managing patient expectations

"It really is a One Team effort managing these patients," says Kristina Martin, RN, CS. "The provider and nursing team have to collaborate getting assessments and conducting early intervention with the goal of being able to intervene before a crisis state."

Hayes says that reporting concerns along with setting clear expectations around behavior with patients has helped to decrease the number of cases that are ultimately referred to the public safety team. Calls to Public Safety for disorderly patients are down 68 percent for the first five months of this year, as compared with the same period in 2022.

Martin credits the hospital's suite of interventions with a flatline in patient-initiated violent encounters, despite an uptick in the number of events or aggressive patients in the hospital. "We're in a mental health crisis," she notes, "but we're not seeing an increase in assaults."

After a patient de-escalates, the BERT responders work with the care team to identify the situation that caused the escalation and how to avoid further triggers. A member of the BERT team will follow up two hours later with the patient and the care team.

Staff should understand key "look-fors" when a patient starts to escalate. They may raise their voice or ask to leave. If they begin to yell, that's an indicator that staff should step back and ensure their own safety. "If you're feeling uneasy, step back and reevaluate the situation," Dr. Ritchie says. "There's a phrase in medical school: 'Take your own pulse.'"

De-escalation training

Because best practices for dealing with agitated or potentially violent patients involve muscle memory, MedStar Washington has moved to require Masada self-defense training for staff in high-risk areas, such as Behavioral Health, Medical Psychiatric, Emergency Medicine, and Public Safety. The eight-hour training focuses on how to talk to someone who is agitated and offers personal safety tips so clinicians can practice before an encounter occurs. "Unless you've had prior training, the 'fight or flight' response can take over and may result in injury or worse," adds Martin.

Given that a behavioral health crisis can happen on any unit or in an ambulatory setting, Masada instructors have begun conducting brief in-service training across all inpatient units to offer a scaled-down version of the training. "It's been hugely popular," Martin says, noting that while staff seems to really appreciate the tips, the bigger win is increasing staff awareness.

Hayes strives to remember that even though a patient may be in the hospital because they are in physical pain, there is often so much more at play. "Often a patient wants to be heard," she says. "They're people too, and they're hurting. Our physicians and nurses have a tough job, but together as One Team we're finding solutions to care for our patients and associates."

The dynamic dyad: the physician/ advanced practice provider partnership means a win for patients

Seife Yohannes, MD; Casey Cushman, MS; Clyde Pray, MD; and Amanda Rivera, CRNA

> "The Dyad partnerships are are incredibly grateful for the dedicated support of all our nursing and clinical colleagues."
>
> *– Seife Yohannes, MD*

Quality and patient satisfaction

In the darkest moments of the COVID pandemic, the number of patients requiring intubation reached record levels. Within MedStar Washington Hospital Center, one team of specialists was chosen to perform those often lifesaving procedures: the Anesthesiology department's advanced practice providers (APPs).

"Our APPs are intubating all day, every day," says anesthesiologist Clyde Pray, MD, former chair of the department. "They are the most experienced providers for airway management in the hospital."

Amanda Rivera, CRNA, the department's chief anesthetist, agrees. "The pandemic was a stressful time for everyone. But it allowed the team to use their skills in the most beneficial of ways. As members of the COVID intubation team, we assisted with airway management during proning of patients in the Intensive Care Unit (ICU) and we offered assistance to the overextended Respiratory Therapy department."

Highly skilled non-physician roles have been around for centuries, but the field of certified advanced practice providers first emerged in the 1960s. Since then, the field has grown exponentially. And for good reason: As highly skilled, highly specialized practitioners, advanced practice providers collaborate with and augment the work of physicians in a way that yields higher quality, safe care and greater access to providers for patients.

In short: this multidisciplinary provider approach means that quality goes up, right alongside patient satisfaction.

The advantage, says Dr. Pray, is obvious: "The nature of this environment, which features highly acute patients, requires professionals who are highly skilled in multiple domains. We have two sets of eyes and ears on these patients. Together, we provide better care to every individual."

Dr. Pray notes the Anesthesiology department's multi-provider structure has allowed for an expansion of services, resulting in shorter wait times. An anesthesiologist can oversee multiple operating rooms, knowing each APP is there to manage each individual patient. The duo or broader team collaborate on the most challenging cases, offering a brain trust at a critical patient juncture.

"Our patients are very sick," adds Rivera. "The cases are increasingly complex, so the team approach lends itself to this structure."

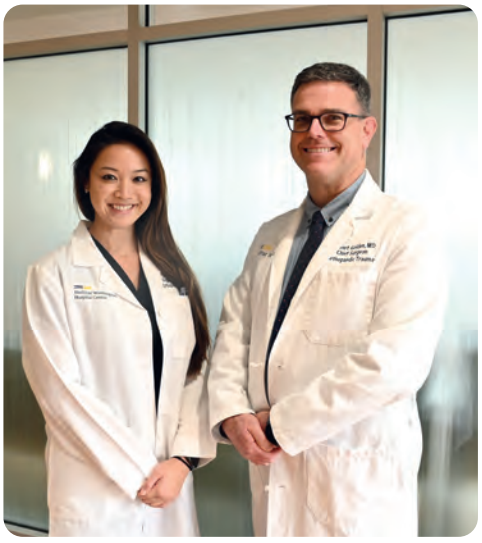
That approach extends outside the operating room too. The pain team—comprised of nurse practitioners and physician assistants—supports the holding area, providing consultations to manage patients' pain

post-operatively. "The One Team philosophy is integral to the functioning of our entire department," adds Rivera.

Well-choreographed partnerships

"You simply can't have a busy practice without APPs," says Robert Golden, MD, chair of Orthopaedic Surgery. "They are onboarding patients, answering questions, documenting interventions, and helping support patients with post-operation support." The surgeon has seen that the growth in this partnership allows the Orthopaedic Surgery department to practically double its capacity to attend to patients, from intake all the way to post-operation.

That level of responsiveness can save lives. When the Physical Therapy department (PT) reached out with concerns about a hip revision patient, his surgeon was in the operating room with another patient. But Physician Assistant Virginia Tran, PA-C, answered the call. The PT reported that the patient was suddenly regressing. Tran followed up with the patient and ordered a CT scan, alerting the team to the early signs of a stroke.



Virginia Tran, PA-C, and Robert Golden, MD

Tran says this well-choreographed partnership has also helped maximize patient education and communication in both the inpatient and outpatient realms of their specialty, with the end goal of offering patients a higher level of reassurance.

"If the Emergency department calls the office with a question, the APP can answer it," notes Tran. "If you call the floor pager, an APP is covering the unit. If a patient calls the clinic and the surgeon is in the operating room, an orthopedic APP is the liaison between our office and the patient."

As a trauma surgeon, Dr. Golden has seen how an unexpected surgery can lead to patients navigating worker's compensation or long-term disability. Here, again, the APP team is critical to helping steer an additional layer of questions and challenges.

With such a wide range of interventions and depth of knowledge, APPs often increase the capacity of hospital staff well beyond physicians, such as nurses, medical assistants, and respiratory therapists.

At a time when every level of the medical workforce is in a "recovery" period following the pandemic, that support goes a long way.

"We have an entire office of medical assistants who answer the phone in our outpatient setting. When patients have questions and the surgeons are in the operating room, it can be difficult to get in touch with them. That's where we come in," says Tran. "We're able to answer their questions and reassure them."

Continuity of care is vital

What drew Casey Cushman, MS, ACNP-BC, to MedStar Washington's Surgical Critical Care department was a reputation of autonomy that existed for APPs. When Cushman, who serves as chief, joined the department eleven years ago, there were 15 APPs. Now it boasts close to 65.

"As MedStar Washington has grown, so has the acuity of our patients," Cushman says. She's quick to note that the culture of collaboration between physicians and APPs is as important as that renowned autonomy. "This framework allows us to staff our Intensive Care Unit (ICU) so that no one is ever alone," she says. "Alongside a new provider, there is always someone who has been at MedStar Washington for at least five years. It provides a comfort zone for our new providers and strengthens us as a team."

That mutual regard and institutional knowledge sharing has become a hallmark for the Critical Care department, not only in staffing but in nearly every initiative, including process improvement. All critical care committees are co-led by a physician and an APP.

"We design initiatives together, set goals together, and review data together. When we roll out a new implementation method, we do it in lockstep," says Seife Yohannes, MD, chair of the hospital's Critical Care department.

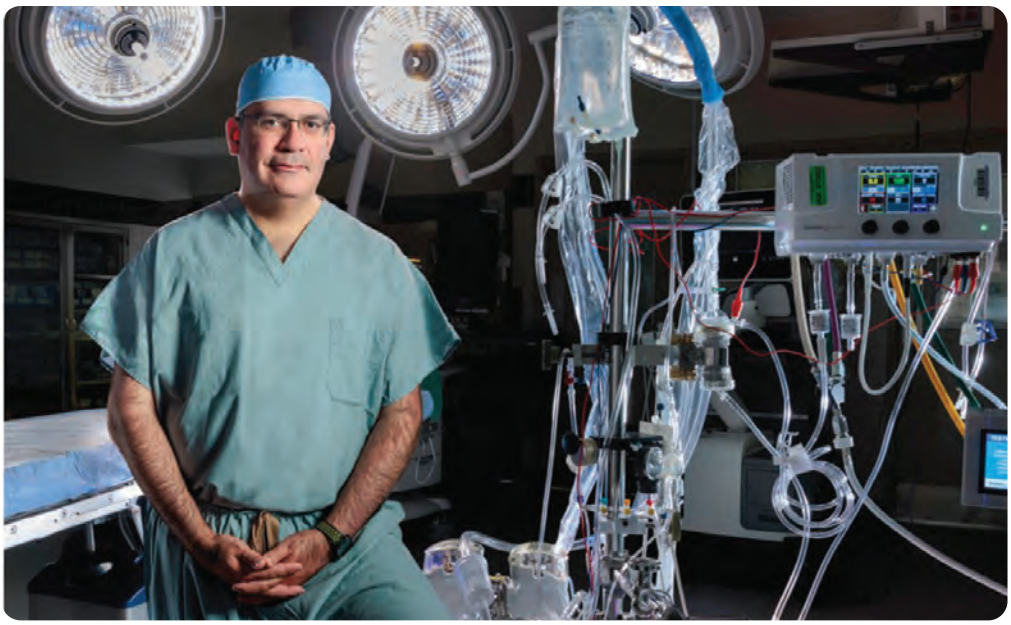
"Communication between physicians and APPs is so comprehensive," he says. The result is the delivery of care that is standardized and structured.

Cushman agrees. "It doesn't matter who you get care from, that care should be commensurate. In a specialty that deals with the most critical patients, continuity of care is vital. We work long hours and rotate shifts so the same provider can't be there every day. Because of our training and teamwork, we are able to provide seamless care."

And while no one can be there every day, department chairs like Dr. Yohannes aim to make sure that APPs feel valued and have the tools they need to optimize their wellness.

"Retaining this talent is key," he says, noting the wealth of experience amassed in this group of specialists. "We must make sure that experience stays in house—and that we continue to build on it."

Innovative cardiac transplant surgeon takes the helm of the advanced heart failure program



Keki R. Balsara, MD, MBA, FACS, FACC, joined MedStar Health in October 2022 as our new surgical director of heart transplantation and mechanical circulatory support.

Based at MedStar Washington Hospital Center, Dr. Balsara works closely with the entire advanced heart failure team to provide guidance and surgical expertise for some of the highest-acuity cardiovascular patients in the region. Having grown up surrounded by medicine—his father was a pediatric heart surgeon; his mother, a pathologist; and his twin sister, a pediatric urologist—he always had some exposure to the field.

"Though I didn't originally intend to pursue a clinical career, I eventually developed an interest in cardiovascular care, particularly surgery, in part because it involves such a uniquely challenging patient population," Dr. Balsara explains. "I view my role as not only an operator, but as a provider of guidance, counsel, and support to help my patients understand their diagnosis, treatment options, and prognosis so that, together, we can choose what's best for them and their families. Sometimes surgery is an option, but sometimes it's not. I value the ability to interact with patients along a vast spectrum of care."

Dr. Balsara received his undergraduate and medical degrees from the University of Pennsylvania. He then completed his general surgery residency, a post-doctoral research fellowship in end-stage heart and lung failure, and a fellowship in surgical critical care at Duke University School of Medicine. His cardiothoracic surgery fellowship was completed at The Johns Hopkins Hospital. Dr. Balsara also holds a Master of Business Administration from the Wharton School at the University of Pennsylvania.

Prior to joining MedStar Health, Dr. Balsara practiced at Vanderbilt University Medical Center—the highest-volume heart transplant center in the country—where he served as an associate professor of surgery and chief quality and safety officer in the Department of Cardiac Surgery. He was previously an assistant professor of surgery in the Division of Cardiothoracic Surgery and surgical director for the Cardiothoracic Surgery ICU at Washington University in St. Louis/Barnes-Jewish Hospital.

Bringing heightened expertise to the mid-Atlantic region

"MedStar Health has a long history of exceptional cardiovascular care," says Dr. Balsara. "Not only cardiac surgery, but all subspecialties that intersect with heart failure, including interventional cardiology, electrophysiology, and cardiac imaging. Moreover, with its central location in the mid-Atlantic region, we are well situated to care for so many people who need sophisticated options to manage their conditions. I'm looking forward to continuing to expand our ability to care for these patients." With his unique areas of expertise and high-volume experience, Dr. Balsara is positioned to do just that.

He sees patients across the entire spectrum of cardiac disease, performing 400 to 500 procedures each year to address coronary artery disease, valvular heart disease, and aortic

pathology, including minimally invasive and complex re-operations. He has a particular interest in end-stage heart failure, heart transplantation, and mechanical circulatory support, which will make up a large portion of his practice.

Greater opportunity for patients awaiting transplants

During the first year in his role, Dr. Balsara has substantially increased cardiac transplantation volumes at MedStar Washington and expects to see continued growth over the next 12 months. "By leveraging the robust experience of the existing heart failure team and bringing new approaches to our offerings, we can take more calculated risks for both recipients and donors," he explains. One of these strategies is continuing to grow the ability to transplant donor hearts with hepatitis C. Pioneered at Vanderbilt, the technique is very familiar to Dr. Balsara and can make a substantial impact on the options available for patients awaiting transplant.

Another option he plans to introduce is donation after cardiac death (DCD). Through this strategy, hearts may be recovered from those who have not historically been candidates for organ donation. Recent technology allows physicians to perfuse and reanimate the heart while providing time to assess its viability. Dr. Balsara has been involved in identifying DCD donors and the research leading to these breakthroughs, including the use of the TransMedics® OCS™ Heart System and the use of normothermic regional perfusion (NRP). "Simply put, expanding our donor pool with these approaches expands our ability to save lives," he says. "More patients will have access to therapy they previously wouldn't have been eligible for or perhaps would have had to travel hundreds of miles to receive. This is incredibly important for these exceptionally sick patients– the closer they are to their homes, families, and social support structures– the better their outcomes."

Another exciting development Dr. Balsara is working on is his partnership with Tom Fishbein, MD, executive director of MedStar Georgetown Transplant Institute (MGTI) and director of the Liver Diseases and Transplant Program. Together, they have drafted a blueprint for a shared Heart and Kidney Program. The new structure between both hospitals is currently underway, from fine-tuning protocols and streamlining the evaluation process to identifying patients eligible for heart and kidney transplants. "We're expecting to transplant between 10-15 more patients at MedStar Washington annually," adds Dr. Balsara. "With the program on track to launch in early 2024, this means local patient populations– who skew more towards underrepresented minorities–with high incidents of both heart disease and renal failure can now receive therapies they very much need and deserve." An added benefit of the growth of the transplant program is the natural increased need for other diagnostic testing such as echocardiography, heart catheterization, biopsy, colonoscopy, CT imaging, etc., prior to surgery.

Expanding care outside the OR

Fellowship-trained in critical care and having run one of the largest cardiovascular intensive care units in the country, Dr. Balsara has a distinct perspective that extends outside of the operating room. "Most people consider a surgeon's place to be the OR, but that's a small component of the role," he explains. "A lot of the treatment these patients need takes place in a critical care setting, so I really appreciate strong partnerships with the ICU and I value the standards and protocol that allow us to deliver consistent care." He also looks forward to growing MedStar Washington's acute extracorporeal membrane oxygenation (ECMO) program throughout the region, a key service for patients with heart failure that can offer a bridge to other therapies.

Dr. Balsara looks forward to developing long-term partnerships with cardiologists throughout the region, and to gaining an understanding of the cases they see daily. "Knowing that early referral leads to better patient outcomes, our team is available to answer your questions 24/7," he says. "If issues arise—even if you think the patient is too sick or too healthy—we are here to discuss the case. We are working to expedite evaluations, facilitate easy access to our specialists, and streamline hospitalization when needed." To reach Dr. Balsara, please email him at **keki.balsara@medstar.net**

Changing right before your eyes

From technology to culture, expectations, and environment, the day-to-day experience has evolved for residents in ophthalmology. "For our department, a big change occurred in 2000 after Georgetown University Hospital became part of MedStar Health. Within two years the residency programs at both institutions merged into one," recalled Jay Lustbader, MD, physician executive director of the Department of Ophthalmology for MedStar Health, who had been the residency program director at Georgetown and became the director over the combined program at that time. "The result is residents get the best of what both organizations have individually."

Ophthalmology residents complete three years of specialty training and Dr. Lustbader said that what they need to learn in that time has only grown. "The amount of information that our residents are expected to know has expanded dramatically, but access to that information is much better," he adds. "I remember going to the library and now information is at their fingertips."

"As with any field of medicine, so much learning occurs after the formal training period ends. This is especially true in ophthalmology," said Tom Lamson, MD, a current ophthalmology resident. "Every surgeon I have asked shares that their technique evolved in the first few years after residency." Where treatment happens has also shifted. "When Dr. Lustbader was in training, it was much more common for patients to be admitted to the hospital for management of eye problems," said Dr. Lamson. "It's uncommon for our patients to stay in the hospital for isolated eye issues. As our field has evolved, we have moved towards managing these patients in the clinic, albeit with frequent visits."

Technology is also playing a larger role. "One of the great things about ophthalmology is that it's always evolving and quickly," said Dr. Lustbader. "We use technology resources in the clinic to manage patients on a daily basis, including automation and imaging the eye to help make diagnosis and treatment plans for patients that simply didn't exist when I was a resident." Surgical simulators are now used for microsurgery training. "Eye surgery requires very delicate and precise movements," Dr. Lustbader adds, "the simulator is like operating on an eye but it's all computerized. It helps residents learn where and how to position their hands."

Jay Lustbader, MD

Tom Lamson, MD

Culturally, Dr. Lustbader said things have also changed for the better. "My residency class had only one woman," he recalled. "It was almost exclusively a white male domain and thankfully that has changed a lot. There are also restrictions on the number of hours that residents can work, an emphasis on resident wellness and avoiding fatigue, and the environment is less hierarchical and more collegial."

Dr. Lamson said the department supported staff members and residents through the COVID-19 pandemic and that the overall collegiality adds to the experience. "Dr. Lustbader has an open-door policy and is always eliciting feedback from residents to improve the program. He also lets us be very hands-on; we feel we're working alongside him treating patients on all ends of the spectrum including people that come with complicated cases as a last resort."

One thing hasn't changed: at the end of each day, Dr. Lustbader sits down with residents one-on-one for "hot chocolate rounds." "No matter the season, it's tradition to have a hot chocolate with Dr. Lustbader and for him to impart wisdom on how he makes clinical decisions," said Dr. Lamson. "Learning how he approaches each patient is really important in developing our critical thinking skills as we prepare to make those decisions on our own."

Following his training, Dr. Lamson plans to apply for a fellowship in Global Ophthalmology to serve less fortunate communities around the globe and train ophthalmologists of all backgrounds.

Lisa Chuong, PA-C

Urologic Oncology

Lisa Chuong, PA-C, joined MedStar Washington's Urologic Oncology team only a few weeks before the region identified its first cases of COVID-19. Though the pandemic would quickly revise the hospital's practices and protocols, Chuong continued her training, albeit at a somewhat slower pace.

"I was able to observe and participate in whatever procedures we could still do," she says. "So when restrictions were eased and activity escalated, I felt ready to pick up the pace as well."

Originally from Sacramento, Chuong graduated from the University of California-Berkeley with a degree in molecular and cell biology with plans for a career in research. When full-time lab work proved less fulfilling than she had hoped, she began considering other options.

"My sister was in medical school at the time, so I began thinking about that," Chuong says. "I'd moved to a new job in a medical office that had physician assistants. As I learned about what they did, I decided this was the right kind of job for me."

Acceptance into George Washington University's combined PA/MPH program brought Chuong to the East Coast. After completing the three-year program and a brief stint with the Veterans Administration, Chuong chose MedStar Washington for a role that fit her goals—the opportunity to do procedures and work with an older patient population.

"Because patients undergo a regular schedule of treatments, we get to know them and their families really well," Chuong says. "We want to make the experience as welcoming and positive as we can. I think they really appreciated it during the pandemic because it was the only time they could get out of the house."

At the same time, Chuong adds, her team is making greater use of telehealth and telemedicine to enhance patient communication and access.

"We learned how to be pretty efficient with how we run our service during the pandemic," she says. "The technology is a big help, particularly because so many patients live outside the area. This allows us to reduce at least some of their travel time."

Never having lost her interest in research, Chuong appreciates urologic oncology's research opportunities, with new medications and intravesical therapies that have expanded the range of options for the non-surgical management of patients' conditions. As her career progresses, she hopes to augment her clinical work with research and education elements and find ways to bring more multidisciplinary care to patients who may also face social or economic barriers.

Away from work, Chuong is an avid baker. Along with loaves of bread, she's experimenting with different flavor strategies including creating savory desserts. And, in the spirit of her audacious decision to move across the country, Chuong is currently training to participate in this fall's Marine Corps Marathon.

"I've never done one," she says, "so I am throwing myself right into it."

Lisa was recognized as the APP of the Quarter for Winter, 2022.

"Because patients undergo a regular schedule of treatments, we get to know them and their families really well. We want to make the experience as welcoming and positive as we can."

– Lisa Chuong, PA-C

Philip Conkling, MD

Ophthalmology

Culture can be as important to a physician's training as case experience. That's one reason why Philip Conkling, MD, has enjoyed his residency at MedStar Washington Hospital Center.

"We're all best friends," the Norfolk, Virginia, native says of his residency colleagues, "and the diversity in instruction and patient population makes this a really great place to train. Because we're a teaching hospital, patients are very trusting of us and believe in our mission. I feel fortunate to have the opportunity to care for them."

Having a father who is an oncologist coupled with serving as an emergency medical technician while an undergraduate at Hamilton College, Dr. Conkling was understandably attracted to medicine as a career. However, it was a post-graduate job recovering corneas for transplant at a local eye bank that led him to pursue ophthalmology as a specialty during his studies at New York Medical College.

"There's so much going on in this field, both with developing technology and novel surgical procedures. There are particularly exciting developments in the surgical treatment of refractive error and cataracts," Dr. Conkling says. "There are also many new surgical and medical developments for treating glaucoma and retinal conditions, such as new intravitreal medications that can be injected into the eye."

The region's growing elderly population means there's no shortage of patients in need of treatment for vision problems. But the proximity of Children's National Hospital gives Dr. Conkling and his fellow residents exposure to childhood eye issues, such as eye alignment problems.

"Those conditions are actually quite common, and there are several well-established treatments," he adds.

With the end of his four-year residency on the horizon, Dr. Conkling hopes to secure a fellowship that will allow him to pursue advanced training in the medical and surgical treatment of retinal diseases, such as diabetic retinopathy, age-related macular degeneration, and retinal detachment.

"Many systemic illnesses can manifest themselves in the back of the eye, so it's also an opportunity to correlate retinal issues with other conditions and work with other specialists," he says. "It is a pleasure to work with our physician colleagues in Neurology, Rheumatology, and Infectious Diseases, as we often co-manage these patients together."

A self-described "outdoorsy" person, Dr. Conkling spends most of his free time with his wife, Suzanne, a social worker who specializes in telehealth therapy, and their one-year-old son.

"While I don't get to ride my bike as much as I used to, we do enjoy getting out for walks in places like Rock Creek Park," he says. "That'll be the extent of my outdoor activities for a while, I guess."

"There's so much going on in this field, both with developing technology and novel surgical procedures. There are particularly exciting developments in the surgical treatment of refractive error and cataracts."

– Philip Conkling, MD

Ira Rabin, MD

Vice President, Medical Operations and Clinical Resource Management

If you tried to count all the possible functions and processes associated with treating a patient at MedStar Washington Hospital Center—from arrival through discharge—you'd likely run out of fingers and probably a lot of toes as well.

Ensuring that all these services are coordinated and delivered as efficiently as possible is the job of Ira Rabin, MD, MedStar Washington's vice president for medical operations and clinical resource management. Drawing on a wide range of hospital metrics, collaboration with providers, Clinical Resource Management and nursing staff, and health care best practices, Dr. Rabin is responsible for ensuring timely throughput at the hospital without compromising the highest quality of care in a safe and productive environment. He also partners with many departments to improve performance, optimize staffing models and patient loads, and address emerging issues such as hospice care and workplace violence.

Small wonder, then, that Dr. Rabin humorously likens his role to that of a lead air traffic controller.

"Daily patient throughput, resource utilization, timeliness of care, medical necessity, appropriate utilization—that all goes through me," he says. For example, and taking the airport analogy a step further, Dr. Rabin explains that patient discharges are an ongoing concern, producing the same kind of domino effect as flight delays.

"Getting clogged up with patients who are stable for discharge but do not leave causes any number of

problems," Dr. Rabin says, "including having a lot of unhappy boarding Emergency department patients. We investigate what is causing the delays—a one-time problem or a process issue—and see what can be done to help out."

A native of the Washington area—and a rabid D.C. sports fan—Dr. Rabin received his medical education and training at Jefferson Medical College in Philadelphia. He joined MedStar Washington as a physician advisor in 2013 and was appointed to his current position two years later.

Recognizing the importance of communication in optimizing patient care, one of Dr. Rabin's first initiatives was leading the implementation of daily Interdisciplinary Model of Care (IMOC) rounds, which engage clinical staff, case managers, and patients and their families in all aspects of daily care and discharge planning. Dr. Rabin will sometimes join in the IMOC rounds to get a firsthand understanding of floor-level activities and needs.

Serving as co-chair of several committees likewise provides Dr. Rabin with valuable insights into opportunities to improve MedStar Washington's operations. "Like everything else, identifying issues and ways to improve is a team effort," he says, citing the Workplace Violence Committee as an example.

"We can only provide care if we can provide it safely," he says. "We really want to get a handle on our processes for identifying and addressing the potential for harm early and make sure we respond to these incidents in a timely, safe, and sensitive manner."

Two goals Dr. Rabin hopes to achieve this fiscal year are boosting the percentage of patient discharges by 11:00 a.m., and progress in one of his new initiatives—inpatient hospice care.

"We really want to see this program mature," he says. "We'll work closely with nursing and providers to identify additional beds and smooth out the process with utilization of our resources, especially in the ICU setting."

Though Dr. Rabin is focused on efficiencies and numbers, he remains a clinician at heart.

"At the end of the day, our goal is to always do right by the patient," he says. "As administrators, we may be one step removed from the bedside, but we take medical care and our mission to our patients and their families very seriously."

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

From the desk of

Caitlin S. Zarick, DPM, FACFAS

Reconstructive Foot and Ankle Surgeon
Division of Podiatric Surgery

The Podiatric Surgery department has experienced a steady growth in our inpatient practice, particularly with referrals for diabetic foot infections and wounds. Though it's a sad reflection of the prevalence of diabetes in our area, private practice physicians and other hospitals recognize MedStar Washington Hospital Center's expertise in limb salvage. We are also seeing an increase in referrals for complex pathology such as diabetes-related ankle fractures that often require intricate reconstructive procedures.

Additionally, we are regularly called on to treat cases of Charcot arthropathy, requiring treatment of underlying wounds and infections as well as repairing structural damage to the foot.

As physicians, we spend a lot of time on our feet, so we can certainly empathize with the pain and discomfort patients with bunions experience. Bunion surgery typically required long incisions, insertion of large plates and multiple screws, and long recovery times, but we are now utilizing new technologies and minimally invasive procedures that produce excellent outcomes for many patients.

With only a few tiny stab incisions and insertion of two or three screws, we can correct the deformity and allow the patient to put weight on the foot using a boot after two or three weeks. In addition to faster recovery, the benefits include less swelling and stiffness in the big toe and an overall better experience for patients.

As in any medical practice, collaboration is essential. With my colleagues—Ali Rahnama, DPM, and Kurtis Bertram, DPM—we determine the best course of treatment for each patient's unique condition, including temporizing the infection and planning for whatever major reconstructive surgery may be needed. As we are part of MedStar Washington's Plastic Surgery department, we consult frequently with our plastic and vascular surgery colleagues for assistance with advanced wound coverage needs and vascular status to ensure proper healing.

We greatly appreciate having direct access to those knowledge resources—and, indeed, the many other services MedStar Washington provides. Of course, the biggest beneficiaries are our patients, as they can come to us with confidence that they'll receive the highest quality, safest care from diagnosis through treatment and follow-up.

Dr. Zarick is also the Associate Program Director of MedStar Washington's Podiatric Surgery Residency Program and Assistant Professor, Department of Plastic Surgery, MedStar Georgetown University Hospital.