

Medical Staff News

Newsletter for the Medical Staff of Bridgeport Hospital | January/February 2023

Yale
NewHaven
Health
Bridgeport
Hospital

Milford Campus earns 'age-friendly' status

By earning Committed to Care designation from the Institute of Healthcare Improvement (IHI), Bridgeport Hospital's Milford Campus joins an international group of more than 2,700 health systems working to tailor care to patients' goals and preferences and to deliver care that is consistently of the highest quality.

"We are a part of a national movement to improve the health of older adults and their families," said Denise Mohess, MD, co-chief, Geriatrics, and director of age-friendly care. "The Committed to Care Excellence designation from the IHI at the Milford Campus reflects our commitment to the Milford community we serve."

The hospital's Bridgeport Campus previously earned – and retains – Age-Friendly status. Bridgeport Hospital is part of a movement to improve health care for older adults, continuing to expand and grow Age-Friendly care.

New Epic link connects clinicians with librarians

Yale New Haven Health clinicians are just one click away from a wealth of library resources thanks to the new Ask a Librarian link now live in Epic. The link can be found on the Epic landing page and in the library services tab. It directs users to a contact form which can be used to request library services, like assistance with literature reviews or accessing materials.

The Ask a Librarian service is monitored by librarians at each YNHHS medical library. All requests for services will be answered by the local librarian within one business day.

Visit the Ask a Librarian link in Epic for more information.

With questions, contact Bridgeport Hospital librarian Todd Lane at todd.lane@bpthosp.org.

YNHHS works to eliminate biased tests and procedures that can lead to poor outcomes for certain patients

In August, Yale New Haven Health stopped using a standard kidney function test that healthcare organizations nationwide have used for the past 20 years. The health system has updated their standard approach to include a new equation that removes race from the calculus and is recommended by both the National Kidney Foundation and the American Society of Nephrology.

Research has shown that the traditional methods of estimating glomerular filtration rate (eGFR), may be inaccurate and are racially biased. Those who developed the test in 1999 hypothesized that Black patients have more muscle mass than white patients, so they included a "racial modifier" in the test to better fit the racial disparities in the data they were seeing. That means Black patients automatically have points added to certain values in the test, making the kidney function of Black patients appear healthier than it actually is. Those skewed results likely lead to diagnostic and treatment delays for patients based solely on their race.

YNHHS and organizations nationwide have been working for years to eliminate healthcare disparities that can lead to differences in treatment and outcomes based on patients' race, ethnicity, gender, socioeconomic status and other factors. Growing research is revealing racially biased tests, procedures and other clinical processes can lead to less-effective treatment and worse outcomes for all patients.

In addition to updating the eGFR test, YNHHS no longer uses race as a factor in predicting jaundice in newborns. According to research, many other more relevant elements contribute to jaundice and related complications. Using race can lead to unnecessary procedures or, conversely, inadequate treatment. It can act as a crutch that delays our knowledge production of the actual causal drivers, said

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Louis Hart, MD, a pediatric hospitalist, medical director of Health Equity for YNHHS and assistant professor of pediatrics at Yale School of Medicine.

These and numerous other clinical processes are often based on “racial biology,” a false assumption that someone’s race can be used to accurately predict their underlying genetics.

“Race is not a biological category that produces health disparities due to universal genetic differences; rather, it is a sociopolitical system used to support the continuation of structural racism,” Dr. Hart said. “We remain steadfast in our commitment to push forward on our journey to eliminate racial biology from medicine here and beyond.”

New Epic fields will support health equity

YNHHS’ Office of Health Equity (OHE) is preparing to launch the “We Ask Because We Care” campaign this year. The campaign will support the continued collection of high-fidelity patient demographic data and awareness of how it is critical to YNHHS’ efforts to eliminate healthcare disparities. YNHHS will continue to invite patients to share their race, ethnicity, preferred language, sexual orientation, gender identity and disability identity. Patients do not have to answer these questions, but information from those who do will be entered into updated fields in a patient’s protected legal medical record in Epic.

The Office of Health Equity, working with the departments of Care Signature and Quality and Safety, can then analyze the stratified, de-identified patient information. The information in aggregate will help YNHHS measure indicators of equity with patient access; use of healthcare services; transitions from one care setting to another; patient experience; and quality and safety clinical outcomes, explained Darcey Cobbs-Lomax, OHE director.

The OHE’s quality and organizational improvement work will help set a new standard for equitable care delivery and community impact that serves as a national model for implementation, Cobbs-Lomax said. This activity will also support state, federal and healthcare accrediting organizations’ efforts to reduce healthcare disparities.

“Most importantly, this work will help us identify and eliminate unjust social disparities that exist within healthcare systems to guarantee that we are providing the highest-quality, safest and most accessible care possible to every patient, every time,” Dr. Hart said.

More changes in the works

In the future, investigators from Yale School of Medicine and YNHHS will change a tool that uses a point scale to predict kidney stones when a patient comes to the emergency department. The more points, the more likely kidney stones are causing the patient’s pain. The current tool automatically adds points when patients are identified as White.

This race-based statistical adjustment has been supported and validated by numerous retrospective and prospective mathematical models. However, there is no scientific basis for why White patients would have more kidney stones than non-White patients.

This, along with well-documented inequities patients of color face when accessing health care in the U.S., call into question whether the race-based clinical models are inherently flawed, as they reflect data extracted from unjust systems, Dr. Hart said. They also statistically reify racial differences as innate and inadvertently normalize health disparities to better support data models.

The downside of using a racially biased tool is that clinicians might initially miss kidney stones in non-White patients, delaying proper treatment. Given the lack of plausible biologic hypotheses to support this universal and immutable racialized kidney stone difference, researchers are working to validate a new clinical variable that is biologic, objective and more reliable than subjective patient race to accomplish this clinical risk scoring.

Another change will involve how YNHHS clinicians interpret results from pulse oximeters. A University of Michigan Medical School study found that many participating Black patients and those with darker skin tones had normal pulse oximeter readings, but other tests showed dangerously low oxygen in their blood. The Food and Drug Administration is examining how well the devices work for patients with different degrees of skin pigmentation.

U.S. News & World Report opens this month

All board-certified physicians within each of the applicable specialties evaluated by *U.S. News & World Report* (i.e., Cancer, Cardiology/CT Surgery, Diabetes/Endocrinology, ENT, Gastroenterology/GI Surgery, Geriatrics, Gynecology, Nephrology, Neurology/Neurosurgery, Ophthalmology, Orthopedics, Psychiatry, Pulmonary, Rehabilitation, Rheumatology and Urology) will soon receive a request to vote in the *U.S. News* reputation ranking.

The request will come via email from Doximity, an online networking website for physicians used to calculate the reputational portion of the hospital rankings. Registered users may also receive a prompt when logging into the site. As the *U.S. News & World Report* rankings are heavily weighted towards an institution's reputation, the survey provides the opportunity for members of the medical staff to make their collective voice heard about the exceptional care provided across Yale New Haven Health.

All YNHHS hospitals and ambulatory practices are home to outstanding physicians who continually advance medicine through the safe, high quality and compassionate care provided to our patients. The reputation of the entire health system would be greatly enhanced if Yale New Haven Hospital is voted into the Honor Roll. One barrier to this in the past has been the reputational score, which is determined by physician vote. Members of the medical staff across Yale New Haven Health are urged to consider this when casting votes during the upcoming voting period. Doximity reports that voting for the 2023 rankings will open later this month and will run through March. Additional information will be available once the voting period opens.

Simulation centers integrate

Yale New Haven Health's Simulation Center and the Yale Center for Medical Simulation recently integrated to educate and train healthcare providers across YNHHS and Yale School of Medicine (YSM). The combined simulation center, at 728 and 730 Howard Ave., is now called the Yale Center for Healthcare Simulation. Leigh Evans, MD, section chief, medical simulation, Emergency Medicine, and associate professor of emergency medicine at YSM, is the simulation center's executive director. For scheduling requests or changes to existing schedules, email simulation@yale.edu.


YNHHS to improve fecal management care, safety

Thanks to ongoing improvement efforts, Yale New Haven Health successfully reduced infections and other complications from urinary catheters and the central lines placed in patients to appropriately manage their care.

Now the health system is focusing on reducing complications associated with rectal tubes that can lead to additional treatment and longer lengths of stay. A team comprising staff from different roles and delivery networks has developed an approach that standardizes the use of rectal tubes. Scheduled to launch this month, the approach includes a Care Signature Pathway with guidance on choosing and using the correct devices and identifying treatment options.

The new approach also includes optimized ordering and criteria for placing, maintaining and removing devices. Watch for more information, including education on the new processes, in the coming weeks.

Resident and Fellow Appreciation Week: Feb. 6 – 10!



Yale
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Graduate Medical Education presents

Resident and Fellow Appreciation Week 2023

February 6 - 10

Visit the GME office or House Staff Lounge during the week for more information.

Activities take place on Podium 4 and are for residents and fellows only.

**You are healthcare heroes.
Thanks for all you do!**

Save the date: Feb. 16 – Trust Your Gut Digestive Health sessions

YNHHS and Yale Medicine host a free, monthly virtual Digestive Health CME series called Trust Your Gut. The yearlong series, held the third Thursday of each month at 5 pm, is designed to provide world-class digestive health educational programming, professional development and networking opportunities for physicians and advanced practice providers.

Join Walter Longo, MD and Bauer Sumpio, MD of NEMG, on Feb. 16 for a virtual discussion on Intestinal Ischemia Disorders. Click here to register or visit the Yale CME portal at yale.cloud-cme.com.

Yale School of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits per session, for a total of 12.0 AMA PRA Category 1 Credits for the series. To register, visit the Yale CME portal at yale.cloud-cme.com. For questions, contact Joe Mendes, executive director, Clinical Program Development, Digestive Health at joseph.mendes@ynhh.org.

Smilow Shares with Primary Care: Gastrointestinal Cancers – March 7

Tune in for the next Smilow Shares with Primary Care: Gastrointestinal Cancers webinar on Tuesday, March 7 at 5 pm. The event features Beth Allard, MD; Amit Khanna, MD; Pamela Kunz, MD; Justin Persico, MD; Scott Thornton, MD.

Smilow Shares with Primary Care is a monthly educational series for physicians, patients and the Greenwich community presented via Zoom. Presentations are subject-focused and hosted by experts from Smilow Care Centers around the state as well as from Greenwich Hospital. CME credits are available.

No registration necessary. Tune on via Zoom at <https://bit.ly/3QZgkzv>. With questions, contact Heather Studwell at 475-240-8328 or heatherleigh.studwell@greenwichhospital.org.

Register to attend CME Dinner – Feb. 28

Topic: Interventional Approaches to Mitral Regurgitation: Past, Present and Future

Presenters:

- Matthew Seigerman, MD
- Chirag Shah, MD

Course objectives:

- discuss pathophysiology and classification of mitral regurgitation as well as diagnostic work up
- learn evolution of mitral valve interventions with focus on contemporary practice
- explore novel approaches undergoing investigation for mitral valve intervention.

Tuesday, Feb. 28, 5:30 pm at Bridge House restaurant – Milford, CT

Buffet dinner provided. RSVP required to Alison.Tighe@bpthosp.org.

Newsletter submissions

Deadline for submission of content for the March 2023 issue of *Medical Staff News* is Friday, Feb. 24, 2023. Please submit items for consideration to Alison Tighe at alison.tighe@bpthosp.org or Myra Stanley at myra.stanley@ynhh.org.