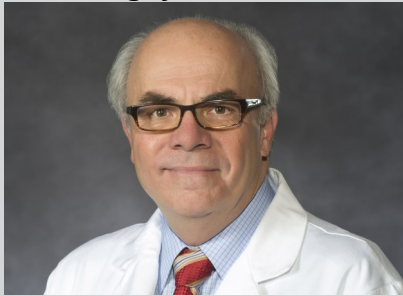


Progress Notes

A Quarterly Publication of the Department of Internal Medicine


Message from the Chair



John E. Nestler, M.D., *Department Chair*

As I approach my last three months as Chair of the department, I remain in awe of the talent, dedication and humanity of the department's faculty and staff. Much of what they do flies under the radar and goes unrecognized but contributes greatly to the success of the department and institution, and benefits our patients and society-at-large.

In February we held our annual Celebration of Excellence in an attempt to properly acknowledge the faculty's many achievements in service: service to the institution, service to our patients, service to our profession and service to the community. Not surprisingly, nominations for the awards flooded in. Given the wide breadth of remarkable contributions by those nominated, selecting from among them was a herculean task.

While it was fitting to recognize and honor the awardees, the truth is that all of you merit recognition and thanks. Therefore, as my last contribution to this "Message from the Chair" portion of *Progress Notes*, I wish to thank each and every one of you for all you have done and continue to do every day. You are simply the best of the best, and it has been the most profound privilege and honor of my life to have served as your chair. 



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Second Annual DOIM Celebration of Excellence Honors Outstanding Fellows and Outstanding Mentors



On February 9, 2018, the Grand Ballroom at The Jefferson Hotel was once again filled with approximately 200 guests from the Department of Internal Medicine (DOIM) as the department held its third annual Celebration of Excellence. In 2016 the first Celebration of Excellence focused on those who exemplified outstanding clinical teaching abilities. Last year's celebration honored those conducting exceptional research and those serving as outstanding research mentors. This year's focus was on excellence in service.

The night was championed by Department Chair, Dr. John Nestler, who congratulated and thanked everyone in attendance for the incredible work the entire department does every day. He stated that the DOIM is an exemplary academic department whose members excel in every aspect of the tri-focused mission of clinical care, teaching and research.

Dr. Nestler then turned the microphone over to Dr. Curt Sessler, the Department's interim associate chair for faculty development. During his remarks, Dr. Sessler shared the dictionary's definition of service as "helping and providing work for someone." He went on to say:

We do that all the time, and we do that really well. What we tend to think about first is our clinical service, our love of our patients, the great care that we provide to our patients and some of the innovations we develop in order to create that care. But our service extends well beyond service to our patients, and we wanted to recognize other forms of service too.

Dr. Sessler continued by recognizing administrative service, saying that service to our institution is done collectively through administrative work for the hospital, the medical center and the university. He recognized the importance of professional service to medicine and science as a whole, which faculty members take part in through engagement with external organizations. Dr. Sessler concluded his comments about the types of service by recognizing community service as perhaps the most important category, where DOIM faculty members provide service to those in need.



Dr. Sessler went on to explain how the evening's honorees were chosen, sharing that other faculty in the DOIM nominated all of the nominees and that members of the faculty performed the selection process as well. Two individuals in each academic rank and type of service were selected for recognition. In the case of ties, three individuals were recognized in those areas. There were 72 separate nominations for 51 individuals. Nearly half of the nominations were for assistant professors, and every division in the Department was represented.

There were eight recipients of the Clinical Service Award:

Linda Abbey, M.D.
Division of Geriatric medicine

Nauman Chaudary, M.D.
Division of Pulmonary Disease and Critical Care Medicine

Oveimar De La Cruz, M.D.
Division of Infectious Diseases

Jason Kidd, M.D.
Division of Nephrology

Anne King, M.D.
Division of Nephrology

Kristin Miller, M.D.
Division of Pulmonary Disease and Critical Care Medicine

Wes Shepherd, M.D.
Division of Pulmonary Disease and Critical Care Medicine

Domenic Sica, M.D.
Division of Nephrology

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There were six Recipients of the Administrative Service Award:

Markos Kashiouris, M.D.
Division of Pulmonary Disease and Critical Care
Medicine

Heather Masters, M.D.
Division of Hospital Medicine

Vimal Mishra, M.D.
Division of Hospital Medicine

Danielle Noreika, M.D.
Division of Hematology, Oncology and Palliative Care

Elizabeth (Betsy) Ripley, M.D.
Division of Nephrology

Richard Sterling, M.D.
Division of Gastroenterology, Hepatology and
Nutrition



There were seven Recipients of the Professional Service Award:

Lisa Ellis, M.D.
Division of General Medicine

Steven Grant, M.D.
Division of Hematology, Oncology and Palliative Care

Trang Le, M.D.
Division of Endocrinology, Diabetes and Metabolism

Manpreet Malik, M.D.
Division of Hospital Medicine

Fadi Salloum, Ph.D.
Division of Cardiology

Samira Shojaei, M.D., M.P.H.
Division of Pulmonary Disease and Critical Care Medicine

Christopher Wise, M.D.
Division of Rheumatology, Allergy and Immunology

There were six Recipients of the Community Service Award:

Daniel Carl, M.D.
Division of Nephrology

Alan Dow, M.D.
Division of General Medicine

Brandon Frett, M.D.
Division of Hospital Medicine

Mary Helen Hackney, M.D.
Division of Hematology, Oncology and Palliative
Care

Jayanthi Koneru, M.D.
Division of Cardiology

Edmond "Trey" Wickham, M.D.
Division of Endocrinology, Diabetes and
Metabolism

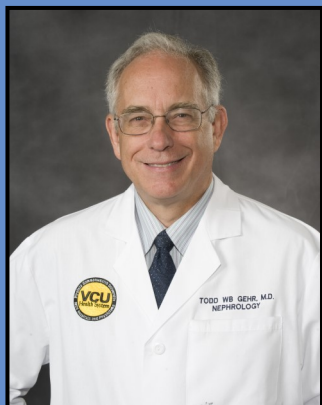


Along with a plaque, award recipients received \$1,000 from the Department to be spent on continuing education.

Following the awards program, guests toasted to friends and colleagues over cocktails and hors d'oeuvres. Dancing to the live band, 10 Spot, capped the celebration. **IM**

Todd W. B. Gehr, M.D. Awarded National Kidney Foundation's Excellence in Care Award

On World Kidney Day, March 8, 2018, Todd W. B. Gehr, M.D., vice-chairman of the VCU Department of Internal Medicine and chairman of the Division of Nephrology, received the Excellence in Care award from the National Kidney Foundation at its Honors Awards reception and fundraiser held in the John Marshall Ballrooms in Richmond, Virginia. At the reception, over 160 attendees honored members of the local community who have been exceptional in the fight against kidney disease.



The National Kidney Foundation presented four awards, the Leadership in Business Award, the Excellence in Care Award, the Volunteer Leadership Award and the Patient Advocate Award. This is the second year that the National Kidney Foundation's Virginia chapter has presented the Excellence in Care Award. The National Kidney Foundation is the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease for hundreds of thousands of healthcare professionals, millions of patients and their families and tens of millions of Americans at risk.

When he accepted the award, Dr. Gehr thanked his family and colleagues for their support. He then remarked:

There are a lot of heroes out there supporting our kidney patients. Nurses, social workers, dieticians, administrative assistants, transporters, surgeons, technicians, water technicians, interventional radiologists and nephrologists all work together to help our patients lead as normal a life as possible. I am asked by medical students, "Why nephrology?". The answer is simple. Our ability to help patients overcome a deadly disease with dialysis and transplantation makes everyday a satisfying and unique day.

Please congratulate Dr. Gehr when you see him.

Forbes names Antonio Abbate, M.D., Ph.D. one of the Top 27 Cardiologists in the U.S.

Forbes recently published a list of the Top 27 Cardiologists in the nation featuring the VCU Department of Internal Medicine and Pauley Heart Center's own Antonio Abbate, M.D., Ph.D. along with colleagues from institutions such as the Mayo Clinic, the Cleveland Clinic, Johns Hopkins, Stanford Medicine, Duke Clinical Research Institute and Emory University.

The top doctors were selected by using a computer model based on publicly available and proprietary data, including administrative claims data from insurers, practice affiliations, board certifications, disciplinary actions and academic publications. The computer model was created by a private company called Grand Rounds, which aims to help connect the right physician to patients who use its services, by combing through data. The data reveals how doctors were trained, who they work with, what they prescribe and the procedures they perform.

Dr. Abbate recalled being surprised when he was notified by *Forbes* that he was being listed in the Top 27 Cardiologists piece. He said:



There are many more excellent cardiologists in the US than the 27 on this list, and many who deserve to be there more than me. However, I realize inclusion on this list is a huge honor and that the recognition is not only for me, but for all the good work we are doing at the VCU Pauley Heart Center. We all work long hours, and sacrifice time with our families to care for patients and further innovations in the field of cardiology. This piece from *Forbes* is an acknowledgement that others have noticed our good work and encourages us to continue to do more and better.

If you have the opportunity, take a look at the *Forbes* piece online.

VCU's Center for Advanced Health Management (CAHM) provides health related services to the central Virginia community

The 2014 opening of VCU's Center for Advanced Health Management (CAHM) was, essentially, a planned expansion of the existing Geriatric & Continuum Services (GCS) service line that existed at VCU Health in 2012-13 after 30 years of development, testing and data gathering. The components of GCS included house calls, transitional care, team-based clinic care, nursing facility care, inpatient consultations and hospice leadership. Since its implementation, CAHM has roughly doubled the total number of staff, and the patient capacity within the portfolio of clinical services it offers. The CAHM program currently touches between five and six thousand lives annually, along a continuum of care and needs.

GCS and its CAHM program are organized around foundational key guiding care principles: patient-centered, longitudinal, coordinated, evidence-based, inter-professional and cost-conscious.

The expansion was a direct response to the decision by VCU Health System's managed care organization, Virginia Premier Health Plan, to participate in Virginia's financial alignment demonstration, the Commonwealth Coordinated Care (CCC) program starting in 2014. Virginia Premier, traditionally a large Medicaid HMO, was partnering with the Department of Medical Assistance Services (DMAS) and Centers for Medicare & Medicaid Services (CMS) to manage dual-eligible individuals ages 21 and older who received full Medicare and Medicaid benefits. This was Virginia's first effort at enrolling dual-eligible individuals with behavioral health and long-term needs into a managed care program. The high touch, person-centered and community-spanning design of the CCC was a good match for GCS, given GCS's history of hospital, home, and community-based care for complex and older adults. Thus, VCUHS built-out 17,000 square feet of clinical and administrative space at Interstate Business Park on Laburnum Avenue and re-located all GCS non-inpatient services to that location by Spring 2016. The location on Laburnum Avenue is centrally located in the City of Richmond (near the VCU Medical Center campus), has ample parking and GRTC bus access, and is adjacent to most major thoroughfares.

The CAHM program is a service line designed to support value-based care in three primary care domains: acute, community, rehabilitation. Under the VCUHS Population Health strategy, the CAHM continuum organizes alongside other VCUHS Advanced Health Homes, providing integrated, comprehensive primary and ancillary support services for defined in-need populations.

Dr. Peter Boling, professor and chair of the Division of Geriatric Medicine at VCU, and the medical director of GCS and its CAHM program, described the need for CAHM's creation:

Patient-centered and cost-effective health care for persons with advanced chronic illness is now changing rapidly; this work requires



The team at the Center for Advanced Health Management (CAHM) works together to provide team-based care across the care continuum for VCUHS patients

an interprofessional team approach, organized to follow patients longitudinally over time and across care settings. After 30 years' experience in developing care models and gathering evidence of effectiveness, we organized the programs that are based at and coordinated through CAHM to provide access to team-based care, delivered across the care continuum, for VCUHS patients, for the community we serve and for our learners.

The leadership team of GCS is proud to have learners (e.g. students, residents, fellows) involved in every element of the clinical model within the CAHM program. Providers all document in the same

Cerner electronic medical record system and physicians provide on-call coverage 24/7, 365 days per year. All clinical and teaching efforts are orchestrated from the two-building CAHM campus on Laburnum Avenue, except for the inpatient service that organizes out of West Hospital, MCV Campus. Both Laburnum and West Hospital are enabled with telehealth for future use.

The single greatest new enhancement to the existing GCS model that was built into the CAHM expansion endeavor in 2014, was a behavioral health component in the form of a psychiatrist, a psychiatric NP, and licensed clinical social worker counselors. Also rounding out the team is a full-time clinical pharmacist, now wholly dedicated to the patients of the GCS continuum, which is a much more robust pharmacy resource than was previously enjoyed.

While GCS is renowned for its care of older adults, the VCUHS cares for a wide variety of patients who need the highly-specialized services of its multi-disciplinary Level I Trauma Center. In 2016 28.3 percent of the Medicare beneficiaries using the VCUHS were 18 to 64 years of age. Thereby while geriatric patients are the primary focus of CAHM, 30 plus years' experience has shown that geriatric care principles can be similarly effective on any adult facing functional limitations due to chronic illness or injury.

In total the GCS's three clinics have capacity for 3,570 patients 1,900 in CAHM Geriatrics, 900 in CAHM Complex and 770 in ACC2 Geriatrics. The House Calls program has capacity for 324 patients. The Nursing Facility Attending Service has capacity to manage about 700 rehab patients per year along with 200 long-term patients, and the Geriatric Inpatient Consult Service manages over 1,200 patients annually.

As with any VCUHS service, it is important to utilize existing capacity and have an eye on the future. Toward the end of 2015, Health Dimensions Group (HDG), consultants for the VCUHS, analyzed demographic and inpatient discharge data to determine future patient demand. Its forecast assumed significant population growth (plus 23.97 percent in the Medicare population in the Richmond metro service area), plus a 4 percent increase in Medicare inpatient utilization at VCUHS from 2015 to 2020. Given this forecast, the CAHM geriatric clinic ramped up capacity in 2017, adding another part-time geriatrician and a full-time

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VCU's Center for Advanced Health Management (CAHM) provides health related services to the central Virginia community *continued*

nurse practitioner (NP). The CAHM Geriatric clinic has affiliated 655 new patients in the last 18 months and has capacity for about 350 more. The CAHM team would like to fill that capacity and strengthen its nurse case management resources as well.

Similarly, 478 new patients have been affiliated with the CAHM Complex clinic in the last 18 months, and forecasts suggest an additional capacity of 129 patients. On the VCU Medical Center campus, the second-floor Ambulatory Care Clinic (ACC-2) Geriatrics clinic is presently at capacity but, as with any aging-related service, natural attrition provides consistent turnover in available slots, which the CAHM team wants to fill with VCUHS-allegiant patients. The CAHM program also added another full-time NP and physician to the Nursing Facility Attending Service in 2017-18, with the goal of managing 80 percent of VCUHS patients in its preferred partner skilled nursing facility network, including more than 95 percent of indigent care contract patients. The CAHM team wants those referrals and will help treat those patients so the patient can successfully return to their homes.

Furthermore, in 2017 the CAHM program added a part-time geriatrician to the Inpatient Geriatric Consult service to allow the current geriatrician, Dr. Sarah Hobgood, greater capacity in leading the CAHM's educational mission and added weekend team coverage to create a seven-day inpatient consult service as well.

In short, the CAHM team wants to do its part to help reduce variability and improve health outcomes including the patient experience for

VCUHS to prosper under a system of value-based payment. This is critical in the face of shrinking reimbursements, the assumption of emerging financial risk and highly-visible patient perceptions of their



The VCU CAHM is located at 2116 W Laburnum Ave, Richmond, Virginia

collective care. The progress at VCUHS to-date has been incredible, and the CAHM team looks forward to further advancing the cause by providing outstanding patient care in years to come. **IM**

Michelle Doll, M.D., M.P.H. is focused on Quality Improvement (QI) for the VCU Medical Center from an Infectious Diseases Perspective

Michelle Doll, M.D., M.P.H. is an assistant professor with the VCU Department of Internal Medicine's Division of Infectious Diseases and an associate hospital



Dr. Doll does clinical work and focuses on hospital epidemiology

epidemiologist. She enjoys supporting colleagues in different departments and divisions when their patients develop infectious complications. Dr. Doll finds gratification in diagnosing and choosing the right regimen to support those patients on the road back to good health.

Dr. Doll trained and served as a chief resident at Temple University Hospital in Philadelphia, Pennsylvania. She completed a fellowship in infectious diseases at the University of Maryland and then came to VCU to complete a master's degree in public health as well as to train under the Division of Infectious Diseases' chair, Dr. Gonzalo Bearman, in hospital epidemiology. Dr. Doll is currently finishing her second year on faculty, and she reports

to Dr. Bearman.

Dr. Doll sees approximately 150 patients per month, dividing her time among the general infectious diseases consult service, the transplant infectious diseases consult service and the orthopaedic consult service. She also treats patients in clinics where she sees hospital follow ups as well as community referrals for various infectious problems. Additionally, Dr. Doll has an HIV clinic where she provides primary care for those patients.

Dr. Doll spends about 50 percent of her time on clinical work and 50 percent on hospital epidemiology, all the while teaching within both areas. She teaches a portion of a population health class for medical students, and this spring she has revived a class for graduate students about controversies in public health.

Dr. Doll enjoys the changing perspectives within her position. At one end of the spectrum, when she is on service, she focuses on the individual patient. On the other end, when she is addressing infection control within the hospital and the community at large, she focuses on the public health perspective. She also appreciates VCU's unique take on epidemiology, which is a "horizontal infection prevention approach." VCU addresses infectious organisms across the board as opposed to a vertical program that would focus on individual high-risk organisms. The rationale behind the horizontal approach is that for organisms that are endemic, or regularly found in community and hospital environments, it makes sense to apply interventions that will target all potential pathogens at the same time. Examples include hand washing, patient bathing, and environmental cleaning. Then, if there is a need to add a very specific intervention for a specific organism, that is done as well, while considering the expected incremental

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Michelle Doll, M.D., M.P.H. is focused on Quality Improvement (QI) for the VCU Medical Center from an Infectious Diseases Perspective *continued*

benefits and balancing them against opportunity costs.

Something else that is done differently in hospital epidemiology at VCU as compared to places across the country is the practice of being “bare below the elbows,” which means clinicians wear short sleeves or have their sleeves rolled up when they are doing clinical work. In theory that means no wristbands and in practice no white coats. In fact, for a few years medical students have been receiving vests with their names to emphasize this practice.

In regard to her research, Dr. Doll has been involved in many small quality improvement (QI) projects that seek to improve infection prevention and infection control within the hospital. “For clinicians, quality improvement projects are an opportunity to improve the practice of medicine in a way that complements our clinical care,” she said. Current quality improvement projects include the use of hand hygiene technologies to improve the hand hygiene rates across the hospital, and an expansion of a staphylococcal decolonization program for pre-operative patients. Dr. Doll also does a lot of research on Personal Protective Equipment (PPE). She is interested in how organisms could be potentially transmitted around the hospital and has done some simulations using fluorescent dyes and fluorescent bacteria to see where bacteria transfer themselves and where people are most likely to contaminate themselves.

Dr. Doll is currently working on a hand hygiene improvement project. The World Health Organization (WHO) dictates five moments of hand hygiene that should occur for a clinician when they are interacting in a patient’s room (depending on what the clinician is doing and where he or she is in relation to the patient). Dr. Doll is



Dr. Doll is working on a hand hygiene improvement project based on the World Health Organization’s (WHO) five moments of hand hygiene directive

will challenge the evidence to support hand washing, and do so sub-optimally. Meanwhile, the public simply cannot grasp why it is that some of us cannot be bothered to wash our hands while providing care. We hope the technology will give a useful reminder to healthcare workers and provide proof to our colleagues and our patients that we are consistently performing this basic infection prevention practice.

The goal is to ingrain in providers the practice of washing their hands without assessment or conscious consideration. If they see the sink, they wash their hands.

Dr. Doll has also been involved with projects to improve environmental cleaning services in patient rooms. She and her team have worked with environmental services staff, who use UV light emitting robots that track the adequate cleaning of patient rooms. She and her team have also encouraged the use of sporicidal cleaning agents across the hospital environment, and not just for high-risk rooms. It should be noted, however, that patient rooms were already meeting standards of cleanliness. The changes were conducted to improve already safe conditions.

Recently, Dr. Doll has been updating a guide for infection prevention in the hospital. The *International Society of Infectious Diseases* puts the guide out, which aims to convey the recommended infection control practices and to determine how they can be made applicable to all kinds of settings and all types of resource areas. Dr. Doll has determined basic recommendations, based on evidence, that would be practical anywhere in the world.

Overall, Dr. Doll’s goal is to work with clinicians to see how to best achieve infection prevention standards without making the requirements overly burdensome or interfering with patient care. Dr. Doll is always looking at what other institutions are doing and what the

Dr. Doll’s goal is to work with clinicians to see how to best achieve infection prevention standards without making the requirements overly burdensome or interfering with patient care.

using a wireless-based technology: a badge with a sensor in it that clips onto a nametag, which then interacts with another sensor in each of the soap and hand sanitizer dispensers to track where the badge is in relation to the hand hygiene and whether the hand hygiene has been performed. The technology can tell when soap or hand sanitizer has been dispensed to someone standing at the pump. Currently, the technology is capturing hand hygiene for entry and exit of the patient area. Dr. Doll has finished the pilot study and has received good results indicating that the technology is working properly in assessing hand hygiene events. Dr. Doll and her team have made a recommendation to move forward with a new phase of the study. As she described it:

Most healthcare workers will agree that hand washing is important, and [they] must do so diligently. However, there are still some who

best recommendation is in national societies and national guidance from various organizations. She then pulls those recommendations together and chooses which ones are best suited for VCU.

Going forward, Dr. Doll would like to collaborate on QI projects with colleagues in other departments and at the Hunter Holmes McGuire Veterans Affairs Medical Center, in order to continue to build relationships and learn about their infectious diseases challenges. She also foresees and is excited about a coming need to collaborate with community hospitals, such as Community Memorial Hospital, as they become further integrated into the VCU Health System. Dr. Doll would like to become involved with regional and national organizations to gain insights into how infection control works across regions as opposed to only at the VCU Medical Center. **IM**

Ally Abruzzo-Brandmaier Supports Faculty in the Division of General Medicine



Ally is the Division of General Medicine's administrative lead for credentialing newly hired faculty and recredentialing current faculty. She also handles all timekeeping for the division's faculty and staff

In July 2017, the Department of Internal Medicine's (DOIM) Division of General Internal Medicine split into the Division of Hospital Medicine and the Division of General Medicine. Alexandria (Ally) Abruzzo-Brandmaier assisted with the transition by assuming the responsibilities of credentialing and timekeeping within the Division of General Medicine. Ally also coordinated the reappointment process for faculty members to have their privileges within General Medicine reappointed after the transition. Ally now works as the administrative assistant for the Division of General Medicine and reports directly to the division chair, Dr. Jeffrey Kushinka. In addition to coordinating the credentialing process and serving as timekeeper, Ally is responsible for overseeing purchases within the division that range from supplies for faculty and staff to recruitment expenses. Every fiscal year, Ally is also responsible for creating the on-call schedule for General Medicine faculty. She will soon be doing so again for the call schedule for Fiscal Year 2019. Ally credits her time management skills with enabling her to handle all of her responsibilities and other issues as they arise.

Ally, who is originally from Long Island, New York, attended Dowling College in Oakdale, New York, and after graduating she worked at a homecare agency for five years on Long Island. A little more than two years ago, Ally and her husband moved to Richmond. Although she enjoyed homecare work, Ally also liked the idea of working for a large health-related organization, and the move to Richmond led her to consider VCU Health as an opportunity to gain a wonderful contrast to her previous experience while remaining in the health field. Now, two years in to working within the DOIM, she relishes in her interactions with so many different faculty and staff.

Ally works on a day-to-day basis with Dr. Kushinka, Dr. Bennett Lee, Dr. Rachel Waller, Dr. Thokozeni Lipato, Dr. Sue Wolver and Lena Rivera, the other administrator in the division. Currently, Ally is in the process of credentialing for a new faculty position. Soon she will begin the credentialing process for chief residents within General Medicine and will handle the paperwork and licensure so that the chief residents can be credentialed as attending physicians. Specifically, Ally will coordinate and work with them to be sure the required paperwork is filled out correctly, that the individuals have the necessary licensure to work in Virginia, and that the files get to the necessary people for signatures. She will serve as the point of contact for General Medicine to provide support throughout the process. Ally aims to assist and support faculty in any way that is needed and enjoys the variety of personalities she encounters and tasks she performs. Ally loves being able to answer people's questions and solve problems, and if she is not able to provide what is needed, she is happy to connect people with the appropriate resources or colleagues.

Dr. Kushinka said of Ally:

[She] is a tremendous asset to the Division of General Internal Medicine. I routinely receive unsolicited compliments on her performance from faculty and staff who have worked with her. Ally anticipates the needs of the faculty, is very responsive to faculty requests, and never has to be asked twice to complete an assigned task. She is very personable and professional in all her communications, written and verbal, with her colleagues. There is no question we are very fortunate to have someone of Ally's caliber working with us!

In the future, Ally would like to take classes or pursue certifications to increase her professional knowledge and training. She hopes to pursue a leadership role as she builds her career and is taking steps to achieve that goal. Within the next five years, Ally would like to use the experience she gains from working in the Division of General Medicine to go back to school to pursue a career in nursing. Ally's positive experiences working in a medical setting and her interest in learning more about how to help patients have revealed her desire to work directly with patients as a nurse. Ally is confident she will be able to achieve her goal of becoming a nurse because she was raised to go after her dreams and to make her life's actions count.

Ally has a close relationship with her father, Vito, whom Ally regards as a mentor. Her father raised her and her five sisters on his own and taught them to be strong and never give up on their dreams. Ally has taken his advice to heart and knows he will always be a source of support and encouragement.

Ally is thoroughly enjoying this chapter of her life at the age of 25. She is married, owns a home and enjoys her career. She plays soccer on a co-ed team for fun, and she spends time at the beach and takes small hikes with her husband, John, and her dog, Ace, a pit bull boxer mix. Ally and her husband also enjoy trying new restaurants around Richmond and exploring the brewery scene. **IM**

Update from the Associate Chair for Faculty Development

The first quarter of 2018 has been busy and productive in regard to faculty development. In early February our Department enjoyed a wonderful celebration of the many important contributions made by faculty to our missions of service to patients, to our institution, to our profession and to society. The evening proved to be a tremendous opportunity for faculty, housestaff and staff to enjoy each other's company and to dance the night away at the historic Jefferson Hotel. Twenty-six faculty members were recognized for their exceptional contributions to service (see page 2).

One of my primary goals has been to increase the involvement of our Internal Medicine physicians in faculty development, thereby building an army of faculty members who have interest and expertise in core areas like mentorship, leadership development, promotion and tenure process, reward and recognition, faculty engagement and wellness, and burnout recognition and mitigation. With input from division chairs we created the DOIM Faculty Development Advisory Committee in January. The inaugural members of the committee include Drs. Gonzalo Bearman, Richard Cooke, Brittany Craven, Cathy Grossman, Christine Huynh, Jessica Keiser, Jason Kidd, Khalid Matin, George Moxley, Mimi Peberdy, George Smallfield and Sahzene Yavuz. In the short time since the committee was launched, the members have already contributed greatly to the success of the Celebration of Excellence and have provided excellent ideas and thoughtful reflections on the challenging topic of faculty wellness and burnout. I appreciate their contributions, and I am enthusiastic about future opportunities for this group to positively impact the Department of Internal Medicine.

One of the most important areas that we can have an impact in, I believe, is that of professional wellness and satisfaction. In recent years the medical profession has

been identified as having excessive and rapidly rising rates of burnout. Burnout is characterized by emotional exhaustion, depersonalization and reduced self-efficacy, and it can negatively impact patient care as well as seriously erode individual wellness and professional satisfaction. Unfortunately, front-line providers (e.g. internists and many Internal Medicine subspecialists) report among the highest rates of burnout for all physicians. We at VCU Health System are not immune to burnout, and in a 2016 survey VCU providers reported rates well above the national average. The VCU Health system and the Department of Internal Medicine have significant opportunities to address the underlying drivers for burnout and to explore and implement individual and organizational strategies for enhancing wellness and reducing burnout. I look forward to your partnership in tackling this pressing issue.



Curtis N. Sessler, M.D.
Associate Chair for
Faculty Development

Curtis N. Sessler, M.D.

Associate Chair for Faculty Development
Orhan Muren Distinguished Professor of Medicine
Director, of the Center for Adult Critical Care
Medical Director of the Medical Respiratory ICU
Medical Director of Critical Care and Chair of the Critical Care Committee
Department of Internal Medicine

Update from the Associate Chair for Quality and Safety

The Department of Internal Medicine (DOIM) Quality Program aims to improve transparency for safety and quality concerns affecting our patients, and we wish to engage faculty and learners in departmental efforts to address such challenges. To that end, this year we introduced a new conference to grand rounds titled "Morbidity, Mortality and Improvement." The conference allows faculty and trainees to engage in a rational discourse on a medical error or an unanticipated patient outcome. The interactive format encourages participants to diagnose systems' errors and prescribe solutions that address safety concerns. At our most recent session, we expanded our focus from safety to other domains of quality, including the patient experience. We invited a patient to share her story of being hospitalized at VCU. Our participants valued her perspective on involving patients in shared decision making and taking a holistic approach to patient care. We appreciate the wonderful feedback from attendees!

Another goal of our program is to promote innovation and scholarship in healthcare improvement. Last year, we offered a "QI Scholarship" faculty development program. This educational series introduced research methods appropriate for physicians engaged in quality and safety initiatives. We now have restructured the program to better fit faculty schedules based off feedback from our initial participants. The new format will offer asynchronous online learning so faculty members may complete coursework in their own time. These sessions will be interspaced with in-person workshops to apply the course content. Stay

tuned for more information about the program, which will open for enrollment in the summer of 2018.

In other news, we have welcomed a new member to our DOIM quality team. Dr. Margaret Guy has stepped into the role of quality director for the Division of Hospital Medicine. Dr. Guy completed her med-peds residency at VCU medical center and is currently an assistant professor with the Academic Hospitalist group. She is also spearheading an effort in partnership with Dr. Wally Smith, director of the Adult Sickle Cell Disease Program, to improve inpatient care for patients with sickle cell disease. We wish our former quality director, Dr. Jessica Keiser, the best of luck in her new position as associate chair of Hospital Medicine.



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Kristin Miller, M.D., M.S., and Amy Dean, M.S., R.N., C.C.R.N., Presented at National Academy of Medicine

On April 5, 2017, Kristin Miller, M.D., M.S., and Amy Dean, M.S., R.N., C.C.R.N., presented the results of their Langston Project at the meeting of the National Academy of Medicine held in Washington, D.C. This was a prestigious and competitive opportunity to showcase some of the outstanding work in quality and safety done by members of the DOIM. Dr. Curtis Sessler, director for the Center for Acute Critical Care (CACC) and medical director for Critical Care and the MRICU, was able to watch their presentation on live stream and commented that Miller and Dean did a fantastic job presenting their findings.

The Langston Quality Scholars (LQS) Program at VCU was founded in 2016 through a collaboration between VCU Medical Center and the Schools of Medicine, Health Administration and Nursing through the Langston Center for Quality, Safety and Innovation. The program was designed to deliver continuing professional development focused on the science of improvement and leadership. Miller and Dean were chosen as one of eight physician-nurse dyads to participate in the LQS.

Miller and Dean's Langston Project was entitled, "A Business Case for Innovative High Value Continuing Professional Development: Collaboration and Coordination in the ICU: An Interprofessional Approach to Implementation of a daily review of sedation strategy, liberation potential and mobility plan." It demonstrated the value of multi-professional rounding on sedation choice, liberation from mechanical ventilation and mobility in the Medical Respiratory Intensive Care Unit (MRICU).

MRICU patients are cared for by two multi-professional teams (Red and Blue) that are comprised of nurses, physicians (attending, fellow, resident, intern), advanced practice providers, dietitians, physical and occupational therapists, critical care pharmacists, and respiratory therapists. Patients are admitted to either the Blue or Red MRICU teams on an alternating (every other day) rotation schedule. Miller and Dean's research focused on the Blue team for the intervention.

The Society of Critical Care Medicine (SCCM) and the American Association of Critical Care Nurses (AACN) recommend a "bundled" approach to the care of the critically ill. As part of the ABCDEF Bundle (iculiberation.org), each letter represents one component of best practice in critical care. Collectively, the ABCDEF bundle is an initiative to assist in implementing the 2013 SCCM Pain, Agitation and Sedation Guidelines. Research has shown that when incorporating these best practices together as a bundle, the patient has better outcomes, including decreased ventilator days, decreased incidence of delirium and shortened hospital length of stay.

From July 12 to October 31, 2016, 269 interdisciplinary huddles were completed on MRICU Blue team intubated or trached patients. The collected data revealed four major findings (when compared to pre-intervention data): An increased percentage of time at sedation target (RASS) goal, a decreased use of benzodiazepine infusions, an increased compliance with spontaneous awakening and breathing trials, and an increased numbers of patients with a mobility plan.

When analyzing length of stay, Miller and Dean found a clear reduction in both ICU and hospital length of stay when the intervention team (Blue team) was compared to the non-intervention team (Red team). There was a 1.14-day reduction in average ICU length of stay for MRICU Blue Team patients compared to MRICU Red Team patients., which approximates saving 2.26 million dollars annually. Furthermore, the difference in length of stay held even when taking patient acuity into account as both teams had similar observed:expected length of stay ratios by diagnostic related grouping (DRG).

Miller and Dean's project makes a case for high-value continuing professional development, and it demonstrates that the Langston Center provided the tools for a successful quality improvement project.



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