

YAHP Dinner Meeting
September 27, 2011
Waterbury Hospital

MEETING MINUTES

In attendance:

Yale University

Tracy Crosby
Rosemarie Fisher, MD
Stephen Huot, MD, PhD
Silvio Inzucchi, MD

Hospital of St. Raphael

Stephen Atlas, MD
Thomas Donohue, MD
Robert Nardino, MD

Bridgeport Hospital

George Abdelsayed, MD
Sachin Majumdar, MD

Norwalk Hospital

Mark Kulaga, MD

Danbury Hospital

Asha Marhatta, MD
Winston Shih, MD

St. Mary's Hospital

Shawnette Alston, MD
Greg Buller, MD
Jason Ouellette, MD

Greenwich Hospital

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Waterbury Hospital

Steven Aronin, MD
Joseph Donroe, MD
Steven Holt, MD
Jock Lawrason, MD
Andre Sofair, MD
Daniel Tobin, MD

Griffin Hospital

Seema D'Souza, MD
Lionel Lim, MD
Haq Nawaz, MD

Dr. Jock Lawrason, Chief of Medicine at Waterbury Hospital and tonight's host, welcomed the group at 7:00pm. He asked that everyone enjoy dinner first, and the presentations and agenda items will begin at 7:30.

After dinner, Dr. Lawrason introduced Dr. Silvio Inzucchi, YAHP Director, who discussed one of the recurring 'administrative' challenges of the Affiliation – differing block dates among the hospitals. He described the problems that occur on elective rotations as a result of residents overlapping during their rotations, so that occasionally there are 1 or 2 additional residents – which dilutes the training experience for everyone involved. One of the fellowship programs within Yale's Department of Internal Medicine has actually received negative feedback on the ACGME annual survey on the question "Do the presence of other trainees negatively affect your learning?" Consequently, Dr. Inzucchi opened the discussion to the group, asking if it were possible to have all Affiliates align their block dates to Yale's dates, starting with Block 2: what is the likelihood? And what are the challenges and obstacles that the Affiliates face?

Meeting Minutes, *cont'd*

Some of the concerns raised were related to visas: individuals cannot come into the country more than 7-10 days before the contract date, and therefore the Block 1 starts later than Yale's. For Griffin Hospital in particular, whose blocks are determined by calendar months, the scheduling of night float becomes extremely difficult when there are 13 blocks as opposed to 12. Other issues raised were finding out what Yale's block dates early enough in the year so that schedules can be made. Historically, the dates weren't established until the spring prior, and that's not enough time for the Affiliates to align date and adjust scheduling. Also, if Yale kept their switch days the same every year it would be much easier for Affiliates to synchronize. There was reasonable agreement from the program directors present this evening to try to push this change through. Dr. Inzucchi would finalize the 2012-13 block dates with the Yale internal medicine residency leadership and circulate the dates. Conceivably, all blocks beyond Block 1 could be synchronized – the first month being a challenge because of varying start dates to the residency.

Dr. Inzucchi then began talking about the Annual Retreat and a draft agenda was available for review. The theme is “Academic -Community Hospital Affiliations” and recommendations are welcome. The keynote speaker lined up is Dr. Carolyn Mazure, Associate Dean of Faculty Affairs at Yale, who will provide a view from the Dean's Office. Some of the topics covered will include opportunities for collaboration from the University and the Affiliate perspective, other affiliation experiences, etc. Suggestions from the group for topics were how to get Affiliate residents involved in research at Yale – what has worked in the past, where to go in the future, mentorship, etc.

Dr. Inzucchi also mentioned the “Entering the Workforce” seminar, at the request of Dr. Charles Seelig, Program Director at Greenwich Hospital, who was unable to attend tonight. This annual workshop is co-hosted by Dr. Seelig and Dr. Rosemarie Fisher, DIO at Yale, and is open to residents and fellows. It is being held this Saturday, October 1, in New Haven, and information is available in the handouts provided.

Dr. Rosemarie Fisher, DIO at Yale, was in attendance and announced to the group that Yale is leaving *E*Value* and will be using a new residency management system – *MedHub* – starting in November. She wanted the group to be aware as Yale transitions from *E*Value* to *MedHub*. Yale full-time faculty will now be seeing two sets of evaluation forms, one from YNH/VA-Connecticut/Waterbury (*MedHub*) and a second from the other affiliates for their rotating residents (*E*Value*). One issue that will need to be dealt with is the sign-up for electives, which had been done through *E*value* over the past 2 years.

Dr. Lawrason then returned to introduce the first of tonight's Waterbury presentations: Dr. Stephen Huot, Program Director of the Yale Primary Care Program at Waterbury, and “*Localization of a Medical Service*”.

Meeting Minutes, *cont'd*

The primary goals for localizing included making the work environment one of more collaboration, while also providing all stakeholders to have, essentially, equal input and responsibility for patient care. The process started with getting the leadership involved – from chiefs and directors of all groups involved (attendings, housestaff, nursing). Once that was secured and in place, the group was expanded to involve those on the front lines of patient care. One of the first things the program did was conduct a site visit to the Fitkin service at Yale, which had been made localized and was a good model for how a localized service actually operated in real time. Part of the process involved developing an admitting algorithm and housestaff team models. The team also conducted weekly meetings in the beginning, while included everyone from leadership down to front line personnel. These meetings are still continuing but now occur biweekly.

Some 'lessons learned' are keeping everyone on the same page at the end of every meeting. Keeping communication clear so there are no mixed messages is key. Also, removing the human element from daily decisions about admissions to the floor was a large element of the success of implementation. This aspect in particular has taken time for the staff to adjust to, but it has made the process easier overall.

Outcomes consisted of increase patient diversity, and a much-improved patient-centered environment of care. Nursing staff also commented on being more engaged with the physicians on what was happening on the floor.

After Dr. Huot's presentation concluded, he introduced Dr. Stephen Holt, who spoke briefly about how the Primary Care Program recently introduced a more in-depth exploration of ambulatory themes thru an immersive curriculum, in order to supplement the office experience. "Ambulatory Fridays" now consist of seminars, didactics, and peer teaching combined with workshops and in-service teaching that also includes site visits and debates. The goal is to fully immerse the resident in a specific theme. Topics are on a 2-year cycle (e.g., *Outpatient Gastroenterology*) and these Fridays are just for residents rotating on ambulatory electives. There is no patient care on Fridays for those resident. It can be a long day, but the feedback so far has been very positive.

The floor was open to discussion and questions.

Dr. George Abdelsayed, Program Director of the Gastroenterology Fellowship at Bridgeport Hospital, announced to the group that the ACP Connecticut Chapter Scientific Meeting is Tuesday November 8, and he is co-directing with Dr. Robert Nardino, Program Director of the Internal Medicine Residency Program at the Hospital of St Raphael. The abstract deadline is this coming Friday, September 29, and everyone is encouraged to submit and attend.

Dr. Lawrason brought the meeting to close at 8:30pm.