

YALE HEALTH CARE

news from Yale Health
winter 2020

Taking Back Control
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Who's Who?



WOMEN'S HEALTH
PEDIATRICS
PHARMACY



Taking Back Control

Health coach helps Wenifer Diggs on her journey to quit smoking

IT STARTED WITH ONE CIGARETTE BEFORE BED MORE THAN 40 YEARS AGO. As is often the case, one cigarette turned into two, and two turned into three. When life and work stress started to pile up, Wenifer “Wenni” Diggs increasingly lit up a cigarette.

“Instead of one pack lasting a month, all of a sudden it was two packs a week,” said Diggs, a histotechnologist for Yale University working out of Yale New Haven Hospital. “I had always just smoked in my house. Then I started to notice I was smoking in public. It was just getting out of control.”

Then her mother, a lifelong smoker, got sick. She developed nodules on her lungs and was diagnosed with Chronic Obstructive Pulmonary Disease (COPD). Diggs watched her mother continue to smoke as she struggled with her health issues.

TAKING BACK CONTROL CONTINUED ON NEXT PAGE

*Chanel Ostasiewski, RN,
a health coach with the
Tobacco Free Yale Assistance
Program (left), meets with
Wenifer Diggs.*

TAKING BACK CONTROL CONTINUED FROM PREVIOUS PAGE

“There is a 20-year difference between me and my mother,” said Diggs, 62. “Everything she was experiencing, I knew I would be experiencing 20 years from now. I was seeing my future.”

Diggs saw a poster for the Tobacco Free Yale Assistance Program (see info box on right) during a physical with her primary care provider in Internal Medicine at the Yale Health Center in 2018. She took down the number, but did not call for months. Finally, she decided it was time to make a change.

“When I realized that it was controlling me, that’s when I knew I couldn’t stop and needed some help,” she said. “Cigarettes were once a friend and then revealed themselves for what they truly were. I decided to make that call and that’s when the journey began. And it was a journey.”

Diggs connected with Chanel Ostasiewski, RN, a health coach with the Tobacco Free Yale Assistance Program, who listened to her story and developed a plan to help her quit. She also offered up some tips such as stuffing cotton into a small plastic straw with a few drops of mint to simulate smoking a menthol cigarette.

“We really try to listen and understand who they are and where they are coming from so we can help them,” Ostasiewski said. “Everybody is different and one strategy doesn’t work for everyone.”

The strategy worked for a while, but Diggs “had a relapse and went on a binge” when her mother got sick again. She smoked one cigarette after another and when the last one was gone, she planned to buy another pack the next day. Then she thought about all of the negative effects smoking was having on her life as well as her relationship with Ostasiewski. She never did buy that pack of cigarettes. That was six months ago.

“I think the health coaches are very important because it’s someone in your corner cheering you on and you need that,” she said. “You need to be propped up sometimes because it can be depressing, but it’s something you can do. I also did not want to lie to Chanel and I did not want to let her down because she had invested in me. I knew if let her down, I’d really be letting myself down.”

“Life isn’t perfect,” Ostasiewski said. “You could have a bad day and take a step back. The important thing is that you learn from it. There are no punishments here. We recognize that there are going to be setbacks and you may fall off your path. We’re here to help get you back on track.”

Diggs credits her mother for being a compassionate and understanding partner along the way and she still speaks with Ostasiewski every few weeks for support. She is eating better and coughing less. The cravings still come, especially at night. When they do, Diggs just thinks about her journey.

“Looking at it now, I think it’s the fear of not being able to overcome it,” she said. “You just start with one less cigarette and give yourself a sense of accomplishment. It’s baby steps, but you can overcome it. You can take back control.”



Tobacco Free Yale Assistance Program

Phone 866-237-1198

Hours Monday–Thursday 8:00 am–8:00 pm
Friday 8:00 am–6:00 pm

How it Works

The Tobacco Free Yale Assistance Program includes **free telephonic or in-person coaching** to allow participants to develop a trusting relationship with a health coach and create an individualized quit plan. The six health coaches, all registered nurses, take a whole-person philosophy in multiple areas of life and health to uniquely tailor the tobacco cessation program to each individual. Over 100 Yale employees have actively worked with tobacco cessation coaches, and more than a third have reached their six-month quit anniversary.

Enrollment

Those interested in becoming tobacco free can call 866-237-1198 to speak with a Yale dedicated engagement specialist to enroll in the program. The engagement specialist will conduct a **10-minute health survey**, assign the participant a health coach, and schedule the first telephonic or in-person appointment. **The phone line is available Monday–Thursday, 8:00 am–8:00 pm and Friday 8:00 am–6:00 pm.**

What’s Included

The first two phone calls or visits with the health coach are generally **30 minutes long** with subsequent appointments lasting **roughly 15 minutes** each. The frequency of appointments is based on individual needs.

Who Can Participate

The program is available to all Yale faculty and staff members as well as their dependents.

Options

Participants may also discuss options for **nicotine replacement therapy (NRT)** or **other tobacco cessation prescription medications** with their health coach. Yale Health members are eligible to receive **six months of NRT or other tobacco cessation prescription medications with no copay** at the **Yale Health Pharmacy**. A prescription is required to use this benefit and can be discussed with the health coach.

For more information on tobacco cessation coaching and other smoking cessation resources, visit beingwell.yale.edu/programs/smoking-cessation-resources.



Safety in health care is an objective that has far-reaching implications for patients, providers, and healthcare organizations.

FROM THE DESK OF JENNIFER WRIGHT MCCARTHY, MD

Safety in health care is an objective that has far-reaching implications for patients, providers, and healthcare organizations. Many hospitals and outpatient centers pursue accreditation from national organizations as a way of continuously improving safety in healthcare delivery and ensuring compliance with best practices. The Joint Commission is one of the most rigorous of these accrediting bodies. Yale Health is not required to pursue Joint Commission certification and accreditation, but we choose to and are proud to have earned reaccreditation this year because it represents our commitment to safe and high-quality care for our members.

Yale Health completed the triennial Joint Commission survey in November. The survey is unannounced so our practices must always be “survey ready” in how care is delivered, and calendars must then be cleared when they arrive. Their method used to assess an organization is in the form of a “patient tracer”. The survey team follows a patient from the Call Center, to front desk check-in, through their encounter with clinical staff. They may travel to Blood Draw, Diagnostic Imaging, and the Pharmacy with the patient. During this patient experience, they are looking for standards around patient centeredness, infection control, equipment maintenance, and the environment of care, to name a few.

While on site, the surveyors audited hundreds of standards, conducted numerous patient tracers, and reviewed vast amounts of clinical and operational data. They inspected all of our primary care clinics (Internal Medicine, Pediatrics, Obstetrics and Gynecology, Student Health), Inpatient Care, Endoscopy, Infusion, Pharmacy, Acute Care, Mental Health & Counseling, and specialty clinics to assess the ways in which we measure and work to improve organizational performance. They visited our loading dock, parking facility, Call Center, and Member Services. They focused on our human resources systems and performed deep dives into emergency preparedness, our policies, and medical equipment management.

The surveyors left us with useful consultative suggestions and observations about ways we can tighten our policies, support our outstanding staff, and improve care to our members. They had extraordinary praise for Yale Health’s Partnership for Patient-Centered Care (which The Joint Commission calls the Primary Care Medical Home) and gave us their highest marks for putting our patients at the center of our work.

This three-day survey has been an opportunity to reflect on our hard work and to demonstrate the excellent care our staff provides to the Yale community. Our surveyors were impressed by the friendly welcome extended to them and the eagerness with which our frontline staff showcased their work. We all strive to earn the confidence of our members, and with survey results like these, I believe that our members’ confidence in Yale Health is well deserved. Performance and quality improvement are, by definition, never finished. It is rewarding to know that the care we are providing meets these high accreditation standards.

A handwritten signature in black ink that reads "Jennifer Wright McCarthy". The signature is fluid and cursive.

Jennifer Wright McCarthy
Medical Director



Organizational leaders huddle to review safety incidents and develop improvement plans.

Everyone's Responsibility

Patient safety is a priority at Yale Health

FROM THE TIME YOU park your car in the garage to the time you meet with your clinician or pick up a prescription, your safety is the responsibility and top priority of all Yale Health staff. You also share in that responsibility by alerting staff if you feel something is unsafe, whether for you or other members of the Yale community.



"Safety is everyone's responsibility, including the patients," said Robin Maley, RN, director of patient safety and quality improvement for the Department of Quality and Safety. "We want our patients to bring things to our attention. An important part of identifying potential harm is reporting near misses.

It is well documented that most mistakes are not caused by individuals, but by systems. We welcome our patients to tell us ways we could be meeting their needs better because they are in the best position to let us know."

Maley, a registered nurse with advanced education in safety and healthcare leadership, joined Yale Health in July and brings over 20 years' experience in patient safety to the organization.

The focus of her department is to identify any actual or potential threats to patient safety and develop improvement systems to help reduce those threats. That could include issues with the physical environment such as trip hazards in the building as well as issues with patient privacy, or administration of care and proper medication use.

"An important part of identifying potential harm is reporting near misses. It is well documented that most mistakes are not caused by individuals, but by systems."

Robin Maley, RN, director of patient safety and quality improvement

Chief Quality Officer Dr. Madeline Wilson said hospitals have made tremendous strides in reducing serious safety events over the past 20 years. With more care being shifted to ambulatory settings such as the Yale Health Center, she said "an explicit focus on safety is just as critical for organizations like Yale Health as it is for hospitals."

"We have always dedicated resources to safety, but we saw an opportunity to benefit from the great strides in this field to bring updated expertise, tools, and processes to Yale Health," Wilson said. "Hiring an experienced safety expert like Robin is a key part of that renewed commitment. She is leading a re-organized Department of Quality and Safety that is committed to supporting rigorous identification and investigation of errors, and also the improvement work that will reduce risk in the future."

As a patient, you should bring concerns to the chief or manager of the department where you received care. Patients may also use the patient representative in Member Services for additional support. The patient representative can be reached at 203-432-8134. That includes if you see a potential risk or if you feel information provided by a Yale Health staff member may lead to a misunderstanding about care.

Yale Health has recently invested in an electronic safety incident reporting system for staff to input those concerns. The system tracks and monitors trends so Maley and her team can study data in real time.

All incidents are reviewed twice weekly in a team huddle comprised of organizational leaders and are thoroughly investigated so opportunities for improvements can be addressed. Experienced project managers then develop improvement plans.

Many of these safety measures also help to ensure Yale Health's accreditation through The Joint Commission, which accredits and certifies nearly 21,000 healthcare organizations and programs in the United States (see page 3). Its accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. The three-year accreditation, which includes recognition as a Primary Care Medical Home, includes a review of ambulatory care, Inpatient Care, and Acute Care. Reviewers from The Joint Commission also inspect direct patient care, management systems including medication management, and credentialing and privileging practices. Yale Health has been continuously accredited by The Joint Commission since 2005.

“Ensuring that patient care is safe is not just about identifying errors,” Wilson said. “It is about learning from mistakes, continuously improving to reduce risk, and ensuring a culture where safety is everyone’s responsibility every day. Serious patient safety events are rare at Yale Health, but with over 200,000 patient encounters, nearly 225,000 annual transactions at the Pharmacy, and thousands of lab tests and imaging exams, we owe it to our patients to have the strongest possible systems to make every one of those transaction as safe, reliable, and successful as possible.”

Along with the Department of Quality and Safety, Yale Health also has an Environment of Care Committee, a multidisciplinary group of clinical and non-clinical representatives “with primary

and collaborative responsibility for providing a safe, secure, and comfortable environment to facilitate patient care.”

Additionally, staff members are continuously trained on best safety practices. In May, all of Yale Health’s staff were asked to complete a “Culture of Patient Safety” survey to help identify areas for improvement. Eighty-six percent of staff responded.

“It is a goal of Yale Health to provide a safe environment for all of our patients and we want to work as a team with them to improve in any way we can,” Maley said. “We want Yale Health to continue to be the premier choice for health care at Yale. When patients come here, we want them to feel confident that we have their best interests in mind at all times.”



Who’s Who?

Patient feedback prompts enhancements to role identification

A TYPICAL VISIT to the Yale Health Center often involves encounters with several different staff members. As a direct result of your feedback, Yale Health has implemented changes to ensure you know who those staff members are and what their role is within the organization.

All Yale Health staff now wear a badge, along with their university ID, which identifies their role at Yale Health. Roles range from physicians to nurses to administration. The badges are color coded by role.

Additionally, certain groups of staff in clinical departments who interact with patients now wear clothing of a specific color to help you identify their role. Clinical receptionists are now wearing black attire while clinical support staff

MEDICAL ASSISTANT

NURSE

DOCTOR

including medical assistants, certified nursing assistants, pharmacy and healthcare technicians, and technologists in departments such as Ophthalmology and Optometry and Diagnostic Imaging are wearing charcoal. The nursing staff will start work in January on choosing a consistent color and you should see their new attire in the spring.

Tabletop signs have also been added to each clinical waiting area with a list of roles in the department and what you can expect from each group.

Nanci Fortgang, RN, MPA, CMPE, associate director of clinical services, said the enhancements to professional attire and role identification were a direct response to feedback from Yale Health’s patient partners. As part of its commitment to Partnership for Patient-Centered Care, Yale Health has formed several committees and subgroups comprised of leadership and staff members as well as patient partners from around Yale.

The “Consistency Subgroup” reviewed patient feedback from a variety of sources and quickly identified that patients needed assistance understanding the roles of Yale Health staff members.

Yale Health leadership then engaged staff members in the decision-making process on wording for the identification badges, clothing colors, and the best way to implement the changes.

“It helps our patients to know who is who and what to expect from a particular group of people,” Fortgang said. “These additions and changes bring consistency to every patient encounter at Yale Health.”

New Primary Care Providers Join Yale Health



Meltem Yildirim, MD
INTERNAL MEDICINE

Meltem Yildirim comes to Yale Health after spending the last five years as a primary care physician at Whittier Street Health Center in Roxbury, MA, where she provided care for a diverse patient population, was the head of weekly diabetes clinics, a preceptor of internal medicine residents, and supervised senior medical students.

Yildirim earned her medical degree from Hacettepe University Medical School in Ankara, Turkey in 2009 and completed her internal medicine residency at Bronx-Lebanon Hospital Medical Center in the Bronx, NY in 2014.

She is board-certified by the American Board of Internal Medicine.



Pia Hurst, MD
OBSTETRICS AND GYNECOLOGY

Pia Hurst earned her undergraduate degree in biochemistry and psychology with a minor in chemistry and Spanish from New York University in 2008 and her medical degree from the New York University School of Medicine in 2012. She completed her residency in obstetrics and gynecology at the North Shore-Long Island Jewish Health System in New Hyde Park, NY in 2016, serving as the chief resident in obstetrics and gynecology for two years.

Most recently, Hurst worked as an attending physician at Kaiser Permanente's Mid-Atlantic Permanente Group and the Greater Baltimore Medical Center, both in Baltimore, MD.

She is board-certified by the American Board of Gynecology & Obstetrics and a member of the American Congress of Obstetricians and Gynecologists.

FROM OUR MEMBERS

“

“My clinician was friendly, caring, efficient, focused, and professional.

He provided advice as well as treatment today and I never felt rushed. He was very calm and reassuring.”

“

“This was my first experience being seen at Yale Health. My clinician was pleasant to speak with and informative about my care and concerns. She listened to my concerns and showed true compassion. Keep up the great work! It's much appreciated.”

“

“My primary care provider was great! She listened to my specific situation and made recommendations based on what she was hearing from me. She was kind, and made me feel valued and like my issues were important. I'm so happy I went in to see her.”

WOMEN'S HEALTH**When Should I Get a Mammogram?**

⊕ It is recommended that women get their first mammogram no earlier than age 40 and no later than age 50. These recommendations are for low-risk individuals with no prior history of breast cancer, either in themselves or in their family history.

The frequency of follow-up mammograms is a shared decision between you and your clinician, but is typically every one to two years. On average, women can stop mammogram testing at age 75, but again, this is a shared decision between you and your clinician.

Two of the main barriers that prevent women from getting a mammogram are often the discomfort of it and the fear of what might be found. With new treatments and early detection, the five-year survival rate of breast cancer is about 90 percent, vastly better than 75 percent in the 1970s. You should not fear the outcome. Instead, get your mammogram so if there is something to find, it is detected at an earlier stage.

Breast self-exams are not emphasized as much as they were in the past, but breast self-awareness is important. Be aware of any pain, lumps, nipple discharge, and other changes. If you have any concerns, you should speak with your primary care provider in Obstetrics and Gynecology.



Pia Hurst, MD
Obstetrics and Gynecology

PEDIATRICS**What Should I Know About My Child's Cold?**

⊕ You can anticipate your child, especially if younger, will get a cold several times throughout the year. It's part of childhood.

Symptoms of colds, also called viral upper respiratory infections, include a runny nose, cough, sore throat, and sometimes a fever or red and watery eyes.

A typical cold starts to get worse over the first three days, peaks during days three to five, and begins to improve in five to seven days. We recommend avoiding over-the-counter cough and cold medications as they are not proven effective and, at times, are unsafe for young children. Ibuprofen and Tylenol may help your child feel better, especially if a fever is involved. If the symptoms last longer or return after initial improvement, we would want you to contact Pediatrics.

Parents often focus on the fever, but fever itself is not an illness. Pay attention to the symptoms and how your child is feeling, eating, and breathing. Give the fever a few days to pass on its own and contact Pediatrics if it is going on four or five days.



Gordon Streeter, MD
Pediatrics

Making the Rounds

HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF

PHARMACY**Why Might My Prescription Not be Covered?**

⊕ There are a variety of reasons why your prescription may not be covered under your Yale Health benefit. It may be excluded from coverage because it is available over-the-counter (OTC), it is a new drug that does not yet have proven safety, or there is a less expensive drug available that works just as well.

In some instances, a medication prescribed to you may require prior authorization. This means that more information is needed from your clinician before Yale Health will cover the drug. Once the information is sent by your clinician, a team of pharmacists will conduct a review to see if the medication meets the plan's approval criteria. The purpose of a prior authorization is to make sure that you are getting a medication that is suitable for the intended use and that it is the best therapy available for you.

Additionally, there are instances when we would like you to first try other medications that work similarly to the one prescribed. These alternatives often provide a cost savings to you and Yale Health. The prescribing clinician can request an exception to step therapy under certain circumstances.

Most importantly, when a drug is not covered, you should know that our pharmacists and clinical providers work together as a team to find a solution that will provide the best care possible to our members.



Patrick Roberts, PharmD, RPh
Pharmacy



For more on these topics, listen to the complete healthcasts on yalehealth.yale.edu/healthcasts.

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winter 2020



KEEP IN MIND



Getting to Know... Michelle Brei

Get to know Michelle Brei, APRN, DNP, a primary care provider in Pediatrics since 2005.

Visit yalehealth.yale.edu/healthcasts to hear her story in her own words.

Late Cancellation/No Show Fees

Yale University has instituted late cancellation/no show fees in specialty departments at the Yale Health Center in order to provide the best access for all patients.

Visit yalehealth.yale.edu/late-cancellation-fees for more details.

Published by Yale Health
55 Lock Street
New Haven, CT 06511
203 432 0246
yalehealth.yale.edu
EMAIL member.services@yale.edu

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