The staff in the Acute Care Department is available 24 hours a day, seven days a week, 365 days a year (366 on leap years) for Yale Health members who need urgent care for serious medical concerns.

And each day, the staff’s top priority is ensuring that patients receive that care in the most expedient and appropriate way.

Call First
That evaluation process should begin with a phone call. During regular business hours, you should contact your primary care department of Internal Medicine, Obstetrics & Gynecology or Pediatrics to discuss your immediate concerns with a nurse and schedule an appointment if necessary.

How Acute Care Works
Day or night, calling ahead is the first step

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If you need care outside of regular business hours, you should contact the Acute Care Department where your call will be answered by a nurse or medical assistant. They will gather your information and symptoms in order to route you to the most appropriate care setting, which may be Acute Care, the emergency department at Yale-New Haven Hospital, or a future appointment in your primary care department.

“Calling ahead is the most important part of the process,” said Dr. Roland Jermyn, team chief of Acute Care. “It is a lot more helpful in the bigger picture for you. The information you give us over the phone can go a long way as far as getting you the care you need.”

**During regular business hours**

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Dr. Roland Jermyn, team chief of Acute Care

...we need you to engage with your care team to learn about your health and commit to an action plan to get well and stay well.

**After Hours**

A physician is always in the Acute Care Department along with nurses and medical assistants on nights, weekends, and holidays. On weekends, a pediatrician and pediatric nurse are in the department from 11:00 am-9:00 pm. Acute Care is not usually staffed with pediatric trained clinicians at other times, so it is strongly recommended that you call to speak to a triage nurse before bringing your child in to be seen. A pediatrician is always on call through the Acute Care Department after hours and on weekends/holidays.

Nurses may be able to give you home care advice and save you a trip to the Yale Health Center, may ask that you come to the Acute Care Department and give you an idea of how many patients are currently in the department, or may advise you to go directly to the emergency department. “If it’s something that’s really bothering you and affecting your quality of life, I think it’s reasonable to contact us to see what’s happening,” Jermyn said. “If you have cold symptoms that have lasted a few days and you’re otherwise healthy, perhaps Acute Care is not the best place to be seen. On the other hand, you may have something happening that needs to be brought to the emergency department. Calling and talking to us is really the best way to figure out those scenarios.”

In some cases, the emergency department may also be appropriate when additional testing or imaging is necessary. “I ask our members to be patient as we try to emphasize our process,” Jermyn said. “We’re doing everything we can to have them on the phone with the nurses as quickly as possible so the best information can be provided and we can get them the care they need. That’s really why we’re here.”

**What you can expect in Acute Care**

- Prompt evaluation by a nurse
- Information about your likely wait time to see a clinician
- Sicker patients are seen ahead of those who are less ill, regardless of wait time
- The average person may spend a total of 1-3 hours in Acute Care, depending on day and time
- Depending on your symptoms, we may recommend an appointment in another department or at another time

Acute Care: 203-432-0123

**FROM THE DESK OF PAUL GENEWIN, MD**

First, I extend a warm welcome to our new members at Yale Health this January. I would also like to thank all of our members who made the choice to continue your care with us. We know that many of you have options and we are both encouraged and grateful that you chose Yale Health, together with 76 percent of Yale’s faculty and staff. We look forward to working with you and your family for years to come.

Whether you are a new or returning member, we believe mutual respect is the foundation of any healthy relationship. What is important to you is important to us. In caring for you, we value your ideas, time, and individuality. You may have seen the initials “PCMH” in previous issues of Yale Health Care or references to it in the large posters hanging around the Yale Health Center. The question is what does it stand for, and more importantly, what does it actually mean?

Yale Health has been recognized as a Patient-Centered Medical Home (PCMH) by the National Committee on Quality Assurance (NCQA) and accredited as a Primary Care Medical Home by The Joint Commission.

Although PCMH certifications have thousands of specific standards or performance measures that must be met, the key elements are rather simple. A patient-centered medical home is a practice that provides care that is patient-centered, comprehensive, coordinated, accessible and committed to quality and safety. There is a great level of detail behind each of these concepts, but the one that inspires me most is first on the list and that is “patient centered.”

Anyone working in the field of healthcare, whether it is a clinician, nurse, pharmacist or technician, can attest that they spend the workday with their attention centered on their patients. The concept goes much further, defining a patient-centered care system as one that builds partnerships between clinical teams and patients, along with their families when appropriate, to achieve important health-related goals.

The first goal is to ensure that care decisions reflect each patient’s needs and preferences while providing the information and support they need to make decisions and take a proactive role in their own care.

This last point, about patients taking a proactive role in their own care, is fundamental to PCMH because it is a foundational principle of effective health care. Clinicians can order tests and prescribe treatments, but we know that the patient’s commitment and understanding of the plan of care is essential to the outcome.

Yale Health is committed to becoming patient centered across all of our delivery systems, but PCMH also places expectations on our patients. We cannot work together if our patients do not collaborate with their provider. With that said, we need you, our patients, to help us. We need to understand your needs and preferences. We need you to tell us what we can do to improve our systems and processes. And finally, we need you to engage with your care team to learn about your health and commit to an action plan to get well and stay well.

Paul Genewin
When it comes to health care, no one can do it alone. Whether it’s specialty care, behavioral health treatment, or pharmacy programs, Yale Health has built a network of partners who all come together to provide comprehensive care.

“The range of services that people need is more than we can provide within our own staff,” said Dr. Michael Rigsby, Yale Health’s medical director. “To make sure people have access to the full depth of specialty care, we need partnerships.”

Perhaps the most visible partnership is with Yale Medical Group, one of the largest academic multispecialty group practices in the country whose physicians are the clinical faculty for the Yale School of Medicine.

Yale Health recently expanded its partnership with Yale Medical Group to include orthopedics and rheumatology through its new Bone & Joint Care service. Yale Medical Group had already been providing specialty services for Endocrinology, Gastroenterology, Neurology, Cardiology, Ear, Nose & Throat, General Surgery, and Urology.

“We’re fortunate to have a world-class medical school right here with a faculty that’s committed to providing care to this community in the same way that we are,” Rigsby said. “They are part of this community so it’s a natural partnership, but it is also uniquely beneficial to our members that our network is really the best group of specialists that any plan like ours can provide.”

Partnerships evolve and change and Yale Health leadership is always looking for ways to improve care for its members as new opportunities arise. One such opportunity was the opening of Smolow Cancer Hospital at Yale-New Haven.

In 2013, Yale Health opted to transition its medical oncology and hematology services from the Yale Health Center to Smolow, which allows patients in need of those services access to diagnostic, consultative, and treatment services from any member of the Smolow physician team.

“It wasn’t that we felt there was anything wrong with our model, but over the years, with the emergence of a first-class comprehensive cancer center right here in our community, it was clear that we could offer our membership things that were beyond what we could offer in the building,” said Rigsby. “That’s really the whole crux of our decisions about what we can do here versus what we can do through partnerships. When there’s any benefit to our members in doing something collaboratively with outside partners, that’s the choice that we will usually make.”

That choice needed to be made in 2010 when deciding how to improve the behavioral health benefit. The decision ultimately was to partner with Magellan Health Services to provide behavioral health services in the community. There are now roughly 300 providers in the Magellan network throughout Connecticut available to Yale Health members.

“When we decided to revamp our behavioral health benefit, we did look at many options,” Rigsby said. “We thought because of the nature of the care, our members would prefer a larger element of choice than we could provide with a staff model.”

Yale Health also has partnerships that may not be as visible to its members, but are certainly just as important.

The Yale Health Pharmacy works with Catamaran to serve as its pharmacy benefit manager. Catamaran is responsible for handling outside pharmacy reimbursement for Yale Health members and will manage an expanded mail order service that will be offered early in 2015.

“Among the many new things Catamaran has been able to offer us is the opportunity to explore a true mail order service,” said Peter Steene, RPh, MBA, director of the pharmacy and medication management at Yale Health. “Having a single vendor also handling the claims that members submit when it’s necessary that they use a non-Yale Health Pharmacy means that virtually all prescriptions get a full clinical review. The importance of all of this information informing the dispensing decision of the next prescription can’t be understated.”

As a patient-centered medical home, Yale Health prides itself on caring for patients at the Yale Health Center as much as possible. But even with that distinction, Rigsby said people in the healthcare industry are increasingly talking about “medical neighborhoods.”

“People are realizing that it takes a village to provide everything that a patient may need,” he said. “As much as you come back to this center as your medical home, we realize that there are going to be times when you go out into the neighborhood. We want to create a standard of care and approach to care that extends through the whole neighborhood.”

"I think the reaction has been really positive," Kendzierski said. “The people I have spoken with really seem to appreciate this extra level of support. It’s important for new members to have a contact to turn to, especially when just coming on board.”

Kendzierski gets a list of new Yale Health members weekly and assigns them a primary care clinician in their appropriate department of Internal Medicine, Obstetrics & Gynecology, and Pediatrics. She then mails them a welcome packet, which includes information about the plan, various forms to be completed and returned, as well as their member ID cards.

She outreaches to each new subscriber by e-mail requesting they schedule a brief in-person meeting with her in the Member Services Department. New members also have the option of speaking with Kendzierski by phone.

“I think reaching out to new members is a really big benefit to them,” she said. “A lot of people just coming in don’t really understand how Yale Health works. It’s important to have that understanding up front so they can have a smooth transition and feel most supported.”

Kendzierski has over 25 years of experience in a healthcare setting, most recently at the Yale Cancer Center where she provided administrative support to the Bone Marrow Transplant Team. She can be reached at 203-436-9257 or christine.kendzierski@yale.edu.
Yale Health Welcomes New Clinicians

Matthew Lynch, MD
INTERNAL MEDICINE

Matthew Lynch has joined the Internal Medicine Department after completing his residency at the University of Cincinnati Medical Center in 2014. He earned his undergraduate degree in molecular, cellular and developmental biology from Yale University in 2006 and his medical degree from Eastern Virginia Medical School in 2011. He previously served as a summer student fellow in the Fair Haven Community Health Center in New Haven, the Comprehensive Health Center in San Diego, and was a student nurse in the pediatric unit of Yale-New Haven Hospital.

Michelle Kennedy, APRN
OBSTETRICS & GYNECOLOGY

After spending the last three years as a family nurse practitioner at the Community Health Center of Waterbury, Michelle Kennedy is now part of the Obstetrics & Gynecology Department’s care team. She has previously worked at the Fair Haven Community Health Center in New Haven, the Comprehensive Health Center in San Diego, and was a student nurse in the pediatric unit of Yale-New Haven Hospital.

Rhonda Gold, MD
ACUTE CARE

Rhonda Gold comes to the Acute Care Department following three years as the medical director for Concentra’s New Haven location. She was formerly an attending physician at St. Vincent’s Medical Center, medical director for Sacred-Heart University, and an attending physician in the emergency departments at the Hospital of St. Raphael, Milford Hospital, and Griffin Hospital. She is certified through the American Board of Emergency Medicine and is a diplomate of the National Board of Medical Examiners.

Malachi Courtney, MD
HOSPITALIST

Malachi Courtney earned his BS in biology with a minor in chemistry and behavioral sciences from Trevecca Nazarene University in 2005 before completing his MD at Wake Forest University School of Medicine in 2009. Courtney was most recently an instructor in medicine at the Yale School of Medicine as well as an academic hospitalist in the section of general internal medicine. He was formerly chief resident in a combined internal medicine-pediatrics program at Yale-New Haven Hospital.

How can I eat healthier?

- Eating a healthier diet begins at home. It’s hard to follow a well-balanced diet when you don’t have core staples in your kitchen to begin with. Set yourself up for success by replacing unhealthy foods with healthier options.

- Making a shopping list can be a big help as it can simplify your trip especially if you lay out your list to mirror the aisles of your grocery store. Use the weekly circular to see what foods are on sale and use those foods to help create your list. You can then work those foods into your weekly menu.

- Shopping around the perimeter of the store will allow you to hit every major food group while avoiding the center aisles, which contain packaged foods with added salt and sugar.

- Never shop when you’re hungry. It often leads to spontaneous purchases of unhealthy foods.

- Planning meals at least a day in advance is a big part of a healthy diet. When you don’t plan, you often end up eating take-out or other unhealthy foods because it is quick and convenient. Your meals don’t need to be gourmet, but if you put a little thought into your planning, you will be ahead of the game.

- Lisa Kimmel, MS, RDN, LDN
  Manager, Being Well at Yale

How can I avoid injury while shoveling snow?

- One of the most common injuries sustained during snow shoveling is muscle strain, particularly in the lower back. You may not think it, but snow is generally pretty heavy. If you think back to high school physics, the shovel is the lever and your back is the fulcrum, or the pivot point. If you have 20 pounds of snow on the shovel, you actually have several hundred pounds of force on your back.

- To avoid injury, you want to minimize the amount of weight on your shovel so take smaller loads of snow each time you lift. Everyone wants to get it done quickly, but you also want to be safe.

- Shovels with a better ergonomic design, like the shovels with “S” shaped handles, allow for better weight distribution and can minimize injury. You should always shovel in front of you and do not throw snow to the side. Twisting is a recipe for disaster when it comes to your back.

- Shoveling also presents some cardiovascular risks. You should not shovel if you have poorly controlled high blood pressure, heart valve disease, or coronary artery disease. If this is the case, the most strenuous thing you should be doing is getting out your checkbook to pay the neighborhood kid to shovel for you.

- David Smith, MD
  Internal Medicine

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