

## CMO Updat e

TBHC recently restructured its hospitalist program to make it more efficient and patient-focused. Our hospitalists' patients are now better organized, admitted to the seventh and eighth floors of the main hospital across three different teams.

Patients outside of those designated units are treated immediately following admission to our ED (or from other units) by our new admitting/overflow team, comprised of Mahyar Mahmoudi, MD and Akiyomi O. Field, MD, hospitalists. They monitor these patients until beds are available and they are admitted to floors seven and eight where they are then handed off seamlessly to the unit-based hospitalist teams.

"With this new model, we can monitor the patients more closely with more consistency of care," says Dr. Mahmoudi. "The admitting hospitalists see patients right after their admission to the ED. We evaluate them and address their issues while we wait for admittance to floors seven and eight."

It's no surprise that our hospitalists maintain a close communication with TBHC's emergency medicine department and admitting team, as well as with patients' personal primary doctors from the community. This all brings a greater level of interdepartmental communication and connection in the service of better patient care, which is critical for the 60 to 90 patients our hospitalists see on a daily basis.

"I like that I get to see the patient when they're in the hospital and they need more attention. I like having a huge impact on patient care in a short period of time," says Dr. Mahmoudi. "I'm excited to see what the future will bring. This field is growing, and it's growing fast. And that future is all about our patients."

The term "hospitalist" is a fairly new one, having only been coined a mere 20 years ago. Hospitalists were born out of a need for a deeper patient-focused level of care. If a patient has an emergency during their hospital stay, and their primary physicians are not available or if the patient does not have a primary physician, a hospitalist comes in. In lieu of a traditional model, in which only a primary physician sees a patient, a hospitalist can be that familiar face between busy rounds, making sure all care is coordinated so that the patient's needs are met.

## ► TBHC Ne B/GYN Team!



## ▶ Meet r Vol nt ar Phician: Andra Fene, MD



What i or relation hipt o TBHC?
I am a private physician, working as part of a larger physician group that has multiple offices, both around TBHC in Fort Greene, Clinton Hill and Bedford-Stuyvesant and in other parts of Brooklyn, Queens and Staten Island. We also have a network of physicians that we work with aside from our group; we have our own IPA. We have developed affiliations with nursing homes, assisted living facilities and have our own

house-call program. We primarily bring and refer our patients to TBHC.

What made o choo e TBHC? I started admitting patients to TBHC about 20 years ago, when I was working for a group practice that used to be called the "HIP" group. I was a hospitalist at the time

and later on, when I opened my private practice, I continued to refer patients to TBHC. I like the staff and I like the facilities. I feel like I have a long-term, emotional connection to the facilities in particular, since TBHC is the first place I worked after I graduated from residency. I already knew many of the physicians that worked at TBHC, especially many of the specialty physicians, so it was an easy and good fit for our practice to work with physicians I already knew.

What about or potion gie of a nique per pet it e on patient care? Since my practice has multiple medical offices in different parts of the borough, I've treated patients who are presidents of big companies or professors of universities, and patients who hail from the housing projects and from the middle class. It gives you a special outlook to treat such a diverse patient population.

Andras Fenyves, MD, is board certified in internal medicine, and is owner and principal of Prominis Medical Services.

## Meet r Chair of Pat holog: Philip Xiao, MD

Tell more abo t o r depat mert? In Pathology and Lab, our goal is to provide patients with the highest quality of care. We have two sections: anatomic and clinical. In anatomic pathology, Pathologists render accurate diagnosis on biopsy, surgical specimen, frozen section, and cytology. including fine-needle aspiration. In clinical pathology, service includes chemistry, coag-