

## **SECTION I: ORGANIZATION**

### **Yale-New Haven Hospital Overview**

Yale-New Haven Hospital, founded in 1828 as Connecticut's first Hospital, is 900 licensed bed facility that combines the sophisticated equipment with the talents of nearly 6,000 employees and a medical staff of nearly 2,000 to provide care to over 400,000 patients.

As it grows in size and stature, Yale-New Haven holds tenaciously the principles on which it was founded.

### **Yale-New Haven Hospital Mission Statement**

#### **Patient Service:**

The mission of Yale-New Haven Hospital is to provide health care services of the highest quality in settings which are clinically efficacious, sensitive to the needs of patients and families and cost effective. Services will be provided to patients in the Greater New Haven community who require primary, secondary and tertiary care, and to patients from other parts of Connecticut and from other states who are referred for specialized tertiary care. Yale-New Haven seeks to provide essential health care services for New Haven's medically indigent population, and to work with other community resources (including federal and state agencies, other health care providers, and private groups) to develop cost-effective means of meeting the comprehensive health care needs of the City's medically indigent population.

#### **Teaching:**

Yale-New Haven Hospital's mission is to be the primary teaching hospital for the Yale University's School of Medicine, in support of its goals to educate physicians for medical leadership in clinical practice, teaching and research. In addition, training opportunities for nurses and other health professionals are provided in affiliation with the Yale School of Nursing and other universities, colleges and technical schools. Continuing education for all health professionals is also an important role for the institution.

#### **Research:**

Yale-New Haven Hospital seeks to provide the setting for advanced clinical development by the faculty of Yale University. This commitment to advancing clinical understanding undergirds high quality clinical services and education.

#### **Community Service:**

Yale-New Haven Hospital provides services which respond to the community's health care needs and advocates public policies which will facilitate health care delivery and enhance the quality of life. It provides information on health promotion and works with community groups to improve access to service. Consistent with its aim to be a good neighbor, the Hospital utilizes its economic influence to enhance the area and works with area schools to promote health service careers.

Yale-New Haven Hospital is a private, not-for-profit institution governed by a board of trustees.

The hospital is the primary care provider for the city of New Haven and Southern Connecticut and is also one of the Northeast's major referral centers. Housing one of the 20 national Comprehensive Cancer Centers puts Yale-New Haven at the forefront of the nation's efforts to prevent, treat, and cure cancer.

Yale-New Haven Hospital is Connecticut's largest Children's Hospital and, with more than 5,500 births each year, the state's largest maternity hospital. The Newborn Special Care Unit, founded in 1960, is recognized as the first unit of its kind in the world.

More than 90 specialty clinics draw patients from through the state, the region, and from other continents. The hospital serves as a regional referral center for spinal cord injuries, burns and is a federally designated trauma center. Yale-New Haven Hospital is a comprehensive transplant center including kidney, liver, pancreas, cornea, bone, bone marrow, skin, heart, and lungs.

Yale-New Haven Hospital has long been at the forefront of medical care and progress: Some of the medical firsts performed at Yale-New Haven include:

- 1941 The first clinical use of penicillin in the country
- 1942 The first use of chemotherapy as a cancer treatment
- 1949 A prototype heart-lung bypass machine, making heart surgery possible
- 1956 The first open heart surgery in Connecticut
- 1957 The first hospital to use fetal heart monitoring
- 1960 The nation's first New Born Special Care Unit
- 1966 The phrenic nerve pace maker, enabling quadriplegics to breathe without a respirator
- 1967 Connecticut's first kidney transplant
- 1978 Development of first ever insulin infusion pump for diabetics
- 1982 The first AIDS clinic in Connecticut
- 1983 Connecticut's first liver transplant
- 1983 New England's first in-vitro fertilization birth
- 1984 Connecticut first Heart transplant
- 1985 The first Fetal Cardiovascular Center
- 1985 The Yale-Skin Bank, the first in Southern New England, established to aid burn patients
- 1988 The first heart-lung transplant in New England
- 1988 The first bone marrow transplant in Connecticut
- 1989 New England's first pancreas transplant
- 1990 The first single lung transplant in Connecticut
- 1991 The first in Connecticut to use Extracorporeal Membrane Oxygenation (ECMO), a sophisticated infant life support system
- 1992 The first heart transplant from an unmatched donor in Connecticut
- 1997 The first documented heart transplants of adult identical twins, one in 1992, second in 1997
- 2003 New England's first to transplant a Jarvik2000 ventricular assist device into a failing heart

## Yale School of Medicine Overview

The School of Medicine possesses a rich history of growth, scholarship and achievement. Many clinical programs have been linked to Yale-New Haven Hospital (YNHH), an independent organization, and its precursors.

Highlights include:

- 1810 Medical Institution of Yale College chartered by the Connecticut General Assembly, Joint supervision by Yale and the Connecticut State Medical Society.
- 1813 Institution formally opens with 37 students from the New England states and a faculty of five.
- 1814 First degrees conferred.
- 1832 New Haven Hospital opens; clinical medicine instruction begins.
- 1839 Earliest record of student thesis; today, a hallmark of the Yale System.
- 1857 First African American student graduates.
- 1879 State legislature changes school's name to Medical Department of Yale College.
- 1884 Medical Department's connection with Connecticut State Medical Society terminated and name changed to Yale Medical School.
- 1887 Grace Hospital opens.
- 1913 First formal agreement between Yale Medical School and General Hospital Society, the organization that established New Haven Hospital.
- 1914 Renamed Yale University School of Medicine. Department of Epidemiology and Public Health established and later accredited as a school of public health.
- 1916 First female students admitted.
- 1924 School of Medicine moves from 150 York St. to Sterling Hall of Medicine at 333 Cedar St.
- 1931 Institute of Human Relations, now the Yale Psychiatric Institute (YPI), founded.
- 1945 Grace Hospital and New Haven Hospital combine to form Grace-New Haven Community Hospital.
- 1964 Laboratory of Epidemiology and Public Health, designed by Philip Johnson, completed.
- 1965 Yale University and Grace-New Haven Community Hospital revise affiliation; the latter becomes Yale-New Haven Hospital.
- 1986 Yale Eye Center opens. School of Medicine and YNHH complete Magnetic Resonance Center.

- 1987 Yale Physicians Building opens for ambulatory specialty care.
- 1989 YPI opens new facility, designed by Frank Gehry.
- 1990 Major addition/renovation completed to Yale Medical Library, renamed Harvey Cushing/John Hay Whitney Medical Library.
- 1991 Boyer Center for Molecular Medicine, designed by Cesar Pelli, completed; research is conducted along programmatic lines.
- 1993 YNHH opens the Children's Hospital, which includes the first pediatric emergency department in Connecticut. The Children's Hospital was part of a major facilities renewal project that was completed in August 1995.

## Administration of Graduate Medical Education

Responsibility for the administration of Graduate Medical Education (GME) programs lies primarily with the Department or Section offering the program. Oversight is provided by the Graduate Medical Education Committee (GMEC), the policy-making group of the institution, through the Office of Graduate Medical Education. The GMEC is chaired by the Director of Graduate Medical Education of Yale-New Haven Hospital and Yale University School of Medicine, Rosemarie L. Fisher, M.D. The Office, under the leadership of Dr. Fisher, has two divisions – Education and Accreditation and House Staff Affairs.

### I. Office of Graduate Medical Education

Rosemarie L. Fisher, M.D.  
Director and Associate Dean  
Tompkins 236  
203-688-1449 (voice)  
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#### A. Education and Accreditation

Karen M. McCausland  
Admin. Coordinator  
Tompkins 236  
203-688-2272 (voice)  
203-688-5603 (fax)

#### Responsibilities:

- Monitors the quality of the training programs by ensuring compliance with Institutional and ACGME requirements
- Advocates for the needs of each training program
- Serves as the administrative arm of the GME Committee, the Institutional Policy Making Committee
- Serves as a resource to programs and the institution regarding GME
- Manages grievance process
- Serves as liaison between ECFMG's Exchange Visitor Program and individual training programs
- Assures 100% compliance with OSHA and JCAHO mandatory training for housestaff

#### B. House Staff Affairs

Karen A. DePaul  
Admin. Coordinator  
Tompkins 209  
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203-688-5599 (fax)

#### Responsibilities:

- Organizes Yale-New Haven Hospital orientation for new housestaff
- Processes all initial resident/intern permits to practice medicine and renews extensions every year
- Maintains a housestaff database
- Coordinates the credentialing process for housestaff
- Processes requests for training verification certificates and handles "sign-out" of finishing housestaff members
- Responds to all direct housestaff inquiries and complaints, including triage for payroll and benefits
- Coordinates all appointments and re-appointments of housestaff with individual programs
- Coordinates stipend payments for housestaff
- Verifies training dates for loan deferments
- Assigns House Staff parking passes, pagers, meal cards, DEA numbers, uniforms
- Issues certificates upon successful completion of residency training

# Clinical Training Programs Sponsored by Yale-New Haven Medical Center

## Specialty Core Residency Programs

Anesthesiology  
Dentistry  
Dermatology  
Diagnostic Radiology  
Emergency Medicine  
General Surgery  
Internal Medicine Traditional  
Medicine and Pediatrics  
Neurology  
Neurosurgery  
Obstetrics and Gynecology  
Ophthalmology  
Orthopaedic Surgery  
Otolaryngology  
Pathology  
Pediatrics  
Plastic Surgery  
Primary Care  
Psychiatry  
Radiation Oncology  
Urology

## Subspecialty Training Programs By Departments

### Anesthesiology

- Ambulatory Anesthesia
- Cardiac Anesthesia
- Critical Care
- Pain Management
- Pediatric
- Regional Anesthesia
- Thoracic/Peripheral Vascular Disease

### Dermatology

- Dermatologic Surgery
- Immunodermatology

### Genetics

- Medical Genetics

### Internal Medicine

- Allergy and Immunology
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Endocrinology, Diabetes, Metabolism
- Gastroenterology
- Geriatrics
- Hematology
- Infectious Diseases
- Medical Oncology
- Nephrology
- Preventive Occupational Medicine
- Pulmonary and Critical Care Medicine
- Rheumatology

### Neurosurgery

- Epilepsy Surgery
- Neurovascular Surgery

### Nuclear Medicine

### Obstetrics & Gynecology

- Gynecologic Oncology
- Maternal-Fetal Medicine
- Reproductive Endocrine and Infertility

### Orthopaedic & Rehabilitation

- Hand Surgery
- Sports Medicine

### Pathology

- Blood Banking Transfusion Medicine
- Cytopathology
- Hematology
- Medical Microbiology

### Pediatrics

- Cardiology
- Critical Care
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Hematology-Oncology
- Infectious Diseases
- Neonatal-Perinatal Medicine
- Nephrology
- Pulmonology

### Psychiatry

- Addiction Psychiatry
- Child & Adolescent Psychiatry
- Forensic Psychiatry
- Geriatric Psychiatry

### Radiology

- Cross-Sectional Imaging
- Mammography
- Neuroradiology
- Nuclear Radiology
- Pediatric Radiology
- Thoracic Imaging
- Vascular/Interventional Radiology

### Surgery

- Critical Care
- Emergency Medical Services
- Pediatric Surgery
- Plastic Surgery of the Hand
- Thoracic Surgery
- Transplant Surgery
- Travel and Transport
- Vascular Surgery

## **Committees of Medical Staff**

Residents are invited to join one of the many institutional committees involved in patient care. These committees are listed below. House staff provide a unique and insightful view of the hospital and patient care, and their input is critical in the role of every committee. Committees meet either monthly, quarterly or on an as needed basis. If you have any questions or are interested in joining one of these committees, please contact the Office of Graduate Medical Education at Ext. 8-1449 or your program director.

### **Cancer Committee**

**Charge:** Coordinate clinical cancer activities to a degree consistent with the American College of Surgeons' standards for approval; oversee the Tumor Registry; report at least annually to the Medical Staff data on survival and end results for various types of cancer; report a summary of its activities to the Medical Board annually.

### **Critical Care Advisory**

**Charge:** Develop and implement a program of Care Coordination throughout Yale-New Haven Hospital; oversee and evaluate Discharge Planning and Utilization Review activities of Care Coordination; oversee the development of clinical pathways; report to the Chief of Staff, President of the Hospital, Medical Board, and Board of Trustees, findings pertaining to the Care Coordination process.

### **Disaster Committee**

**Charge:** Periodically revise and update the Disaster Plan; coordinate the Hospital Disaster Plan with related community programs; conduct at least twice a year Disaster Plan drills; report annually to the Medical Board.

### **Emergency Service Committee**

**Charge:** Plan, coordinate, and evaluate delivery of patient care in the Emergency Service; plan, develop, and implement patient care programs for improved quality of care in conjunction with community needs, resources, and affiliated facilities; report a summary of its activities to the Medical Board annually.

### **Ethics Committee**

**Charge:** The charge of the hospital bioethics committee is best represented by our mission statement. "The purpose of the bioethics committee is threefold: to review and propose policies and guidelines that address ethical aspects of Hospital practices; to provide consultation on individual cases where ethical issues have been raised; to design and make available within the Hospital educational programs and resources regarding medical ethics issues.

The membership of the bioethics committee is multi-disciplinary, and the committee has recently agreed to establish three trainee positions of 1 to 3 years in duration – one resident, one medical student and one professional from the other patient services disciplines.

### **Graduate Medical Education Committee**

**Charge:** Maintains and implements institutional policies and procedures regarding the quality of education and the work environment for the residents.

Establishes and maintain a liaison with program directors and administrators of institutions participating in the residency-training programs to assure an appropriate collaboration with the personnel of other participating institutions.

Conducting regular reviews of the training programs according to the established internal review policy and procedure, to assure compliance with institutional policies and specific program requirements as established by the Accreditation Council on Graduate Medical Education.

Oversees the teaching of ethics, socioeconomic, medical-legal and cost-containment issues that affect graduate medical education and medical practice.

Provides advice in a timely fashion to the institution regarding regional and national events potentially affecting graduate medical education.

Provides a format for the discussion of issues of mutual interest to the training programs at the institution.

Provides the institution with recommendations on the appropriate funding for resident positions, including benefits and support services.

### **Infection Committee**

**Charge:** To define, survey, correlate, review, evaluate, revise and institute whatever recommendations are necessary in order to prevent, contain, investigate and control nosocomial infections and other infectious diseases among patients and personnel; report a summary of its activities to the Medical Board annually.

### **Marketing Committee**

**Charge:** The Resident Marketing Committee will assist the Marketing Department and the Physician Marketing Committee via input and advice to identify opportunities to grow patient volume, generate referrals from physicians and increase patient satisfaction. Specifically the Resident Committee will meet monthly and will 1) assist in developing marketing strategies and programs, 2) review tactics to assure operational effectiveness and coordination, and 3) serve as marketing advocates for the organization and the house staff.

### **Operating Room Committee**

**Charge:** Plan, coordinate and evaluate delivery of patient care in the Operating Room Suite; develop, review and modify professional policies and procedures in consultation with the Chiefs of Anesthesiology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopaedics and Rehabilitation, Surgery, and the Clinical Director of Operating Room Nursing; work with the Chief of Surgery and any delegated Medical, Nursing, and Administrative Staff with management responsibilities; report annually to the Medical Board.

### **Perinatal Mortality and Morbidity Review Committee**

**Charge:** Review and record perinatal deaths; review and record morbidity; report a summary of its activities to the Medical Board annually.

### **Pharmacy and Therapeutics Committee**

**Charge:** Recommend professional policies regarding evaluation, selection, procurement, distribution, use, safe practices, and other matters pertinent to drugs; recommend programs designed to meet the needs of the professional staff of the Hospital for complete current information on matters related to drugs and drug practices; report a summary of its activities to the Medical Board annually.

### **Quality Assurance Committee**

**Charge:** Develop and implement an integrated hospital-wide program to monitor the quality of patient care and to promote effective and efficient utilization of manpower, facilities and services; create within this program a mechanism for correction of problems identified; provide assistance, if necessary, to the Clinical Information Service and Medical Records and Clinical Information Committee in maintaining the timeliness and quality of medical records; assist all hospital departments in identifying and evaluating problems in ancillary service utilization and encourage solutions which enhance quality of care; fulfill the review requirements of the JCAHO and other reviewing organizations; report to the Chief of Staff, President, the Medical Board, and the Medical Committee of the Board of Trustees pertinent issues concerning the quality assurance effort.

### **Radiation Safety Committee**

**Charge:** Assure compliance with the regulations of the Nuclear Regulatory Commission, the Department of Environmental Protection, the Department of Transportation, and other City, State or Federal agencies regarding the use, transportation, and disposal of all sources on ionizing radiation; assure that all Hospital staff who are occupationally exposed to ionizing radiation are properly trained and monitored; recommend procedures that will reduce the radiation exposure of Hospital staff and patients to as low as reasonably achievable; establish procedures and methods for the safe storage and disposal of radioactive wastes; recommend disciplinary action for Hospital staff who disregard rules for the safe use of ionizing radiation; review amendments to the Hospital's Broad Human Use By-Product Materials License (NRC); review applications

and issue in-house authorizations for the conduct of clinical research protocols which use radioactive materials or other sources of ionizing radiation and which have prior approval of the Human Investigation Committee; review the credentials of and issue letters of authorization to attending physicians whose clinical practice entails the prescription and application of radioactive materials to Hospital patients; submit an annual report to the Medical Board.

### **Radiation Drug Research Committee**

**Charge:** Pursuant to prior approval by the Radiation Safety Committee and the Human Investigation Committee, approve protocols for use of radioactive drugs when such drugs are recognized as safe and effective and when they are not used for therapeutic or diagnostic purposes; approve consent forms where appropriate; report adverse drug reactions to the FDA; submit an annual report to the FDA no later than January 31 of each year.

### **Rehabilitation Committee**

**Charge:** Review policies and procedures of physical therapy, scope of services offered, future plans and past performance, annual capital budget requests; supervise a chart review of representative sample of the charts of recently discharged patients; report annually to the Medical Board.

### **Tissue Committee**

**Charge:** Review indications for surgery in all cases in which there is a major discrepancy between the preoperative and pathologic diagnosis; establish a screening mechanism, based on predetermined criteria, to review cases which involve no specimens; maintain liaison with the Medical Quality Assurance Department; refer cases based on Committee investigation to the appropriate Department Chief for action; submit annually a report to the Medical Board which summarizes activities of the Committee and actions taken by the Department Chiefs.

### **Transfusion Committee**

**Charge:** Periodically review indications for transfusion in-patients receiving blood; develop a mechanism for making study findings known to the clinical services; report annually to the Medical Board.