

MEDICINEMATTERS

NOVEMBER 2025

NEWSLETTER

Medicine Matters is a monthly newsletter published by the University of Virginia, Department of Medicine. Inquires may be sent to the editor, Kim Kelley-Wagner, at kak2cj@uvahealth.org



SCHOOL of MEDICINE
Department of Medicine

MISSION

We are dedicated to preventing disease and treating illness, educating and inspiring future leaders in the field of Internal medicine, and supporting innovative biomedical research.

VALUES

We strive for a sense of community, connection, and synergy among all faculty, staff, and trainees.

PLEDGE

We will conform to the highest ethical standards, uphold the values of our partner organizations, and give back to our community through public service.

Message from the Office of the Chair



Dear Friends and Colleagues,

Fall has settled into Charlottesville, and the colors are on full display. With residency interview season now in full swing, it's a wonderful time to pause and reflect on the energy, talent, and accomplishments that continue to define our department.

This month, we highlight the Division of Hospital Medicine, which continues to grow and thrive in its first year as a formal division—advancing innovation, scholarship, and excellence in patient care. Their progress reflects the collaborative spirit and shared commitment to improvement that make the Department of Medicine such a dynamic community.

We also celebrate the many faculty and staff who have recently received DOM and institutional awards, earned new grants, or been featured in the news for their outstanding contributions. Each success tells the story of our collective mission to advance health through discovery, education, and compassionate care.

Thank you, as always, for your dedication, creativity, and teamwork. I'm deeply grateful for all you do to make this department—and UVA—an extraordinary place to work and learn.

My Best to You,
Taison D. Bell, MD, MBA
Interim Chair, Department of Medicine



"When you believe something is the right thing to do, encountering an impasse is just an

opportunity to reflect and begin again with a new route up the mountain."

~Amber Inofuentes MD



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OF DEPARTMENT NOTE

DOM Financial Update

Department of Medicine Summary of Consolidated Financials September 2025

FY25 as of

	Budget YTD	Actual YTD	\$ Variance YTD
Work RVUs	362,111	354,308	(7,803)
Clinical Receipts (NPSR)	23,124,377	21,790,097	(1,334,281)
Total Revenues	65,825,494	65,359,794	(465,700)
Total Expenditures	62,696,964	62,490,800	206,164
Net Income	3,128,530	2,868,994	(259,536)

Summary Explanation of Variance:

1. For the fiscal year through September 2025, the Department of Medicine reported a consolidated net gain of \$2.9M and an unfavorable variance to YTD net income budget of \$260K.
2. Clinical receipts underperformed budget by \$1.3M primarily due to unbudgeted charity care discount, unfavorable collectability model adjustment, unbudgeted 40% uninsured discount and lower productivity. The charity discount includes a one-time reduction in accrued patient revenue as a result of changes made to align policy with the MC. The policy change was made retroactive going back five years. Productivity was impacted by unplanned departures, unfilled positions, delayed starts, unplanned leave, program ramp up and change in effort.
3. Total revenue includes \$4.2M endowments for the remainder of the fiscal year and \$2.9M MC clinical deficit and APP gap coverage accrual.
4. Total expenditures are impacted by unbudgeted clinical faculty bonuses, prior fiscal year incentives under accrual, unplanned departures, delayed starts and timing associated with spending on gifts, grants and startups.

Welcome To The World



Congratulations to Swati Rao and Tapan Patel who welcomed baby Suraj Patel on September 23, 2025.

Welcome To The Team



Welcome to Katie Rodriguez who joined our Central Team on October 6th. She has provided a brief bio below.

I am thrilled to join the School of Medicine team, bringing over a decade of experience in higher education administration. Most recently, I served as the Operations Coordinator for James Madison University's School of Nursing. I hold a Bachelor's degree in Business from Bethel College and an MBA in Innovation

from James Madison University. Throughout my career, I have developed a strong interest in data management, operational efficiency, and process improvement.

Following my husband Russ's military service, our family made our home in rural Page County, where we are raising our three children: Raegan (18), Kiley (14), and Ryder (9). Outside of work, I am actively involved in our community, serving on the local youth athletic board and cheering on my children at their various sporting events. In my spare time, I enjoy experimenting with new recipes and exploring local restaurants. I look forward to meeting the team!



Elizabeth Panther MD



Jinyi Tang PhD



Darce Knight MD



Greg Madden MD



Patrick Jackson MD



Amber Inofuentes MD



Rebecca Corey MD



Amelia Perozo MD

AWARDS AND ACHIEVEMENTS

Congratulations to resident **Dr. Elizabeth Panther**, who has been recognized by the medical students for her compassion and teaching excellence, and has been awarded one of six *Humanism and Excellence in Teaching Awards* (HETA) for 2026. The UVA Chapter of the *Arnold P. Gold Humanism Foundation* bestows these.

Congratulations to **Dr. Jinyi Tang** (Division of Infectious Diseases), working in Dr. Jie Sun's lab, who has earned a National Institutes of Health (NIH) K award. [Read more...](#)

Congratulations to **Dr. Darce Knight** (Division of General Medicine) on being awarded the "*Pioneer in Clinical Care for EDS and HSD (hyper mobility spectrum disorders) Award*" at the recent international meeting.

Congratulations to the following Department of Medicine members who have won 2025 Charles Brown Performance Improvement Project Awards! The *Patient Safety – Test Right, Treat Right: Reducing CAUTI Through Thoughtful Urine Testing* team led by **Greg Madden** (Division of Infectious Diseases), team members: **Kristi Wilkins**, **Patrick Jackson** (Division of Infectious Diseases), **Amber Inofuentes** (Division of Hospital Medicine), **Rebecca Corey** (Division of Hospital Medicine), William Lain, Marissa McKay, Jaswitha Dova, Melinda Poulter, Priyanka Kumar.

Congratulations to second-year Allergy-Immunology Fellow **Dr. Amelia Perozo** (Division of Asthma, Allergy & Immunology), who was awarded a travel grant and first place in the fellow research competition during the Southeastern Asthma, Allergy and Immunology Society Annual Meeting, October 23-26, 2025. Dr. Perozo's presentation entitled "*Specificity of A2B Receptor Activation by Adenosine in Human Airway Epithelial Cells*," highlighted the role of adenosine receptors in asthma pathogenesis and the potential for novel therapeutics. Dr. Perozo will officially be presented with her award during next year's annual meeting.



Congratulations to **Dr. Laurie Archbald-Pannone** (Division of General, Geriatric, and Palliative Medicine), who was honored with a Salute to Service Award at a ceremony this month. Dr. Archbald-Pannone's award was in recognition of Advancing Patient Safety and Quality Improvement.

Salute to Service Awards recognize outstanding efforts by physicians who have substantially improved patient care, both locally and abroad. The Medical Society of Virginia (MSV) presents the Salute to Service awards annually.

WELCOME NEW FACULTY!



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FELLOWSHIP**



**UVA ALLERGY
FELLOWSHIP**



**UVA ID
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~ SUBMIT NEWS ~

UVA RESOURCES FOR TEAM MEMBERS

support for dealing with crisis and
how to stay informed

**Women In Internal
Medicine Network would
love to hear from you!**



Please share your ideas with us here.

**IS YOUR DIVISION'S WEBSITE
CONTENT UP TO DATE?**

Need a Team or Research Lab Photo Shoot?

Contact Kim Kelley-Wagner to get started at
kak2cj@uvahealth.org or 434.328.0680

Are You a UVA Researcher? An Innovator?



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change, reflection, or whenever you need
space to breathe. Our no-cost, confidential
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GET A NEW PROVIDER DIRECTORY HEADSHOT

McKim Hall | Ground Floor, Room G045

Headshots are free for those listed on the UVA Health website - administrators, GME fellows, and residents will need to pay the photographer separately through your department.

****Onboarding providers can attend these studio dates and fill out the biography questionnaire in advanced so once their profiles are live on the website with a complete online presence.**

- **Wednesday, November 5 | 8 a.m. - 11 a.m.**
- **Thursday, November 13 | 1 p.m. - 4 pm**
- **Tuesday, November 18 | 8:30 a.m. - 11:30 a.m.**
- **Monday, November 24 | 10 a.m. - 1 p.m.**
- **Monday, April 29 | 9 a.m. - noon**

The Department of Medicine Honored Those Receiving Excellence Awards

On October 9th, those given DOM Excellence Awards were honored in a ceremony. Families were also invited, and refreshments were served. Additional photos may be found [here](#).



Vanessa Shami, George Hoke, Lindsay Carter, and Heather Harris representing **Excellence in Mentorship** (not pictured Charles Chalfant, Donald Kimpel, and Judith Woodfolk)



Brad Murray, Sarthak Virmani, Omar Alsamm, Miriam Gomez-Sanchez, Brian Wentworth, and young Wentworth representing **Excellence in Clinical Care** (not pictured: Christine Eagleson, Gitanjali Khurana, Daniel Reed, and John Saxon)



Lisa Beach, Lindsey Danburg, and Terry Bennett representing **Excellence in Administration**



Martha Joy Spano, Donna Bryant, and Erin Zimmerman representing **Outstanding Staff Contributors** (not pictured: Stephanie Daniels and Nicole Keller)



Adam Archer, Lindsay Donohue, Kalynn Matullo, Corey Medler, Joshua Eby, and Ruth Fogelgren (not pictured: Tania Thomas, Heather Cox, Samantha Pan, and Chris C. Moore)



Beth Grimm, Judy Grigg, Lena Deliso, Courtney Shelton, Kim Blowe representing the Finance Team awarded **Outstanding Team Contribution** (not pictured: Roland Akame)



Tori Lam, Tessa Shifflett, Nadine Jones, and Patty Dabney representing Cardiology Administrative Team who were presented a **Outstanding Team Contribution Award**



Kathleen McManus is pictured receiving the **Diane Snustad Award**, which honors individuals whose careers have been dedicated to compassion and a commitment to underserved populations.



Su Cheon, Alexander Podboy, and Ryan Gentzler representing those awarded **Excellence in Research** (not pictured Jennifer Hendrick and Justin Taylor)



Sana Khan, Rebecca Clemo, Larry Borish, Andrew Copland, Randy Ramcharitar, Michael Devitt, Brian Peterson, and Milad Memari representing **Excellence in Teaching** (not pictured Amanda Lusa and Silas Culver)



Russ Manley and Taison Bell, masters of the ceremony



Omar Alsamm, George Hoke, Brian Peterson, Miriam Gomez-Sanchez, and Rebecca Clemo

DEPARTMENT OF MEDICINE
MEDICINE GRAND ROUNDS
 UNIVERSITY OF VIRGINIA

IN **DEPARTMENT** MEDIA

Rurality, longer drive time to care impact tobacco treatment in veterans with COPD

Once a month, for nearly a decade, I've been driving 6 hours each way from my pulmonary clinic at the University of Virginia to work in a federally qualified health center in rural southwestern Virginia. On my very first trip to this Appalachian region, I drove by a local theater displaying in bold letters an upcoming event: "The Friends of Tobacco Festival." As a newly minted lung doctor ready to stamp out lung disease and help people quit smoking, I was flabbergasted to work in a town that celebrated tobacco. It took me nearly a decade to understand this celebration — and in retrospect, I now appreciate how little I knew about tobacco in rural America," said Dr. Drew Harris

[READ MORE](#)



UVA Health researchers are uncovering blood-based indicators that could help predict the onset of lung disease.

Researchers at UVA Health are hoping that their latest efforts will lead to an approach to detecting patients at risk of interstitial lung disease.

Led by Dr. John Kim, they believe that certain biological indicators in the blood — already useful in predicting the survival of ILD patients — can also be used to predict whether people will develop the disease at all.

"Oftentimes when patients are diagnosed with interstitial lung disease, they already have a lot of damage to their lungs that may not recover and limits how effective treatments can be," said Kim.

[WATCH ON CBS19](#)

Alpha-Gal Syndrome, the Meat Allergy, Expands Its Reach

Alpha-gal syndrome (AGS), the tick-borne allergy to animal products, is on the move north and west from the Mid-Atlantic and Southern states where it has been most observed.

Researchers led by immunologist Thomas Platts-Mills, MD, at the University of Virginia in Charlottesville, began publishing their findings on the relationship between tick bites and meat allergies in the early 2000s.

Alpha-gal is the oligosaccharide galactose-alpha-1,3-galactose, a sugar found in most mammals, but not in primates. It is also found in tick spit, specifically the spit of the lone star tick (*Amblyomma americanum*).

[READ MORE](#)





The fifth Michael J. Weber symposium brought experts from across the country to share new discoveries.

The fifth Michael J. Weber symposium brought experts from across the country to share new discoveries on what they call “drugging the undruggable” in cancer.

“This is a great celebration of legacy of the former director of the UVA Cancer Center Mike Weber,” current director Thomas Loughran said.

WATCH VIDEO



Walsh Lab Finds Solution for Consequences of Y Chromosome Loss

As human beings age, we accumulate mutations in our DNA. These mutations can be harmless, or contribute to age-related conditions. Kenneth Walsh and his research team address a part of this question in their recent article, “Hematopoietic Loss of the Y Chromosome Activates Immune Checkpoints and Contributes to Impaired Senescent Cell Clearance and Renal Disease,” published in Science Translational Medicine.

READ MORE



Dr. Bryan Sauer discusses elimination diets for eosinophilic esophagitis with Everyday Health

For people with eosinophilic esophagitis (EoE), a chronic immunologic disease, eating and diet aren’t always a piece of cake. In response to an allergen — usually one or more food groups — the lining of the esophagus can become so inflamed and constricted that food can’t move smoothly through it.

Medications for EoE include proton pump inhibitors, topical steroids taken orally, and an injectable biologic drug. But there’s another way to improve symptoms: Identify food triggers through an EoE elimination diet and then avoid those foods.

This approach can be long and challenging. It involves multiple steps, frequent endoscopies, and a good deal of time. “We do not have a test we can give to somebody in an easy manner to figure out what food groups they’re allergic to,” says Bryan Sauer, MD, an associate professor of gastroenterology at the University of Virginia in Charlottesville. “It has to be a trial-and-error process.”

READ MORE



Elder fraud has reached epidemic proportions – Dr. Laurie Archbald-Pannone explains what older Americans need to know.

Americans age 60 and older lost more than US\$3 billion to scammers in 2023, according to the FBI.

Teaching older Americans how to identify and avoid fraud – and how to report such crimes – could go some way to mitigating the impact of this modern epidemic.

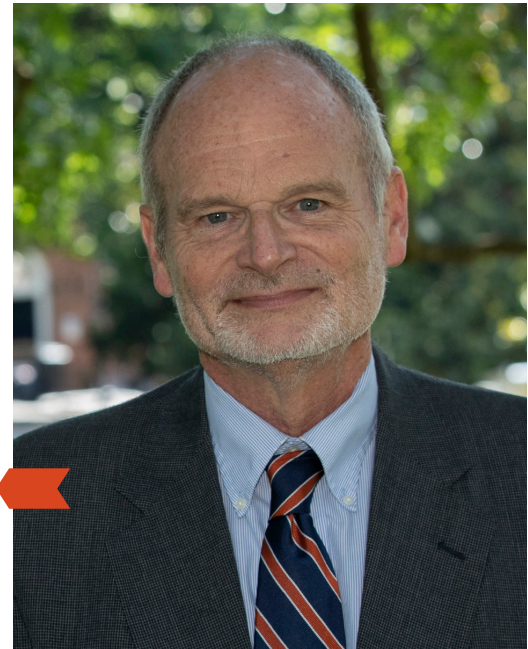
READ MORE



Dr. William Petri and Dr. Girija Ramakrishnan, Earn \$3.2 Million to Study Fecal Microbiota Transplantation for C. Difficile

To combat the potentially life-threatening infection C. difficile, UVA researchers William A. Petri, MD, PhD, Jr., and Girija Ramakrishnan, PhD, in the Division of Infectious Diseases and International Health, are studying fecal microbiota transplantation (FMT) to provide novel therapeutic approaches to C. difficile colitis prevention and management.

[READ MORE](#)

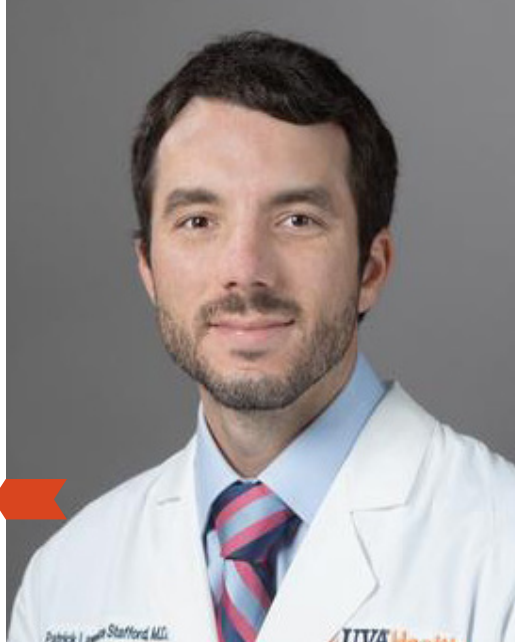


UVA Health Implements New Heart Disease Testing For Women

After years of research UVA is bringing coronary function testing to Virginia, which allows doctors to collect specific measurements in women to locate the disease.

“Through taking these measurements, measuring the pressures, we can determine some specific indices that help us determine if someone has something called coronary microvascular dysfunction,” Dr. Patrick Stafford said.

[WATCH ON CBS19](#)



Dr. Kyle Enfield breaks down the symptoms, challenges and misunderstandings of long COVID

Kyle Enfield, said the term ‘long COVID’ was defined by patients early in the course of pandemic.

“There were patients who had COVID, had felt like they should have recovered but continued to have issues with fatigue specifically,” Enfield said. “That term long COVID is really one that came from the patient community and was adopted by the medical community.”

[WATCH VIDEO](#)



Dr. Patricia Rodriguez-Lozano appears weekly NBC29 segment to discuss women’s heart health.

Dr. Patricia Rodriguez-Lozano talks with NBC29 about women’s heart health and how it may present differently in women than in men. Women’s risk factors may also be different, as well as the symptoms of cardiac events.

Also discussed is the upcoming Cardiovascular Disease in Women Symposium.

[WATCH VIDEO](#)





Dr. Craig Portell Discusses Blood Cancer Awareness Month with NBC29 Community Conversation

Several types of blood cancers can present in many ways.

Some blood cancers can be associated with environmental exposures; however, those exposures are rare.

Symptoms vary between different kinds of blood cancers. There are treatments available, and several blood cancers are even curable.

WATCH VIDEO



Amit Patel, MD, and Fred Epstein, PhD, Earn \$3.2 Million NIH Grant to study how fatty tissue around the heart impacts the risk of developing heart failure.

Backed by a new National Institutes of Health R01 grant for \$3.2 million, researchers are partnering to study the relationship between the fatty acid composition of the epicardial adipose tissue and the risk of developing a poorly understood type of heart failure, which occurs despite having a normal ability to pump blood.

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Former School of Medicine Dean Robert Carey, MD, Honored

On Friday, October 24, the University of Virginia School of Medicine and the UVA Medical Alumni Association co-hosted a special ceremony to honor the legacy of Robert M. Carey, MD, Res '66, with the dedication of the newly named Carey Courtyard and the unveiling of a commemorative bust. The event welcomed more than 100 attendees, including family, friends, alumni, colleagues, and leaders from UVA and UVA Health.

A globally recognized leader in endocrinology, Carey's influence spans research, education, and institutional advancement. He joined the UVA faculty in 1973 and served as director of the Division of Endocrinology and Metabolism from 1978 to 1986. From 1986 to 2002, Carey served as the longest-tenured dean of the School of Medicine, founding several key departments, including public health sciences, emergency medicine, radiation oncology, and physical medicine and rehabilitation. In 2015, he co-led the development of new guidelines on high blood pressure issued by the American Heart Association.

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UVA Health improves lung cancer diagnosis and treatment with new technology.

Recently, UVA Health showcased the 'Thoracic Oncology mobile experience' which gave students and visitors a hands-on look at how two robots work together to diagnose and treat lung cancer in a single procedure. "Lung cancer is super important for us to publicize and let people know about," Dr. Ellen Volker said. "Because yes, it can happen in smokers, but it also happens in patients who never smoked before."

WATCH VIDEO



Students, faculty, and fellows of UVA KDSAP continue to promote kidney health through another successful screening in Charlottesville– serving the local community. Thank you all!

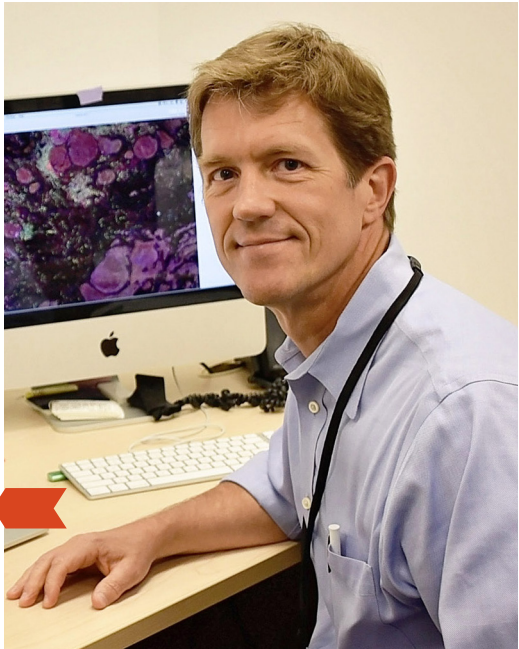


NIH Awards Michael Brown, PhD, \$3 Million to investigate the molecular genetic basis for ‘natural killer’ cell protection against viral infection.

Michael Brown, PhD, a professor of medicine, nephrology, and of microbiology, immunology and cancer biology and resident member of the Beirne B. Carter Center for Immunology Research, was awarded a \$3 million grant from the NIH National Institute of Allergy and Infectious Diseases to study how specific natural killer (NK) cell receptors can enhance killing of virus infected cells and deliver antiviral immunity during HIV infection.

Dr. Brown and two former PhD students, Jack Cronk and Awndre Gamache, uncovered a clue to better understanding how NK cells may protect against HIV. While searching for mouse genetic factors that could increase protection against viral infection, two NK cell receptors, one inhibitory and the other activating, were discovered and shown to work together in a paired fashion to enhance NK killing of virus infected cells.

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UVA Co-Hosts International Mantle Cell Lymphoma Research Symposium and Progress Meeting

UVA School of Medicine researchers who are leading the pursuit of new therapies for mantle cell lymphoma (MCL) recently gathered on Grounds with colleagues from U.S. and European centers to share progress target-ing this rare and typically aggressive form of non-Hodgkin lymphoma.

READ MORE



UVA School of Medicine researchers and colleagues from the U.S. and Europe gather at the International Mantle Cell Lymphoma Research Symposium and Progress Meeting.

CLINICAL TRIALS

New Hematology/Oncology Clinical Trials (opened since 09/01/2025)

CELLULAR THERAPIES

Phase I Study of C6 Ceramide NanoLiposome (CNL) Administered as a Single Agent in Patients with Relapsed/Refractory Acute Myeloid Leukemia (RR-AML)

IRB # 302284

CT. Gov. ID: NCT04716452

Sponsor Protocol: 302284

Sponsor: University of Virginia

Principal Investigator: Keng, Michael

Study Contact: Cara Hanby clh5ke@virginia. 434-243-9900

GASTRO-INTESTINAL (GI)

A Phase 2/3, multicenter, randomized open-label study of zanzalintinib vs everolimus in participants with previously treated, unresectable, locally advanced or metastatic neuroendocrine tumors

IRB # 302535

CT. Gov. ID: NCT06943755

Sponsor Protocol: XL092-311

Sponsor: EXELIXIS, Inc.

Principal Investigator: Reilley, Matthew

Study Contact: Kristen A Harris kah2gv@uvahealth. 434-297-5724

GENITO URINARY (GU)

A Phase 3 Randomized, Open-label Study of MK-5684 Versus Alternative Abiraterone Acetate or Enzalutamide in Participants With Metastatic Castration-resistant Prostate Cancer (mCRPC) Previously Treated With Next-generation Hormonal Agent (NHA) and Taxane-based Chemotherapy

IRB # HSR230479

CT. Gov. ID: NCT06136624

Sponsor Protocol: MK5684-003

Sponsor: Merck Sharp & Dohme Corp.

Principal Investigator: Devitt, Michael

Study Contact: Sravya Devathi hpg8zn@uvahealth. 279-867-7301

LYMPHOMA

A Phase III, Open-Label, Multicenter, Randomized Study Evaluating Glofitamab As A Single Agent Versus Investigators Choice In Patients With Relapsed/Refractory Mantle Cell Lymphoma

IRB # 301651

CT. Gov. ID: NCT06084936

Sponsor Protocol: GO43878

Sponsor: Genentech

Principal Investigator: Portell, Craig

Study Contact: Erica Stallard elg9r@uvahealth. 434-243-2649

SARCOMA

An International, Phase 3, Randomized, Multicenter, Open-label Study of Ripretinib vs Sunitinib in Patients with Advanced Gastrointestinal Stromal Tumor (GIST) with KIT Exon 11 and Co-occurring KIT Exons 17 and/or 18 Mutations Who Were Previously Treated with Imatinib (INSIGHT)

IRB # 302791

CT. Gov. ID: NCT05734105

Sponsor Protocol: DCC-2618-03-003

Sponsor: Deciphera Pharmaceuticals, LLC

Principal Investigator: Cavalcante, Ludimila

Study Contact: Zoe Hemmer zh7jf@virginia.edu

THORACIC

A Phase I Dose Finding and Phase II Randomized Trial of Iadademstat Combined with Immune Checkpoint Inhibition Maintenance After Initial Chemoimmunotherapy in Patients with Extensive-Stage Small Cell Lung Cancer

IRB # 302115

CT. Gov. ID: NCT06287775

Sponsor Protocol: 10629

Sponsor: ETCTN

Principal Investigator: Gentzler, Ryan

Study Contact: Yaroslav Shvorak ys7cb@uvahealth 434-297-7384

A Randomized Phase III Trial of Checkpoint blockade in Lung cancer patients in the Adjuvant setting based on pathologic Response following neoadjuvant therapy (CLEAR)

IRB # 302794

CT. Gov. ID: NCT06732401

Sponsor Protocol: EA5231

Sponsor: ECOG-ACRIN

Principal Investigator: Gentzler, Ryan

Study Contact: Yaroslav Shvorak ys7cb@uvahealth 434-297-7384

UPDATE

DIVISION

Message from Division Chief, Amber Inofuentes MD, Division of Hospital Medicine



Hospital Medicine's inaugural year as a Division was marked by significant growth, innovation, and excellence in both clinical care and medical education. We led several quality improvement initiatives focused on streamlining patient progression, enhancing clinical documentation tools for frontline providers, and prioritizing advanced care planning for high-risk patients.

In education, our hospitalists earned numerous awards and honors and were appointed to leadership roles across undergraduate and graduate medical programs. We also celebrated a significant research milestone: Shri Gadrey received our Division's first NIH R01 grant for his groundbreaking work using novel technology to analyze respiratory kinematics. I am proud to share two additional significant achievements: Paul Helgersen has been promoted to full Professor - our first faculty member to achieve this rank - and Andrew Parsons has become our first faculty member to earn tenure.

Today, our Division includes nearly 50 faculty members, six advanced practice providers (APPs), a Division Administrator, and three administrative staff. Our hospitalists care for well over 100 patients daily across 12 general medicine services and one hematology-oncology hospitalist service, and support patient care across numerous specialties through our Orthopedics Co-Management and

General Medicine Consult service.

To sustain this growing team, we successfully recruited seven new faculty members and three APPs this year—many bringing valuable experience from academic and community hospitalist programs. We invite you to explore the profiles of our exceptional new team members. This year, Joe Kerley joined George Hoke in leading our robust recruitment program, bringing his insights and experience from residency and faculty recruitment at the University of Kansas and the Billings Institute. He and George will jointly lead our recruiting during a transitional year, after which Joe will assume full responsibility as the Director of Recruitment.

After several years as our Director of Quality, Jess Dreicer has stepped down from this role to focus on her work as an Associate Program Director and remediation coach for graduate medical education. During her tenure, she helped launch a Division M&M, led many successful QI/PS projects, and supported program evaluation through hospitalist quality metrics. Moving forward, Ryan Wiggins' role will encapsulate both Quality & Clinical Operations, and he is joined in this work by Emily Richardson as our new Assistant Director of Quality & Clinical Operations.

Looking into 2026, the Division is excited to embrace new AI-focused strategies to reduce clinician workload, leverage geographic patient placement to improve care team efficiency and collaboration, and take on new initiatives to mitigate low-value VTE chemoprophylaxis and increase prescribing of evidence-based medications for patients with severe alcohol use disorder.

As a group, we'd like to extend our thanks to Dr. Taison Bell and the rest of the Department of Medicine for its collaboration and commitment to our shared success.

~ Amber Inofuentes MD

DIVISION QUALITY PROGRAM



Omar Alsamman, MD

Clinical Documentation Improvement Update: A Year of Innovation, Impact and Expansion *by Omar Alsamman, Director of Clinical Documentation Improvement*

This past year has been a busy and exciting one for Clinical Documentation Improvement (CDI) in the Division of Hospital Medicine. We've rolled out streamlined note templates, launched a dedicated CDI team, and introduced new tools that make documentation clearer and more efficient. This work aligns with our strategic goal to support clinicians by reducing the cognitive burden of documentation while simultaneously improving how we capture the care we deliver.

To meet the needs of a growing Division of faculty and APPs, we launched the Hospital Medicine CDI team—led by **Dr. Alsamman** and including **Drs. Brian Peterson, Tareq Arar, and Sam Florescu**—which provides individualized feedback and coaching to early-career hospitalists as part of a comprehensive onboarding program. The team has introduced AI-powered tools

to enhance documentation and is currently working on a quality improvement project that leverages these tools to support patient progression.

New note templates, released late 2024, removed several checklist items and added smartphrases to support billing accuracy and provider efficiency. Additionally, the CDI team expanded the implementation of AutoDx, a tool embedded within progress notes to enhance diagnostic capture without increasing clinician documentation burden. This program's success in improving documentation capture of covered conditions while simultaneously reducing query volume was showcased earlier this year by Dr. Alsamman at NYU's Annual Hospital Medicine Conference, Transforming Hospital Medicine Through the Care Continuum.

Earlier this year, **Dr. Amy Moreno** joined UVA Health as the CDI and Utilization Management (UM) Director, and the Hospital Medicine CDI team has begun developing a strong partnership with her in this new role. Major priorities for this year include implementing a new discharge summary template, spreading note templates to community partners, and collaborating with cardiovascular medicine to enhance documentation of congestive heart failure. These initiatives reflect our ongoing dedication to clinical excellence, operational efficiency, and health system alignment. We're proud of the strides we've made, and excited for the year ahead!



Tareq Arar, MBBS

Division Launches Workgroup to Enhance Frontline Clinicians' Workflow Within Epic *by Tareq Arar and George Hoke*

The Division of Hospital Medicine created the EIEIO (Epic and Integrated EHR informatics Optimization) workgroup, a hospitalist-led initiative formed in late 2024, starting with engaged hospitalists, division data scientist **Jason Adams**, and ACMIO **Dr. David Ling**. We are now also working in collaboration with our hospitalist colleagues from Community Health. As hospitalists, we engage with the EHR more intensively and in more complex ways than most inpatient providers. The EIEIO group was established to provide a structured, clinician-driven channel to identify, test, and escalate solutions that improve efficiency and reduce frustration

for providers.



George Hoke, MD

In just a few months, the group has already completed several impactful projects. These include elimination of ineffective BPAs (such as the OSA and VTE prophylaxis alerts), streamlining admission and discharge orders to reduce redundancy, eliminating the need to reconcile certain inpatient medications at discharge (such as intravenous flushes), and creation of shared favorite order sets for hospitalists. Other wins include improving safety and compliance by refining IV opioid PRN indications in alignment with the Joint Commission requirement, piloting DAX ambient scribe in the inpatient environment, and developing professional development sessions on "Epic Quick Wins." Collectively, these projects have improved provider efficiency, reduced unnecessary interruptions, enhanced patient safety, and supported regulatory compliance.

Beyond individual fixes, the EIEIO group serves as a vital bridge between frontline clinicians and the IT teams implementing Epic changes. Leveraging the expertise of tech-inclined hospitalists, the group translates clinical frustrations into clear, actionable requests for Epic developers. Importantly, the group has also established a

formalized process for submitting, reviewing, escalating, and tracking suggestions, ensuring that provider feedback progresses through defined phases toward resolution. A provider scans one of the QR codes in the workroom, and the suggestion flows smoothly from there.

EIEIO recently hosted our CMIO, **Dr. Markowski**, at one of our meetings, where we shared ongoing projects and explored opportunities for collaboration to help navigate institutional prioritization processes. Through the group, several hospitalist members have also joined key institutional committees, including the Medication Orderset Governance Committee and the Inpatient Design Group. Their involvement ensures that frontline perspectives are represented in system-wide decision-making and that proposed changes remain grounded in both clinical practice and best evidence.

Our work group meets monthly and actively welcomes input from colleagues across disciplines. We are excited to build on this momentum, driving efficiency, enhancing provider satisfaction, and strengthening patient-centered care by shaping Epic to better serve both providers and patients. Contact **Tareq Arar** or **George Hoke** if you are interested in contributing to this work.

Hospital Medicine Group Quality Projects
by Amber Inofuentes, Division Chief

Each year, the Division of Hospital Medicine undertakes a portfolio of group quality projects aligned with departmental and medical center priorities. Last year, three of our key initiatives focused on improving advanced care planning (ACP), utilizing an evidence-based cirrhosis order set, and enhancing the timeliness of discharge medication orders. As you will see below, each of these was a successful project that remains a priority for this year.

Advanced Care Planning - Utilizing a validated ‘Surprise Question’ on admission, hospitalists focused on having serious illness conversations and completing ACP documentation within 72 hours of admission for high-risk patients. Notably, patients screened as high-risk with this question have a 3-fold higher 6-month mortality. To promote early ACP, we provided individualized performance feedback, implemented smartlinks to simplify documentation, and introduced a non-interruptive alert to assist clinicians in identifying high-risk patients. Last year, ACP completion within 72 hours rose from 15% to over 45% among hospitalist patients.

Cirrhosis Order Set - Chief resident Dr. Laura Lavette and hepatologist Dr. Zach Henry developed a comprehensive cirrhosis management panel embedded in the general medicine admission order set. The order panel supports evidence-based care for common complications, including acute kidney injury, GI bleeding, and hepatic encephalopathy, and promotes early diagnostic paracentesis for patients with ascites. The panel also includes tailored discharge instructions and patient education. Last year, hospitalists increased order panel utilization from 16% to 36% and this year have nearly doubled utilization to 67% of eligible patients, in a comparative analysis performed by Drs. Lavette and Henry, along with Dr. Andrew Barros, patients managed with the order set had a lower rate of 30-day ED visits and a faster time to diagnostic paracentesis.

Timely Discharge Medication Orders - Limited inpatient bed capacity continues to adversely impact patient care, especially when patients board in the Emergency Department (ED). Earlier discharges from inpatient units improve throughput, facilitating earlier arrival of admissions from the ED. In collaboration with the outpatient pharmacy, we found that placing discharge medication orders before the day of discharge sped up preparation and reduced delivery delays for patients utilizing UVA’s Meds to Beds program. Last year, we increased the percentage of medications ordered before the day of discharge from 13% to 27%. Patients with any prior-day orders were discharged on average 42 minutes earlier than those without, supporting this workflow as a strategy to improve patient progression.

**CHECK OUT HOSPITAL MEDICINE’S
FACULTY BIOS**

CLINICAL PROGRAM



Paul Helgerson, MD

Expanding Use of Clinical Pathways

by Paul Helgerson, Vice-Chair for Inpatient Services, ACMO for Acute Care

Clinical pathways have been used effectively in a breadth of care settings to reduce clinical variation and improve care. For example, substantial evidence exists that patients managed in ED observation units have better outcomes and shorter length of stay when managed via a clinical pathway. Experience with postoperative patients managed under ERAS (Early Recovery After Surgery) pathways has demonstrated a similar impact locally and nationally.

Over the past year, the Medical Center has adopted AgileMD as an EPIC-integrated clinical pathway platform. This was done initially to support the developing ED observation unit and was launched in January 2025. A set of evidence-based, accessible pathways has since grown to several dozen in number, covering a broad spectrum of clinical presentations and triage

scenarios.

We hope that answers to the following Frequently Asked Questions may provide insight into the workings and value of the program:

What is the benefit of a clinical pathway?

Pathways can support care standardization in a variety of ways. Pathway authors incorporate best evidence into a stepwise flow of clinical decision points, and can also link out to important papers, calculators, and other tools. Branched logic can support complex algorithms in ways that simple order sets cannot. For example, our limb preservation pathway embeds a scoring tool to help clinicians characterize the severity of a diabetic foot infection and choose antibiotics appropriate for that severity using IDSA guidelines. In addition to supporting decision-making, pathways can also make care more efficient. Orders are embedded directly in the care pathways and can be bundled for ease of use. Finally, pathways are written or adapted at a local level, allowing for the embedding of links to Medical Center-specific resources, such as consult teams or triage algorithms.

How do I use AgileMD?

The AgileMD tool is accessible in the patient chart via an activity tab. Use the down-arrow (next to the wrench) in your activities bar to find AgileMD, and choose a pathway (note they are available in both inpatient and emergency domains). Consider “pinning” the activity for everyday use.

Is this just used in the ED?

The ED started first and has a rapidly expanding program of several dozen pathways. Inpatient medicine is just beginning to build a portfolio. Our gallstone disease pathway, for example, outlines initial treatment and service-based triage of common presentations. Other early inpatient pathways include hyponatremia, a flowchart supporting the triage of general medicine vs. family medicine admissions, and a process to support socially complex patients that present to the ED and may require admission. Notable in those early pathways is their diversity of use case – some support largely operational functions, others outline evidence behind complex clinical decision-making, and some provide efficient links to local resources.

How do we know if the pathways are having the desired impact on clinical care?

While early, we are building capability in monitoring outcomes. The ER limb preservation pathway appears to be associated with a 0.5-day reduction in length of stay for patients presenting with diabetic foot ulcers (a big thanks to DOM’s **Josh Eby** and **Addison Hicks** from Infectious Disease and **Rob Becker** from Hospital Medicine, who have partnered with physician leaders in the ED, Vascular Surgery, and Orthopedics on this work)! The platform supports regular reporting of use, with the ED chest pain pathway having been used almost 1000 times. If you have feedback on a given pathway, links exist within the tool to message the authors – they are happy to hear from you!

What if I want to suggest a pathway or build one in Agile?

Email Rhoda Shulaw (rs4cs@uvahealth.org), the Clinical Pathways Program Coordinator.



Ryan Wiggins, MD

Improving Geographic Cohorting for General Medicine Patients *by Ryan Wiggins, Director of Quality & Clinical Operations*

In preparation for the new academic year, the Medical Center undertook a major initiative to improve the geographic alignment of admitted patients with their primary provider teams. This realignment, implemented on July 1, resulted in an expanded inpatient bed footprint to better support our 16 general medicine teaching services and direct care hospitalist teams. We now care for an average of 150 patients across seven inpatient units, with 6 Central and 4 North newly designated as general medicine units.

This geographic restructuring is designed to enhance care coordination, with the ultimate goals of improving patient outcomes, reducing length of stay, and increasing provider satisfaction.

While implementation is still in its early stages, geographic localization of patients has already improved to 90%, with the most significant gains seen among our general medicine resident teams.

Ryan Wiggins Named Medical Director for Patient Progression *by Amber Inofuentes, Division Chief*

Effective October 1, **Dr. Ryan Wiggins** became Medical Director for Patient Progression at UVA Medical Center. Ryan joined the Hospital Medicine faculty in 2019 after completing his IM residency at Tufts Medical Center, and emerged as an operational thinker with an eye for streamlining processes early in his career. For the past several years, he has served as the 3 East unit medical director and the Director of Clinical Operations for Hospital Medicine. His recent work in those roles has focused on overseeing the geographic alignment of patients and care teams to support best practices in interprofessional care coordination, improving advanced care planning for hospitalized patients with advanced chronic illness, and addressing barriers to discharge for patients with prolonged hospitalization. Apart from his leadership roles, Ryan has also maintained a strong clinical practice, dividing his time between general medicine teaching wards, direct care hospitalist services, and the Orthopedics Co-management and Consult service. In his new role for patient progression, Ryan will partner with medical center leaders to optimize the patient's journey from admission to discharge, supporting throughput to improve capacity.



Robert Becker, MD

Hospital Medicine APP Program Update *by Robert Becker, Director of Hospital Medicine APP Program*

Our Hospital Medicine Advanced Practice Provider (APP) program continues to grow, now with six providers covering three distinct service lanes, including a dedicated consultative service. In addition to their clinical responsibilities, our APPs play a vital role in education, serving as preceptors and mentors for students in the UVA School of Nursing Acute Care Nurse Practitioner program. The team is also actively engaged in high-value care and quality improvement initiatives to support the implementation of evidence-based clinical practice.

We're excited to welcome several outstanding providers to our growing team:

- **Dominica Ko, NP** – With over 20 years of experience as a nurse practitioner in Richmond, Dominica brings a wealth of clinical expertise. She is currently completing her Doctor of Nursing Practice (DNP) and is leading a significant quality improvement initiative aimed at reducing unnecessary VTE prophylaxis in low-risk patients.
- **Lori Franssen, NP** – Lori joins us with extensive experience as a transplant coordinator, bringing deep knowledge and specialized skills in managing this unique and high-acuity patient population.
- **Kristin Long, DNP, NP** – Kristin recently earned her Doctor of Nursing Practice degree and brings a strong background as a MICU nurse. She is spearheading the implementation of her doctoral project focused on a “Quiet at Night” protocol to improve rest and recovery in the acute care setting.

DIVISION RESEARCH



Shrirang Gadrey, MBBS MPH

Shrirang Gadrey, MBBS, MPH, Awarded \$4 Million to Study Physiological Signatures of Labored Breathing

Shrirang Gadrey, MBBS, MPH, an associate professor in the Department of Medicine, Division of Hospital Medicine, was awarded a \$4 million NIH grant for a project titled “Novel physiomarkers of high-risk labored breathing for advanced warning of clinical deterioration.”

Labored breathing patterns (i.e., abnormal respiratory kinematics) are physical examination signs of respiratory instability. Contemporary patient monitoring systems do not measure respiratory kinematics beyond the average respiratory rate. Clinicians are forced to rely on qualitative visual inspections to monitor for labored breathing. Such assessments lack sensitivity and interrater reliability, and they are labor-intensive. Therefore, respiratory kinematic information cannot be used in early warning systems. The resulting delays and errors in the recognition of labored breathing can prove life-threatening.

The barriers to large-scale respiratory kinematic measurement were recently overcome when a UVA team led by Dr. Gadrey developed a simple and scalable new technology called ARK (Analysis of Respiratory Kinematics). ARK uses wearable motion sensors that are easy to apply in any setting. Yet, powered by original breakthroughs in inertial signal processing, it quantifies respiratory kinematics with high fidelity. In this project, the ARK team will pioneer the quantitative documentation of the human respiratory kinematic profile on an unprecedented scale. The kinematic properties of the mature respiratory system will be recorded in a large cohort of adults during emergency room visits for respiratory illness. Additionally, the properties of an immature respiratory system will be explored by establishing the safety, feasibility, and validity of ARK monitoring in a cohort of premature neonates in the neonatal intensive care unit.

The expected outcome is a comprehensive understanding of the diagnostic and prognostic significance of well-known breathing motion patterns and the discovery of novel breathing phenotypes. By enhancing the completeness of bedside physiological measurement, this work holds the promise for a far-reaching impact, including major leaps in predictive analytics that trigger timely treatment, reduce ventilator use, unburden ICUs, and save lives.

Collaborators on the project include William Ashe, PhD; Thomas Hartka, MD, MS, MSDS; Brynne Sullivan, MD; Sarah Ratcliffe, PhD; and J. Randall Moorman, MD, from the UVA School of Medicine.



Tareq Arar, MBBS

Early Career Scholars Project Focuses on Improving Care of Patients with Heart Failure

As part of the Early Career Scholars (ECS) program, **Dr. Tareq Arar** is leading a project to reduce hospital readmissions among patients with heart failure. He is receiving mentorship from Dr. Shri Gadrey and collaborating with the Division of Cardiology and Dr. Soutik Ghosal from Public Health Sciences. Heart failure remains one of the leading causes of hospitalization and readmission nationally, and addressing this challenge is both a clinical and health system priority. Dr. Arar's work aims to better understand the unique characteristics of our patient population at UVA, identify predictors of frequent readmissions, and ultimately build a predictive model to identify those at highest risk. Unlike most database-driven analyses that rely heavily on ICD codes or labs, this study incorporates granular electronic health record (EHR) data such as vital signs, providing a richer and more clinically meaningful understanding of risk.

In parallel, Dr. Arar is working with the Heart Failure Quality Group to translate these insights into standardized, evidence-based care across the medical center. Together, this team is developing shared admission and discharge order sets, diuresis protocols, GDMT clinical guidance pathways, as well as structured approaches for patient education and early post-discharge follow-up. These initiatives represent practical, data-driven interventions designed to enhance consistency in care delivery, reduce variation across service lines, and ensure our patients receive the most up-to-date therapies and support.

By combining predictive analytics with quality improvement initiatives, this work seeks to create a comprehensive framework for managing heart failure admissions. On one level, the project is about learning more about our own patient population and risk factors for readmission. On another, it is about embedding best practices into our workflows so that we can proactively identify vulnerable patients and provide tailored interventions.

The overarching goal is to reduce heart failure readmissions in alignment with CMS guidelines, preserve hospital resources, support providers and learners, and most importantly, improve the quality of life and outcomes for our patients. This work represents an exciting opportunity to advance both scholarship and clinical care in hospital medicine, while strengthening our Division's impact across the institution.

DIVISION EDUCATION



Alexander Millard, MD

Hospital Medicine Continues to Expand Educational Roles in UME and GME by Alexander Millard, Director of Education and Faculty Development

Ian Crane was confirmed as the General Medicine Acting Internship Elective Director in July. He also joined as part of the formal medical student advising team, taking on the role of advising and writing Departmental Letters for 6 to 10 students applying to residency in Internal Medicine each year.

Meghan Geraghty also assumed the formal role of advisor for students applying to Med-Peds residency programs this past year.

Marcus Ellison joined Hospital Medicine in July after completing his Chief Resident Year at UVA.

He joined **Glenn Moulder** and **Alex Millard** as an Associate Clerkship Director for the Internal Medicine (IM) Clerkship. The IM Residency Program also recruited him as Core Faculty this year, joining **Rebecca Clemo, Jess Dreicer, Ian Crane, Alex Millard, Glenn Moulder, and Andrew Parsons**, where he will formally advise a small cohort of residents.

Sam Florescu was recently appointed thread leader for Quality Improvement and Patient Safety (QIPS) for medical student education. He will work closely with course directors to embed QIPS content across the curriculum, with particular emphasis on workshops during Intersessions and the Clerkship Readiness Course.

Becky Kenner was appointed to a position of Designated Assessor this past year and is responsible for the EPA assessment of medical students across Phase 2 (clerkship rotations) and Phase 3 (post clerkship rotations) of the medical school curriculum, which aids in advancement decisions for medical students.

George Hoke joined the newly formed School of Medicine Competency Committee this year, given his extensive work as a Designated Assessor and knowledge of medical student advancement. In this role, he will help determine student progression through Phase 2 and Phase 3 of the Medical School curriculum to graduation. He is also the Medical Advisor for UVA's Post-Bacc Pre-med program, where he serves on the admissions committee, teaches a seminar focused on the American healthcare system, and arranges clinical experiences for students.

Brian Peterson has been selected as a physician coach for the Foundations of Clinical Medicine course, through which he will work closely with students on clinical skills development and professional identity formation across all years of medical education. In addition, this year he became Co-director of the Internship Readiness Preparation Program.

New Hire Faculty Development

Every fall, the Division of Hospital Medicine hosts two half-day sessions for new hires to help orient them to clinical and educational practices and missions at the University of Virginia.

The first session in early September covered UVA Health System and IM Department structure, CME requirements, review of benefits, billing and coding requirements, transitions of care and quality improvement best practices, perioperative medicine, the APP-Physician team dynamic, and working with acting interns on the Hospitalist ACE. The second session will cover the structure of the UVA IM residency, teaching student and resident teams, learner feedback and evaluation, working with struggling learners, and making the most of mentorship and exploring career opportunities at UVA. Faculty outside Hospital Medicine who are new to UVA are welcome to attend - don't hesitate to get in touch with **Alex Millard** if interested.

This past year, **Rebecca Clemo** spearheaded a program to help orient new hires at UVA to the expectations and practices of UVA General Medicine teaching services. In this program, new hires shadow a faculty member with extensive teaching experience and stellar trainee evaluations to observe best practices for running rounds and educating the team. The new attending is then observed on rounds by an experienced faculty member during their first teaching block with a structured tool for bi-directional feedback. With very positive feedback on the program from both new hires and experienced faculty, this program will continue in the 2025-2026 academic year.

This program has also been extended to any Hospital Medicine faculty member who wants to improve their clinical teaching skills with observation and feedback from our more experienced Hospitalists.

DIVISION HIGHLIGHTS

AWARDS

Department of Medicine Excellence in Clinical Care

Miriam Gomez-Sanchez

Omar Alsamman

Department of Medicine Excellence in Mentorship

George Hoke

Department of Medicine Excellence in Teaching

Rebecca Clemo

Brian Peterson

Leonard Tow Humanism in Medicine Award

Rahul Mehta - The Arnold P. Gold Foundation presents the award. It recognizes individuals who demonstrate exceptional compassion and sensitivity in patient care, serving as role models for humanistic values in the medical field.

International Association for Health Professions Education (AMEE) Research Award

Andrew Parsons

Inpatient Attending of the Year

Glen Moulder - awarded by Internal Medicine residency



Kristin Long, now a nurse practitioner at UVA Health University Medical Center's acute floors, in a quiet moment outside the MICU.

Getting ICU Patients the 40 Winks They Need

by Christine Phelan Kueter, originally published on the UVA School of Nursing [website](#)

By instituting a new policy to let patients sleep in the ICU between 12 and 4 a.m., acute care nurse practitioner and DNP graduate **Kristin Long** (DNP' 24) not only improved patient satisfaction and well-being, but she also educated her peers on why high-quality, undisturbed sleep is a key part of getting the sickest patients back on their feet and headed home. Sleep "prescriptions" are now part of health record charting, and a new owl graphic — a hospital "Do Not Disturb" card — will soon make the rounds.

Hospitals can be difficult places to get good rest.

While illness, discomfort, and pain can all come in the way of 40 winks, so, too, can the constant barrage of interruptions from well-meaning care providers who come calling round the clock to draw blood, check vitals, request labs, and re-position. In some cases, sleep deprivation can prolong ICU stays, cause emotional and physiological distress, and even increase the risk of death.

Long, a School of Nursing DNP graduate and a UVA Health acute care nurse practitioner, focused her final scholarly project on re-instituting Quiet At Night, a 12:00 a.m. to 4 a.m. protocol that nurse practitioners and physicians can prescribe for eligible patients that gained traction in the medical ICU, and, now, beyond it. She answered questions about her scholarship, just published in the *Journal of Critical Care*, as well as the importance of sleep, how she went about promoting it, and her affection for a new owl graphic that offers a "Do Not Disturb" message for patients who get the sleep promotion protocol on their hospital room doors.

"Patients expect to get sleep in a hospital, and they're shocked that they don't," said Long. "Something simple like sleep, though, goes a long way."

Why study sleep in particular?

When I was doing this project, I worked in the Medical ICU doing both day and night shifts. After every day shift, I'd always ask my patients, "How did you sleep last night?" Over and over, they'd tell me, "Oh, it was terrible, this was beeping, the nurses came in 10 times, I didn't get any rest at all." Often, they felt physically bad.

Obviously, doing a project was a requirement for school, but I also knew there were a few projects going on but nothing that incorporated the patients' voices. That's hard in the ICU, because a lot of our patients are intubated and sedated. I've always thought, though, that patients know their bodies best and, when possible, should be listened to.

Also, I wanted to make a lasting difference. I didn't want to do my project and then leave. My colleague, [faculty member] Cheri Blevins, told me that the Society of Critical Care Medicine's clinical guidelines have us assess pain, agitation, delirium, immobility, and sleep — we call these the PADIS guidelines — but mentioned that sleep is usually lumped in with delirium in practice, rather than a separate factor in and of itself. That piqued my interest.

How'd you start the project?

I checked out what the guidelines specific to sleep promotion were and stumbled upon a document called the “Quiet at Night” initiative, which had been rolled out before COVID but not actualized or updated since. I started highlighting things it advised and found a structure that provided a time frame where care providers intentionally minimized interactions with patients. The six- to eight-hour time frame it mentioned wouldn't be feasible for an ICU, where we're constantly checking on and assessing patients, but a four-hour time frame seemed possible for certain patients. First, I had to figure out what inclusion factors to consider when selecting patients for the new protocol, and, because I wanted to keep patients' voices involved, looked for and found a validated survey for them to take so they could offer details about the quality of sleep they got. I started thinking, too, about how to educate my interdisciplinary colleagues through presentations about why sleep is so important for patients in general, and for ICU patients in particular, the sickest of the sick, and then figure out ways to help them imagine what small changes we could bring about to maximize patients' sleep, emphasizing that it was all for the patients' well-being and would incorporate their voices.

How did your colleagues react?

I think it was well received, and the fact that I was actually asking people to do less, I didn't think anyone would say no. It encouraged all of us to think about how to clump our work together so we could avoid bothering patients during certain time frames — in this case, between 12 and 4 a.m. Physicians had to get involved, and fix their orders, pharmacists had to adjust the timing of certain medications, and nurses were truly the gatekeepers of the process. They'd have to say to the physicians, “This medication is timed for here; can it be moved up two hours?” Everyone participated, everyone helped out.

What did patients say?

After everything was in place, I interviewed patients myself. I heard, “I could tell nurses were invested in my getting a good night's sleep,” or, “Nurses hung towels over computer screens.” I even had a patient that I visited after being discharged from the ICU to another unit who said, “I slept so much better on your unit!” It was heartwarming. Patients expect to get sleep in a hospital, and they're shocked that they don't, because they don't realize that when you're hooked up to four different machines, you're not going to get rest. They don't realize how the hospital works. Something simple like sleep, though, goes a long way.

You said you wanted to make a lasting impact. What's happened since?

The sleep protocol has started to get better known as a process both inside and beyond the MICU and become part of the rounding checklist of items in more spaces at UVA Health. We created an EPIC order set, so a physician can actually just type in “sleep” and it pops up and enables them to set an order, one of a series of a la carte options. They can change the duration of the sleep “prescription” based on acuity: it might be for four, six, or even eight hours. While it's mostly still being used in the MICU, where it's thriving, I'm seeing a lot of providers outside that unit who are selecting the sleep order, as well. It's gaining traction.

A coworker of mine drew an owl for me, which we used as a graphic to indicate that a patient was on sleep precautions and had an official order that prescribed rest. I've been talking with UVA Health's marketing department, and we're planning on making it an official sign, now that it's an official order. That will help raise awareness. So will talking about it, which I'm doing a lot of.

I also see more conversations with our local shared governance structure and hope I can meet with colleagues across the hospital to explain what the initiative was, how to implement it, what it looks like for providers to place “sleep orders,” and what it means for unit nurses.

What's interesting is that, when I was a DNP student, I implemented the protocols and project as a nurse. Now that I'm a nurse practitioner, I see it from the provider perspective and consider it a strength of being an NP.

I'm also having conversations, too, about standardizing rounding checklists across all ICUs at UVA, so the sleep protocols and prescriptions are a standardized, routine part of our workflows. What I'd like to happen now is for EPIC to, if a provider said they wanted to do a sleep promoting plan, automatically change the other orders, rather than having the nurses scramble to make those adjustments.

Your work was just published in the Journal of Critical Care. What's next?

Publishing was one of those things that I didn't think would ever happen to me. As DNP students, we're required to submit our projects for publication, and when I didn't hear back for a long while, I assumed the journal had taken a pass. But publishing is such a long process.

I feel fortunate to have the publication, and thankful for the guidance I've had from Drs. Hundt and Wiencek, who kept giving me insight along the way. Since the paper came out in April, I've been getting emails, having conversations with medical directors and marketing. People are asking, “How can we bring this to my floor?”

It's really re-sparked my interest. I really wanted to do this for the patients, and I did.

DIVISION PUBLICATIONS

Robert Becker¹, Jessica Dreicer², Hillary Maitland², Brian Spoelhof², Jessie Foster², Jennifer Walters², Amanda Hedrick², Alex Millard², Jason Adams². “*Development of a IV Iron Orderset for Care Standardization and Promotion of High Value Care*” Abstract published at SHM Converge 2025. Abstract 0435 Journal of Hospital Medicine.

Hannah Laird, MD; Margaret Hayden, MD; Shaina Hasan, MD; Tsola Efejuku, MD; Neeral Shah, MD Kathleen McManus, **Sanjay Kishore, MD**. “*Reaching the Remaining One-Third: A Review of Barriers to Hepatitis C Elimination Within a Large Academic Medical Center*” Abstract. The Liver Meeting - American Association for the Study of Liver Diseases (AASLD), November 2025.

Inofuentes A, Corey, R, Jackson, P, Lain, W, Madden, G. “*Urine Trouble: Improving Diagnostic Stewardship Through Enhanced Clinical Decision Support*” Poster presentation. Society of Hospital Medicine Annual Meeting, Las Vegas, NV, 2025. Presented at SHM Converge 2025 for inclusion.

Mehta, R; Caruso, J; Novicoff, W; Weiss, D; Mazimba, S; Singh, A; Chipoletti, A; Lauer, L. “*Association of Abnormal Echocardiographic Diastolic Parameters and Postoperative Major Adverse Cardiac Events and Mortality in Patients Undergoing Hip Fracture Surgery*” Abstract published at SHM Converge 2025, April 23-25, Las Vegas, Nv. Abstract 172.

Mehta, R; Caruso, J; Novicoff, W; Weiss, D; Mazimba, S; Singh, A; Chipoletti, A; Lauer, L. “*Impact of Perioperative Myocardial Ischemia on Long-Term Outcomes after Hip Fracture Surgery*” Abstract published at SHM Converge 2025, April 23-25, Las Vegas, Nv. Abstract 193.

Congratulations to Drs. Karen Warburton and **Andrew Parsons** (Division of Hospital Medicine), on the publication of their book, “*Clinical Reasoning: Coaching the Struggling Medical Learner*.” Dr. Amanda Renaghan (Division of Nephrology), also wrote a chapter in this book. The book is a practical guide to clinical reasoning coaching. Why they wrote this book: No best practices to translate clinical reasoning theory into practice for struggling learners. Goals: 1. Connect theory and observable behavior 2. Introduce practical definitions and examples of clinical reasoning 3. Propose two complementary approaches to the recognition, assessment, and coaching of clinical reasoning that informs teaching for all learners Clinical Reasoning, offers a comprehensive and evidence-based approach to supporting medical learners who struggle with clinical reasoning. Drawing on their extensive experience in remediation and faculty development, Parsons and Warburton present practical tools and strategies designed to help educators identify challenges early, implement effective coaching methods, and foster long-term success for learners across the medical education continuum. This book serves as a vital resource for educators dedicated to advancing the teaching, assessment, and remediation of clinical reasoning in diverse clinical training environments. This publication is available for purchase through Amazon and Barnes and Noble.

Alsamman, O; Engel, J; Helgersen, P; Inofuentes, A. “*Improving Diagnosis Capture and Reducing Queries using Auto Diagnosis*” Abstract and Oral Presentation in NYU Conference: Transforming Hospital Medicine Through The Care Continuum, March 11, 2025, New York City, NY.

MANUSCRIPTS

Eberly, L. A., Shultz, K., **Kishore, S.**, Hayden, M., Turecamo, S., Julien, H. M., Davis, E. N., Nathan, A., & Khatana, S. A. M. (2025). “*Cardiovascular death and access to health care among individuals incarcerated in US state prisons from 2001 to 2019*” Journal of the American Heart Association, 14(18). <https://doi.org/10.1161/JAHA.125.040983>.

Hayden, M., **Kishore, S.**, Dedona, M., Hunter, M., Luck, M., Pratt, R. “*Treating Hepatitis C is Possible Everywhere: Building a Low-Threshold HCV Care Model for the Formerly Incarcerated in Alabama*” Journal of General Internal Medicine. February 12, 2025.

Hayden, M., **Kishore, S.**, Eisenstein, L. “*The Importance of Care for People Coming Home—Mass Incarceration and Human Frailty*” JAMA Internal Medicine. November 11, 2024.

Kishore, S., Clark, C., Sommers, B. “*Cardiovascular Health Equity: Associations of Unmet Hypertension and Diabetes Need by Race/Ethnicity and Federal Grants at Community Health Centers*” 2016-2019. PLoS One. September 18, 2024.

DIVISION EVENTS



Akua Boadu and husband Sandy Beidu welcomed babies Naana and Maame Beidu on May 1, 2025.



Mary Hardy, Miriam Gomez-Sanchez, and Amber Inofuentes went rafting on the Upper Gauley in September 2025.

DIVISION PROFILE

FACULTY - Marcus Ellison



Tell us a little bit about yourself.

I've been at the University of Virginia for four years now. I found my way to Charlottesville through the match process and completed my residency training and chief year here at UVA.

My wife also matched here in family medicine the year after me, and we are excited to be starting our careers in academic medicine! Though we did not have any ties to the city before residency, we have fallen in love with the people here and in Virginia and feel blessed to be able to stay.

In medical school, I was fortunate enough to have several great mentors who taught me to "lift as you climb."

Throughout my journey, I have since developed a passion for medical education and mentorship. I love practicing medicine in the academic environment, as it keeps the job



fun and challenges me to continue growing and staying on top of my game.

My favorite hobby is playing the piano, and I dabble in several genres of music, but mostly play classical.

I consider my greatest achievement to be marrying my significantly more accomplished wife, Echo. We enjoy going to concerts, traveling to new places together, hiking, and are increasingly competitive Scrabble players.

DIVISION PROFILE

APP STAFF - Lori Franssen



Tell us a little bit about yourself.

I began my career as a nurse in the ICU at Sentara Virginia Beach General Hospital before moving to Charlottesville with my husband and 2 kids. Two additional kids later (twins, actually!), I've now been at UVA for more than ten years, spending most of my time as a Transplant coordinator with the Abdominal Transplant team. While I enjoyed my time in transplant, I wanted to challenge myself and branch out a bit, which led me to pursue a Master's in Nursing and obtain my AG-ACNP. I'm thrilled to be a part of the ever-expanding Hospital Medicine APP team.

Why Healthcare?

I actually never pictured myself in healthcare growing up. In college, I majored in business and psychology before I considered a healthcare career. Ultimately, I was drawn to nursing because of the endless possibilities and the opportunity to improve the lives of others.

What excites you about your work?

The variety. I love the wide range of acute and chronic conditions you find within hospital medicine. As a new APP, exposure to a diverse patient population provides a great opportunity for learning and growth.

What is the most unusual thing you have ever eaten?

Caribbean lobster. One of my bucket list items was to go lobster diving in the Florida Keys. Last year, my family and I were able to check that one off the bucket list with a big haul of Caribbean lobsters. The best lobster I've ever had!

What do you consider to be your greatest achievement outside of the professional realm?

Without a doubt, my family. I've been married to an amazing husband for 25 years, and we have four great kids. Our oldest daughter is studying to be a nurse, our middle daughter is a senior in High school heading off to college next fall, and the twins are in 8th grade, playing football for the first time. It's a busy house filled with laundry, sports gear, two cats, the laziest pug you will ever meet, and six chickens. But I wouldn't have it any other way.



DIVISION PROFILE FACULTY - William Knight



Tell us a little bit about yourself.

After fifteen years as a hospitalist at Sentara Martha Jefferson Hospital, I'm joining the University of Virginia Hospitalist team thanks to the encouragement of former SMJH hospitalists Becky Kenner, Duncan Hill, and Jason Strampe. I completed my residency in internal medicine at UVA, and would have stayed on as a UVA hospitalist fifteen years ago had there not been a state hiring freeze at the time.

Being a hospitalist has been a joy- I love the variety, the mysteries, and the connection with patients and their families. My pet peeves are deconditioning (you'll see me walking my patients down the hall) and the excessive costs of American medicine (I'm obsessed with minimizing length of stay, which benefits patients, the hospital, and society). Outside the hospital, I love spending time with my wife (Dr. Sarah Knight, pediatrician at Pediatric Associates) and my two daughters, Eleanor (12) and Eliza (9), as well as tending to our vegetable garden and volunteering at the Charlottesville Free Clinic, where I'm currently the Board Chair.



I've benefited from an ever-increasing commitment to meditation over the past couple of years, and I just took five months off between SMJH and UVA to focus on meditation. During my sabbatical, I've been spending a few hours a day on the cushion and a few weeks on silent retreats, and have benefited tremendously from this life-changing practice. I'd be happy to share my experience if you're curious to learn more.

DIVISION PROFILE FACULTY - Pali Singh

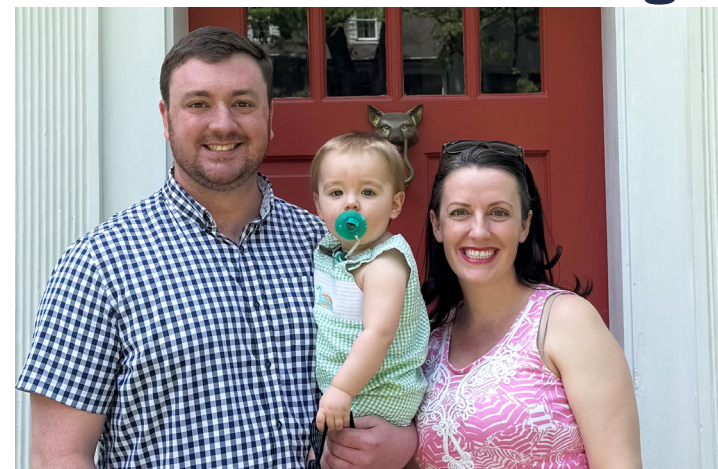
Tell us a little bit about yourself.

I recently completed my residency at UPMC in Pittsburgh in the summer of 2025, where I cherished the moments spent connecting with patients and forming bonds with fellow residents and medical students. Moving forward, I'm excited to continue teaching and learning with residents and medical students, while also refining my style as a provider, particularly in patient communication. I decided to move back to Virginia to be closer to family in Northern Virginia, and I was drawn to Charlottesville for the welcoming culture at UVA. On weekends, you'll usually find me curled up with a good novel (anything from sci-fi to romance), baking more desserts than I know what to do with, or crafting elaborate handmade cards for friends and family.

I look forward to exploring more of Charlottesville in the coming months.



DIVISION PROFILE FACULTY - Jonathan Vignali



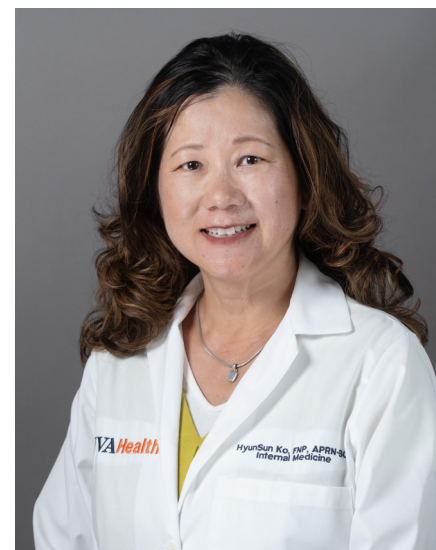
Tell us a little bit about yourself.

I just recently joined the University of Virginia in June 2025. Before coming here, I spent seven years in the US Army as an Internal Medicine physician at Walter Reed National Military Medical Center in Bethesda, MD.

I wanted to move to Charlottesville because it's closer to my family, and I wanted to raise my two sons near where I grew up. I am excited to be a part of UVA Health and look forward to teaching medical students and residents!

DIVISION PROFILE

APP STAFF - Dominica Ko



Why healthcare?

Healthcare is a field that allows me to connect with people from all walks of life and diverse backgrounds. It is a unique privilege to support individuals and their families through some of the most difficult and vulnerable moments they may ever face. Being able to make a meaningful impact during those times is both an honor and a profound responsibility—one that continues to inspire my dedication to this profession.

What brought you to Charlottesville?

I recently relocated to Charlottesville to join a dedicated and dynamic hospitalist group. I was drawn to the opportunity to work alongside a team committed to delivering high-quality, patient-centered care in a community known for its excellence in medicine and strong sense of collaboration.

What excites you about your work?

What excites me most about my work is the constant variety and challenge that each patient brings. I enjoy problem-solving in real-time, navigating complex clinical situations, and helping patients through some of their most challenging moments. There's something gratifying about working to restore stability, turning the abnormal into something manageable or even normal again. It's a process that's both intellectually stimulating and personally fulfilling.

What do you consider to be your most outstanding achievement outside the professional realm?

During the pandemic, my husband and I set a goal to hike every state park in Virginia—and we did it! That journey not only deepened our love for the outdoors but also taught us resilience and appreciation for nature. Now, we're continuing our adventure by exploring the many trails along the Blue Ridge Mountains.

Describe yourself in one word.

Curious. I'm always eager to learn, ask questions, and explore new ideas—whether it's clinical knowledge, patient care strategies, or the world around me.

What do you enjoy doing on the weekend?

On the weekends, I enjoy hiking, cooking, and spending quality time with friends and family. Whether it's exploring a new trail, trying out a new recipe, or catching up with loved ones, I value the balance and joy these activities bring to my life.

How did you meet your partner?

I met my husband while working at the hospital. At the time, he was volunteering as a paramedic and firefighter while also working as an IT consultant. Our shared commitment to service—and a few chance encounters in the ER—brought us together.

Do you have any pets?

NO. Pets always look even more adorable when they're in pictures!

Are you a hunter or a gatherer?

I consider myself a gatherer—I enjoy collecting ingredients, ideas, and resources, then using them creatively to make something new, whether it's cooking a meal or solving a problem.

What is your favorite vacation/activity spot?

My favorite getaway is anywhere I can be close to nature—whether it's taking a long walk on the beach during early mornings and sunsets, or hiking a new trail. Those moments bring me peace, clarity, and a sense of adventure.

Who is the person you admire most, and why?

I most admire my late grandmother. She taught me what it means to be strong in the face of adversity and to always stand up for myself. She also shared a unique aspect of her wisdom with me—how to read palms and tell fortunes using traditional Korean tarot cards. While I've since forgotten the technique, the lessons she passed down have stayed with me for life.

What is the best advice anyone ever gave you?

The best advice I've ever received is: "Always be yourself—don't live to please others." It's a simple reminder to stay authentic, trust your values, and live with confidence and integrity.

What about you would surprise us?

Once, when I was utterly lost and couldn't find my way, I pulled over a police officer to ask them for directions! I figured, who better to trust than someone who knows the roads and serves the public?

What is a talent or skill you don't have that you wish you did?

I've always wished I knew how to play the piano. My mother used to drop me off at piano lessons, but I would sneak away to play with my friends instead. Looking back, I wish I had stuck with it—there's something so beautiful and expressive about being able to play music.

Favorite fictional characters?

Sherlock Holmes – for his sharp mind and observational skills.

Would you rather do one thing extraordinarily well or ten things admirably well?

Honestly, neither. I strive to approach each day by doing my work to the best of my ability, focusing on being present, dependable, and consistent in everything I do. For me, it's less about mastering one thing or juggling many, and more about showing up fully and giving my best effort, whatever the task.

What is the last book you read for pleasure?

The last book I read for pleasure was *Missing You* by Harlan Coben. I enjoy his suspenseful storytelling and the way he keeps you guessing until the very end.

What's the most unusual thing you have ever eaten?

The most unusual thing I've ever eaten was monkey brain. My beloved grandmother prepared it for me during a candlelight dinner, believing it would strengthen me. Ever since then, I've been a bit skeptical about the origins of the meat I eat!

Do you collect anything?

I enjoy collecting shells and crafting them into necklaces.

DIVISION PROFILE

FACULTY - Benjamin Robinson



Why Healthcare?

My experience during a summer internship at the Roanoke Rescue Mission Free Clinic drew me to medicine. I worked with people battling homelessness and addiction, and I decided I wanted to spend my career listening to those who are vulnerable and advocate for them, which I find very fulfilling. I enjoy working in healthcare because I get to hear patients' stories and have an impact on their lives.

What brought you to Charlottesville?

After my summer in Roanoke, I applied to medical school. When I came to interview, I loved the natural and historic beauty of Charlottesville, UVA, and the mountains, and I enjoyed the people I met even more. I chose to attend the University of Virginia and have stayed here ever since.

What excites you about your work?

I value the flexibility that I have as an academic hospitalist to be curious about complex problems and to continue developing my diagnostic skills. I enjoy sitting down to learn more about my patients, hearing their stories, and guiding them through our complex healthcare system. As an academic hospitalist, I also enjoy nurturing tendencies which I believe all medical students and residents have: to advocate for the vulnerable, to listen to those who don't feel heard, and to be curious about diagnostic challenges. These three things are important to my clinical practice, and I hope to enable others to incorporate them into their own practice as well.

What do you enjoy doing on the weekend?

Outside of my work, I enjoy a variety of sports, including recreational flag football, basketball, kickball, volleyball, tennis, spikeball, and golf, which I've had the opportunity to participate in during my time in Charlottesville. I am a fan of the Packers, Brewers, Bucks, Badgers, and the Colorado Avalanche (long story), which, in addition to my love for the Wahoos and Fighting Irish, keeps me busy year-round. My fiancé, Ava, and I also enjoy going to local bakeries, restaurants, wineries, and to the farmer's market.

How did you meet your partner?

My first date with Ava, my fiancé who is now a pediatrician at UVA, was at Moo Thru ice cream at the Dairy Market on the day before we each started residency at UVA!

What is the one thing you always have in your fridge?

As a Wisconsin native, my fridge is always stocked with ice cream and cheese.

What is your favorite vacation/activity spot?

I still love going to my family's cabin in Northern Wisconsin to swim on the lake, waterski, relax in the sun, and even ice skate and play hockey on the lake in the winter!



DIVISION PROFILE

FACULTY - Rebecca Ye



Why Healthcare?

I completed my residency at NYU in 2021 before working as an academic hospitalist at Elmhurst Hospital, one of New York City's public safety net hospitals. Healthcare, and hospital medicine in particular, sits at the intersection of many of my interests: public health, applied science, biomedical ethics, and social justice.

What brought you to Charlottesville?

My husband, Martin, was offered a position as a law professor at William and Mary, so after almost a decade of living in New York City, we decided to pack our bags and leave the big city for a new adventure. We'd already been through Charlottesville a few times on the way to visit his parents, so we were excited for a chance to get to know the city more.

What excites you about your work?

Getting to do it all! I love that each day brings something new, whether it's in the clinical realm or the educational one.

Describe yourself in one word.

Curious.

What do you enjoy doing on the weekend?

Sipping coffee on my porch and doing the crossword before exploring the neighborhood. We just moved to Richmond this summer, so there's lots to do and see!

What is the one thing you always have in your fridge?

Cheese.

Do you have any pets?

Two cats, Pepper and Sardine. Sardine loves us; Pepper loves that we feed her.

What is your favorite vacation/activity spot?

I grew up in Maine and love spending time there in the summer. My parents have a small cabin on a lake that's home to some amazing wildlife – we've seen loons, bald eagles, and more while kayaking.

What is the best advice anyone ever gave you?

Try something at least twice before you decide if like it.

What about you would surprise us?

I'm an avid knitter and almost always have at least one project to work on.

Would you rather do one thing extraordinarily well or ten things admirably well?

Ten things admirably well. The variety keeps things interesting.

What is the last book you read for pleasure?

"Piranesi" by Susanna Clarke



DIVISION PROFILE

FACULTY - Brad Hilson



Tell us a little about yourself.

I will be joining the University of Virginia this month as a faculty member in the Division of Hospital Medicine after spending the past six years as a hospitalist at Massachusetts General Hospital in Boston. Originally from Massachusetts, I completed my undergraduate training at Georgetown University, medical school at Tulane University School of Medicine, and residency at Thomas Jefferson University Hospital. My primary professional focus is clinical care, with particular interests in procedural medicine and point-of-care ultrasound.

My wife, Glynis, and our two-year-old son, Bowen, will be joining me in Charlottesville. Glynis is a child psychiatrist and will also be joining UVA as a part-time faculty member. We're all new to the area and excited to meet new friends and colleagues, explore the local restaurant scene, and take advantage of the nearby hiking and outdoor activities. Bowen especially loves being outside, eating good food, and listening to music.

Why healthcare?

A career in medicine was a natural step for me after years of focusing on science and community service throughout school. It's a profession that combines intellectual challenge with human connection, which I find deeply rewarding.

What brought you to Charlottesville?

After several years in Boston, my family and I were ready for a smaller city closer to relatives in the Mid-Atlantic. When a former colleague of Glynis's suggested we look into UVA, Charlottesville quickly rose to the top of our list. We were both struck by the welcoming atmosphere, strong sense of community, and the abundance of great restaurants and outdoor opportunities.



What excites you about your work?

I love the process of clinical investigation, collaborating with inpatient teams, and helping patients understand complex medical conditions in ways that empower them to participate in their care.

What do you enjoy doing on weekends?

I enjoy hiking, cooking (and eating out), and learning new board games. We often travel to visit family scattered along the East Coast, and in the winter, you'll usually find me skiing whenever I get the chance.

How did you meet your partner?

Glynis and I met as undergraduates at Georgetown University. We've been together since 2011 and married in 2019.

What's always in your fridge?

Citrus fruits—definitely a staple.

Do you have any pets?

Not at the moment, though we're considering getting a dog soon. Welcoming all dog breeder recommendations!

Favorite vacation spot?

Lake Winnepesaukee in New Hampshire, where I've spent many summers with family.

Best advice you've ever received?

"Don't go into surgery."

What might surprise us about you?

Despite spending much of my career performing needle-based bedside procedures, I have an intense fear of needles.

A skill you wish you had?

Playing guitar—or maybe rock climbing.

Would you rather do one thing extraordinarily well or ten things admirably well?

Ten things admirably well.

Last book you read for pleasure?

I'm currently reading *Sapiens* by Yuval Noah Harari. The last book I finished was *Mistborn* by Brandon Sanderson.

Most unusual food you've tried?

Either goose barnacles or sea urchin in Spain and Portugal—or sangrecita in Peru (fried and seasoned chicken blood, similar to blood pudding).

