

GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER



MESSAGE FROM THE GME ASSOCIATE DEAN

Dear MSH GME Community,

Welcome to the new residents and fellows who have joined the Mount Sinai Hospital community! I hope that you started learn about our Health System and Hospital approach to quality and safety. We are very excited to have you and look forward to engaging with you on your journey.


The last few months have been a flurry of activity in the Quality Improvement and Patient Safety realm. I have been heartened to hear about the dialogue and enthusiasm to think about how we can increase teaching around healthcare disparities and health equity. We have a GME learning collaborative that has been working for over 18 months of these issues and are welcome to have more faculty and residents join us in these efforts. Look inside to learn how to get involved.

We had some fantastic submissions to our GME Research day that focused on QI and Patient Safety projects. Our newsletter will highlight these over the next few issues.

Look for announcements in the coming month about how to get involved in our hospital committees as well as opportunities to speak to MSH leadership about quality and patient safety.

Best wishes for the 2020-2021 academic year!

Sincerely,



Brijen J Shah, MD
Associate Dean for Graduate Medical Education
Quality Improvement and Patient Safety

IN THIS ISSUE

**MOUNT SINAI HEALTH SYSTEM
VALUES & GOALS, P. 2**

**MSHS HEALTHCARE DISPARITIES
COLLABORATIVE, P. 2**

**MEET DR. BRADLEY DELMAN, VICE
CHAIR FOR QUALITY FOR
DEPARTMENT OF RADIOLOGY, P. 3**

**TEAMWORK AT THE HEART OF
OPTIMIZING PATIENT
EXPERIENCE, P.4**

**MORE OPIOIDS DO NOT YIELD
HIGHER PATIENT SATISFACTION, P.5**

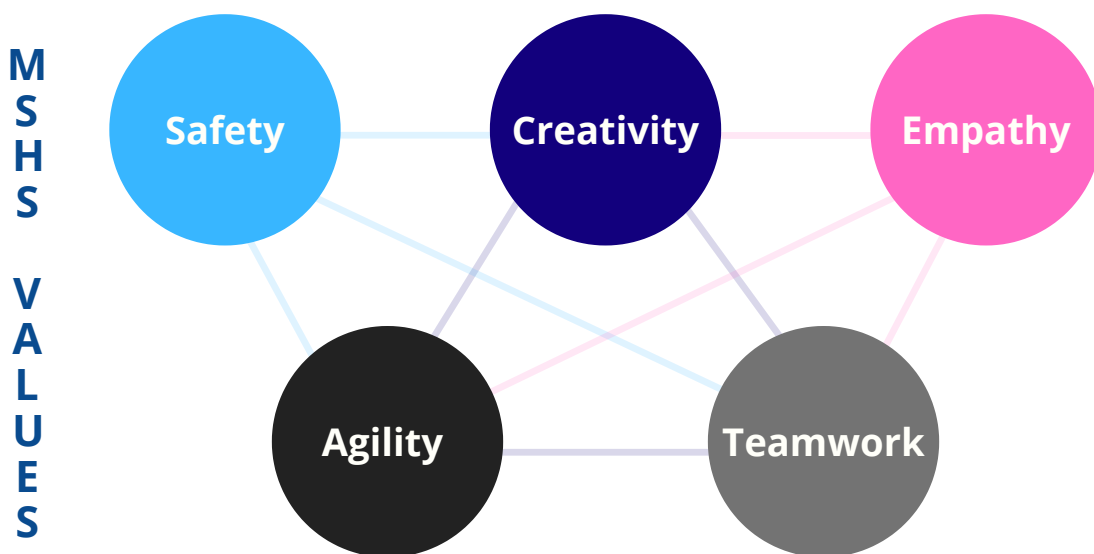
**MSH RESIDENT AND FELLOW
INCIDENT REPORTING -
SafetyNet, P.6**

MOUNT SINAI HOSPITAL GOALS FOR 2020

Reduce the amount of **Hospital Acquired Infections (HAI)**.

Implementation of **Care Standardization** to decrease the Length of Stay and Readmissions.

To promote the **Mount Sinai Health System values** to optimize patient experience.



ACGME HEALTHCARE DISPARITIES COLLABORATIVE

Changing healthcare means changing organizational culture. The Mount Sinai Health Disparities Collaborative is a space to equip and support **all trainees** with tools to build the understructure to address **racial, ethnic, and gender** disparities in care. We welcome new members to join **our** advocacy for equity **through** quality initiatives, **ongoing research projects, and innovative curricula**.

Contact Nicole Ramsey or Betty Kolod if interested.
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Meet Dr. Bradley Delman, Vice Chair for Quality for Department of Radiology, Mount Sinai Health System

I am a neuro-radiologist by training, having completed my fellowship at Mount Sinai and remaining as faculty since. In 2010 I assumed Quality and PI oversight for the Department of

Radiology, and in 2017 became Vice Chair for Quality for the combined Radiology Department of the Mount Sinai Health System. In order to bolster my understanding of health care management I completed the Mount Sinai Master's degree in Health Care Delivery Leadership in 2018, which really refined my organizational and planning skills.

How did you get interested in patient safety and quality improvement?

Before my arrival at Mount Sinai I observed a tough patient care event, from which a patient had a very unfortunate outcome. At that point quality had not received nearly the same attention it is given today. There was little investigation and the event was largely relegated to being unavoidable. This episode stuck with me, because even with my fledgling quality knowledge (and certainly no RCA experience) I knew that we owed our patients more. Patients entrust us with their care and in return we are obliged to treat them in the safest environment. When a quality position became available in our department at Mount Sinai, I aggressively pursued it with the goal of making our processes more uniform and our practices safer for patients.

Your Department seems to engage the residents and fellows in quality improvement. What do you see as the value of residents and fellows joining this work?

To be effective, departmental quality is not, and cannot be perceived as, the job of one person. Ensuring safe practice is everyone's responsibility. House Staff are in the enviable position of rigorous day-to-day management of a service, seeing what works and what doesn't. True patient safety events will rise to attention of departmental leadership because of untoward outcomes, but by then the damage may have already been done. For a quality and safety champion it is the near misses that pose the greatest opportunity for reward: these are the Swiss cheese layers that might have previously gone undetected because other layers have prevented them from reaching patients. When residents or fellows identify a quality issue we can begin to address and fix underlying causes, and thereby prevent future patient events. We may never know how the full impact of that maneuver, but it should be clear that eliminating possible sources of error, even if they have not adversely affected a patient before, will make our practices increasingly safer overall.

Can you share a Great Catch or great quality idea a resident in your department had that was implemented?

Residents are one of the greatest sources for quality projects. Many have centered on improving communication between Radiology and referring services to ensure not only timely communication of results but also facilitating knowledge exchange. Residents have created face maps so we can identify the familiar but often under-named personnel in our very large department. They have also created time-specific contact sheets to make it easier for the ED to reach any service, regardless of day. Residents have contributed to our radiation dose monitoring system, not only to ensure radiation exposure falls within expected range but also to help progressively lower our doses without significantly compromising diagnostic yield. One resident's contrast reaction drill for junior residents revealed that it was not always clear where the reaction kits were kept, so we made the kit appearance and location much more conspicuous. It has been rewarding to see residents self-motivate to make the department a safer place. They'; take this knowledge to their attending positions and make a difference there, too.

What have you learned in Quality that you hadn't expected before you became involved?

When I first started, I assumed that quality was something, if done right, was something that others were unaware was going on. If everything is running smoothly, quality and safety oversight must be working, right? It soon became clear that Quality could not happen in a vacuum. Success is clearly a team effort, and the more invested each person in a department is the better the product will be. In fact, even a small group of quality champions simply can't see everything that may benefit from improvement. The Lean principle of "gemba," the practice of exploring the "actual place" where the work goes on, leverages the input of front-line personnel to identify issues when they are small or potential, rather than finding out when they are large or catastrophic. So my impression has changed: the quality champion must be vocal, to ensure variability is kept to a minimum and to ensure safety and consistency are one everyone's mind. If everyone recognizes their potential contribution to quality the pursuit becomes much more successful and pervasive. Contributors take pride in issues they detect and / or help resolve. And that sentiment permeates the department so we all enjoy a safer and more productive workspace.



Teamwork at the Heart of Optimizing Patient Experience

Submitted by: Mount Sinai Heart

In 2017, Mount Sinai Heart launched our journey to implement innovative strategies to improve the patient experience. At the heart of this journey was strengthening teamwork amongst all members of our interdisciplinary team to drive improvement in our HCAHPS scores.

Three key tools were implemented to strengthen teamwork across the service line, resulting in improved Hospital Rating and Teamwork scores. This includes aligning team members with a clear and common goal by establishing a patient experience mission statement, establishing an effective forum with representation from across disciplines to emphasize patient experience as a shared priority and utilizing comments from inpatient and outpatient surveys to recognize and engage members of the interdisciplinary team for demonstrating behaviors that align with organization values. These strategies resulted in a significant improvement in overall Hospital Rating and teamwork HCAHPS scores for Mount Sinai Heart.

Our first step was to ensure we had alignment across the service line to establish our shared priority. In 2017, we launched a Patient Experience Mission Statement contest. Statements were reviewed and voted on by an interdisciplinary group, including members of the community. The winning mission statement was "Mount Sinai Heart – Where you're Heart of The Matter." Our patient experience mission statement was disseminated through multiple venues to share with all team members across the service line. This includes signage in cardiac areas, "badge buddies" for staff on cardiac units and incorporated into orientations.

The second strategy implemented in 2017 was the launch of a bi-annual "Patient Experience Summit" as an integral strategy to improve teamwork and engagement starting at the leadership level. These Summits are attended by hospital and service line leaders, nurse managers, physician dyad leaders, operational leadership and key representatives from support services including building and food services.

In early 2019, Mount Sinai Heart launched a Patient Comments Committee. The Committee is comprised of an interdisciplinary team who review monthly inpatient and outpatient comments from cardiac units and select those that recognize team members doing exemplary work that emulate the Health System values of Safety, Teamwork, Creativity, Empathy and Agility. To recognize individuals named in patient comments, quarterly recognition breakfasts are held.

Implementing the initiatives outlined above has increased the overarching sense of teamwork and camaraderie amongst Mount Sinai Heart team members across the cardiac domains. In addition, our HCAHPS performance has indicated a steady improvement since 2017 in teamwork and subsequently in overall hospital rating.

In 2017, Mount Sinai Heart units collectively ranked in the 40th percentile in our Press Ganey peer group for the teamwork question "staff worked together to care for you." Compared to our peer group filtered on cardiology/coronary specialty only, Mount Sinai Heart ranked in the 27th percentile nationally in 2017 for teamwork. In 2019, after implementing the engagement initiatives outlined above, Mount Sinai Heart improved its ranking to the 53rd percentile nationally for "staff worked together to care for you." When compared to the cardiology/coronary specialty only, Mount Sinai Heart improved in ranking to the 32nd percentile in 2019. Looking at overall Hospital Rating for the Cardiology specialty at The Mount Sinai Hospital, a significant improvement has been seen from 2017 to 2019, improving from the 74th percentile in 2017 to the 84th percentile nationally in 2019. This is getting us closer to our goal of being in the top ten decile nationally for this measure as a specialty.



Shruti Zaveri MD MPH

Surgical Resident
Mount Sinai Hospital

MORE OPIOIDS DO NOT YIELD HIGHER PATIENT SATISFACTION

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Introduction: Recent studies have demonstrated excessive prescribing of postoperative opioids. The purpose of this study was to characterize the relationship between opioid prescribing and consumption, and the effect of amount of medication used on patient satisfaction.

Methods: Patients of a four-surgeon general surgery practice that underwent ambulatory general surgery between September 2018 and May 2019 were surveyed about opioid consumption, pain scores, and overall satisfaction with postoperative pain control. The survey data was matched to prescriptions to study the relationship between opioid prescriptions and consumption, and the effect on post-operative pain control and satisfaction.

Results: There were 148 patients surveyed. 71% of patients who were prescribed >20 pills only consumed <10 pills. Over one-third of patients had >15 pills left over at 2 weeks postoperatively. An increase in the amount of opioid prescribed did significantly increase the amount of opioids consumed ($p=0.0335$), however had no significant impact on pain control immediately post-op ($p=0.1716$) or at two-weeks following the surgery ($p=0.2829$). Most importantly, there was no significant association between the number of pills prescribed and overall postoperative satisfaction.



SafetyNet

Report an Incident

<https://datix.mountsinai.org/live/index.php?module=INC&recordid=>

Below is a tally of the number of resident reports submitted to SafetyNet. We are trying improve the resident and fellow engagement with our safety reporting process through SafetyNet.



*numbers reflect confidential report where was resident/fellow