



Icahn School
of Medicine at
Mount
Sinai



GME Patient Safety & Quality Improvement Newsletter

Profile of a QI Leader

Holly Loudon, MD

In this issue the Quality Improvement Leader we are highlighting is Dr. Holly Loudon. (cont'd p.2)

Implementing a Joint Commission Interdisciplinary Team Note

Palliative care is a specialty that focuses on enhancing the quality of life for patients and families facing serious illness. Because these patients encounter complex problems including uncontrolled symptoms, psychosocial stressors, and spiritual concerns, their needs are best met by an interdisciplinary team. (cont'd p.3)

MERS Reporting

The Mount Sinai Hospital will have its third CLER visit on **Tuesday June 18 to Thursday June 20th**. (cont'd p.5)

MSH Care Team App

The [Sinai Care Team App](#), a web-based smartphone app directory to facilitate greater inter-professional communication (cont'd p.6)

Message From Dr. Brijen Shah



Dear MSH GME and QI Community,

Summer greetings to our new residents and fellows who are beginning their Mount Sinai Health System GME journey. We look forward to meeting with you and supporting you in your quest to become physicians who provide high quality and safe care.

Thank you to all the faculty, staff, residents and fellows who helped the Office of GME to have another successful CLER visit. Overall, the visit went very well and the site visitors enjoyed interacting with each of you. In the coming weeks, we will share with you a summary of the findings once we received the final report.

As the summer heat rises, we mark the mid-year point in our 2019 Quality Improvement and Patient Safety goals. We hope you will continue to check out the newsletter to find out way to get involved, tips to engage with our quality and patient safety efforts, and for exciting upcoming changes to some of the quality and safety programs.

Sincerely,

Brijen J. Shah, MD
Associate Dean for GME in QI/Patient Safety,
Mount Sinai Hospital



Profile of a QI Leader

Holly Loudon, MD

Briefly describe your role in QI/Patient Safety.

As the System OB/Gyn Vice Chair of Quality & Safety I focus on policy/ protocol writing and implementation, case reviews, and safety initiatives. Everyone plays a vital role in improving the quality of care we provide and ensuring patient safety. Therefore I work closely with the entire team, from students and house staff to nursing and attending, to develop processes and safety solutions that take into account everyone's perspectives.

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

I became more and more involved in quality and safety as our already busy OB service expanded from 5000 to 8000 deliveries per year. To safely accommodate this volume existing processes needed to be reevaluated.

What are your current QI/PS focus areas that involve residents and fellows?

Our house staff participate in a monthly grand rounds program called "Quality & Safety Day", during which they present misses and near misses using the Swiss cheese model of causation. As part of this program the house staff help to develop safety solutions and present these to our department. House staff also participate in our quality assurance committees.

What are two pieces of advice you can provide to someone who is thinking of developing into a QI/Patient Safety Leader?

Remember that improved communication has the potential to prevent most safety events. When you are trying to develop a safety solution that will prevent an event from reaching a patient, remember that you have to take into account not just the actions of the individuals involved, but the environment that allowed the event to occur.

House Staff Quality Improvement Committee

The House Staff Quality Improvement Committee was put together to facilitate interdepartmental discussion and collaboration among house staff and other members of the front line provider team to discuss quality improvement and patient safety throughout the hospital. Our goal is to discuss the principles of QI along with ideas for longitudinal QI projects to improve patient care.

Please join us for our first meeting on August 5th where we will introduce our leadership team and discuss plans, goals and objective for the year.

Meeting Date

August 5, 2019 at 7pm

Annenberg Building

Room 23-01

Dinner will be provided.

Implementing a Joint Commission Interdisciplinary Team Note

Laura Belland, Michael Drapala, Natsu Fukui, Jose De Leon

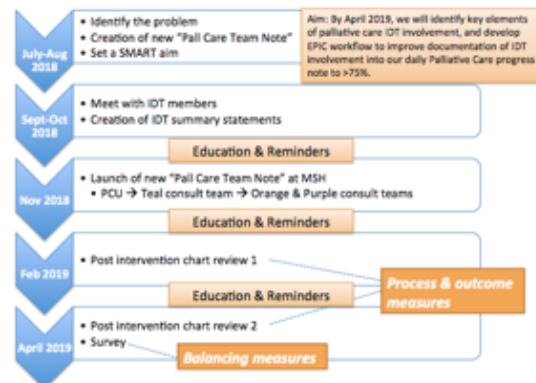
Mentor: Rachel Adams, Priya Krishnasamy

Palliative care is a specialty that focuses on enhancing the quality of life for patients and families facing serious illness. Because these patients encounter complex problems including uncontrolled symptoms, psychosocial stressors, and spiritual concerns, their needs are best met by an interdisciplinary team. The importance of collaboration with patient and family and documentation of our efforts is highlighted in the standards set forth by the Joint Commission, i.e. that the documented plan of care should be developed and updated by the interdisciplinary team in collaboration with the patient, his or her family, and health care providers.

The goal of our quality improvement project was to create a new “Pall Care Team Note” which would be used by the MD/NP for daily documentation in EPIC, and would include an interdisciplinary plan of care section that captures the collaborative work of the interdisciplinary team.

Beginning in the summer of 2018, we worked with EPIC representatives to create a new “Pall Care Team Note” template. This note template was created with the input of our interdisciplinary team (IDT) via planning sessions that occurred concurrently that summer. In the fall, we began meeting with our IDT members including RNs, Chaplains, Social Workers, and massage, yoga, and creative arts therapists to create discipline specific statements that summarize their involvement in a patient's care. These summary statements were designed as tagged statements that would be automatically pulled from the IDT

members' notes into the “Pall Care Team Note” that the MD/NP used as their daily progress note. The final product was a daily “Pall Care Team Note” written by MD/ NP with a section that summarized our collaboration with IDT members. In November, we launched the new note template and summary statements, first in our Palliative Care Unit and subsequently on our consult service. During the next few months, we provided regular education to our clinicians by reviewing the note during morning rounds and during clinical work flow meetings. In January 2019, this new IDT note launched across all of the campuses in our health system.



To evaluate the effect of our initiative, we defined the following three measures: 1) the process measure was defined as the percentage of time our new “Pall Care Team Note” template is appropriately used by the MD/NP for daily documentation, 2) the outcome measure was defined as the percentage of time IDT involvement is appropriately summarized in our daily documentation (measured by the percentage of time the summary statement was used appropriately by IDT members), and 3) the balancing measure was defined by the extra time and work required to complete daily documentation.

The process and outcome measures were assessed through chart reviews. In February 2019, we reviewed 33 charts of patients who were cared for by our Palliative Care Unit clinicians, or by our Palliative Care Consult Service clinicians. We repeated the same chart review in April 2019. With regards to our process measure, we found that the MD/NP used the new “Palliative Care Team Note” template appropriately 97% of the time in February and 100% of the time in April. This was not surprising, as by April we had phased out our old note template so that it could not be used for documentation. As for the outcome measure, we found that the summary statement was used by IDT members (causing their involvement to be summarized in the MD/ NP documentation) 92% of the time in February and 95% of the time in April. This impressive result demonstrates the high level of support that we received from our IDT members for this project.

Chart Review Results

	Feb 2019	April 2019	
% of time new note template is used appropriately by fellow/NP	97%	100%	Process measure
% of time summary statement is used by IDT member	92%	95%	Outcome measure
=% of time IDT involvement is documented in daily progress note			

The balancing measure was assessed through a survey. A short survey was distributed to Palliative Care fellows in April. This survey included 3 questions addressing the ease of use of the new note template, perceived extra time of documentation, and effectiveness of the IDT summaries. We received nine responses, and there was a wide range of opinions about the new note template. In

general, it appeared that it was challenging to adapt to a new template mid-way into the academic year, and many fellows shared feedback on ways to improve the usability of the note.

Survey Results

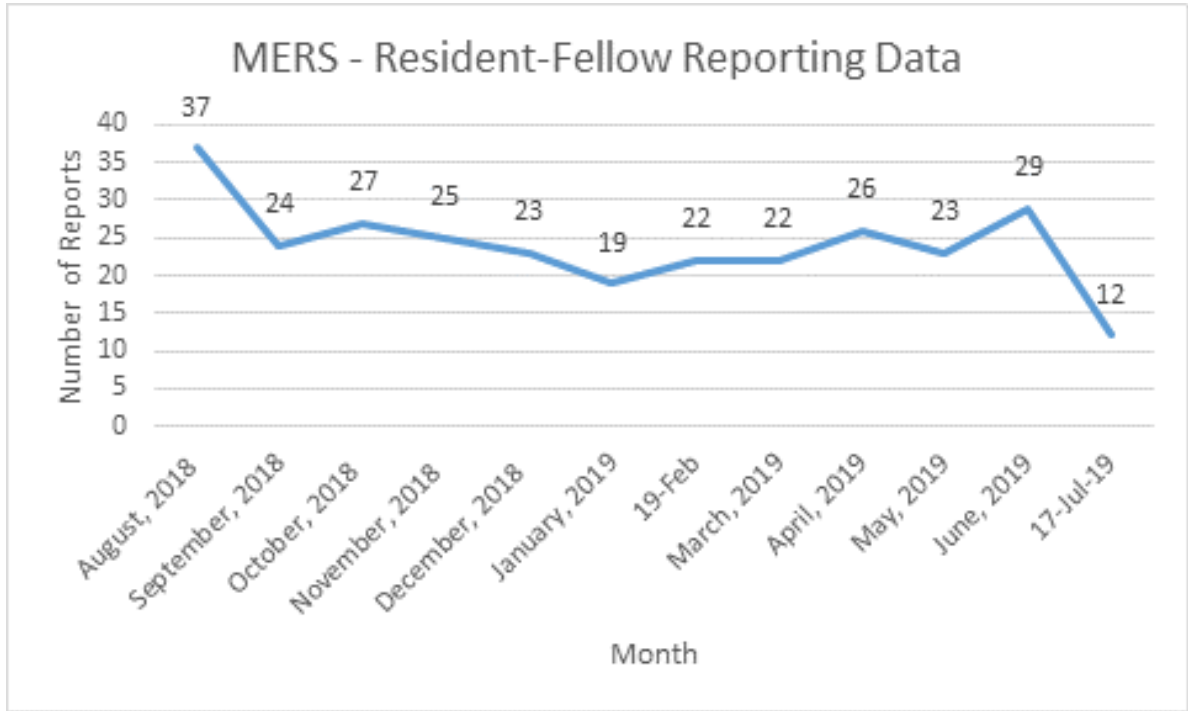
Balancing measure

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The note template is easy to use	22%	22%	11%	33%	11%
It takes longer to complete documentation using the new note		11%	33%	33%	22%
The Interdisciplinary Care Plan section of the note enhances patient care		22%	67%		11%

The most important lesson learned from this project is that change is hard for everybody! It is especially hard to encourage a change in habits that requires support from an entire department. One strength of this project is that we were proactive about collaborating with our IDT members from the start, and provided education to facilitate the change as much as possible. We also phased out the old note template used by the MD/NPs, so that there would be no confusion about which note template to use.

Future efforts will include continued work with the EPIC IT team to make our note template more user-friendly, thus promoting the sustainability of our project as new trainees and staff join our department, and expanding our efforts to other Mount Sinai facilities.

MERS - Event Reporting



Report a Patient Safety Event

mers.mountsinai.org

Month	Number of Trainee Reports	Total Number of MERS Reports
January 2019	19	1032
February 2019	22	974
March 2019	22	1057
May 2019	23	1053
July 1, 2019 - July 17, 2019	12	529

Epic Champions

One of the important goals of the ongoing EPIC optimization efforts is to identify an **Epic Champion** for each practice in the MSHS, whether the practice is currently on Epic or engaged in a new implementation.

The Epic Champion Education Program creates advanced Epic users who are comfortable working with tools in Epic at an optimal level and can mentor other users in their practice groups. Epic Champions will serve as liaisons between end users, department leaders, and the Epic project team. They will act as support resources for their practice groups and /or divisions.

They will act as liaisons between clinical informatics/IT and their practice groups. They will participate in ongoing EPIC education sessions and transmit updates to colleagues.

MSH app Sinai Care-Team App

Dear Residents/Fellows:

At the start of the 2018-19 Academic Year we launched the [Sinai CareTeam App](#), a web-based smartphone app directory to facilitate greater inter-professional communication and want to again encourage you to both download the app and share your feedback by completing a brief form found [here](#) as we look at continued ways to improve the app and increase utilization. We will shortly begin the process of developing content for MSBI, MSSLW and NYEEIMS.

We hope that many of you who have not already done so will download the app and use it; we would greatly appreciate your feedback as we work to continue to improve its effectiveness.

Please reach out to mountsinaiqi@gmail.com for any questions you may have about the app and/or use the App's **Submit Edit/Comment** functionality for any additions or corrections you wish to submit.

