



GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER



MESSAGE FROM THE GME ASSOCIATE DEANS FOR QI & PS



Dear MSHS Residents, Fellows and Faculty,

This month's GME QI & PS newsletter coincides with Patient Safety Awareness Week, and in recognition, the Department of Risk Management and Patient Safety is hosting a series of webinars. Topics are diverse, ranging from reflections on workplace violence to lessons on Just Culture. Please make sure to check out the full listing on page 5.

Also, in celebration of this week, the GME office is hosting another SafetyNet Reporting Challenge. Some of you may recall our first challenge in 2021, which helped to boost trainee reporting of adverse events. We are pushing for even more engagement in 2022, so please spread the word about SafetyNet and this year's challenge! More information on hospital site reporting goals and prize details can be found on page 7.

That being said, Quality Improvement and Patient Safety does not stop at the end of Patient Safety Week, and so we want to lead into this month's newsletter by presenting important ongoing efforts to reduce hospital readmissions as outlined by The Quality and Regulatory Affairs Department. In their summary, they highlight the current efforts throughout the health system while emphasizing the contributions of all staff.

As part of the "Get to Know Your CMO" interview series, Paul Yu, GME Administrator for Quality Improvement/Patient Safety & Well-being, spoke with Dr. Scott Horn, Deputy Chief Medical officer of New York Eye & Ear Infirmary. An anesthesiologist by trade, Dr. Horn has many years of operating room and leadership experience. In this interview, he sheds some light on his journey into healthcare administration.

Also in this issue, you will find articles of interest from the Patient Safety Net weekly bulletin as well as information on MSH "Patient Safety Wednesdays."

Lastly, we report the latest 12-month SafetyNet data. Please spread the word about the SafetyNet Reporting Challenge. We would love to hit those site goals!

Brijen Shah, MD

GME Associate Dean for QI and PS

Daniel Steinberg, MD

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Readmissions Initiatives at Mount Sinai Health System

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Tackling Readmissions at Mount Sinai Health System (MSHS)

"We must be diligent in developing a system-wide approach..."

Hospital readmissions continue to be a problem facing many healthcare systems today including ours. Financial penalties associated with increasing readmission rates contribute significantly to rising healthcare costs. Moreover, it directly affects the quality of care and patient experience.

Without a full understanding of the readmission drivers and a strategy to tackle this issue, our health system will continue to be adversely impacted. We must be diligent in developing a system-wide approach to deliver the highest quality care for all the patients that we serve. This article will aim to shed some light on the current goals and emphasize the important contributions of all staff in readmission reduction throughout our health system.

MSHS Readmission Efforts

\$2,700,000
 Penalties in 2021

Readmission efforts have focused on examining the priority conditions and procedures that impact external incentive programs. Without addressing known drivers, MSHS will continue to be adversely impacted by increasing readmission rates and its associated penalties assessed by the Centers for Medicare & Medicaid Services (CMS).

As of July 2021, the CMS Program indicated that there have been approximately \$2.7 million worth of penalties incurred by the Health System (Figure 1). This report specifically looked at the MSHS 30-day readmission data and evaluates the Priority Conditions (*Acute Myocardial Infarction, Heart Failure, Pneumonia, Chronic Obstructive Pulmonary Disease*) and Procedures (*Total Hip Arthroplasty/Total Knee Arthroplasty, Coronary Artery Bypass Graft*).

Figure 1. Readmissions Performance: CMS HRRP

	Federal Fiscal Year (FFY) 2021 CMS HRRP Penalties						Total
	AMI	HF	PN	COPD	THA-TKA	CABG	
MSH/Q	\$-	\$-	\$9,000	\$61,000	\$-	\$-	\$70,000
MSM/W	\$279,000	\$184,000	\$193,000	\$10,000	\$222,000	\$-	\$888,000
MSBI/B	\$89,000	\$-	\$441,000	\$-	\$-	n/a	\$530,000
MSSN	\$17,000	\$132,000	\$916,000	\$139,000	\$-	n/a	\$1,204,000
Total	\$385,000	\$316,000	\$1,559,000	\$210,000	\$222,000	\$-	\$2,692,000

As of July 2021 CMS PEPPER Reports; FFY 2021 Performance Period: July 2016- June 2019;
 \$= No penalty

Among the Priority Conditions and Procedures patient cohorts, Pneumonia (PNA) and Acute Myocardial Infarction (AMI) presented as the biggest areas of opportunity.

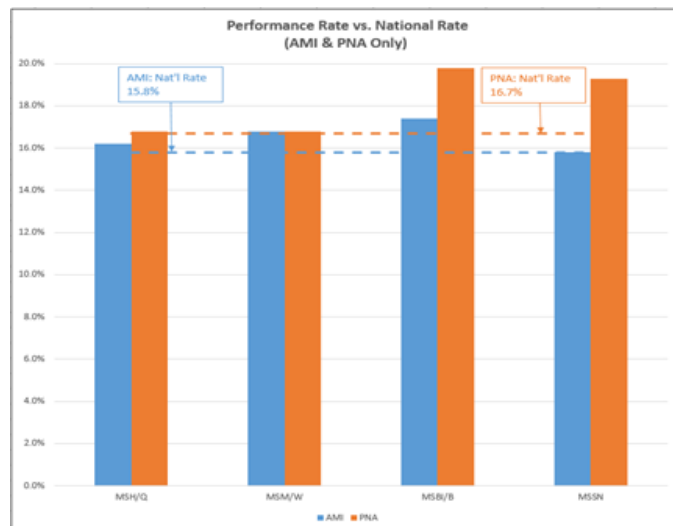
In review, the MSHS readmission rates for AMI and PNA are mostly higher than the national average. The negative trends of AMI and PNA alone represented approximately \$1,600,000 and \$385,000, respectively in 2021 CMS penalties.

See Figure 2 for all cohorts

Figure 2. Readmissions Performance: Commercial Pay for Performance (30-day Hospital Readmission Measures)

Current Performance	AMI	HF	PN	COPD	THA-TKA
MSH/Q	16.2%	21.2%	16.8%	19.6%	3.6%
MSM/W	16.8%	22.7%	16.8%	19.9%	4.1%
MSB/B	17.4%	21.6%	19.8%	18.4%	4.0%
MSSN	15.8%	22.5%	19.3%	20.9%	3.5%
National Rate	15.8%	21.9%	16.7%	19.7%	4.0%

As of July 2021 Preview Reports for Care Compare; Hospital rate must be better than national rate to get full points; CMS, Date Range: July 2017- Dec 2019



Opportunities for Improvement	
	Standardize Priority Conditions and Procedures workgroups that will develop best practices of care
	Improve EPIC identification, documentation, and discharge planning
	Build on inpatient and ambulatory team collaboration that includes a robust post-discharge outreach

Readmissions and You

We recognize that our efforts must leverage all efforts being conducted by various departments and service lines. Physicians, residents, and fellows play a pivotal role in the multidisciplinary team that directly affects the patient outcomes. Having a collaborative, respectful and equitable working relationship with the rest of the team fosters a professional and safe environment.

Allowing the patient and their family members to fully understand the diagnosis as well as the treatment plans through their direct involvement will enhance the effectiveness of the readmission efforts geared towards best practice of care and discharge planning.

Appropriate documentation is essential in our readmissions efforts. Precise documentation of priority conditions and procedures will aid in the identification of patient cohorts. Consequently, departments and staff responsible for post discharge outreach and transitions will directly benefit from this effort. Recently, a return-on-investment analysis was conducted to determine the effectiveness of the outreach efforts and their impact on readmission rate. It was determined that successful outreach interventions directly result in a lower readmission rate among most of the priority condition and procedure patient cohorts.

In Conclusion

Readmission reduction efforts will continue to be a priority of the patient-centered goals of our health system. Residents and fellows are essential to our mission.

“...to grow and challenge convention through our pioneering spirit, scientific advancements, forward-thinking leadership, and collaborative approach to providing exceptional patient care in the many unique communities we serve”

If you have questions about the health system's readmission initiatives, please reach out to:

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Get to Know the NYEEI Deputy CMO

A conversation with Scott Horn, MD
Deputy Chief Medical Officer, NYEEI



Hi Dr. Horn thank you for taking the time to speak with me. I want to start off by asking what you enjoy most about being Deputy Chief Medical Officer?

Sure! Just for a little background, I have been at New York Eye and Ear of Mt. Sinai for the last 14 years. My journey here started in 2008 as an Anesthesiologist. Previously, I had worked in Florida, although I did my residency in New York. Since this is a specialty hospital providing Ophthalmologic, Ear, Nose, and Throat care, the opportunity to join offered a different operating room experience for me.

New York Eye and Ear provides a high volume of ambulatory surgical cases and so we are always planning and preparing for ways to improve quality and safety in order to protect our patients and staff. Two years ago, because of my familiarity with operating room processes as well as my rapport with the residents, program directors, and chair-people, hospital administration asked if I would consider the role of Deputy Chief Medical Officer. I saw this as an amazing opportunity to pursue my interest in quality and safety, as well as being a problem-solver. Through my work in the Anesthesia department, I have had the opportunity to be on the other side of the drapes so to speak. Over time, I was able to gain better insight into some of the issues with regards to quality, safety and adverse events in the operating room. I noticed issues that many residents and fellows would struggle with, for example, communicating with the perioperative team to ensure cases were suitable for the infirmary.

So I accepted the role while concurrently completing the Clinical Quality Fellowship through the Greater Hospitals of New York. This fellowship really provided me with a needed toolset. Part of being a Deputy CMO is having the ability to apply established processes to solve problems. There are defined metrics and ways of evaluating quality and safety problems that require some book-knowledge, and so I credit that fellowship with helping me land where I am today.

The pandemic turned everything upside down for our hospitals and healthcare in general, and so the education I had coming into this role really helped in many different ways. I was asked to find ways to transition NYEE from a specialty hospital to an acute care facility that could potentially help handle the surge, and so I had to take my pre-existing interest in quality and safety, as well as the basic knowledge I acquired in the Clinical Quality Fellowship, and apply it to this real problem we were facing.

I love this work. As an Anesthesiologist, it is something that I have always been passionate about. With the mentorship of Dr. Barnett, as well as our COO and President, and other leaders in our system, I am able to bring a really sound structure and culture of quality and patient safety to New York Eye and Ear.

Thank you for that background. Are you still practicing as an Anesthesiologist?

Yes, currently my position is split 50/50 which means I spend 50% of my time clinically. I still take call as any full time Anesthesiologist does. The other 50% is dedicated to my role as Deputy Chief Medical Officer. I'm very fortunate to have an accommodating management group (I still serve as one of the managers for Anesthesia) which allows me the flexibility to adjust my clinical schedule in order to meet the needs of the hospital and my position as Deputy CMO.

I want to circle back to my first question about what you enjoy most about your job, because I think you gave a nice background of how you got to where you are, but I'm wondering what drives you the most about your position?

What drives me is being able to apply my expertise and insights to ensure NYEE is a high quality and safe hospital, but not only that, I am also driven by the relationships I've built with front line staff and surgeons. Now that I am in this role, I have access to so many more resources and mentors, and it has given me the ability to implement change. Because of my continued clinical responsibilities, I still have that connection with our front line staff, residents, fellows, and surgeons. I have earned their trust, and ultimately those relationships allow me to effectively implement the best policies and safety solutions.

That's really great! Because many of the folks reading this newsletter are residents and fellows, I want to ask: How do you think residents and fellows can help with the safety and quality mission of the hospital?

Residents and Fellows are on the front line, and they really understand and encounter a lot of issues that administrators and others may not have access to. Our residents and fellows come from varied backgrounds and so they bring a lot of invaluable perspectives and experiences to the hospital setting. Because of this, I really try to make myself available to them night and day. When I have their input, it really helps us drive meaningful change. We try to make this institution one that fosters just-culture, and so I want to make it known that their insights and feedback are protected.

When we have an adverse event that leads to a Root Cause Analysis, I find that when we include the residents and fellows for their input, we can get to the truth so to speak, and devise the most effective safety solutions.

One thing I have noticed in doing these interviews with several Mt. Sinai CMO's is that everyone has had a unique path to their role. So I want to ask, what advice would you give to someone considering a career in healthcare administration?

I really think that in order to achieve that goal, in addition to having compassion for patients, you really have to be able to relate to people in a way that allows you to effectively communicate and collaborate on a large scale. You have to be able to work through complex situations while having the mentality for solving problems. If you have that mindset, then you should proactively seek opportunities that will help you grow, for example, participating in Root Cause Analyses. I think seeking out opportunities and advice will paint your palette and allow you to decide if a career in healthcare administration is the right path for you.

I would also recommend (because I didn't go this route) to get your Master's degree early on. I took 4 years off between undergrad and medical school, and I am just now going for my Master's in Healthcare Administration. I think getting an MHA is vital for my journey as a healthcare administrator, but I'm envious of my colleagues that went for a combined MD/MBA program or even just pursued their MBA earlier in their career as a physician. I really think that's a critical period in life when you're in the mindset of being a student which makes it a little bit easier to balance with other obligations in life.

That sounds like great advice. This actually segues into my last question: How do you balance work and personal life? What do you like to do for fun?

I have learned that you need balance in your life, which can be achieved in many different ways. Personally, I'm an avid runner. I find running to be relaxing and cathartic. It even provides me the headspace to revisit issues from the day.

I am a father. I have 3 children and I make sure to be available to them and especially for the important milestones in their lives.

And of course, taking the opportunity to disconnect through vacation. Obviously I can't completely disconnect since there are certain duties that supersede a true vacation, but having a good team around me really ensures that things run smoothly while I'm away.

Patient Safety Awareness Week

March 13 - March 19

To celebrate Patient Safety Awareness Week, Mount Sinai Health System and the Department of Risk Management and Patient Safety will host its annual celebration virtually from Monday, March 14, through Friday, March 18. Every day is patient safety day at Mount Sinai, but each year we celebrate our achievements in patient safety by inviting a distinguished patient safety expert as guest speaker to celebrate Patient Safety Awareness Week.

Visit the links below to learn more about our progress in patient safety initiatives through the eyes of our employees.

Patient Safety Webinars

“Reflections on Violence in the Healthcare Workplace”

Daniel Hughes, Ph.D., CEAP, Director, Employee Assistance Program, Mount Sinai Health System, Associate Professor, Environmental Medicine and Public Health

Wednesday, March 16, 12pm

To join the webinar click: <https://mssm.zoom.us/j/81820927234?pwd=OGk2eIzLTmJhanNrU3V3RVZzc2ZjUT09>
Passcode: 065487

“First Do No Harm: The Case for Health Care Worker Vaccinations to Improve Patient Safety”

Bernard Camins, MD, Professor of Medicine (Infectious Diseases); Medical Director for Infection Prevention, Mount Sinai Health System (MSHS)

<https://vimeo.com/524338333/46009d8366>

“Health Care Staff Well-being throughout the COVID Pandemic and Strategies to Reduce Stress and Burnout”

Lauren Peccoralo, MD, MPH, Senior Associate Dean for Faculty Well-being and Development

<https://vimeo.com/525033284/68bba290b2>

“A Lesson on Just Culture”

Christopher Berner, Vice President, Human Resources, Mount Sinai Beth Israel

<https://vimeo.com/525313035/ca0151510f>

Patient Safety Documentary

To Err Is Human, a Patient Safety Documentary

Mike Eisenberg, Director

<https://www.youtube.com/watch?v=-pXQGTtbrE>

Patient Safety SharePoint Website

<https://mssinai.sharepoint.com/sites/MSHSmedsvcs/rmps/SitePages/Home.aspx>

SafetyNet Tip: We would like to remind you that you play a critical role in patient safety. Please continue submitting events in SafetyNet. Through these reports, we identify issues that we need to address to ensure both your safety and the safety of our patients.

For more information about Patient Safety Awareness Week at Mount Sinai Health System, contact Risk Management and Patient Safety at 212-241-7987.



Patient Safety Wednesdays

Every Wednesday at MSH, 12:00 PM



Mount Sinai leaders bring the most important Patient Safety topics to your unit.

- Look for a new topic each Wednesday at noon
- Ask and escalate your Patient Safety questions to our experts rounding on your unit
- Topics vary and could include: chronic pain management, emergency preparedness, MRI safety, organ and tissue donation, sexual harassment, disability awareness, and many more

› For more information, email patientsafety@mountsinai.org.



Patient Safety Wednesday

GRADUATE MEDICAL EDUCATION

Patient Safety Week: March 13-19, 2022

Patient Safety Reporting Challenge

To encourage Resident and Fellow incident reporting through [SafetyNet](#), the Office of Graduate Medical Education is hosting a **Patient Safety Reporting Challenge** March 13, 2022 - March 19, 2022.

Why are we doing this?

In 2021, 4.0% of all patient safety incident reports entered into [SafetyNet](#) across the MSHS were submitted by residents and fellows. This was 0.5% increase from 2020. While this is good news, we still have a goal of increasing engagement. For 2022, we would like to have 5.0%+ of all patient safety incident reports submitted by residents and fellows.

What's the challenge?

To increase resident/fellow reporting in [SafetyNet](#), we devised goals for each site (listed below). Granted their site reporting goal is met, each resident/fellow who reports in [SafetyNet](#) between March 13 and March 19, will have their name entered into a site raffle. Prizes for each site will include Apple AirPods Pro and Recreation Center gift certificates. Residents/fellows are encouraged to submit at any of the MSHS sites where they rotate, but their names will only be entered into the raffle once, and only for the site in which their program is based. To be entered into the raffle, the report cannot be anonymous. Please note, however, all reports are considered confidential.

Site Reporting Goals for the Week of March 13 - March 19:

- **MSH: 25**
- **MSBI/NYEEI: 10**
- **MSM/MSW: 10**

Daily updates of resident/fellow [SafetyNet](#) reporting will be sent during **Patient Safety Week** with final report and raffle results sent on March 21.

[Residents and Fellows May Click Here to Access SafetyNet](#)

Note: SafetyNet is only accessible from inside the system or via VPN

Medication errors' causes analysis in home care setting: a systematic review

Dionisi S, Di Simone E, Liquori G, et al. Public Health Nurs. Epub 2021

Causes of medication errors occurring in home care may differ from those in the hospital setting. This systematic review identified three main risk factors for medication errors in the home: transition documentation, medication reconciliation, and communication among the multidisciplinary team. Most studies recommend involvement of a pharmacist as a member of the care team.

Diagnostic error in the pediatric hospital: a narrative review

Sawicki JG, Nystrom D, Purtell R, et al. Hosp Pract. Epub 2021

Diagnostic errors are a significant patient safety issue. This systematic review describes the scope of existing research regarding diagnostic errors in pediatric patients. The authors concluded that there are limited data describing diagnostic errors in pediatric hospital settings. Findings suggest that the prevalence of diagnostic error in pediatric hospitals varied and largely depended on the measurement technique and hospital setting.

The abrupt expansion of ambulatory telemedicine: implications for patient safety

Khoong EC, Sharma AE, Gupta K, et al. J Gen Intern Med. Epub 2022

In response to concerns about COVID-19 transmission, many ambulatory care visits have transitioned to telehealth visits. This commentary describes the impact of telehealth on diagnostic errors and medication safety in ambulatory settings. Recommendations to further understand the impact of telemedicine on patient safety include: systematically measuring patient safety outcomes and increasing reporting of safety incidents; identifying the patients and clinical scenarios with the greatest risk of unsafe telehealth care; identifying and supporting best practices to ensure equal access to safe telehealth.

Nursing guidelines for comprehensive harm prevention strategies for adult patients in acute hospitals: an integrative review and synthesis

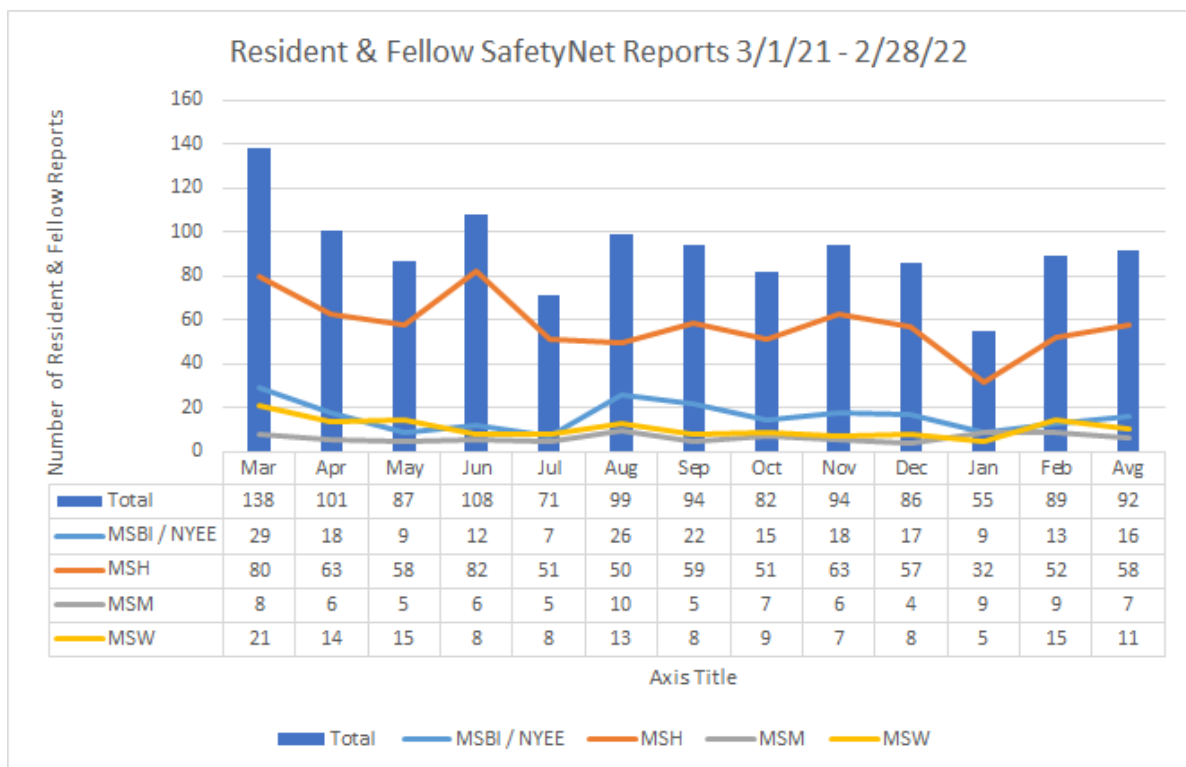
Redley B, Douglas T, Hoon L, et al. Int J Nurs Stud. Epub 2022

Nurses have a significant impact on patient safety. This integrative review of clinical practice guidelines identified 6 themes representing nursing care strategies to manage risk and prevent harm: (1) detect risk or early change, (2) act early to prevent deterioration, (3) identify and treat underlying conditions, (4) grade escalation of care, (5) provide a safe care environment, and (6) engage patient and care partners. These findings highlight the complexity of nursing work and illustrate strategies that nurse leaders can integrate into local practice to improve safe care.



Below you will find SafetyNet resident and fellow reporting statistics for the 12-month period March 2021 through February 2022. The average number of total reports across campuses was 92. We hope this year's reporting challenge, which starts March 13 and ends March 19, will increase engagement with SafetyNet, much like last year.

For those residents and fellows who recently joined us, you should have been oriented to SafetyNet as part of your onboarding. We hope that you will engage with the system and help us in our efforts to continue to develop a culture of patient safety reporting.



[I entered a report and want to know what happened](#)

A spreadsheet of all residents and fellow entered reports has been posted on New Innovations. You can find your report and the name of the contact(s) for who is handling the case. If the case went to a root cause analysis, the results of the root cause analysis can be found in the spreadsheet as well.

Residents, fellows and faculty are always encouraged to reach out to [Daniel Steinberg](#) (MSBI/NYEEI/MSMW) or [Brijen Shah](#) (MSH) with any questions.