GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER

MESSAGE FROM THE GME ASSOCIATE DEANS FOR QI & PS

Dear MSHS Residents, Fellows and Faculty,

As always, we want to thank everyone for their commitment to ensuring patient safety within the Mount Sinai Health System. No health system is perfect and therefore it takes a truly dedicated workforce to continuously strive for patient safety and quality improvement 24/7. In this issue, we highlight several informational pieces, educational opportunities and recognition of outstanding trainees.

As part of a hospital-wide QI initiative, the MSH Internal Medicine Residency Professionalism Committee created an Epic Chat best practices placard which will be disseminated across MSH. Epic Chat is the approved platform for quickly communicating with front-line providers, primary attending physicians, consult services and nurses. See the detailed placard on page 2.

As we all know, the Mount Sinai Health System is dedicated to ensuring a safe workplace. The MSHS Safety Committee developed a comprehensive policy with signage to be disseminated throughout hospital sites. Please refer to page 4 for the detailed broadcast notification and link to the policy.

Starting with this issue, we will be regularly sharing health system performance in key quality and safety metrics. Especially for the residents and fellows reading this, we want to raise awareness about the measures which are important and how you may be able to contribute to improving them. On page 5, you will find a snapshot from the QI Dashboard.

Interested in honing in on a QI/PS research hunch? Slicer Dicer is an Epic-based self-service cohort query tool that allows users to have quick views into patient populations. Perfect for Quality Improvement and Patient Safety projects, users are able to investigate research hunches and tailor their searches to include a variety of equity-focused variables. For more information on its capabilities and to access training modules, please see page 3.

The Office of GME is now accepting applications for the AY 23-24 Patient Safety Elective. This elective aims to expose house staff to how adverse events, system safety solutions and patient safety events are investigated at the Mount Sinai Health System Hospitals. This is a great way for house staff to learn key patient safety concepts and network with hospital team members who support patient safety operations in a large hospital setting.

Lastly, we include our regular sections highlighting positive patient comments about the care they received from MSHS trainees, the latest in QI/PS literature, as well as MSHS SafetyNet reporting data for the last 12 months. Thank you again for all of your hard work in promoting a culture of safety!

Brijen Shah, MD
GME Associate Dean for QI and PS

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QI Spotlight

Epic Chat Best Practices

Frans Beerkens, MD, PGY-4, MSH Internal Medicine
Nina Balac, MD, PGY-2, MSH Internal Medicine
Beth Raucher, MD, SM, Professor, Infectious Diseases
Vinh-tung Nguyen, Associate Professor, Internal Medicine
Mahima Vijayaraghavan, MD, Assistant Professor, Clinical Informatics
David Thomas, MD, Professor, Internal Medicine, Program Director, MSH Internal Medicine
Jonathan Halperin, MD, Professor, Cardiology

Epic Chat

Mount Sinai

DO	DON'T*
Assign yourself to your patients during active care, set your availability, and forward messages when on break	**Forget to unassign yourself after active care and change your availability to away or offline**
• Send non-urgent requests or concerns	• Send urgent requests or concerns
• Raise clinical concerns	• Report unstable vital signs
• Use professional EMR language	• Use unprofessional language or ALL CAPS
• Use closed loop communication	• Leave questions or requests unanswered
• Ask clinical questions	• Discuss clinical disagreements
• Report abnormal ! lab values or imaging	• Report critical !! lab values without verbal confirmation
• Use as your main texting modality when including Protected Health Information (PHI)	• Use other non-HIPAA compliant texting modalities (such as WhatsApp, iMessage, and mobile text messages) when including PHI

Best Practices When Contacting...

Front-Line Provider	Primary Attending	Consult Service	RN
Order adjustment requests Discharge coordination Family/patient requests	Discharge coordination Family member or patient requests Patient downgrade	New consults as per AMION (page or call often preferred) Updated information or consult changes Discharge recommendations	Patient requests Care requests Discharge coordination
DON'T: Critical results or unstable vital signs*	**DON'T:** Forget to include FLP*	**DON'T:** Urgent, last-minute, or overnight consults*	**DON'T:** Urgent requests

PT /OT /SLP	Social Work	Pharmacy	Nutrition
Update consult request Safety concerns Discharge coordination	Discharge coordination (SAR, DME, etc.) Insurance questions Family communication	Medication availability Dosing assistance Medication interactions	New consults Recommendation clarifications TPN adjustments
DON'T: Discuss clinical judgment*	**DON'T:** Last-minute requests*	**DON'T:** Urgent medication requests*	**DON'T:** After-hours TPN order or adjustments*

*Use AMION to page or call instead for urgent matters.

As of 3/2023, subject to changes in policy. Developed by the MSH Internal Medicine Residency Professionalism Committee

Commitment to Workplace Safety

MSHS System Broadcast

To: All Faculty and Staff

From:

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April 6, 2023

Commitment to Workplace Safety

Every member of our faculty and staff should know that their physical and psychological safety will be honored and protected while they are at work. With incidents of workplace violence increasing locally and nationally, the Mount Sinai Health System (MSHS) and your Local Workplace Safety Committees are advancing initiatives designed to safeguard all members of the Mount Sinai family. As part of this effort, the MSHS Safety Committee developed a comprehensive policy and related signage that state our position with respect to violence in the workplace.

Workplace Safety Policy

The Workplace Safety Policy was developed to provide guidance on identifying and preventing threats of violence at all Mount Sinai locations. The systemwide Workplace Safety Policy HR-15.15 includes a contact resource list that can be accessed before an incident occurs, when an incident is in progress, and for help and support after a workplace violence event. Please review, download, and save the Workplace Safety Policy as a resource document. It is also available through PolicyTech.

Signs Promoting Safety - Workplace Violence Prevention

To make our commitment to safety visible across the Health System, the Workplace Safety Committee has developed relevant signage. These signs reinforce our commitment to safety and violence prevention in a simple, clear, and direct manner. These signs are intended to communicate that Mount Sinai will not tolerate inappropriate behavior in the workplace—this includes verbal aggression, identity-based harassment, property destruction, or physical assault—by setting appropriate expectations for patients, families, and members of the community.

We encourage all managers and administrators to utilize these signs as appropriate for your work location. The bilingual (English/Spanish) signs, available to download and order in various sizes can be accessed by logging in to the Mount Sinai Brand Center. Instructions for accessing the signs are available here.

Reporting Incidents

Consistent reporting of violent incidents (verbal or physical) through SafetyNet is essential to our ability to provide the appropriate care, security and support required. If you have been affected by an act of workplace violence—an incident, an injury, or you have a concern—it is important to follow these guidelines:

- Report all incidents to your supervisor so that you may receive the appropriate support
- Report an injury you have suffered to CorVel by calling (800) 683-6778 to reach a triage nurse
- Report concerns in SafetyNet each and every time such an incident occurs

Support

For the Employee Assistance Program at your location, please refer to the list provided in Workplace Safety Policy HR-15.15. In addition, you can download and share these Workplace Violence Support Resources with relevant clinical and support resources available for distribution. Please refer to the Workplace Violence Prevention webpage on the intranet for these other materials.

The creation of a safe work environment requires that we all work together. Thank you in advance for your support of this important initiative.

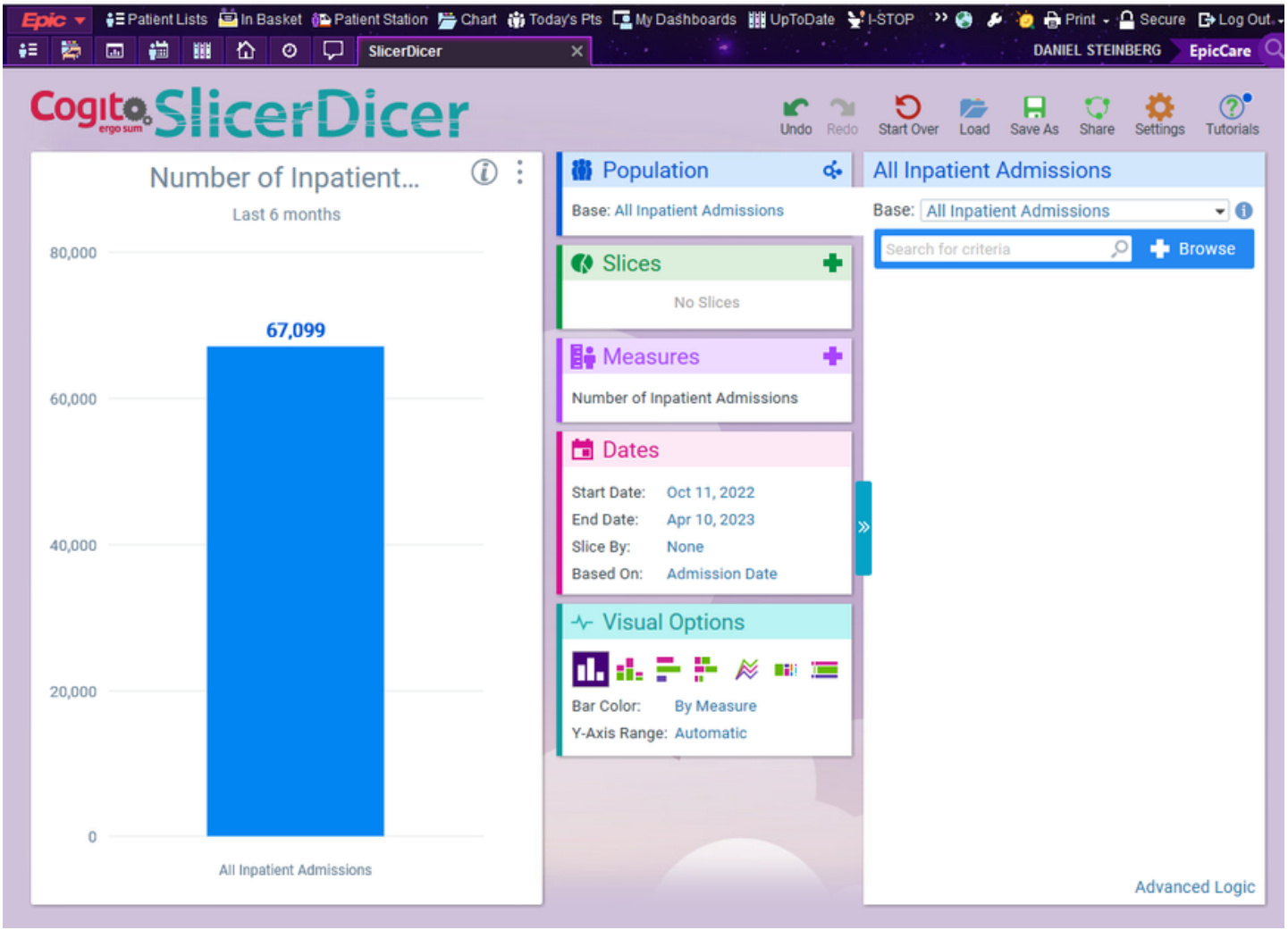
Slicer Dicer

Conducting Cohort Queries in Epic
Office of Research Services

Slicer Dicer is an Epic-based self-service cohort query tool that allows users to have quick views into patient populations. Slicer Dicer data are pulled from the Epic electronic health record system's (EHR) backend data warehouse (Caboodle). Data in Slicer Dicer are current through the prior day. Slicer Dicer is available to all providers at Mount Sinai via Epic (search "slicer" in the Epic EHR search box).

The following Slicer Dicer training modules are available:

- Slicer Dicer eLearning Modules
- Epic User Web
- Slicer Dicer Workshop Video (Yale School of Medicine)
- Within Epic, a self-service tutorial is available when you launch Slicer Dicer



Elective in Patient Safety

Office of GME

For the 23-24 Academic Year, the GME Office and Offices of Risk Management are pleased to offer the “Elective in Patient Safety” which aims to expose house staff to how adverse events, system safety solutions and patient safety events are investigated at the Mount Sinai Health System Hospitals. This elective is a great way for house staff to learn key patient safety concepts and network with hospital team members who support patient safety operations in a large hospital setting.

Course Objectives

- Explain the institutional process and resources to investigate a serious adverse event or near-miss.
- Demonstrate data gathering skills to investigate a patient safety event.
- Apply knowledge of patient safety tools to create process maps and causal trees for patient safety events.
- Collaborate with Risk Managers in patient safety investigations.
- Describe the development of a corrective action plan.

Learning strategy

The elective will use a combination of asynchronous didactic learning via Blackboard along with the application of these concepts alongside a risk manager. The elective is designed with the Kolb learning cycle for adults based on experiential learning. It will also foster reflective practice through discussion and self-reflection.

Location

All MSHS hospital sites through a blended format of virtual +/- in-person meetings.

Duration

Two week elective.

Schedule

9-5 pm Monday-Friday. Learners have the flexibility to work around their clinic and service responsibilities.

Prior experience required

- Residents must be at least PGY-2 and have at least one year of training in an ISMMS MSHS program.
- Fellows must have at least 6 months of prior training at one of the health system hospitals
- Residents and fellows who are currently or formerly part of the Root Cause Analysis team are encouraged to take the elective.

Course expectations

- Attend debriefs, RCAs, safety solution meetings, and other site-specific meetings.
- Assist in the creation of timelines, process maps and causal trees.
- Participate in CAP meetings.
- Complete self-study materials on Blackboard (articles, reflective exercises, slides, IHI modules).
- Meet with a faculty preceptor.
- Experience a full SAE cycle for an adverse event (this will extend beyond the 2 week duration).
- Engage in a peer review (only if this occurs during the duration of the elective).
- Co-lead Patient Safety Wednesday rounds

Learning assessment

On Blackboard, learners will assess their knowledge and skills using multiple choice questions and self-reflection essays.

How to Apply

Application form linked below should be submitted by the trainee.

Link to Application

Positive Patient Experiences is a standing section of our newsletter dedicated to celebrating the amazing care MSHS trainees deliver. Here, we will list patient comments (verbatim) which were gathered via paper and electronic surveys. These surveys are distributed to patients who visit the many ambulatory practices across the health system. Click here if you would like to see an example of the survey.

Take a moment to join us in celebrating the latest patient comments about MSHS trainees!

"I would in a minute recommend this doctor to anyone I know who needs the kind of care I needed. They were absolutely wonderful in every way necessary!"
-Comment left for Divya Iyer, MD, PGY-3, MSH Internal Medicine

"Doctor was excellent and made we aware of what was going on, helpful and caring."
-Comment left for Luyi Xu, MD, PGY-6, MSH Pulmonary Disease and Critical Care Medicine

"I loved this doctor. I would love for her to be my primary care."
-Comment left for Morgan Goodman, MD, PGY-3, MSH Internal Medicine

"***You have a wonderful staff. Everyone helped me in a very good manner. I thank them so much. I will recommend this care to all of my friends and family."***
-Comment left for Jamila Wynter, MD, PGY-6, MSH Gastroenterology

An evidence and consensus-based definition of second victim: a strategic topic in healthcare quality, patient safety, person-centeredness and human resource management.
Vanhaecht K, Seys D, Russotto S, et al. Int J Environ Res Public Health. 2022;19(24):16869.
'Second victim' is controversial term used to describe health care professionals who experience continuing psychological harm after involvement in a medical error or adverse event. In this study, an expert panel reviewed existing definitions of 'second victim' in the literature and proposed a new consensus-based definition.

Investigating the impact of structural racism on black birthing people - associations between racialized economic segregation, incarceration inequality, and severe maternal morbidity.
Jeffers NK, Berger BO, Marea CX, et al. Soc Sci Med. 2023;317:115622.
Structural racism contributes to high rates of severe maternal morbidity (SMM) experienced by Black patients. This study investigated specific measures of structural racism (incarceration inequality and racialized economic segregation) on Black SMM. In this sample of births from 2008-2011, racialized economic segregation was associated with SMM for black patients; however, incarceration inequality was not.

Intended and unintended consequences: changes in opioid prescribing practices for postsurgical, acute, and chronic pain indications following two policies in North Carolina, 2012-2018 - controlled and single-series interrupted time series analyses.
Maierhofer CN, Ranapurwala SI, DiPrete BL, et al. Drug Alcohol Depend. 2023;242:109727.
A national focus on reducing opioid misuse and abuse has resulted in changes to opioid prescribing policies and practice. This retrospective longitudinal study explored changes in prescribing rates, supply and dose of opioid prescriptions after changes in opioid prescribing policies in North Carolina. Researchers found that that prescribing patterns for acute and postsurgical pain patients (but not chronic pain patients) decreased after a state medical board initiative to reduce high-dose and high-volume. Further, new legislation to limit initial opioid prescriptions for acute and postsurgical pain led to a decrease in prescribing for cancer patients with chronic pain, but did not lead to reductions among patients with acute, postsurgical, or non-cancer chronic pain.

Gender biases and diagnostic delay in inflammatory bowel disease: multicenter observational study.
Sempere L, Bernabeu P, Cameo J, et al. Inflamm Bowel Dis. 2023;Epub Jan 31.
Women often experience misdiagnosis and diagnostic delays due to process failures and implicit bias. This multicenter cohort study including 190 patients found that women were more likely to experience delays in diagnosis and misdiagnosis of inflammatory bowel disease, as compared to men. Researchers found that these inequities in misdiagnosis occurred across all healthcare settings (emergency department, primary care, gastroenterology, and hospital admission).

Automated capture of intraoperative adverse events using artificial intelligence: a systematic review and meta-analysis.
Eppler MB, Sayegh AS, Maas M, et al. J Clin Med. 2023;12(4):1687.
Real-time use of artificial intelligence in the operating room allows surgeons to avoid or immediately address intraoperative adverse events. This review summarizes 13 articles published since 2010 that report on the use of artificial intelligence to predict intraoperative adverse events. Most studies used video, and more than half were intended to detect bleeding.

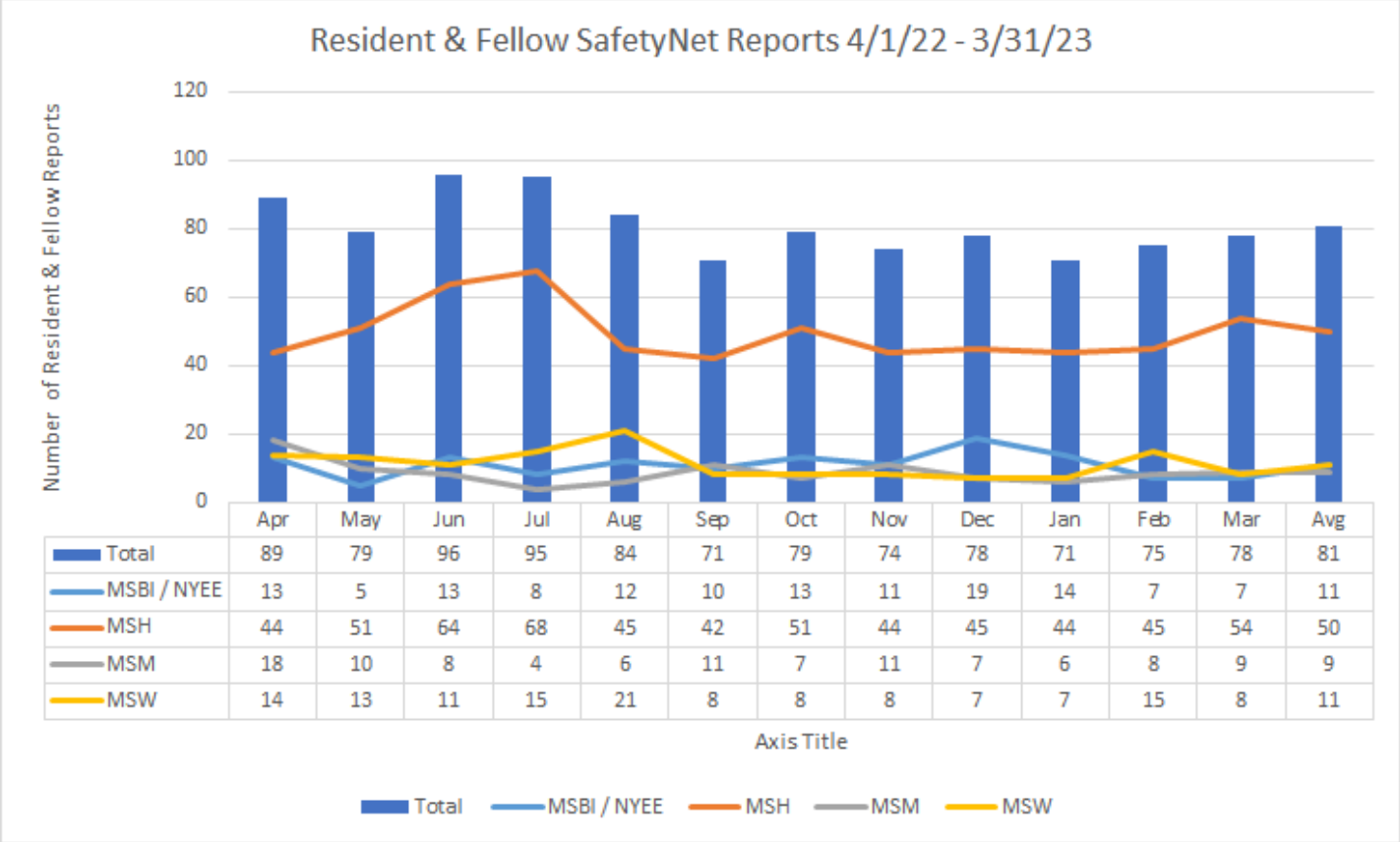
Near-miss events detected using the emergency department trigger tool.
Griffey RT, Schneider RM, Todorov AA. J Patient Saf. 2023;19(2):59-66.
Near-miss incidents present useful learning opportunities but frequently go unreported. This study used a computerized trigger tool to identify near-miss incidents in the emergency department (ED). Results show approximately 23% of ED visits during the 13-month study period included a near-miss incident. This analysis suggests computerized trigger tools can be useful to identify near misses that otherwise go unreported.

"We're not taken seriously": describing the experiences of perceived discrimination in medical settings for Black women.
Washington A, Randall J. J Racial Ethn Health Disparities. 2023;10(2):883-891.
Discrimination can contribute to health inequities and exacerbate disparities in cancer care. In this study, researchers used a survey tool and qualitative interviews to explore the experiences of perceived discrimination for Black women and how it impacts cervical cancer prevention. Study findings suggest that perceived high degrees of discrimination create mistrust between patients and providers and can impact health outcomes.

SafetyNet

Below you will find **SafetyNet** resident and fellow reporting statistics for the 12-month period April 1, 2022 - March 31, 2023. Since the last issue of this newsletter, the average number of total reports across sites dipped from 84 to 81. The total reports of all sites during the months of September 2022 through March 2023 were below the total average for the 12-month period. Since 2020, the percentage of SafetyNet reports entered by residents and fellows has been steadily increasing, however we have a system-wide goal of seeing at least 5% of all **SafetyNet** reports as being entered from residents and fellows. Please keep on that same trajectory and continue to report in **SafetyNet**!

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.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Avg
Total	89	79	96	95	84	71	79	74	78	71	75	78	81
MSBI / NYEE	13	5	13	8	12	10	13	11	19	14	7	7	11
MSH	44	51	64	68	45	42	51	44	45	44	45	54	50
MSM	18	10	8	4	6	11	7	11	7	6	8	9	9
MSW	14	13	11	15	21	8	8	8	7	7	15	8	11

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.