



GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER



MESSAGE FROM THE GME ASSOCIATE DEANS FOR QI & PS



Dear MSHS Residents, Fellows and Faculty,

Our last QI/PS newsletter of the academic year contains a lot of great equity-focused content, including an update from The Office of Patient Experience about the enhanced inpatient HCAHPS Analytics Tool. Please make sure to read about the new features of this tool as well as a review of 2021 data and goals for 2022.

Also on the equity front, The Health Equity Advancement by Learners (HEAL) brings us another update on their work. For this issue, they highlight some important projects that residents, fellows and their mentors have been working on to address health care disparities. Please make sure to read up on these wonderful projects, and if you are interested in becoming involved for future meetings, send an email to HEAL@mountsinai.org.

In addition to advancing equity, Mount Sinai is deeply invested in improving professionalism in our learning environment. In fact, professionalism is one of the six focus areas of the ACGME's CLER (Clinical Learning Environment Review) program. In this issue, we present an update on the Committee on Professionalism in Healthcare (COPHE) which was launched in the summer of 2021.

For our "Get to Know..." section, Paul Yu (GME Administrator in Well-being & QI/PS) spoke with Lindsey Douglas, MD, MSCR (Medical Director, Children's Quality & Safety and Medical Director, Pediatric Hospital Medicine at Mount Sinai Kravis Children's Hospital). As a Pediatric Hospitalist, Dr. Douglas offers a unique perspective on her journey to becoming a Medical Director.

In the realm of Quality Improvement, for this issue we decided to ramp up our "in the literature" section. We highly suggest you read the first linked publication, *Frequency and nature of communication and handoff failures in medical malpractice claims* (Humphrey KE, Sundberg M, Milliren CE, et al. *J Patient Saf.* 2022;18(2):130-137.)

Lastly, we provide the latest 12-month resident and fellow SafetyNet reporting data. As always, we appreciate everyone's efforts to promote a culture of safety reporting!

Brijen Shah, MD

GME Associate Dean for QI and PS

Daniel Steinberg, MD

GME Associate Dean for QI and PS

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Inpatient HCAHPS Analytics Tool 2.0

Tara Villon - Director, Patient Experience, Data Strategy & Improvement

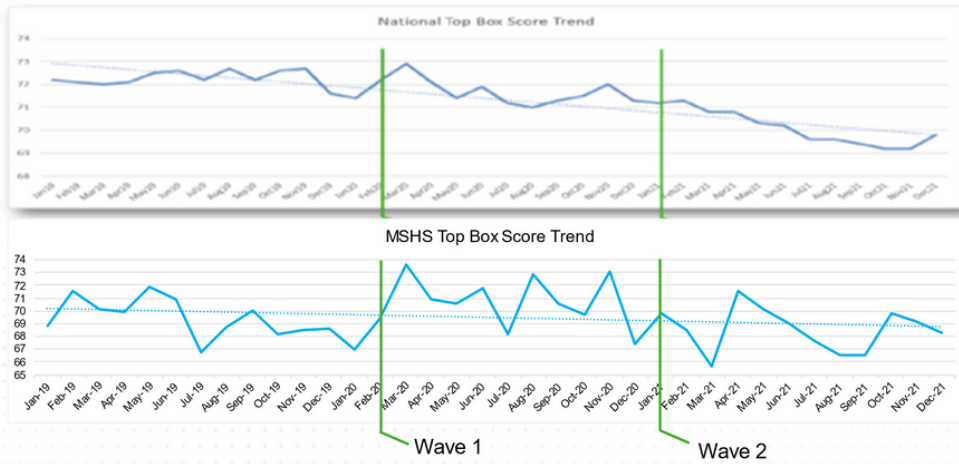
It is often said that there can be no progress on quality without equity. Mount Sinai has committed themselves towards building a strategy that is anti-racist and prioritizes equity in the delivery of safe, compassionate care. The Office of Patient Experience is honored to carry this strategy forward – by partnering with our staff and patients to listen and analyze disparities of care. We have begun to transform our data strategy and reporting tools and have begun with enhancing the inpatient HCAHPS Analytics Tool. On March 24th 2022, the Patient Experience HCAHPS Analytics Tool, that houses all inpatient HCAHPS survey results, was updated to include several new and exciting features to reflect our unwavering commitment to equity. You can now review HCAHPS data by race, ethnicity, and payor filters at the hospital, unit, or specialty level. You can also track who is responding to the survey on the new “n Size” tab and assist in meeting our system-wide goal of increasing responses from our patients of color. As you play with these new features in the Tool, you can provide feedback to us to continually improve at PatientExperienceData@mountsinai.org



As we look back on recent times of a sweeping pandemic that upended the globe, and reflect on how our Mount Sinai colleagues rose to support each other, we often ask ourselves “how did these times impact the patient’s experience of care?” The national trends of patient experience are unlike anything we have ever seen before: patient ratings of the care they receive, which initially rose at the start of the pandemic, have greatly declined across the country. These precipitous declines come after years of these measures rising year after year. You see below this stark decline nationally. To many reading this, this is simply the reflection of the toll COVID-19 has taken and continues to take on all of us, both emotionally and structurally: the exhaustion, moral distress, trauma, and grief, the ever-changing visitation policies, the limited ability to connect with one another when we needed it the most.

COVID Impact on the Patient Experience

National and MSHS HCAHPS Recommend the hospital



Patient Experience Council, March 2nd, 2022

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Despite these daunting realities, Mount Sinai was able to weather the storm. Our rise during the 2020 first wave of COVID-19 was greater than that seen across the country, and the fall in 2021 was lesser than our peers across the nation. So, what does this mean? Many of our hospitals were still able to achieve their 2021 patient experience goals in key metrics such as Teamwork, Communication, & Responsiveness. During this time, we learned the power of positive patient feedback more than ever. And we made it a core goal of the Office of Patient Experience to continually connect our caregivers with the river of gratitude they receive from our patients daily.

Inpatient HCAHPS Hospital Rating 0-10



Hospital Rating 0-10

Hospital Site	2020		2021		2021 Target Goals	
	Top Box	Percentile Rank	Top Box	Percentile Rank	Based on Top 50% of Improvers	
					Top Box	Percentile Rank
Mount Sinai Health System	66.0%	25	65.0%	33	66.9%	28
Mount Sinai Hospital	69.1%	37	67.8%	43	68.6%	36
Mount Sinai Morningside	70.5%	43	66.9%	39	71.9%	47
Mount Sinai Beth Israel	64.6%	21	65.7%	35	64.5%	20
Mount Sinai Queens	69.9%	41	64.9%	31	69.2%	35
Mount Sinai West	60.7%	12	62.3%	23	62.0%	14
Mount Sinai South Nassau	65.7%	24	61.8%	22	69.1%	40
Mount Sinai Brooklyn	53.7%	4	55.5%	9	58.4%	7

"Excellent. My wife told me that since she entered, they treated her with love & humanity. From the security to all the personnel to her exit. Great human beings. Thank you very much."

- Mount Sinai Morningside Patient

"The 7-west team are best of the best. They are the most professional, respectful, compassionate, hard-working people I have ever been around. The devotion, dedication and level of skill I witnessed were always on display during my "laps" around the floor. From top to bottom & back, these people are your greatest resource."

- Mount Sinai Hospital Patient

Patient Experience Council, March 2nd, 2022

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Inpatient HCAHPS Goals Met by Hospital

✓ Rank Goal Met
 ✓+ Score and Rank Goal Met

Measure	MSHS	MSH	MSQ	MSW	MSM	MSBI	MSB	MSSN
Hospital Rating	✓	✓		✓+		✓+	✓	
Nurse Communication		✓+						
Doctor Communication			✓			✓		
Responsiveness of Hospital Staff		✓			✓	✓	✓	
Willingness to Recommend Hospital		✓				✓+	✓	
Communication about Medicines	✓	✓+	✓	✓+	✓	✓+		
Care Transitions		✓+	✓+			✓+		
Discharge Information	✓	✓+		✓+		✓+		
Cleanliness of Hospital Environment	✓	✓+				✓		✓
Quietness of Hospital Environment	✓	✓	✓+	✓+	✓			

Patient Experience Council, March 2nd, 2022

We would also like to acknowledge the goals for 2022 – how our goal in teamwork and equity will help us achieve better experiences for our staff and patients. Please join us in socializing these new goals. If you have any questions or comments, please reach out to us at PatientExperienceData@mountsinai.org.

2022 Goals

2022 Equity Goal: increase survey responses from our patients of color

Inpatient (HCAHPS)				
Measure	2021		2022 Target Goals	
	Top Box	Percentile Rank	Top Box	Percentile Rank
Staff Worked Together to Care for You	64.1%	26	64.3%	22
Hospital Rating	64.8%	29	65.1%	28
Nurse Communication	74.8%	24	75.0%	21
Doctor Communication	79.1%	50	79.3%	52
Responsiveness of Hospital Staff	57.2%	27	57.5%	25
Willingness to Recommend Hospital	68.7%	46	69.2%	43
Communication about Medicines	56.7%	27	56.8%	24
Care Transitions	49.6%	40	50.0%	39
Discharge Information	85.1%	37	85.4%	33
Cleanliness of Hospital Environment	64.7%	25	65.5%	25
Quietness of Hospital Environment	49.7%	17	52.0%	28

Emergency Departments (ED PG)				
Measure	2021		2022 Target Goals	
	Mean Score	Percentile Rank	Mean Score	Percentile Rank
Overall rating of care	64.1	26	64.3	22
Staff Worked Together to Care for You	64.8	29	65.1	28
Staff cared about you as a person	74.8	24	75.0	21
Nurses' attention to your needs	79.1	50	79.3	52
Courtesy of the doctors	57.2	27	57.5	25

Ambulatory (MD PG)				
Measure	2021		2022 Target Goals	
	Mean Score	Percentile Rank	Mean Score	Percentile Rank
Staff Worked Together to Care for You	94.40	40	94.82	46
Care Provider explanations of prob/condition	94.97	55	95.24	58
Care Provider concern for questions/worries	95.03	45	95.47	54
Likelihood of recommending	94.53	51	94.95	55

Ambulatory Surgery (OASCAHPS)				
Measure	2021		2022 Target Goals	
	Top Box	Percentile Rank	Top Box	Percentile Rank
Staff Worked Together to Care for You	80.8%	5	84.9%	17
Facility rating 0 -10	78.5%	8	81.2%	18
Recommend the facility	79.2%	22	80.1%	26
Communication	88.4%	17	88.7%	19
Facility/Personal Treatment	93.4%	6	94.1%	10
Discharge	93.3%	15	93.4%	17

Patient Experience Council, March 2nd, 2022



HEAL

Lyubov Ivanova/Getty Images

Health Equity Advancement by Learners

Rui Jiang, MD; Emily Hertzberg, MD; Nicole Ramsey, MD; Sananda Moctezuma, MD

Who are we?

We are a group of residents, fellows, and faculty from across the Mount Sinai Health system, drawn together by our desires to address and address healthcare disparities (HCD). HEAL stands for Health Equity Advancement by Learners.

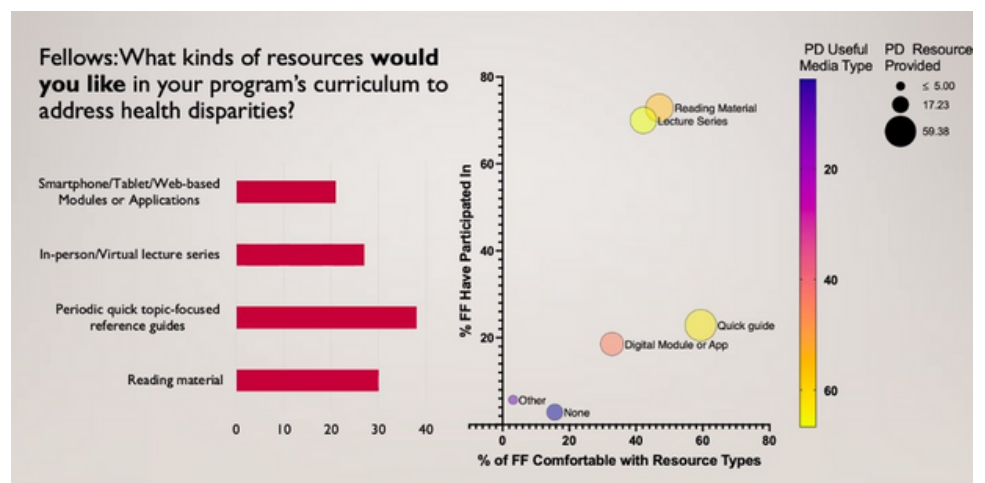
Our mission is to provide learners with inspiration, connections, mentorship, an educational platform, and the tools they need to address the HCDs in their areas of expertise. HEAL is a safe place to present, foster, and develop ideas to address HCDs and make projects a reality.

What have we done?

To highlight the wonderful work that has been ongoing across the system, we invited residents, fellows, and their respective faculty mentors from MSH, MSM, and MSBI to present some of the current projects addressing HCD on April 21, 2022.



Sheryl Matthew, a PGY3 in MSH internal medicine residency presented the project “Assessment of Training in Health Disparities in Allergy/Immunology,” under the mentorship of Dr. Nicole Ramsey. Her project not only revealed the areas of knowledge gap in fellowship training concerning healthcare disparities, but pointed to the most preferred learning method.





Sharel Sadud, a PGY-1 in MSMW Internal Medicine residency presented the project "Advocacy and Telehealth: NYC Doctors for Change" under the mentorship of Dr. Tamara Goldberg and Dr. Gabriela Bernal. Together with her co-residents Dr. Bailey Perry, Dr. Debbie Fermin and Dr. Lenisse Reyes, they developed a resident-led project to advocate for the implementation of telemedicine as an essential part of patient care, and are proactively exploring solutions to mitigate barriers for equitable access to care. Through the creation of an Instagram account @NYCDoctors4Change with hundreds to thousands of views, they have been active in community outreach. Their goal is to serve as a platform to empower healthcare workers to advocate for advancing health equity. They encourage any residents interested in advocacy across the Mount Sinai system to reach out to them about getting involved!



Justin Gasper, a Chief Resident for the MSBI internal medicine residency presented the project "Evaluating the Implementation of Video Visits to Achieve Diabetes Control," under the mentorship of Dr. Christina Cruz and with a team of residents and faculty at MSBI. In his project to improve diabetic control via telehealth, Dr. Gasper found that telehealth improved adherence to visits with a 91% visit attendance rate in the telehealth group vs 52% for the in-person group, suggesting that telehealth, when implemented thoughtfully, can improve access to care.

How to get involved with HEAL?

To get involved in HEAL, email HEAL@mountsinai.org – we will add you to our distribution list so that you will receive calendar invites to all of the large group meetings.

We invite you to:

1. Attend our large group meeting to learn more about health equity concepts. **The next meeting is June 1, 2022, 5:30-6:30 PM via Zoom (An email with details will follow in the coming weeks).**
2. Present your own project, whether it is still in the planning, implementation, or finished stages to receive feedback and support.
3. Get involved in building what you would want to see happen at Mount Sinai Health System to address healthcare disparities!

Improving Professionalism in the Learning Environment: An Update on the COPHE Program

Brijen J. Shah, MD; Michael Brodman, MD; Rebecca Anderson; Melissa Peralta

The Committee on Professionalism in Healthcare (COPHE), launched in the summer of 2021, focuses on fostering a culture of safety, respect and professionalism across the Mount Sinai Health System, including the Icahn School of Medicine at Mount Sinai. COPHE aims to address and reduce instances of unprofessional behavior from students, trainees, faculty members, advanced practice professionals, and physicians.

The program consists of delivering feedback to providers and learners who have been reported as having unprofessional behavior using a trained messenger. The messenger provides peer-to-peer feedback, aka a "cup of coffee", about the event. This process identifies unprofessional behaviors and allows individuals to self-regulate without invoking a formal discipline process. For more concerning or ongoing patterns of behavior, a huddle is convened to see if further action or investigation is needed.

As of April 15, 2022:

- 16 Residents/Fellows trained as peer messengers
- 66 reports submitted by Residents/Fellows
- 43 Residents/Fellows identified in COPHE reports
- 32 "cups of coffee" delivered to Residents/Fellows
- 11 huddles convened about reports related to Residents/Fellows

The program is part of the Health System's larger efforts toward enhancing a culture of safety and employee engagement. We want to encourage all members of the GME community to report unprofessional provider and learner behaviors using one of our reporting portals:

[Student/Resident Mistreatment Portal](#)

[SafetyNet](#)

[Compliance Helpline](#)

[OB Code of Professionalism, specifically for reports related to OB/GYN](#)

Enhancing the culture of professionalism at Mount Sinai is everyone's responsibility. Unprofessional behaviors should be reported so that action can be taken. Together, we can make Mount Sinai a safer place to work, learn, and deliver high-quality care.

Get to Know the Mount Sinai Kravis Children's Hospital Medical Director for Children's Quality & Safety and Pediatric Hospital Medicine

A conversation with Lindsey Douglas, MD, MSCR

-Paul Yu, GME Administrator, Well-being & QI/PS



Hi Dr. Douglas, thank you taking the time to speak with me. For the readers who might be unaware, could you talk a little about your background and your current role at Mount Sinai Hospital?

Sure! I am currently the Medical Director of Children's Quality and Safety at Mount Sinai Children's Hospital. I have been a Pediatric Hospitalist for 15 years. This is actually a recently board certified specialty, and I was in the first 2019 group that sat for board certification. My clinical work has always been hospital based, and I am passionate about helping hospitalized children. I also enjoy teaching and the team effort that is necessary for hospital work.

I came here in 2017, and actually it wasn't until then that Mount Sinai established the role of Pediatric Hospitalist. Prior to that, the hospital relied on general pediatricians to provide clinical care in the units. Establishing full-time, hospital-based faculty dedicated to analyzing the system and improving processes really improved the quality of care for hospitalized pediatric patients at Mount Sinai.

That's very interesting, did you come to Mount Sinai as a Medical Director?

I came in as the Medical Director of a division of Pediatric Hospital Medicine. In fact, it wasn't a division at the time, it was a section within General Pediatrics (I think this is similar to how Hospital Medicine started on the adult side). We didn't become our own division until this past summer, 2021, so for the first 4 years this division was in place, we were part of General Pediatrics. As we continued to grow, it became an independent division. Sometime in late 2020, early 2021, I added a Medical Director of Children's Quality and Safety role. This is a more overarching role for all of the Children's Hospital (not just within the division of Hospital Medicine).

And what do you enjoy most about being a Medical Director?

While I think the work in quality and safety in general can be hard, the cool part about it is being able to see the change that can happen. In the world of safety there is this term "preoccupation with failure" and it's the idea that you're preoccupied with making things as safe and high quality as possible.

I feel that my predecessor (Dr. Steve Yung), really created this culture of accountability within the Children's Hospital. Being accountable to each other, and to report what's happening, really is all about how we can give our patients the best level of care.

Do you have an example of a quality or safety related change that you are proud of?

Over the past couple of years we started to see many more (than usual) young adolescents who were attempting to take their own lives. Unfortunately, there are few pediatric and adolescent resources for inpatient psychiatric care in the New York and tristate area. So we were seeing a lot of these patients in our acute inpatient area, and we noticed that some of them whom were on precautions were given meal trays that included plastic knives. We realized how dangerous that was, and so we conducted a Root Cause Analysis which led to finding a solution. Our initial plan was to restrict knives to patients on precautions, however, that wasn't completely successful, and we noticed occasional instances where a patient somehow obtained a knife. As a result, someone in our nutrition services group really thought outside of the box and suggested we reduce knives for all patients (not just those on precautions). Those that needed knives for their food would be supervised, and we would provide that supervision. So we actually limited knives throughout the entire Children's Hospital.

Another example is that we eliminated locked bathrooms. There was an event where a patient having a mental health crisis locked themselves in the bathroom. Our solution, much like in the previous example, was to keep all patients, even toddlers and young children, from accidentally or purposefully locking themselves in bathrooms. So we eliminated locked bathrooms, and in place of locks, we have an "occupied" and "unoccupied" latch. The door can still be opened in case of an emergency. I think these are two really good examples of how Adverse Safety Events reporting and Root Cause Analysis meetings resulted in impactful changes for the entire Children's Hospital.

Those are great examples, thank you! So how do you think residents and fellows can help with the quality and safety mission of the hospital?

I think that everyone in the hospital needs to be accountable, and I think that hospitals should strive to promote a culture in which people feel comfortable speaking up and reporting safety events. Promoting this type of culture will ensure patients have a safer and high quality medical experience. We want to get to a point where everyone is comfortable in reporting safety events, and that includes not just medical issues, but also how we interact with each other on a professional level.

I believe that the way in which colleagues interact with each other has a large impact on the quality of care patients receive.

I do think that trainees are the scaffolding for how the hospital runs, and so being a part of that culture of safety is what we aim for. The hope is that trainees see it all around them and that everyone they're working with including faculty, nurses, environmental services, bioengineering, etc., embraces this culture of quality and patient safety.

What would your advice be to someone who may want to become a Medical Director or go into some other form of leadership in the hospital?

I don't necessarily think there is a straight path to getting into administrative medical work, at least it certainly wasn't for me. I started out as a clinician and I mainly focused on that. I then spent some time in research which was a really interesting time in my career. I then spent time in medical education. I ran the pediatric sub-internship and the pediatric clerkship here for the medical school, and I really loved the teaching aspect. It was all of these experiences that made me realize that I liked administrative roles.

At some point I came across an internal advertisement for a safety position within the Children's Hospital. At first, I didn't really see myself in a role like that, but I had a mentor who encouraged me to consider it. I think this raises an important lesson, which is that having mentors is really helpful for career development. Again, I don't know if I would have envisioned myself in a role like this if I didn't have the support of someone who was further along in their career, saw the bigger picture, and was able to guide me in that thought process.

As a Hospitalist, I get to see everything. For example, I see a little bit of Pediatric Oncology, but I also get to see a little bit of Pediatric Intensive Care. As you can tell from my career trajectory, I have been involved in a bunch of different things. I think moving through different areas and gaining different skillsets and perspectives has helped me in my administrative role.

The short answer to this question is to seek mentors and try different things!

You know, it's funny, with the few CMO's I have spoken to, I actually hear very similar answers to this question. It seems that the path to administration is in networking, and like you said, finding mentors and being open to try new things.

I don't want to take up too much more of your time, as I know you're a busy person, but I think readers might be interested to know how you balance work and personal life. How do you balance that?

So, I'm one of those people who just loves New York City! I don't live far, and I walk to work most days. I have a family including two kids who are in fourth and sixth grade. I studied architecture as an undergraduate, and so I really enjoy looking at cities. One of the ways I try to balance my life is by walking to work. I like to look around and be present. I have the pleasure of being able to walk along Museum Mile, and every morning I walk past the Metropolitan Museum of Art and the Guggenheim. I just try to enjoy my surroundings. I try to have gratitude. I am thankful that I'm surrounded by the culture and the architecture, and the things that give me joy which I can share with my children. Those are the constants in my life. My balance is quite simple: being present and enjoying my family life, and the wonderful city that I live in.

In the Literature

Sourced from BMJ Quality & Safety and AHRQ PSNet

[Frequency and Nature of Communication and Handoff Failures in Medical Malpractice Claims](#)

Humphrey KE, Sundberg M, Milliren CE, et al. J Patient Saf. 2022

Poor provider-provider and provider-patient communication can result in significant morbidity and mortality to patients and play a role in malpractice claims. Of the 498 closed malpractice claims reviewed, communication failures were identified in nearly half. Of the communication errors that involved a failed handoff (47%), the majority could have potentially been prevented with a structured handoff tool.

[How will state medical boards handle cases involving disclosure and apology for medical errors?](#)

Wojcieszak D. J Patient Saf Risk Manag. 2022;27(1):15-20.

Open disclosure and apology for errors is recommended in healthcare. In this study, 38 state medical boards responded to a survey regarding disclosure and apology practices after medical errors. Findings suggest that state medical boards have generally favorable views toward clinicians who disclose errors and apologize, and that these actions would not make the clinician a target for disciplinary action; respondents had less favorable views towards legislative initiatives regarding apologies and disclosure.

[Systems-level factors affecting registered nurses during care of women in labor experiencing clinical deterioration](#)

Bernstein SL, Catchpole K, Kelechi TJ, et al. Jt Comm J Qual Patient Saf. Epub 2022

Maternal morbidity and mortality continues to be a significant patient safety problem. This mixed-methods study identified system-level factors affecting registered nurses during care of people in labor experiencing clinical deterioration. Task overload, missing or inadequate tools and technology, and a crowded physical environment were all identified as performance obstacles. Improving nurse workload and involving nurses in the redesign of tools and technology could provide a meaningful way to reduce maternal morbidity.

[Drug-related deaths among inpatients: a meta-analysis](#)

Patel TK, Patel PB, Bhalla HL, et al. Eur J Clin Pharmacol. Epub 2022

Adverse drug events are common and often result in preventable patient harm. Based on 23 included studies from US and international settings, this meta-analysis estimated that drug-related deaths contributed to 5.6% of all inpatient hospital deaths. The authors estimated that almost half of drug-related deaths are preventable.

[Medication safety in the emergency department: a study of serious medication errors reported by 101 hospitals from 2011 to 2020](#)

Kukielka E, Jones R. Patient Safety. 2022

Medication errors can occur in all clinical settings, but can have especially devastating results in emergency departments (EDs). Between January 1, 2011, and December 31, 2020, 250 serious medication errors occurring in the ED were reported to the Pennsylvania Patient Safety Reporting System. Errors were more likely to occur on weekends and between 12:00 pm and midnight; patients were more likely to be women. Potential strategies to reduce serious medication errors (e.g., inclusion of emergency medicine pharmacists in patient care) are discussed.

[Surveys on Patient Safety Culture \(TM\) Medical Office Survey: 2022 User Database Report](#)

Famolaro T, Hare R, Tapia A, Taie-Tehrani S, Fan L, Liu H, Yount ND, Sorra J. Rockville, MD: Agency for Healthcare Research and Quality; March 2022. AHRQ Publication No. 22-0017

The AHRQ Medical Office Survey on Patient Safety Culture is designed to assess safety culture in outpatient clinics. The 2022 comparative data report includes data from 1,100 US medical offices and over 13,000 providers and staff. The highest-scoring composite measures are patient care tracking/follow-up and teamwork. Like the 2020 report, the lowest-scoring measure was work pressure and pace.

[Workarounds in electronic health record systems and the revised sociotechnical Electronic Health Record workaround Analysis Framework: scoping review](#)

Blijleven V, Hoxha F, Jaspers M. J Med Internet Res. 2022

Electronic health record (EHR) workarounds arise when users bypass safety features to increase efficiency. This scoping review aimed to validate, refine, and enrich the Sociotechnical EHR Workaround Analysis (SEWA) framework. The review confirmed existing components, rationales, attributes, stakeholders affected, and types of impact of the workaround, as well as incorporating new rationales, attributes, and types of impact.

[Error and cognitive bias in diagnostic radiology](#)

Tee QX, Nambiar M, Stuckey S. J Med Imaging Radiat Oncol. 2022

Diagnostic errors in radiology can result in treatment delays and contribute to patient harm. This article provides an overview of the common cognitive biases encountered in diagnostic radiology that can contribute to diagnostic error, as well as strategies to avoid these biases, such as use of a cognitive bias mitigation strategy checklist, peer feedback, promotion of a just culture, and technology approaches such as artificial intelligence.

[BMJ Quality & Safety - Top Articles of 2021](#)



The ISMMS Office of Graduate Medical Education is pleased to announce that the 13th Annual Icahn School of Medicine at Mount Sinai GME Consortium Research Day will be held on Friday, June 3, 2022.

Oral Poster Sessions: A small number of selected oral presentations (6-8) will be included in a live virtual session on June 3 from 9:45-11:15am via Zoom.

Poster Rounds: Selected posters will be invited to participate in live virtual poster rounds, with two sessions planned:

- Session 1: 11:30am-1:00pm
- Session 2: 1:30pm-3:00pm

The poster rounds will include a brief pre-recorded presentation (2 mins or less) and Question and Answer led by a faculty facilitator.

Poster Site: We have again partnered with [Morressier](#) to utilize their robust interactive conference platform, which will allow for engagement with your scholarly work beyond the event and allow you to share DOI links to your poster presentation. Each selected poster will be posted on the site along with a brief video round presentation that you will be asked to create. We strongly suggest making use of the Q/A functionality available in the platform that allows for online interaction with each poster.

Prizes: Cash prizes will be awarded by faculty judges for the best presentations.

Journal of Scientific Innovation in Medicine: With the exception of case reports abstracts may also be submitted for publication in the [Journal of Scientific Innovation in Medicine](#)

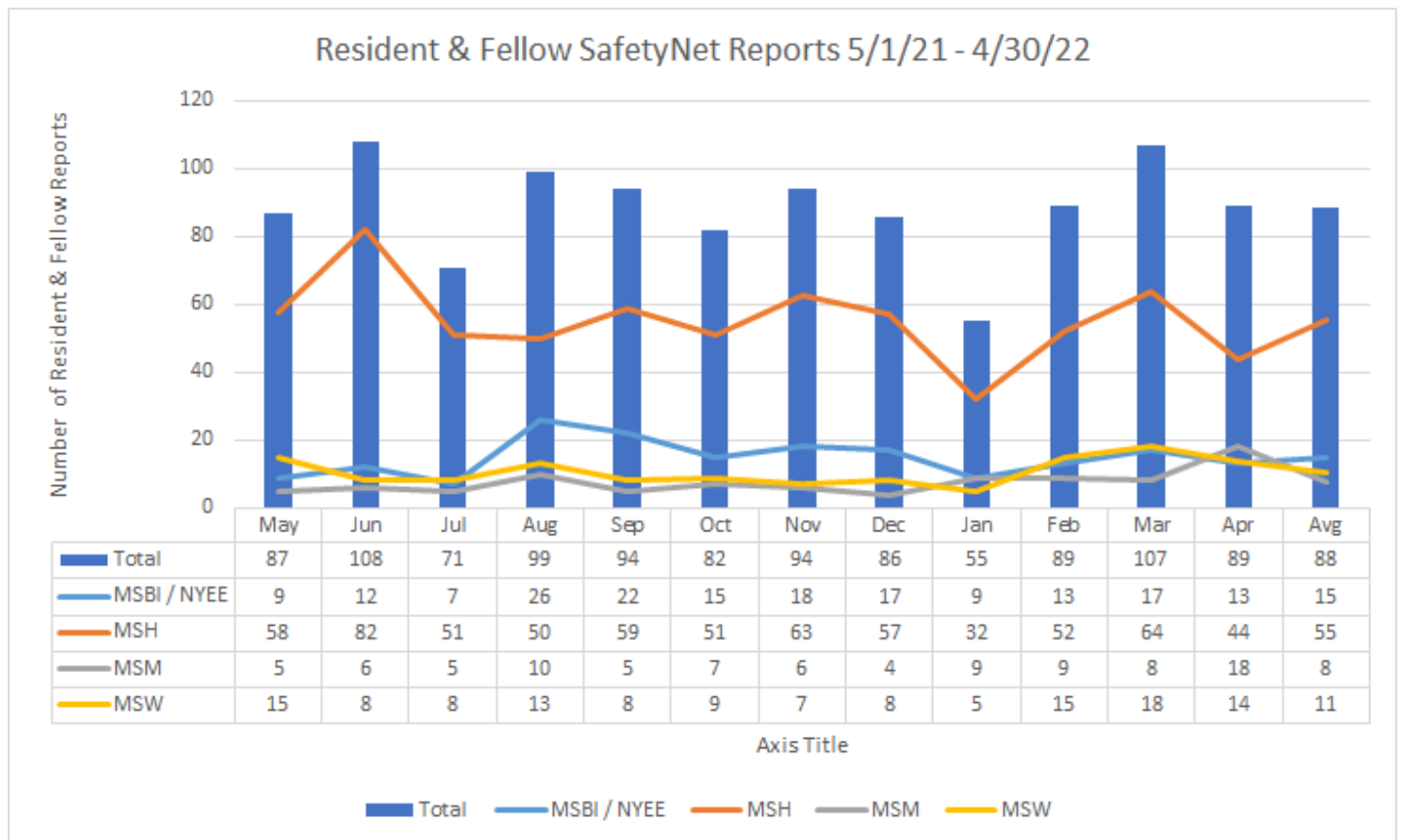
****Notification of Acceptance and Poster Process ****

Confirmation of acceptance was sent out by April 25, 2022, and included poster and video guidelines, with a deadline of May 25, 2022, for uploading your poster and video.



Below you will find SafetyNet resident and fellow reporting statistics for the 12-month period May 2021 - April 2022. The average number of total reports across campuses was 88, with March 2022 having the most reports (likely in part due to the Patient Safety Reporting Challenge week). April 2022 had noticeably fewer reports than March, although still above average.

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.