

GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER



MESSAGE FROM THE GME ASSOCIATE DEAN

Dear GME Community,

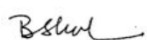
We hope that this edition of the Newsletter finds you well as the 2019-2020 Academic Year winds down. We have all gone through an extraordinary experience battling the Covid-19 pandemic. None of the results or distance we have traveled would be possible without your hard work, empathy, and team work during these trying times. You each provided the highest quality and safest care possible in the face of a large volume of very sick patients.

Throughout all of this we have learned new knowledge and skills as it relates to infection prevention and control and how to keep ourselves and our patients safe. As with any system, we have had to make adjustments in how we deliver care which brings new advances in the quality of care we deliver and reveals new vulnerabilities in patient safety.

This issue of the newsletter highlights some of the safety and quality improvement lessons we have learned early on. I am also pleased to highlight another resident quality improvement project from the Department of Pediatrics.

For those of you graduating from one of our GME programs, we hope that you will continue to advocate for quality improvement and patient safety in your new roles and organizations. Thank you for all your contributions during your time in the ISMMS GME programs.

Sincerely,



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

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UPCOMING EVENTS

**RESIDENT & FELLOW APPRECIATION
WEEK; JUNE 1-5, 2020
FOR MORE INFORMATION CONTACT
THE GME OFFICE; (212) 241-6694.**

**IITH ANNUAL GRADUATE MEDICAL
EDUCATION CONSORTIUM
RESEARCH DAY
JUNE 5, 2020; 9:45AM - 11:45AM**

Message from the Mount Sinai Hospital Chief Medical Officer



Shirish Huprikar, MD
Chief Medical Officer
Mount Sinai Hospital

I would like to personally thank all Mount Sinai Hospital (MSH) residents and fellows for your amazing patient care contributions during our response to the COVID-19 pandemic. From our first cases in early March to our peak of approximately 700 inpatients in mid-April to the gradual but continued recovery over the past month, you have exemplified all our Mount Sinai values during a stressful and constantly evolving crisis.

SAFETY

Your experiences and voice contributed to informing our safer PPE practices that evolved over time

AGILITY

Many of you were deployed to a new clinical service often in a less familiar clinical setting including other hospitals within our health system, and you responded with grace and agility.

TEAMWORK

You demonstrated the strength of team building often working with healthcare workers with whom you otherwise would not have had the privilege to work

EMPATHY

You performed with courage and heroism during the most stressful moment in most of our careers but never lost sight of our mission to provide patient-centered empathetic care

Your professionalism and bravery during this time will never be forgotten. In my nearly 24 years at MSH, I have never felt prouder to be a part of the Mount Sinai family. As Chief Medical Officer, I would like to express my gratitude to all of you. We still have a long road ahead, but I have no doubt we will get through this together thanks to your dedication and commitment to our patients and community.

Meet Dr. Celia Divino, MSH Chair of Surgical Quality & Performance Improvement



Celia Divino, MD

What daily patient safety issues do you see that residents could have a significant impact on?

House officers are in an ideal position to participate and make significant contributions to the quality of patient care. Being in the “trenches” gives them a unique perspective on the challenges, as well as the feasibility of implementing quality initiatives at the patient level.

On any given day, residents play significant roles in optimizing hand off of patient care, surveillance and reduction of hospital acquired infections, patient education which will optimize compliance and outcomes, and reporting adverse events that will prevent future events. House officers should participate in the Quality Assurance review process that include mortality and morbidity, debriefs and Root cause analysis.

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

- Quality in Training Initiative- Comprehensive database that tracks the risk adjusted surgical outcomes of the surgical residents—including but not limited to Mortality, Morbidity, Reoperation rate ,SSI etc.
- Enhanced recovery for Elective and Emergency Surgery.
- Opioid Stewardship—following Opioid Consumption and Prescribing patterns in different patient groups undergoing surgical procedures; determining optimal opioid dose to decrease consumption and diversion; Change in default order sets in EPIC.
- Patient Education- Multidisciplinary education platform for patients using bedside patient tablets---including preoperative preparation, hospital acquired infections, diet and nutrition , surgical procedures and associated initiatives such as stoma and wound care.
- Machine Learning algorithms to Predict Discharge—In collaboration with information technology and clinical innovation, we are using machine learning to predict patient discharge.
- Nutrition- in collaboration with the Nutritional service, postoperative diets are being modified to maximize tolerance and decrease length of stay.
- Hospital Acquired Infections- perioperative pathways to decrease SSI , CAUTI and CLABSI.

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

Seek a mentor who has an interest in Quality and get involved early in the Quality process. Remain involved throughout your training as your contributions are valuable. If provided the opportunity, pursue additional training or education that will enhance your knowledge base and allow you to network with other experts in the field.

High Technology Monitoring Arrives to Enhance Safety During COVID19

Robbie Freeman, MSN, RN, NE-BC, Vice President, Clinical Innovation

Carleigh Gustafson, MBA, RN, Senior Vice President of Strategic Operations and Integration MSHS

Cristi Knee, Administrative Director, Access Services MSHS

Beth Oliver, DNP, RN | Senior Vice President Cardiac Services MSHS

Brijen Shah, MD, Medical Director of Quality Initiatives MSHS

Over the past two months, the Mount Sinai Health System has undergone a transformation. As the intensity of the coronavirus has grown, so has our rapid adoption of digital tools. These tools have assisted us in connecting to our patients, while also allowing us to preserve protective equipment and minimize employee exposure.

The Mount Sinai Health System made a significant investment to support the COVID-19 surge response by purchasing 1000 of the Masimo Root with Radical-7 continuous monitoring devices. Simply, these devices consist of disposable tetherless pulse oximetry, blood pressure, temperature and ETCO2 features that displays on Root through Bluetooth connectivity. While Root can be used bedside, it can also remain outside of the patient room to decrease clinician exposure.

All hospitals across the Mount Sinai Health System caring for COVID – 19 patients received the Masimo Root devices. A particular concentration of the Massimo Roots were delivered to hospitals who had the greatest equipment needs as they set up additional surge beds to care for the increased patient volumes presenting.



Root Monitor outside of patient room as clinician monitors. Patient is wearing tetherless disposables.

Our frontline colleagues at Mount Sinai Queens were gracious enough to share their experience with the Massimo tools.

“During the months of March and April of 2020 amidst our COVID19 pandemic, our hospital received a total of 112 Masimo units to monitor COVID patient’s respiratory status remotely. The MSQ Nursing Education department spearheaded the deployment and education of this device to unit nurses in all med-surge and ICU units. The device was designed to remotely monitor a patient’s pulse oxygenation and respiration levels via a wireless wristband that transmit the information to the monitor located outside the patient’s room. This technology allowed nurses to maintain constant information on their patients without having to physically enter the isolation. This increased staff safety and peace of mind. The project took a few weeks to complete as more devices were added and allocated to units. Challenges to the deployment included the physical layout of the floor units, limited hallway space to store and plug monitors, and the small size of wristband chip that increased opportunities to lose it. Most staff were happy and eager to utilize this new equipment, while others were overwhelmed by the amount of modified patient care initiatives during COVID times, which is understandable. This pandemic crisis made it difficult to ensure optimal use across the units, but we tried our hardest. Nurse Managers and unit nurses provided lots of feedback on creative solutions to avoiding losing the wireless chips and best times to huddle with staff for optimal demonstration.”

- Maria Veronica Sanchez

Thank you to all of our frontline clinicians who have “pulled” this digital tool rapidly into your practice. You have demonstrated how the use of innovative technical solutions can really make a difference in the safe care of our patients.

“I was getting really anxious because when I came in and assessed patient’s vital signs, their O2 sat wasn’t that great, I’d have to check their pulse ox every few seconds. It was really scary. But with [the Masimo] if I’m in the hallway or have to go to another patient’s room I can take a look at the monitor and say ‘they’re stable.’ I’m able to identify patients who are decompensating quicker which can lead to better outcomes for our patients.”

-Hoda Farghaly, RN, MSQ 3 East



Anthony Auditore, MNSt, RN, NE-BC, Nurse Manager, 3 East and Hemodialysis

– says he likes the way Masimo assists with assessment and monitoring of patients and reduces the amount of exposure of staff to isolation areas.

Dr. Allegra Lee –commented on the Masimo showing wave forms which helps with assessing telemetry needs for patients.

Michelle Ramirez, RN, MSQ 3 West (medical unit) – states the Massimo’s provide “quick, instantaneous insight” into patient condition and safety.

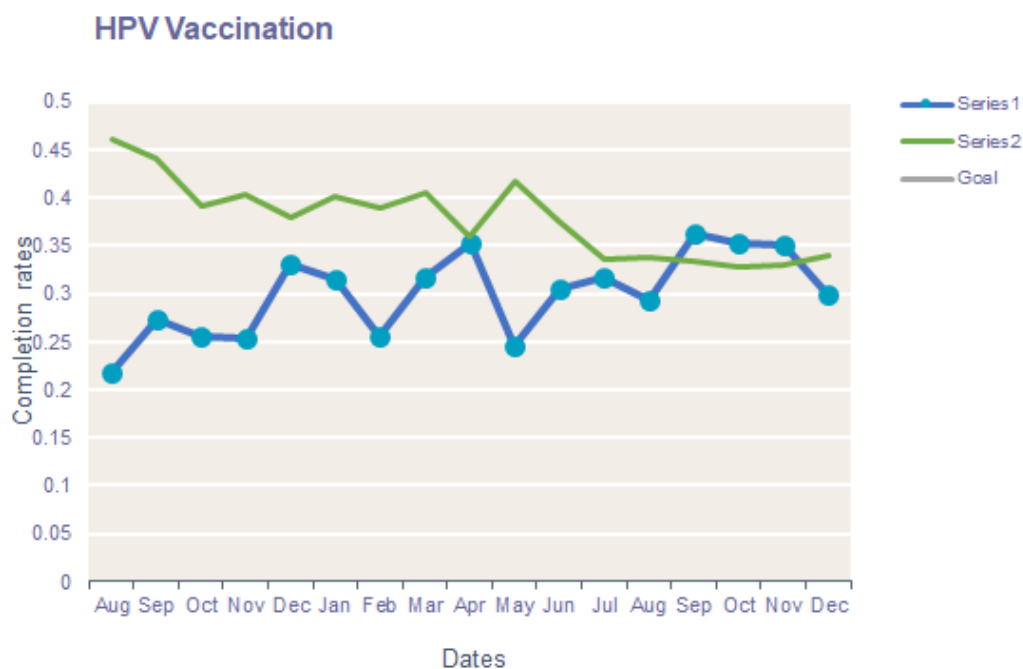
Spotlight on a Resident Quality Improvement Project: HPV Vaccination in Pediatrics

Nationally, providers face challenges in achieving high rates of HPV vaccination, despite proven benefits. Similar to national trends, the initiation and completion rates of vaccination at Pediatric Associates are sub-optimal.

In 2018, a QI initiative aimed to improve HPV vaccine series initiation and completion for 9-12 year olds. Cycles for improvement, thus far, included:

- 1) provider surveys assessing vaccination knowledge and compliance barriers;
- 2) education including a didactic presentation and posted materials in public workspaces;
- 3) EMR reminders to flag patients due for vaccination.

Baseline vaccination rates for eligible patients prior to project initiation were: 26% completed, 32% initiated, and 43% non-initiated. Overall post-intervention rates as of December 2019 were: 32% completed, 30% initiated and 38% non-initiated.



A run chart demonstrated a downward trend in the rate of non-initiation over time. Future plans for interventions will target missed opportunities for vaccination, and improve compliance through nurse-driven recalls, nurse only vaccine visits, and EMR reminders.

Team Members:

Cynthia Katz, MD

Laura Hodo, MD

Christopher Tenore, MD

Elizabeth Odom, MD

Brian Park, MD

Ann Symonds, MD

Shane Goda, MD

Amanda Reich, MD

Van Don Williams III, MD

Rae Dong, MD

Liana Grossinger, MD

Lien Li, MD



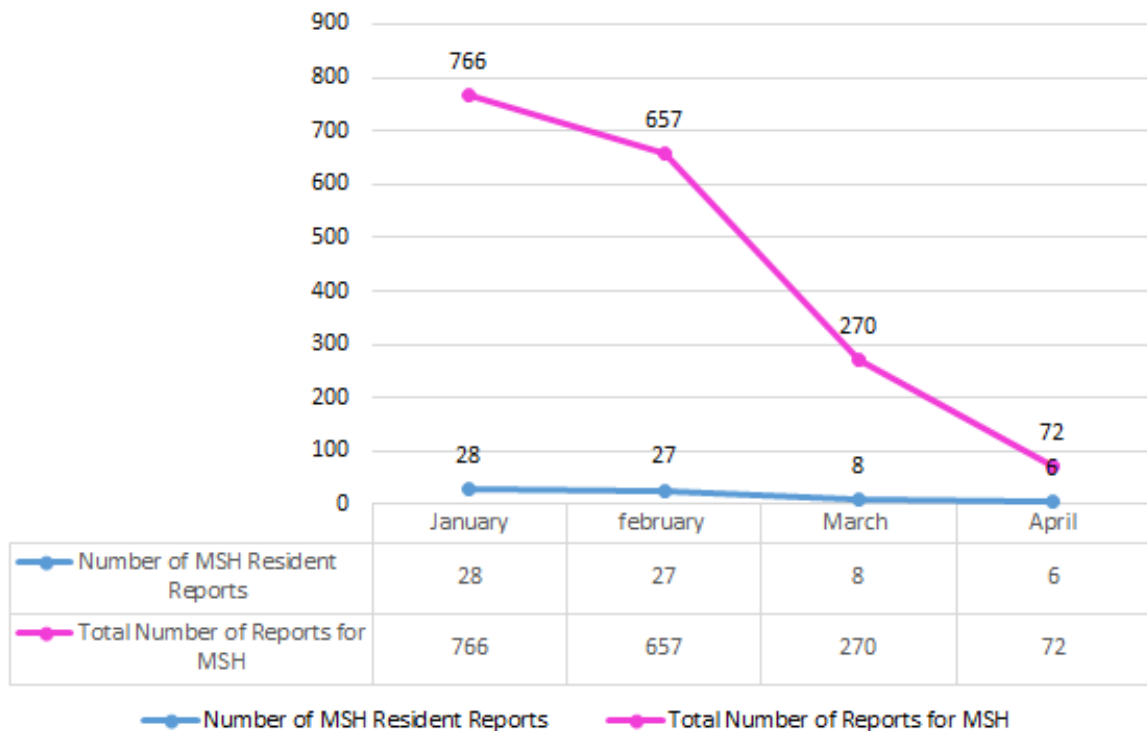
SafetyNet

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.

Resident / Fellow SafetyNet Incident Reports



*numbers reflect confidential report where was resident/fellow

INTERESTED IN HEALTH CARE DISPARITIES?

Join the next MSHS ACGME Healthcare Disparities Collaborative Meeting

JUNE 3, 2020 at 5:30PM

JOIN ZOOM MEETING

<https://mountsinai.zoom.us/j/98277958583>

Meeting ID: 982 7795 8583