GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER

MESSAGE FROM THE GME ASSOCIATE DEANS FOR QI & PS

Dear MSHS Residents, Fellows and Faculty,

For our last issue of the academic year, we want to congratulate all of the residents and fellows who are graduating. As we all know, residents and fellows are vital to keeping the Mount Sinai Health System a high quality and safe one. Thank you for your commitment to patient safety!

For those who are advancing to the next year, in this issue you can read about several opportunities to be involved with quality and patient safety related committees including the Health Equity Advancement by Learners and the Root Cause Analysis Committee. You can also read more about our Patient Safety Elective. All of these are great opportunities for those who wish to learn about how equity, adverse events, system safety solutions and patient safety events are investigated at the Mount Sinai Health System Hospitals.

Going forward, we will be including a regular occurring section called "In Focus" which features institutional QI projects throughout the Mount Sinai Health System. For our first "In Focus" and with the help of the department of Quality and Regulatory Affairs at Mount Sinai Beth Israel, we spotlight the elopement reduction efforts at MSBI. Please read more on pages 2-3.

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

Daniel Steinberg, MD
GME Associate Dean for QI and PS

CONTENTS

In Focus

Elopement Reduction Efforts at MSBI

Irene Pearlman, MSN, MA, PMHCNS-BC, RN, Senior Director
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Joann Coffin, RHIA, CPHQ, VP of Quality Initiatives/Risk Management, MSBI
Daniel Steinberg, MD, Chief Patient Safety officer, MSBI, NYEEI, Downtown
Assoc. Dean, Quality & Patient Safety, GME
Steven Daoud, Quality & Regulatory Affairs Specialist, ED-CPEP Elopement
initiative, MSBI

Elopement of patients from a health care facility is an area of great concern. While we respect a patient's right of self-determination regarding voluntary treatment, we do have "at risk" patients and we must assure their safety while under our care. How do we assure the safety of those individuals?

The Mount Sinai policy definition of elopement is:
Patients who leave the hospital premises in an intentional, unauthorized departure prior to staff knowledge but are felt to have an ongoing acute condition that still requires stabilization or who are felt to lack capacity to make an informed decision regarding their care or safety. These patients have not been discharged.

Cases of elopement are reported to the Department of Health if the elopement results in death or serious harm. Mount Sinai Beth Israel has sharpened its focused on elopement prevention since the beginning of 2021. Initially, the TRACE Task Force was formed (The Review Around Cases of Elopement) was formed. The task force reviewed all elopements.

In October 2021, a new approach was implemented. The Elopement Prevention Initiative was launched, with its initial focus on elopement from the Emergency Department. The project was organized into several PDSA cycles with the first phase focused on elopement prevention in the medical ED.

- PDSA cycle #1: Creation of "Code Safety" in the ED. This code made staff aware that a suicidal patient was in the ED awaiting transfer. During this time, the patient was placed in a safe location, away from an exit, and was put on observation status.
- PDSA Cycle #2: Direct to CPEP admissions, with the goal of ensuring that appropriate patients were transferred to CPEP as soon as possible. The following criteria were established:
  - POSA (Psychiatric Outpatients Services for Adults/MSBI Behavioral Health clinic patients)
  - ACT patients (ACT is a community based treatment program for seriously mentally ill patients)
  - Patients transferred within the MSHS
- PDAS Cycle #3: Direct to CPEP admission: Suicidal Patients presenting to medical ED without other presenting medical complaints, ages 18-50 years old.
- PDSA Cycle #4: The agitated patient in the ED, patients presenting with acute psychiatric symptoms which warrant evaluation in CPEP. *This cycle is currently being explored as of May 2023.*

As an ongoing process within each PDSA cycle, we measured our "time to transfer" from Medical ED to CPEP. In order to assure the validity of our data, charts were analyzed regarding the patients admitted with suicidal ideation. Not all patients met criteria for direct to CPEP transfer, as noted in PDSA cycle #3. Change over time was graphically depicted in our use of run charts. This step in our PDSA cycle underscores the importance of documentation so appropriate cases are included in data.

Concurrent efforts are underway regarding elopement prevention outside of this specific initiative with the ED. These include:

- Elopement prevention education: A PEAK module was created for all staff working at MSBI. An additional specialty module was developed for nursing regarding Elopement Prevention.
- Elopement Prevention screening in the ED. Previously, elopement prevention screening was done only once the patient was admitted.
- Elopement prevention visual cues:
  - Yellow Gowns: All patients, high risk for elopement, are put in a yellow gown.
  - Black Wristband: We know that sometimes patients are not cooperative with a change of clothes. Therefore, we added a black wristband to the yellow gown in order to assure we have a "back up" visual cue.
- Handoff documentation from outside agencies (nursing homes): Documentation received from nursing homes have much useful information, including that on elopement status. We increased the reliability of our process to ensure this information is available to the clinical staff.

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Elopements from psychiatric units are rare, since these units are locked. However, we have noted some drift in the process of assuring the doors are locked after staff and/or guests exit the unit. Therefore, the educational module on elopement prevention additional information regarding elopement prevention on locked units.

Our elopement initiative involves an interdisciplinary team that includes stakeholders and other content experts. Our Quality and Regulatory Affairs Department leads the initiative using an A3 template and project charter to identify the Executive Sponsor(s) of the initiative and special leads/champions needed, i.e., nursing, physician, security, IT.

We continue our efforts at elopement prevention and will soon implement use of an electronic wristband for our high risk patients. These wristbands will alarm if the patient passes the threshold of an exit.

Our team ascribes to the principles of high reliability, two of which are exemplified by this initiative: Reluctance to simplify (this issue is complex!) and preoccupation with failure (every elopement provides an opportunity for more learning). We monitor compliance with all of the elopement prevention actions implemented. We are happy to report compliance is very high. It is through the collaboration and team work that we move closer to our goal of high reliability for elopement prevention.

Patient Safety Elective

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

HEALTH EQUITY ADVANCEMENT BY LEARNERS

Rui Jiang, MD, MPH
Emily Hertzberg, MD
Elizabeth Kolod, MD
Kenneth Ashley, MD
Barbara Warren, PsyD
Brijen Shah, MD
Nicole Ramsey, MD, PhD
Angie Buttigieg, MD
Edward Poliandro, PhD
Paul Rosenfield, MD
Richard Silvera, MD, MPH

Lyubov Ivanova/Getty Images

Healthcare disparities vs. healthcare inequities, what are the differences?

- A disparity is defined as “a noticeable and usually significant difference or dissimilarity.”
- An inequity is defined as “an instance of injustice or unfairness.”
- A health disparity is a “difference in health outcomes.” Meanwhile, health inequities are “injustices that result from systemic, avoidable, unfair, and unjust barriers, which create poor health.”
- Interested in learning more? Join HEAL!

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 learn more about and address healthcare disparities and healthcare inequities. 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 healthcare inequities in their areas of expertise.

How does HEAL serve the GME community?

HEAL is currently providing cultural humility training to residency and fellowship programs. With an emphasis on experiential learning, it is our goal to help equip faculty and learners with the skills and perspective to serve the diverse populations of NYC with compassion and professionalism. We also provide community and mentorship to trainees and faculty who are passionate about addressing the inequities that they see.

How to get involved?

Get to know us! Email **HEAL@mountsinai.org** – we will add you to our distribution list so that you will receive an invite for one of our information sessions.

In these information sessions, we will share more about what is the cultural humility training and how you can get involved to present these sessions for your own programs, to present to other training programs.

We are also looking for trainees and faculty who are interested in furthering our work by creating other types of training on fundamental topics in diversity, equity, and inclusion.

Root Cause Analysis Committee

Office of GME

To:
Residents and Fellows
Mount Sinai Beth Israel
Mount Sinai Hospital
Mount Sinai Morningside and West
New York Eye and Ear Infirmary

From:
Bonnie Portnoy, MJ BSN CPHRM CPSO
Vice President, Risk Management & Patient Safety
Mount Sinai Health System

Brijen Shah, MD
Associate Dean for Quality Improvement & Patient Safety in Graduate Medical Education
Mount Sinai Health System

Daniel Steinberg, MD, SFHM, FACP
Associate Dean for Quality Improvement & Patient Safety in Graduate Medical Education
Mount Sinai Health System
Purpose:
Root Cause Analysis Committee Application

We are soliciting applications for MSHS residents and fellows who are interested in participating in our weekly Root Cause Analysis meetings, which is part of our Serious Adverse Event process for Patient Safety. The purpose of the RCA Committee is to identify underlying causes of adverse events and develop safety solutions. The RCA process is non-punitive. The focus is on identifying ways the health care system can be improved in order to reduce patient harm. For the last few years, we have trained a group of interested house staff to provide input during these case discussions and safety solution meetings.

For those selected we will provide patient safety and RCA training (see below). Participating residents and fellows will be expected to participate in at least 8 RCA's over the course of the year.

RCA Meetings:

- MSBI: Tuesdays 4:00-5:00 PM
- MSM: Tuesdays 4:00-5:00 PM
- MSW: Thursdays 4:00-5:00 PM
- MSH: Tuesday 11:00 AM-12:00 PM

A few important notes:

- PGY-2 and higher are invited to apply by completing the application below. Please note the application deadline is Friday, July 7, 2023.
- If you participated in the RCA committee for the 22-23 academic year and want to participate again, you must email **paul.yu@mssm.edu** – please note, to remain on the committee you must have attended at least 8 meetings throughout the 22-23 academic year.
- Training Sessions for participants will be held via Zoom on Tuesday, September 6 (5:30-6:30 PM) and Wednesday, September 7 (5:30-6:30 PM), with expectation that participating residents and fellows would attend one of these sessions. You will be asked to indicate a training session preference as part of the application.

We look forward to having you as part of our Patient Safety team!

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 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!

"The service from everyone involved is superb. Dr. Yevdokimova is very nice."
-Comment left for Kateryna Yevdokimova, MD, PGY-6, MSH Pulmonary Disease & Critical Care Medicine

"I love my doctor."
-Comment left for Mariya Kononenko, MD, PGY-3, MSH Internal Medicine

"Dr. Sharma is a very kind and excellent doctor. He makes sure we discuss everything about my health before I leave his office. He always calls me to tell me the results of my test and what action needs to be done. Dr. Sharma always answers all my questions about my health."
-Comment left for Ashutosh Sharma, MD, PGY-3, MSH Internal Medicine

"Dr. Sifri is a very nice doctor. She cares very well. Her knowledge is very good as well as explanation. ***"***
-Comment left for Yara Sifri, MD, PGY-3, MSH Obstetrics & Gynecology

Effect of patient safety education interventions on patient safety culture of health care professionals: systematic review and meta-analysis.

Agbar F, Zhang S, Wu Y, et al. Nurse Educ Pract. 2023;67:103565.

Health systems seeking to improve patient safety culture (PSC) implement myriad of educational programs for their staff. This review identified 16 studies of PSC education programs that included before and after surveys or intervention and control groups. Results were generally positive, but repeated trainings may be needed to sustain the change. Additionally, based on the reporting using the AHRQ Hospital Survey of Patient Safety Culture (HSOPS), a culture of blame remained a pervasive problem despite improvements in other components of patient safety culture in many hospitals.

Thematic reviews of patient safety incidents as a tool for systems thinking: a quality improvement report.

Machen S. BMJ Open Qual. 2023;12(2):e002020.

Learning from patient safety incidents can help health care organizations improve processes and care delivery. This article provides a template for organizations to review patient safety incidents and classify them into themes from a human factors and systems thinking perspective. The process involves clearly characterizing the safety incidents, describing the involved safety systems, identifying and classifying contributing factors, completion of narrative analysis to identify commonalities and differences in the way contributing factors affect the incidents, and identification of safety recommendations.

Structural racism in behavioral health presentation and management.

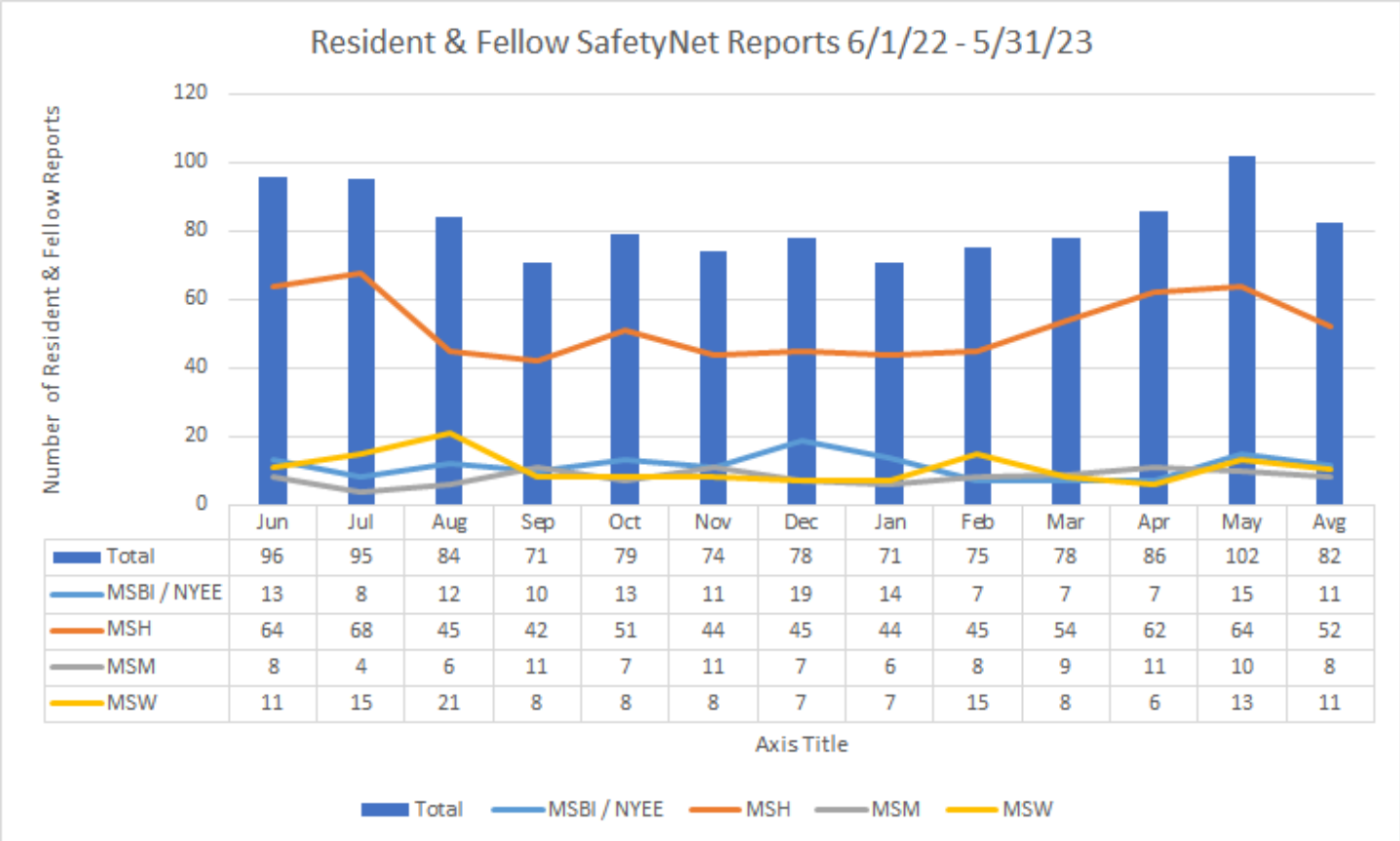
Rainer T, Lim JK, He Y, et al. Hosp Pediatr. 2023;13(5):461-470.

Structural racism and implicit biases can affect clinical judgement and impede the delivery of effective mental health care. Based on a case of an adolescent Black girl navigating through the pediatric behavioral health system, this article discusses how structural racism and health disparities in behavioral health care contributed to misdiagnosis and poor care. The authors outline several actions at the structural, institutional, and interpersonal levels to address racismï¿½s impact on pediatric mental and behavioral healthcare.

SafetyNet

Below you will find SafetyNet resident and fellow reporting statistics for the 12-month period June 1, 2022 - May 31, 2023. Since the last issue of this newsletter, the average number of total reports across sites increased from 81 to 82. April and May totals exceeded the average for the year. 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.



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Avg
Total	96	95	84	71	79	74	78	71	75	78	86	102	82
MSBI / NYEE	13	8	12	10	13	11	19	14	7	7	7	15	11
MSH	64	68	45	42	51	44	45	44	45	54	62	64	52
MSM	8	4	6	11	7	11	7	6	8	9	11	10	8
MSW	11	15	21	8	8	8	7	7	15	8	6	13	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.