Icahn School of Medicine at Mount Sinai

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GME QUALITY IMPROVEMENT & PATIENT SAFETY NEWSLETTER

FEATURED IN THIS ISSUE

Message from the Associate Dean

Dear MSH House Staff,

As 2019 winds down, we are very excited to celebrate one year of producing this newsletter for you! We hope that this communication keeps you up to date on quality improvement and patient safety issues important to GME and highlights our current efforts and celebrated the work of our residents and fellows.

During the next two months, you will all attend The Experience, which is an opportunity to reflect on the Mount Sinai Health System Mission and Vision and connect with the values of our organization. Safe and high quality care are the corner stone of a great staff and patient experience. I hope that the conversations that you start when you attend you will bring back to your programs and units. This program will lay the foundation to help us meet our vision and mission.

Take a moment to read about our new safety event reporting system with more information to come in future issues. We highlight the work of Dr. Jelnik, a pediatrics resident, who is bringing together healthcare disparities and quality improvement in an outpatient project.

Please look out for invitations to attend a morning or evening session with Dr. Reich, Dr. Huprikar and GME leadership to discuss quality improvement and patient safety concerns in the learning environment. Our hospital leadership is also looking for resident and fellow participation on committees.

On behalf of our GME team that support quality and patient safety education, we wish you a very happy holiday season and best wishes for a safe and healthy 2020!

Sincerely,

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

HOUSE STAFF HOT CHOCOLATE SOCIAL

WEDNESDAY DECEMBER 4, 2019

ANNENBERG NORTH LOBBY | 12pm TO 2pm

ALL RESIDENTS and FELLOWS ARE WELCOME

PLEASE BRING YOUR ID BADGES

Meet Vinh-Tung Nguyen, MD

Assistant Professor Medicine

What QI and Patient Safety experiences from your training made an impression?
I completed my internal medicine residency right here at Mount Sinai Hospital and I remember our Quality Improvement Conference (QIC) being very impactful. Residents would present an adverse event or near miss that occurred on our Teaching Service. The cases always led to a great discussion on the safety culture in our training program and in the hospital. Safety lessons presented at these conferences were especially meaningful because they were presented by colleagues and were placed in the context of patients we all knew. I'm still a big proponent of these types of conferences - we can learn as much from our mistakes as from our successes.

As a hospitalist, what daily patient safety issues you see that residents could have a significant impact on?
Residents are on the front lines of inpatient care and so, have an incredibly important role in virtually all areas of patient safety! One big area that come to mind immediately is error reporting. Because residents are the first providers called for any patient situation, they are also frequently the first to see events in patient safety. Reporting these events is vitally important to our safety program because it allows us to investigate them carefully for root causes.
An event you see once on the wards during a rotation may actually represent a recurring issue that is a hazard to patient care. In the Department of Medicine, we want House staff to know the impact of their reports and have developed a program to share the outcomes of reports they submit. A new medical error reporting system will launch in the very near future and I encourage all residents and fellows to use it to report any safety events they see in the hospital. If we don't know about the problem, we can't fix it!

What are your current QI/PS focus areas that involve residents and fellows?
One of my biggest focus areas involving residents and fellows has been supervision and escalation. In medical training programs, trainees assume increasing responsibilities as they meet clinical milestones. It is important for house staff to have adequate oversight and support to ensure that they are learning the skills they need for independent practice and to ensure that patients are getting the best care possible.
In the past, it was common for training programs to have a culture of "call me if you need me" after rounds. Studies have shown that these types of nebulous instructions led trainees to feel reluctant about calling for help. There are numerous reasons to avoid calling, including wanting to appear competent and not wanting to disturb the attending. In Internal Medicine, one of the tools we developed to assist with supervision is a list of clinical situations that require discussion with an attending. Delineating a list of very specific criteria for attending escalation has made it clear when communication has to happen and put trainees and attendings on the same level of expectation.

You have a career that involves both education and quality. Do you feel that these are a natural fit?
Absolutely! Broadly speaking, my role involves both teaching about quality and ensuring that our practice matches the standards that we teach. There is such a great awareness in our country now about the importance of ensuring quality in healthcare delivery. No matter what practice setting, every physician should understand the quality issues in their specialty and be knowledgeable about quality improvement tools. Quality has become a cornerstone in medical education and has made its way into all forms of requirements and assessments.

The ACGME Common Program Requirements stipulate that training programs ensure residents learn and engage in quality improvement activities, residency milestone assessments include competencies in quality, and board certification exams include quality and patient tools as topics.

These requirements only reflect how important knowledge and skills in these areas have become in professional practice.

Beyond educational requirements though, ensuring that residents and fellows are knowledgeable about quality and patient safety is important in the everyday care of our patients. House staff touch virtually every aspect of patient care because they are at the front lines of patient care with a huge amount of responsibilities.

All the elements of quality in the hospital from laboratory testing stewardship, to medication overuse, to safe care transitions hinge on the practices of residents and fellows. The quality priorities and initiatives of the health system depend heavily on the participation of house staff. As an educator, I see a significant part of my role as engaging residents in our quality initiatives and getting their voice incorporated into these initiatives.

What are two pieces of advice you can provide to someone who is thinking of developing into a QI/Patient Safety Leader?

First, get experience and participate. There are numerous QI and safety projects going on at all the campuses at any given time and are great opportunities to learn. Every project is a way to gain more QI skills or hone the ones you've already learned. They are also a great way to meet the leaders in our health system and to network. Speaking with your department quality lead, attending department or hospital quality conferences, or the GME newsletter are great ways to find out about new and ongoing projects. Mount Sinai has a fantastic culture of encouraging house staff participation in QI initiatives, so take advantage!

Second, be persistent. Quality improvement is a process and it takes time to realize your goals. You often don't achieve what you set out to do on a first pass; it may take several iterations of an intervention and going back to the drawing board at times. Keep studying the system you're trying to affect, following the data, and thinking creatively about solutions.

Join a MSH Committee

- Anti-Microbial Stewardship Committee
- Hospital Acquired Infection Steering Committee / Workshop
- Infection Prevention Committee
- IT Safety and Regulatory
- Inpatient Epic Council
- System OR / Major Procedural Safety Committee
- Administrative Executive Committee

https://mountsinai.formstack.com/forms/mount_sinai_hospital_resident_committees

SafetyNet

A unified event reporting system is a key component of the safety culture and essential to our becoming a high-reliable organization.

SafetyNet, an integrated adverse event reporting system, will be launching across the Mount Sinai Health System on Monday, December 9, 2019.

The SafetyNet reporting system gives us the opportunity to mitigate and implement safety solutions to address system breakdowns, near misses and hazards.

Users will be able to report on the web-based application logged in with Mount Sinai credentials or anonymously.

This system replaces:

- MERS at The Mount Sinai Hospital
- ESTER at Mount Sinai Beth Israel
- Paper-based occurrence reporting at all other sites.

If you use any of these systems, please view the applicable module on PEAK to learn how to enter an event in SafetyNet. Copy and paste the appropriate link below into the Chrome browser to begin. (PEAK may not function correctly in other browsers.)

For front-line staff:
https://peak.mountsinai.org/learn6.asp?id=178409&courseid=4475

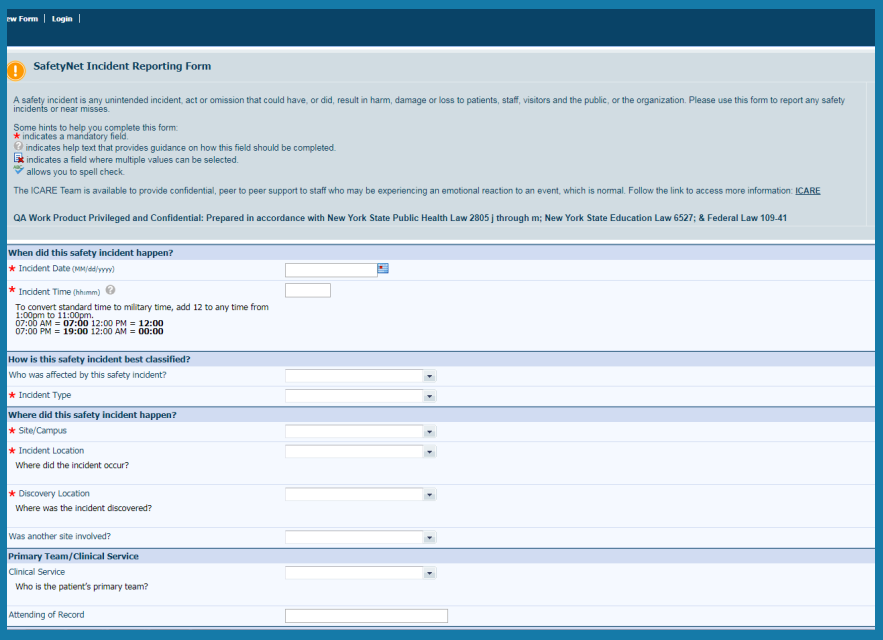
For managers ONLY:
https://peak.mountsinai.org/learn6.asp?id=178409&courseid=4477

Upon completion of the PEAK module, please access the demo (playground) to practice by using the link below:

https://datix.mountsinai.org/demo/index.php?module=INC.

If you are a manager and wish to access the manager context in this demo site, click the "Login" link at the very top of the page and use these credentials:

- Username: Datixtest
- Password: Password1
- Domain: None



***Note that this is a demo site intended for training** purposes. Please do not enter real data.*

Improving the Collection and Utilization of Pediatric Patients' Sexual Orientation and Gender Identity (SOGI) Information, Preferred Names and Gender Pronouns in Clinic

Scott Jelinek, MD, MPH, MS PGY 2 Pediatrics

Currently, there is not a standardized or organized way pediatric residents are taught to document information about their patients' sexual orientation or gender identity (SOGI). Additionally, initial surveys of Mount Sinai Pediatric providers and residents show there is very little knowledge about how to change a patient's preferred name in Epic. As a result, the Tuesday cohort of pediatric residents working at the Pediatric Associates clinic have decided to tackle this issue as a quality improvement project.

For transgender and gender expansive youth, research shows that chosen/preferred name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior. Correctly using patients' SOGI information, especially their chosen name and gender pronouns, is a vital step in the affirmation of a patient's identity and will help build rapport.

Additionally, routine collection of SOGI information from all persons, including youth, is necessary in order to meet Healthy People 2020's goal to address LGBTQ health disparities.

This QI project aims to increase the percentage of pediatric patients 12 years and older who have any fields completed in the 'Sexual Orientation and Gender Identify SmartForm' in Epic from 0% to 50% by March 1, 2020. The current Plan-Do-Study-Act (PDSA) cycle consists of creating a process map to conceptualize how clinic flow allows for the collection of SOGI data as well as to understand the roles various clinic staff (front desk and medical ancillary staff, nurses, and providers) contributing to the collection and utilization of SOGI information. The residents will continue with additional PDSA cycles to assess the effectiveness of their interventions. The team is working with Epic data analysts to pull regular reports to follow trends in compliance with outcome measures: SOGI SmartForm fields and preferred pronoun documentation. As a project process measure, pediatric resident knowledge and skills of documentation and using SOGI data will also be assessed before and after interventions.

RCA Case Discussion - The Resident Experience

Julia Blanter, MD
Internal Medicine

As part of the RCA committee, I have been afforded the opportunity to take part in the process to improve hospital wide patient care. I was surprised to learn the interdepartmental collaboration involved in deciding the root cause of an adverse event. I learned that deciding the root cause of an issue requires participation from every specialty involved in the case. The decision of whether or not the adverse event occurred as a result of a system issue, provider issue, or standard of care met comes down to a vote across every participant. For instance, we were able to determine that a fall occurred as a result of a patient typically requiring a walker at home not being provided one on admission. We then looked into how to ensure patients with walking assist devices be provided those devices on admission.

As a member of the Root Cause Analysis (RCA) committee, I am fortunate enough to experience different cases I can learn from. One particular case involved minor injuries to a patient due to their surrounding environment. Although a corrective action was rapidly imposed, we concluded that a proper monthly maintenance needs to be enforced in that particular area in order to keep patients and employees safe. As a health care provider, it is very easy to get caught up with the medical assessment and planning aspect of patient care, but this case taught me environmental safety is equally as important. While the injuries were minor, they could have been avoided if the surrounding work environment was properly inspected for hazards and risks. Implementing policies and procedures to guarantee that the surrounding work environment is free of harm at all times is an integral part of overall patient well-being. This is a lesson I plan to carry out in my future practice which I am grateful for.

Nnaemeka Ibeh, DO
Anatomic and Clinical Pathology

RESIDENT MERS REPORTS

	2018 November	2018 December	2019 January	2019 February	2019 March	2019 April	2019 May	2019 June	2019 July	2019 August	2019 September	2019 October
Resident Reports	27	23	19	23	22	26	23	29	25	31	14	32
Total Number of Reports	1067	1018	992	937	1003	1098	1008	947	1034	1142	943	1018

FLU SEASON IS HERE!

1. **Get Vaccinated!**

Flu vaccine will protect you, your loved ones, and your patients.
It is required by the NYS DOH, in the hospital, employees who do not get vaccinated must wear a mask for the entire flu season while at work (usually >5 months).
Incidence rates of laboratory confirmed influenza in vaccinated vs unvaccinated healthcare workers was significantly lower in the vaccinated group, with RCT showing a significant protective effect of the vaccine (RR 0.12, 95% CI 0.04-0.41) (Imai, 2018).

Healthcare workers who get vaccinated are less likely to take sick times (OR 0.874, 95% CI 0.866-0.881) (Imai, 2018).

2. Think Flu

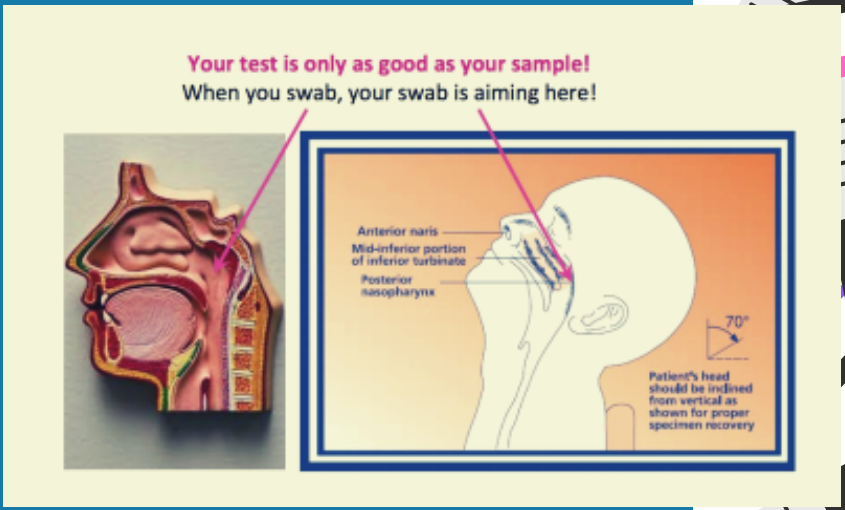
a. During a flu season, acute exacerbations of chronic medical conditions like asthma, COPD, and heart failure may be due to flu and testing should be considered, even in the absence of fever.

3. When you think flu, ISOLATE and test immediately:

a. Place patient on Droplet Precautions.
b. Order a FLU/RSV PCR nasopharyngeal swab in EPIC and be sure to collect appropriately.

High Risk Patients

Children under 2 years
Adults over 65 years
Pregnant Women (until 2 wks postpartum)
Patient < 19 years on Aspirin Therapy
American Indians / Alaskan Natives
Morbidly Obese - BMI > 40
Residents of Nursing Homes



4. Treat immediately and appropriately

Treatment should be initiated within 48 hours of symptoms for greatest benefit.
Most individuals without underlying medical conditions have a self-limited respiratory illness and do not require antivirals.
When treatment is indicated monotherpy with oseltamivir (Tamiflu®) or inhaled zanamavir (Relenza®) is sufficient.

Resistance to these medications is rare.

5. Stay home when sick!

Working while ill increases the likelihood of influenza transmission to coworkers and patients.
Inpatients who are exposed to a sick health care worker are 5X more likely to develop a Hospital-acquired influenza like illness than inpatient with no exposure (Vanhems, 2011).

COPD, CVD, Renal, Hepatic
Hematologic, Neurologic, and Metabolic Disorders
Immunosuppression (Medication/HIV)

The EXPERIENCE

We wanted to take a moment to acknowledge and thank the following residents for taking time out to attend and participate in the MSH Experience sessions over the past month. These four hour sessions are designed to bring us together with colleagues from across the hospital in every discipline in order to talk about our mission vision and values.

You are each a critical part of the work that we are doing to improve the patient experience. We realize that attending this session required you taking time away from your more than busy schedules. Please know that the stories and sentiments shared are being relayed back to the hospital leadership for follow up and we hope to continue to elicit your feedback as we continue on this journey of cultural transformation, TheExperience@mountsinai.org.

Better Together

Mount Sinai Hospital

AMIR ABDEL-KADER
MENA ABDELMALAK
MANASI AGRAWAL
YOSRA ALJAWAI
MADDALENA ALLEGRETTA
WELLS ANDRES
THEOPHANIA ASHLEIGH
MINA AZIZ
MADELEINE BASIST
PAMELA BASTO
ABIGAIL BELASEN
GIANA BERNHEIM
JULIA BLANTER
ZACHARY BORMAN
ERIC BRESSMAN
ANTON CAMAJ
EMILY CARROLL
MARTIN CASEY
ANTHONY CHANG
PRAPTI CHATTERJEE
HUAZHEN CHEN
ALEX CHOY
MATTHEW DAI
MORGAN DAUER
ALEXANDRA DEMBAR
MONICA DILORENZO
CHARLES DU
ARIEL ELYAHU
GARY ESSES
SEUNG EUN LEE
MARC FENSTER
YICHUN FU

STEPHANIE GOLD
DANIA GOODIN
GARRED GREENBERG
ARJUN GUPTA
VIRGINIE HALPERN-COHEN
CORY HELDER
LESLIE HIGUITA MONTOYA
JENNIFER HU
BLAINE HUSS
ADA IP
HAOLI JIN
BRIANNA JONES
KRISTEN KELLY
SHRADHA KHADGE
KARAMBIR KHANGOORA
ASHTON LAI
BENJAMIN LARAWAY
SAMANTHA LEDONNE
COURTNEY LEE
WILLIAM LEE
ERIC LEHRER
KENNETH LEUNG
EMILY LI
ANNA LIANG
DAVID LIN
MATTHIAS LINKE
ALEXANDRA LIVANOS
YUYING LUO
REZANA MARA
RIJO MARACHERIL
DAVID MARIUMA

SHERYL MATHEW
ERICK MENDOZA
DORIAN MENDOZA
HOPE MIODOWNIK
JONATHAN MISHOE
CAROLINE MULLIS
AMMARA MUSHTAQ
ROBERT OWEN
CHANDNI PAWAR
JOAO PEDRO MATIAS LOPES
ALICIA PHILIPPOU
DAVID POWER
SINDHURI PRAKASH
EMILY PRESS
DANIELLE QING
FARAH RAHMAN
KARISHMA RAHMAN
JOSEPH RINALDI
NOA RIPPEL
ANAM RIZVI
DIANA ROMANO
DAVID ROTSTEIN
JARED ROWLEY
ADAM RUSSAK
SHEILA RUSTGI
LUIS SEIJA
MONICA SETHI
RONAK SHAH
SONIA SHAH
MARK SHEHATA
RANBIR SINGH
KRISTIN SPITZ

MATTHEW STRAIGHT
JONATHAN SUKUMAR
ANTHONY TANELLA
JOHN TANG
GABRIELA TANTILLO SEPULVEDA
ALEXIS TCHACONAS
RAHUL THAKKER
ROBERT TOHA
GENEVIEVE TUVESON
CATHERINE UY
RYAN WANG
OMAR WAQAR
MICHAEL WOTMAN
EDWIN YOO
ARTHUR ZAK
CONNIE ZHAO
ERIC ZHOU
TONY ZHOU
HUILI ZHU