GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER

Message from the GME Associate Dean

Dear GME Community,

In this issue of the Newsletter, we continue to highlight some fantastic quality improvement work which touches the GME community at MSH.

The Hospital is in the midst of the Experience and we want to highlight those residents and fellows who have had a chance to attend, listen and lend their voice to the staff and patient experience conversation. Two of the submissions this month are authored by residents as well!

We are over two months into the launch of SafetyNet and I would like to challenge every resident at MSH to use their safety lens to submit a report so we can make care safer.

We also continue to engage in our healthcare disparities work in order to educate GME and engage all members within GME to help identify
and reduce healthcare disparities.

Have a great start to 2020!

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

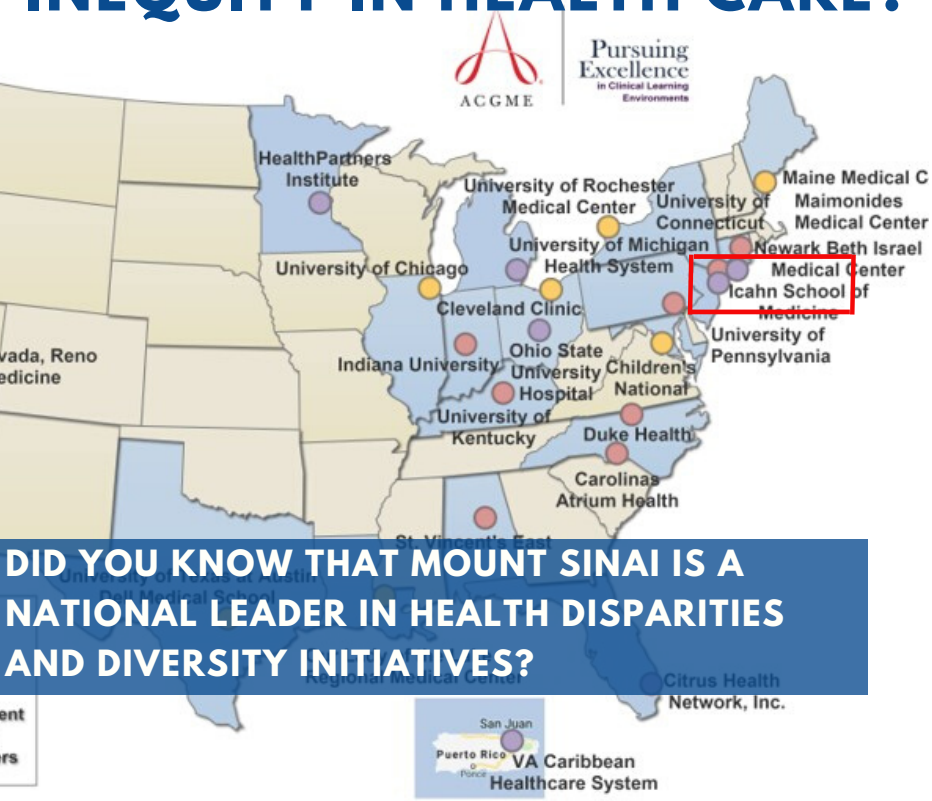
IN THIS ISSUE

House Staff Quality Improvement Project

Emily Leven, MD
PGY 2 Internal Medicine

The quality improvement project aims to improve communication surrounding clinical information and arrival timing for outside hospital transfers to the pre-transplant liver service such that admitting house staff are always aware of transferred patients in advance and have access to basic clinical information from their hospital course prior to arrival. We will be taking a multi-pronged approach with standardized communication between the transfer center and medical consult resident as well as between the fellows service and residents in order to minimize the amount of time patients spend on the floor prior to assessment and triage, as well as to reduce duplicate testing on arrival.

ARE YOU FRUSTRATED BY INEQUITY IN HEALTH CARE?



DID YOU KNOW THAT MOUNT SINAI IS A NATIONAL LEADER IN HEALTH DISPARITIES AND DIVERSITY INITIATIVES?

The Mount Sinai Health Disparities Collaborative generates data-driven quality improvement and educational initiatives with the shared goal of achieving health equity and reducing health disparities. We welcome trainees from all specialties for both small and large opportunities to get involved.

Interested or need more information?
Get in touch with...

Ruii Jiang, MD
rui.jiang@mssm.edu

Nicole Ramsey, MD PhD
nicole.ramsey@mountsinai.org

Emily Hertzberg, MD
emily.hertzberg@mssm.edu

Artifact

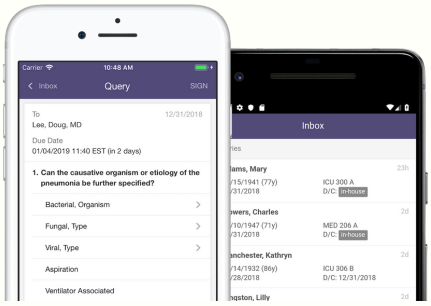
The new physician query software

As part of Mount Sinai Health System's efforts to enhance CDI and the physician query process, our health system is deploying new physician query software called Artifact. Artifact will help you respond to Clinical Documentation Improvement (CDI) and coding queries with speed and ease.

Beginning on Wednesday, January 22nd, all CDI and coding queries will be sent to you through Artifact and no longer through the previous physician query process in Epic.

Complete, consistent and accurate documentation are essential to both the health of our patients and to the integrity of the coded medical record. Queries to clarify documentation are critical to supporting and improving the quality of the patient record. Coding of the medical record directly impacts publicly-reported hospital and physician quality scores as well as proper reimbursement.

We are excited to provide you with a faster and more convenient way to respond to queries. Artifact is very easy to learn, only taking minutes to master.



Will I still need to document query responses in the chart?

No. Artifact integrates with Epic so that your query response in Artifact automatically generates a query note in the patient's chart.

Do I need to respond to queries when I'm not in the hospital?

You are responsible for your documentation and queries on your documentation and, ideally, you will respond promptly. There will be times when you are not available, and a query requires attention. In those cases, query authors can re-assign your query to another clinician, which removes the query from your Inbox. You may always co-assign an Artifact query to a colleague who may be better able to answer the query.

Why am I queried when the answer is obvious?

Coding regulations require precise verbiage in our documentation in order to allow non-clinical personnel to translate the written word into an alpha numeric code. Queries are written so as to not be leading or imply a particular answer. For these reasons, some queries may appear to have obvious answers; however, your response is required by official quality reporting and coding guidelines.

Do I need to use Artifact?

Yes, Artifact will replace the inpatient query process in the Epic In-basket. Responding to queries in Artifact should be faster and easier for you. For most queries, Artifact gives you the information you need to answer the query without having to go back into the actual medical record.

How will I access Artifact?

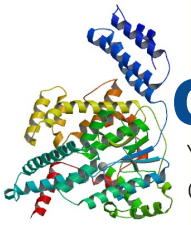
Log-in to Artifact with your hospital network username or e-mail address and password. Access Artifact in three ways:

- By downloading the Artifact mobile app for iPhone or Android at **https://getartifact.com**
- From a web browser by visiting: **https://app.artifacthealth.com/sso/mshs**
- From shortcut link in Epic 

How will I be notified of queries in Artifact?

When a query is sent to you, Artifact will alert you in the following ways:

- A once-daily email notification if you have open queries in your Inbox.
- With the mobile app, a red badge on your Artifact app icon indicates the number of new, unread queries in your Inbox.
- Visit 'Settings' in the Artifact menu to turn on real-time email notifications or text SMS notifications to your phone.

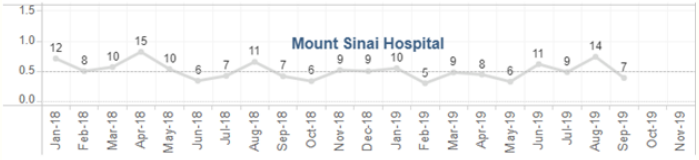


Clostridioides Difficile Infection (CDI)

Yuying Luo, MD *Chief Resident Internal Medicine* , Jamie Ruhmshottel, BSN, RN-BC, Vinh-Tung Nguyen, MD, Gopi Patel, MD, Ari Grinspan, MD

Clostridioides difficile infection (CDI) is the leading cause of hospital-acquired infections in the United States. C. difficile afflicts 13 in every 1000 patients with approximately 75% of cases being hospital-acquired, resulting in healthcare expenditures which now exceed an estimated $6 billion dollars annually.

In the hospital setting, there are multiple contributing factors which drive CDI prevalence. The Mount Sinai Hospital has made reducing hospital-onset CDI a top priority and through collaborative interventions has reduced CDI rates from 4.73 per 10,000 patient-days to 3.96 per 10,000 patient-days between 2017 and 2019. Over the past two years, our CDI rates have continued to decline thanks to interdisciplinary multi-pronged efforts from nursing, environmental services, pharmacists and physicians (Figure 1). Residents and fellows occupy a pivotal role in these efforts:



Facility	2017	2018	2019
MSH	0.628	0.521	0.506
MSHS	0.628	0.521	0.506

Figure 1 Legend: CDI rates across the Mount Sinai Health System have continued to decline (the numbers above each month depict the number of hospital-onset C. difficile cases), depicted as standardized infection ratio (SIR). The SIR adjusts for various facility and/or patient-level factors that contribute to hospital-acquired infection (HAI) risk within each facility. When the SIR is less than one, fewer infections were observed than predicted.

Infection prevention

Hand hygiene and compliance with personal protective equipment (PPE):

Hand washing with soap and water is paramount in efforts to reduce CDI transmission. Special contact precautions signs are now placed more prominently on patients' door frames to alert everyone to gown up and disinfect appropriately.

Dedicated equipment

On many units, there are dedicated equipment (including stethoscopes, BP cuffs) for patients who are isolated. When possible, consider ordering portable scans for these patients as well (e.g. ultrasounds, x-rays).

Antibiotic stewardship

As front-line providers, we need to ensure our patients are receiving the appropriate and shortest effective duration of antibiotic therapy. For many conditions including pneumonia, UTI and skin and soft tissue infections, multiple trials have shown that shorter courses of antibiotics do not reduce therapeutic benefits. Be empowered to discuss with our team of ID consultants and pharmacists when de-escalation and cessation of antibiotics are appropriate.

Early identification

Early detection of CDI and the institution of special contact precautions are essential for preventing transmission. However, about 20% of hospitalized adults are C. difficile carriers. Assess for appropriateness of testing prior to ordering C. difficile testing (e.g. ensure patients are not having formed stool and consider other causes of diarrhea such as laxatives, stool softeners, PPIs, enteral feeds, or contrast). If diarrhea persists and other risk factors are present (patients who are 65 or older, recent antibiotic use, recent hospitalization, abdominal surgery, transplant, heme malignancy), consider discussing the case with ID or infection control to discuss whether C. difficile testing is appropriate. Refer to Figure 2 for Mount Sinai's C. difficile testing algorithm.

If your patient is diagnosed with CDI, refer to our consensus guidelines for treatment. Ensure your patients are receiving standard of care with appropriate antibiotics and involve the appropriate consultants (ID, surgery and GI) if your patient has severe or fulminant CDI.

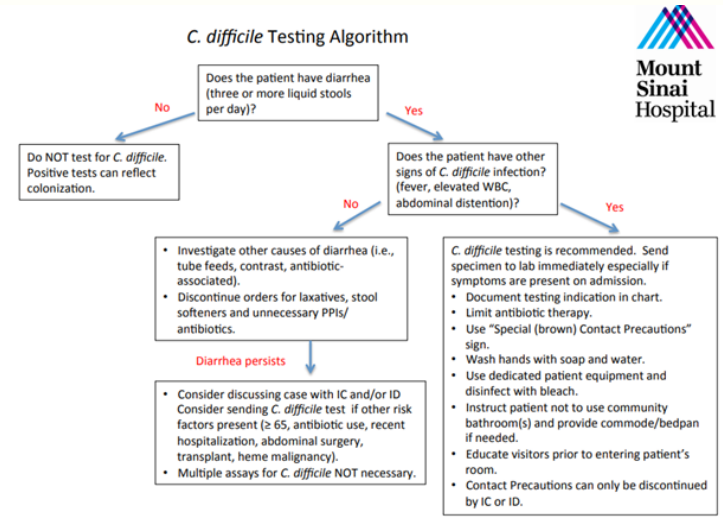


Figure 2 Legend: Mount Sinai's C. Difficile testing algorithm. This algorithm in addition to our consensus guidelines for treating C. Difficile are available on the inpatient care team app. https://inpatient.careteamapp.com/uploads/C-diff-testing-algorithm.pdf and https://inpatient.careteamapp.com/uploads/Clostridium-difficile-Infection-Treatment-Guidelines-MSHS-June-7-2018-FINAL.pdf

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**

RORY ABRAMS
NEHA AHLUWALIA
MAJD AL SHAARANI
MATTHEW ALFARANO
CESAR ALFARO CRUZ
LAUREN AMBLER
COLIN ANDERSON
DONALD APAKAMA
KAREN ARANE
SARAH AVILA
JASPREET BANGA
PRERNA BANSAL
MARK BARBER
NAMAN BARMAN
CHRISTINE BARRON
KRISTIAN BECKER
YUKI BEKKI
STEPHANIE BERNARD
VARUN BHALLA
ANUSCHKA BHATIA
ABHIRAJ BHIMANI
RUPAK BHUYAN
AVI BITTERMAN
STEPHANIE BIVONA
DANIEL BLECH
ARIELLE BOKHOUR
ANA CLAUDIA B AFFONSO DA
MARIE BRUNELLI
TIMOTHY CARLON
MARIO CEDILLO
DANIEL CHANG
LINDSEY CHANNEN
ANTONIO CHEESMAN-ROCCA
JOYCE CHEN
LILYANNE CHEN
JACLYN CHESNER
HELEN CHEUNG
AUDREY CHUN
DAVID CISEWSKI
CHRISTOPHER CLIFFORD
JOHANNA CLIFFORD
CYNTHIA COHEN
SARIT COHEN
NICHOLAS COSTABLE
SALVATORE CRUSCO
SPENCER DEESE-LAURENT
RENIK DELISSER
JACOB DEUTSCH
SIRISH DHARMAPURI
KELLY DIAZ
RUI DONG
LINDSEY DRAPER
NATHALIE DUROSEAU
MARK EDOUARD
BENJAMIN EILENDER
LINDSAY ELBAUM
KATHERINE ERICSON
ERIN ESCHBACH
KARINA ESQUENAZI
ERICA FAGELMAN
SHAJI FAISAL
JASON FEINMAN
JOHN FERNANDEZ
ROSS FIRESTONE
JOHN FOOTE
JOSEPH FRANZ
KERIANNE FULLIN
TEJA GANTA
JUSTIN GARYU
CHRISTOPHER GIDICSIN
PRAKRITI GILL
MORGANE GIORDANO
GABRIELLE GOLDBERG
JASON GOODMAN
MALLIKA GOPAL
LAUREN GRINSPAN
LIANA GROSINGER
JAY GUEVARRA
SANJEEV GUPTA
HEIDI GUZMAN
MICHAEL HADLEY
ANTHONY HAFEZ
MICHAEL HALISTA
HELEN HAN
BENJAMIN HANCOCK
JOSEPH HARDARDT
JULEN HARRIS
ALEXANDRA HASHEMI
HELEN HASHEMI
JULIAN HORWITZ
BRIAN HOUSMAN
TRAVIS HOWLETTE
TSIPORA HUISMAN
JESSE HUMM
BENJAMIN HYERS
KIROLOS IBRAHIM
IVAN JAMBOR
ROD JAMSHIDIAN
OLIVIA JANSSEN
PIERCE JANSSEN
MEGAN JANUSKA
SCOTT JELINEK
RUI JIANG
MIRA JOHN
JEFFREY JULIAN
TOMI JUN
PRIYANKA KADABA
ERICA KANE
MICHAEL KAPLAN
VASILIKI EIRINI KARAGIORGA
NEERAJA KARWOWSKA
SATHIJI K NAGESHWARAN
MARGARITA KATSER
ODELYA KAUFMAN
SUKHBIR KAUR
MELISSA KELLEY
KATE KERPEN
ALAINA KESSLER
MIAN KHALID
ANNA KIM
BRIAN KIM
JEAN KIM
SUN KIM
NIKOLA KOCOVIC
AMIT KOHLI
GRACE KONG
JONATHAN KOPPEL
AMY KORNBLIT
HTOO KYAW
TRAVIS LADNER
HANSEN LAM
PHILIP LAQUER
YONIT LAVIN
LIEN LE
JENNIFER LEE
SAMANTHA LEE
TREVOR LEE
THOMAS LIPARI
MIRANDA LOH
MARY LOPICCOLO
FELIX LURYE
ELIJAH LUYTEN
SEEMA MALKANA
NICOLE MANN
SHIRA MARDER
BEATRIZ MARIN RUIZ
BRETT MARINELLI
DESIREE MARKANTONE
CLIFFORD MARKS
CAROLINE MASSARELLI
ALEXANDRA MILLS
SHAMA MILON
ALICE MIN
WILLIAM MITCHELL
AMIR H MODABBERNIA
LAYNE MOROWITZ
DARRELL MORRIS
RACHEL MOSS
TAREK MOUHIEDDINE
ALEXANDER MOVSHIS
NAMRITA MOZUMDAR
BRIDGET MUELLER
DANIEL MUSIKANTOW
ALI MUSTAFA
AGNIESZKA NAGORNA
DANIEL NATHAN
HAYLEY NEHER
KYLE NELSON
GREGORY NEWMAN
KATHERINE NI
CONOR OBRIEN
ELIZABETH ODOM
JESSICA OH
ESTEFANIA OLIVEROS
SUSEL OROPESA
AMANDA OWENS
ZOE OZMENT
JOEL PAKETT
SARAH PARK
SAVAN PARKER
NEIL PATEL
AARTI PATIL
KATE PAWLOSKI
AMANDA PECHMAN
PAUL PENG
HANNIBAL PERSON
LAURA PIERCE
CHRISTIAN PINA
DANIELLE PLATT
EMILY POLIDORO
RAGHURAM POSHAM
MATTHEW PULASKI
NICHOLAS PUOPLO
LUCIA QIAN
QIAN QIN
CHRISTINE QUAKE
LOREN RABINOWITZ
NAZIFA RAHMAN
NICOLE RAMSEY
RYAN RAMSOOK
JAWAD RASHID
VICTOR RAZUK
ERIKA M REATEGUI SCHWARZ
SARAH REDA
JAMES REED
AMANDA REICH
AMY REYES ARNALDY
SARAH RING
PRIYA ROLFES
KARINA ROTELLA
JASON ROTHWAX
DAIDRE ROWE
SAMUEL RUDER
RACHEL SANTIAGO
DANIEL SANTOS
PRIYA SEHGAL
DANIELLE SEIDMAN
ADITYA SENGUPTA
AMI SHAH
ESHA SHAH
RHIA SHAH
MATTHEW SHAPIRO
AARON SHPINER
SUVASH SHRESTHA
ELANA SIEGEL
CAMILA SIMOES
AYUSHI SINGH
DANIEL SLACK
ALEXANDER SMALL
KELLY SMITH
ETHAN SOBOL
LUISA SPERRY
DIVYA SREERAMOJU
EVELYNE SUTTON
ARNOLDYS STENGEL
MARLEIGH STERN
JEFFREY SUELL
JULIE SUNG
DAVID SUSTER
FRANKLIN SYLVESTER
ANN SYMONDS
ODED TAL
CANDACE TANNIS
SONALI TATAPUDY
CHRISTOPHER TENORE
ANITA TEWARI
PETER TING
FATIMA TOOR
ALEXANDER TRAN
MICHELLE URMAN
SUBIN VARGHESE
SANGEETHA V GOPAL
TEMIMA WALTUCH
CHRISTINA WANG
DIANE WANG
XINTONG WANG
IZUMI WATANABE
MARY WENG
CARL WILKINS
VAN DON WILLIAMS II
BARI WINIK
JAMES WOMER
KEVIN WU
TERESA WU
VICKIE WU
KIRA XIE
COLLEEN YEN
ARJUN YERASI
LINDSAY YOUNG
FAHD YUNUS
FAHD YUNUS
CHI ZHANG
QIAOHUA ZHANG
XIAO ZHENG
CELINE ZHOU
RUSTIN ZOMORODI
HALEY ZYLBERBERG

Resident Root Cause Analysis (RCA) Committee

A Resident RCA Case Discussion Experience

Arjun Gupta, MD, MPH
PGY-2 Internal Medicine
Mount Sinai Hospital

As part of the RCA committee, I've learned that providing great care comes not just from figuring out a diagnosis and treatment plan but from executing those plans at all levels of the care team. In looking at cases outside of my field of medicine, it is interesting that all specialties face similar challenges and have widely different solutions that we can all learn from. For example, one of the issues I have seen in our case was **how we escalate a problem**. Not only do *we need proper protocols for what triggers escalating an issue* but we need to continue to **foster a culture that encourages any member of our care teams to raise problems** they see. It is enlightening to think of problems as a systems issue because most events are the result of a number of processes and not individual decisions.