

## GME Patient Safety & Quality Improvement Newsletter

### Meet Amanda Rhee, MD, MS

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### Resident/Fellow Transport Focus Group

There has been a transport email group created that the Residents and Fellows can use to communicate concerns. (cont'd p.3)

### Excess Days: What's the buzz about this 2019 hospital goal?

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### Event Reporting

Mount Sinai Hospital uses MERS for any team member to report a patient safety or staff safety event or near miss (cont'd p.6)

### Message From

#### Dr. Brijen Shah, MD

Associate Dean for GME in QI/Patient Safety, Mount Sinai Hospital



Dear GME Residents, Fellows and Program Directors:

I hope everyone's 2019 is off to a great start. In this issue of the Newsletter we are highlighting a new quality improvement goal for the hospital—excess days. During March, there will be campus wide activities related to Patient Safety Week and hope you will try to attend. The GME LEAN Training program recently graduated its first Bronze belt class. We hope to showcase resident work from this program in future issues.

Best,

Brijen J. Shah, MD

Associate Dean for GME in QI/Patient Safety,  
Mount Sinai Hospital



## **Meet Amanda Rhee, MD, MS**

Associative Professor, Anesthesiology, Peri-Operative & Pain Management

Dr. Rhee has been a cardiac anesthesiologist for eight years at Mount Sinai Hospital in New York after completing her fellowship training there and currently serves as an Associate Professor Anesthesiology, Peri-Operative and Pain Medicine. She recently moved into the role of Medical Director of Patient Safety for the Mount Sinai Health System under the auspices of the system Chief Medical Officer. In this role, she builds and implements performance improvement programs for the health system. She has led several patient safety programs, including universal protocol, TeamSTEPPS, preoperative patient preparation, blood conservation and transfusion, and coronary artery bypass graft surgical site infection reduction.

### ***What is your role in Quality Improvement/Patient Safety at MSH?***

I work with teams of people who all lend their expertise to develop processes that make things safer for patients and staff.

### ***How did you develop your interest in this area and get started in the field?***

I started my training as a resident in surgery and switched to anesthesiology. Both of these fields are heavily driven by process and flow. As a cardiac anesthesiologist I have the privilege of taking care of some of the sickest patients in the hospital which requires a degree of technical expertise and a sense of urgency mandating quick thinking and performance under pressure. Much of this is facilitated by having an organized approach and process for proper and efficient execution.

I've always loved the idea that we could build systems that make things safer for patients and staff. I had an opportunity to become involved in developing a couple safety initiatives early in my career and it did not take long before I realized that this work was necessary and that I really enjoyed it.

Anesthesiology coupled with a background in surgery has helped me to understand team dynamics and operating room flow from different perspectives. It taught me about the importance of how the work one person does is related to the work someone else does and how that all translates into patient care. Working cohesively with teams of people to build solutions is the most gratifying part of my job.

***What is your greatest recent QI/Patient Safety success story?***

Although we have done many things over the years, I would say that working with operating room teams to achieve zero wrong site, side, person, or procedure events for over 3 years now is one of my favorites. It represents the collective and consistent work performed by many people across the organization who take care of patients to keep them safe. Residents are a key part of this initiative. It is important for people to feel comfortable speaking up, standing tall as valued and contributing members of the care team, and proactively communicating with all team members to maximize safety for everyone.

***What advice do you have for residents and fellows interested in a career in QI and Patient Safety? How can they get involved now?***

As my dad, now retired after 50 years as a vascular surgeon, would say, "Get going!" Start small but start something. Find a mentor who can help guide you through how to approach your project and to sponsor you when you need certain stakeholders to buy-in. I found it very useful to have some initial training in methodology. One of my mentors had me LEAN-Six Sigma trained, but you can start with IHI open school which is free. There is book called The Improvement Guide which is also a good place to start. There are many people who have dedicated their careers to patient safety who work all around the health system and would be happy to collaborate. There is plenty of work to do whether you want to join an existing group or develop your own plans.

**Resident/Fellow Transport Focus Group**

There has been a transport email group created that the Residents and Fellows can use to communicate concerns. As of today, you can use **#MDTransportConcerns** to inform us of specific cases where transport did not meet your expectations. Please include details as you see fit and alert us in a timely fashion so that we may investigate. Our hope is to use this medium to collect data and isolate opportunities for improvement.

## Excess Days: What's the buzz about this 2019 hospital goal?

By: Katherine King, MPH, Director of Performance Excellence

In the last issue, Chief Medical Officer Dr. Shirish Huprikar stated, “The top priority will always be improving patient experience with optimizing teamwork as a key strategy.” To that end, it is important to not only provide the highest quality care, but also to do so efficiently thereby reducing the number of excess days patients spend in the hospital.

Excess days are identified by subtracting the patient's expected hospital length of stay-- calculated using a variety of factors including a patient's diagnoses and demographics, from the patient's actual hospital length of stay. Excess days are frequently caused by a variety of factors, but the purpose of intentionally targeting them is to identify and to reduce inefficiencies that cause patients to remain hospitalized longer than should be necessary.

Since 2015, Mount Sinai Hospital has been addressing this issue through the **Reducing Excess Days (RED) Committee**. The Committee is comprised of nine teams which were created based on the DRGs (Diagnosis-Related Groups) with the highest total excess days. Those teams are: CV Surgery, Heart Failure, HIV, Medicine, Neurology/Neurosurgery, Oncology, Respiratory Recovery, Sepsis, and Transplant.

In addition to identifying ways to improve the processes associated with their assigned DRGs, the RED Committee teams also work to identify issues that impact patients throughout the hospital. One current initiative addresses the process of discharging patients to KCC Rehab.

In 2019, Mount Sinai Health System has also turned its focus to reducing excess days. **The goal is a 6% reduction of excess days throughout the system-- which is approximately 10,000 fewer excess days than were accrued in 2018.** In order to achieve this goal, Mount Sinai Hospital will have to account for at least half of this total reduction.

Together we can reduce the number of unnecessary days patients spend in the hospital and improve the patient experience while continuing to provide exceptional care. If you are interested in joining the RED Committee as a house-staff member, please reach out to Katherine King.

### **2019 Goal: Eliminate 5,000 excess days from MSH**

#### ***What can you do?***

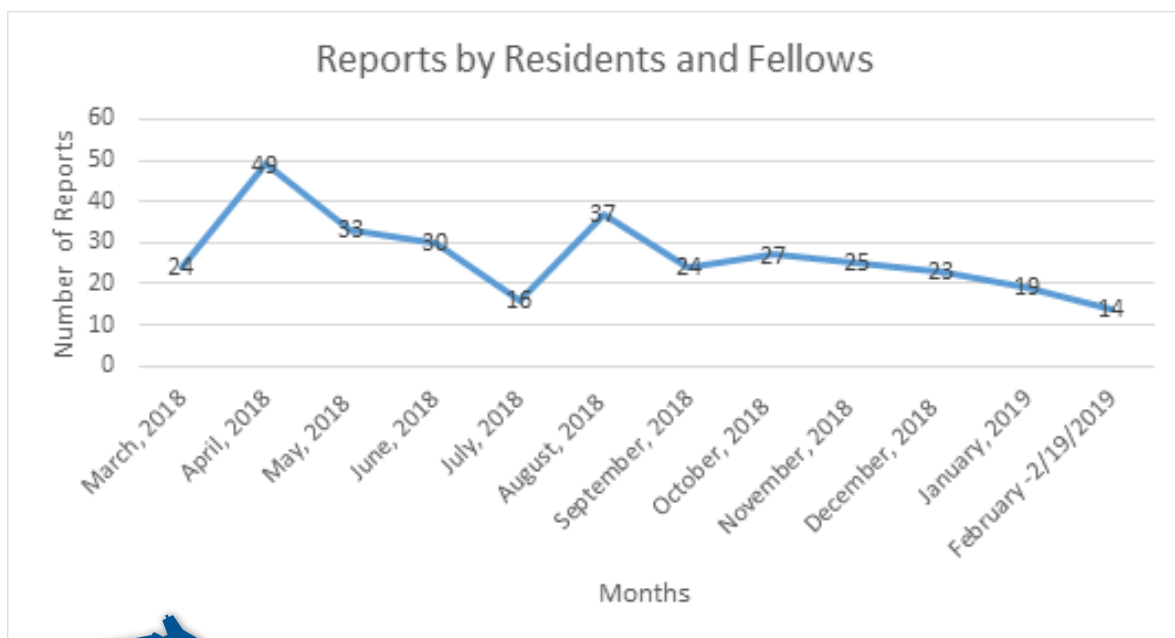
- Discuss discharge needs with patient/family and inter-professional team from the start of the admission and plan accordingly
- Ensure clear and concise communication, whether in written notes or during rounding and handoffs
- Respond to clinical documentation queries in a timely way in order to better capture patient complexities and allow for accurate calculation of expected length of stay
- Escalate any concerns about process inefficiencies which may be contributing to length of stay

# Event Reporting

We want and need to hear from you!

Mount Sinai Hospital uses MERS for any team member to report a patient safety or staff safety event or near miss. What you see, hear, and experience is important to help patient safety and clinical leadership focus on areas for improvement.

Help us by reporting, visit: <https://mers.mountsinai.org/production/main>



## A few facts about MERS:

- Multiple team members can enter a MERS for the same event. It allows us to capture different perspectives.
- You can enter an anonymous or confidential report.
- A risk manager and clinical manager reviews reports by department and areas. If you ever want to know what happened to your report, please reach out to Michael Lauria.
- The application can be accessed from any clinical workstation.