GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER

MESSAGE FROM THE GME ASSOCIATE DEANS FOR QI & PS

Dear MSHS Residents, Fellows and Faculty,

For our first issue of the 2023-2024 academic year, we would like to welcome all incoming residents and fellows to the Mount Sinai Hospital System! House staff participation in Quality Improvement and Patient Safety initiatives are vital for our hospitals' efforts to bring the best care to patients, and so we hope you will find this bimonthly newsletter to be useful in your professional journeys.

To start things off, we want to share an overview of the 2023 Annual Quality and Patient Safety Goals from the office of Quality and Regulatory Affairs. In this issue, you will find an overview of this year's goals as well as a quarterly update in the areas of equity and safety culture.

In early 2023, Mount Sinai Health System distributed the "Your Voice Counts" employee engagement survey which yielded a record response of more than 60% of MSHS employees. This includes over 700 resident and fellow responses. This is the largest GME response we have had to date! In this issue you will find our key insights.

2023 marks two years since the inception of the Committee on Professionalism in Healthcare (COPHE). Using a data-driven approach to provide feedback on unprofessional behaviors, COPHE aims to foster a culture of safety, respect, and professionalism across The Mount Sinai Health System. Please keep reading for an update on the accomplishments of COPHE.

In 2020, Mount Sinai developed the "Road Map for Action to Address Racism" with the following Charge: To Evaluate, investigate, and engage in meaningful and sustained action and dialogue; and report back to leadership with specific recommendations that move the system forward to ensure a more fair, just, anti-racist, and equitable community for its staff, patients, and students. For this issue, we included several highlights of MSHS programs and interventions to identify, understand, and address racial inequality in health care.

Lastly, we include the latest in QI/PS literature, as well as MSHS SafetyNet reporting data for the last 12 months. Thank you 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

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2023 Annual Quality and Patient Safety Goals

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Mount Sinai Health System

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Mount Sinai Health System

What are the Quality and Patient Safety Goals?

On an annual basis, our organization develops system wide QPS goals based on high volume, high risk, and/or opportunities for improvement areas. The priorities also focus on prior annual goals that did not achieve or sustain planned improvement.

The QPS goals are established based on quality and patient safety measures from national ranking systems; national, state and federal quality programs; regulatory agencies; professional societies; and organizational strategic priorities as determined by senior leadership and staff feedback.

How are the Quality and Patient Safety goals implemented and evaluated?

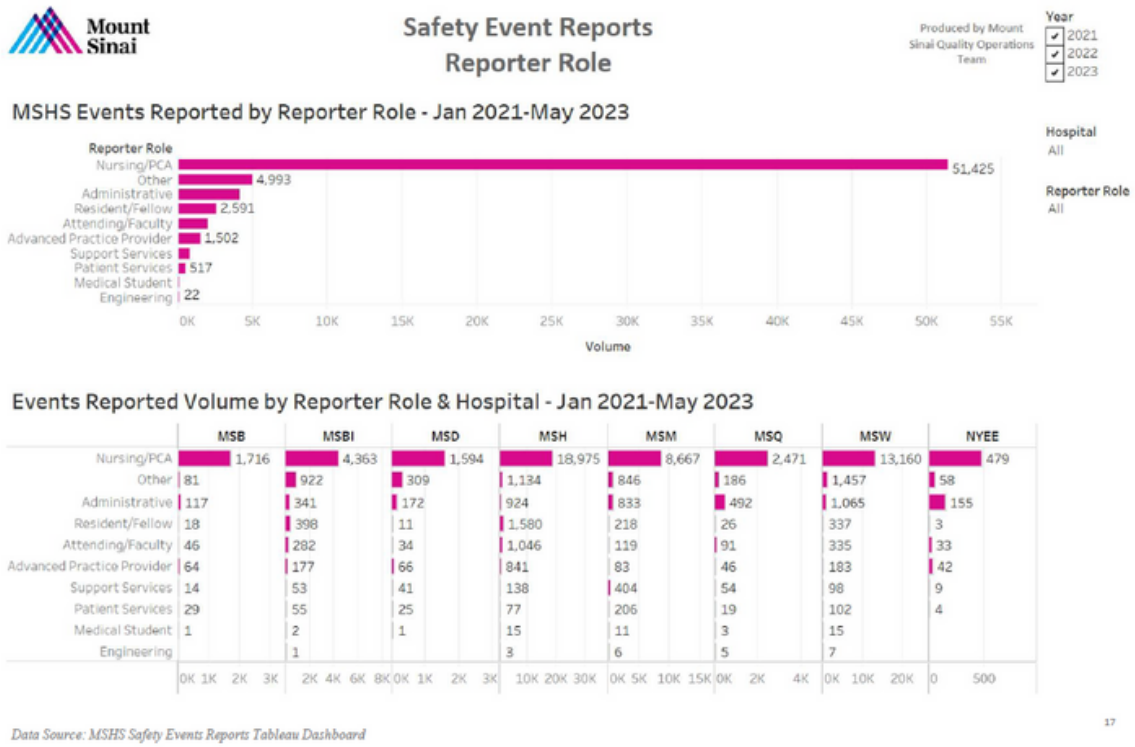
For each QPS goal, an executive sponsor, two process owners and a facilitator are identified. Together with additional key stakeholders, the executive sponsor, process owners and facilitator lead a multidisciplinary system wide workgroup to achieve the annual QPS goal. To help guide the teams and ensure all deliverables are met based on the proposed timeline, a robust toolkit has been developed. The toolkit outlines the major steps in planning and implementing goal efforts. Standardized improvement tools and templates are utilized to facilitate progress. The status of each goal is assessed regularly and reported to senior leadership throughout the year.

2023 Annual Quality & Patient Safety Goals

Improvement Category	Goal	Executive Sponsor	Process Owner	Process Owner	Facilitator
Ambulatory	Increase the percentage of controlled BP (<140/90) to 75% in patients diagnosed with HTN in ambulatory setting.	Arshard Rahim	Nikita Barai	Edward Bailly	Alex Alch
Regulatory	Achieve ≥90% Overall completion of Always Patient Ready clinical core tracers.	LeWanza Harris	Anita Taylor-Germain	Joann Coffin	Melissa Peralta
Behavioral Health	Maintain an average of 95% completion of the CGI in 2023.	Sabina Lim	Prameet Singh	Amy Bennett-Staub	Samantha Esson
Advancing Equity in Quality	Establish the foundational elements to screen and report for social drivers of health.	Vicki LoPachin	Oana Randolph	Ashley Fitch	Connor Davy
Hospital Readmission	Improve identification of priority disease patients at time of discharge based on EHR documentation to 80%.	LeWanza Harris	John Pena	Avniel Shetreat-klein	Taryn Griswold
Hospital Acquired Infection	a. Achieve for each acute care hospital an SIR below 0.85 for the NHSN CLABSI measure. b. Achieve for each acute care hospital an SIR below the QHIP cutoff for the CMS reportable HAIs.	Bernard Camins	Gopi Patel	Waleed Javaid	Blanca Rodriguez Aarden Roberson
Nursing Quality Indicators	a. Achieve ≥ 15% reduction in Hospital Acquired Pressure Injuries Stage 2 and above as compared to MSHS prior performance measured as an average over the previous 8 quarters. b. Achieve ≥ 15 % reduction in Falls that are of Moderate or Greater Injury Severity and above as compared to MSHS prior performance measured as an average over the previous 8 quarters.	Beth Oliver	Stacey Conklin	Claudia Garcenot	Marjorie Jean Daaiyah Shakoor
Safety Culture	Increase SafetyNet event reporting for the system by 5%.	Bonnie Portnoy	Michael Lauria	Cathy Besthoff	Kristin West
Safety Culture	Expand workplace violence prevention training and education.	Diane Adams	Alexandria Bellivan	Melissa Mcfillin	Diane Adams
Discharge to Home	Increase discharge to home designation by 5%.	Esther Moas/Barbara Barnett	Melissa Gunning	Carol DeJesus	Heather Raphael
Patient Experience	Increase the percentage of top box patient responses in key domains of Teamwork, Communication (Doctor and Nurse), and Responsiveness.	Erica Rubinstein	Erin Figueroa	Tara Villon	Isadora Braune

Below you will find more details on the goals of promoting a culture of safety via SafetyNet incident reporting as well as advancing equity in healthcare. If you are interested in learning more about any of the other goals, please contact Oana Randolph, DNP, EMPA, RN at oana.randolph@mountsinai.org or LeWanza Harris, MD, MPH, MBA, MS at lewanza.harris@mountsinai.org.

2023 Annual QPS Goal: Safety Culture – SafetyNet



Data Source: MSHS Safety Events Reports Tableau Dashboard

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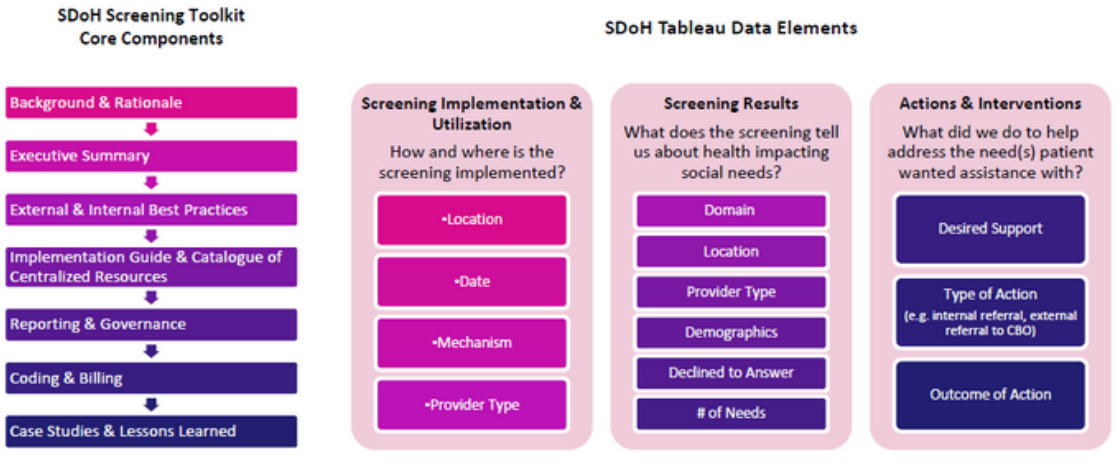
2023 Annual QPS Goals: Advancing Equity in Quality

Quality & Patient Safety Goal	Strategy
Establish the foundational elements to screen and report for social drivers of health.	• Develop a screening & reporting toolkit that can be leveraged by clinical teams. • Create a Social Determinants of Health (SDoH) data dashboard.



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Your Voice Counts
Survey Results

Thank you to the over 700 residents and fellows who responded to the Spring Your Voice Counts Survey. This is the largest GME response we have had to date!

Part of the survey is focused on culture of safety. Responses are on a scale of 1-5 with 5 as the highest possible rating. The overall culture of safety rating is 3.91

Key insights

- Many of you feel comfortable speaking up about safety events and that mistakes are used as learning experiences. (4.05/5.0)
- Most of you feel that you are well equipped and that there is effective teamwork within and between departments. (3.73/5.0)
- Most of you feel that the organization places an emphasis on safety and would feel comfortable recommending Mount Sinai for patient care. (3.93/5.0)

What can we do to improve our safety culture?

- Continue to report safety events in SafteyNet. Please see the end of this newsletter for our current reporting rates which we would like to increase by 5%.
- As you continue to learn clinical medicine during rounds and in conferences, discuss the topic of safety.
- Find ways to improve communication with nursing. Make these suggestions to clinical leadership.

Summary

	Score	vs. Overall Organization	vs. Nat'l Healthcare Avg (Employee) 2023	vs. 2021 Results
Engagement Indicator	3.73	-0.07	-0.28	-
Team Index	2			
Leader Index	89			
Safety Culture	3.91	+0.13	-0.04	-
↳Prevention & Reporting	4.05	+0.12	-0.06	-
↳Resources & Teamwork	3.73	+0.19	+0.06	-
↳Pride & Reputation	3.93	+0.02	-0.20	-
Resilience	3.90	-0.10	-0.23	-
↳Decompression	3.49	-0.11	-0.26	-
↳Activation	4.32	-0.09	-0.18	-

PressGaney

Committee on Professionalism in Healthcare

Vicki R. LoPachin, MD, MBA
Senior Vice President
Chief Medical Officer
Mount Sinai Health System

The Committee on Professionalism in Healthcare (COPHE) recently celebrated its two year anniversary. COPHE uses a data-driven approach to provide feedback from trained peer messengers on unprofessional behaviors from students, trainees, faculty members, advanced practice professionals, and physicians. The program includes data from both coworker and patient observations. COPHE aims to foster a culture of safety, respect, and professionalism across the Health System.

Since the launch of COPHE, the program has:

- Received 530 reports from co-workers
- Trained 117 peer messengers
- Delivered 349 cups of coffee to providers

We Need Your Help: Report Unprofessional Behaviors to COPHE

The Co-worker Observation Reporting System (CORS) uses reports submitted by employees into:

SafetyNet
Compliance Hotline
OB Code of Professionalism
Student/Resident Mistreatment Portal

Feedback from these reports is given as an informal “cup of coffee”—a conversation between peers that encourages self-reflection. All members of the Mount Sinai community are encouraged to report unprofessional behaviors using one of the portals above.

In December 2022, COPHE expanded to include patient reports as part of the Patient Advocacy Reporting System (PARS). PARS brings forth the patient’s voice as we work to promote professional accountability, which has been an exciting step forward for COPHE.

You recently told us in the Your Voice Counts survey that fostering a culture of safety is central to providing exceptional care. By reporting unprofessional behavior, you can be an active participant in improving our culture. Together, we can make Mount Sinai a safer place to deliver care, work, and learn.

Mount Sinai staff and Bulletin readers know that there are several programs and interventions in place across our Health System to identify, understand, and address racial inequity in health care. We want to highlight a few as a reminder of our colleagues' efforts, and our commitment to creating better health outcomes.

- In 2020, Mount Sinai established the Institute for Health Equity Research to understand health issues, includingCOVDI-19 , that have an outsized impact on communities of color nationwide.
- Medical students, advocates and leaders from the Icahn School of Medicine at Mount Sinai have championed an updated tool to improve kidney health and function for Black patients.
- Maternal health experts are studying how risks of childbirth vary by both race and income, and how Black families, regardless of their socioeconomic status, are disproportionately affected.
- To address mental health outcomes and cultural stigmas around mental health care in marginalized communities and communities of color, Mount Sinai is teaming up with partner organizations to create, implement, and evaluate culturally competent and relevant mental health interventions.
- Cancer care providers at Mount Sinai are prioritizing early interventions to improve results among communities of color facing higher rates of morbidity and mortality from cancer.
- Though people of color face higher rates of asthma diagnosis, hospitalization, and death, Mount Sinai researchers are looking at the structural forces that affect individual patients to uncover preventative measures to decrease asthma's effect on patients of color.

Through this work and much more that is happening across Mount Sinai—we are making tangible progress toward reversing this trend.

Widespread misinterpretation of advance directives and Portable Orders for Life-Sustaining Treatments threatens patient safety and causes undertreatment and overtreatment.
Mirarchi FL, Pope TM. J Patient Saf. 2023;Epub Jun 16.
Providing treatment that is discordant with patients' preferences for end-of-life care can lead to unnecessary or unwanted treatment. This article summarizes the incidence of treatment discordant with their Portable Orders for Life Sustaining Treatment (POLST) and advanced directives (ADs) and tools for use by clinicians and patients and family members to promote concordant care. A previous PSNet WebM&M Spotlight Case discusses the importance of advanced care planning and the consequences of inadequate communication and planning for end-of-life care.

The impact of safety culture, quality of care, missed care and nurse staffing on patient falls: a multisource association study.
Alanazi FK, Lapkin S, Molloy L, et al. J Clin Nurs. 2023;Epub Jun 12.
Patient fall rates can be impacted by numerous factors, such as staffing, safety culture, and individual nurse safety attitudes. In this study of 619 hospital nurses, a strong safety climate, good working conditions, and lower rates of self-reported missed care were associated with a lower incidence of inpatient falls. Additionally, good collaboration between nurses, physicians, and pharmacists was associated with lower fall rates.

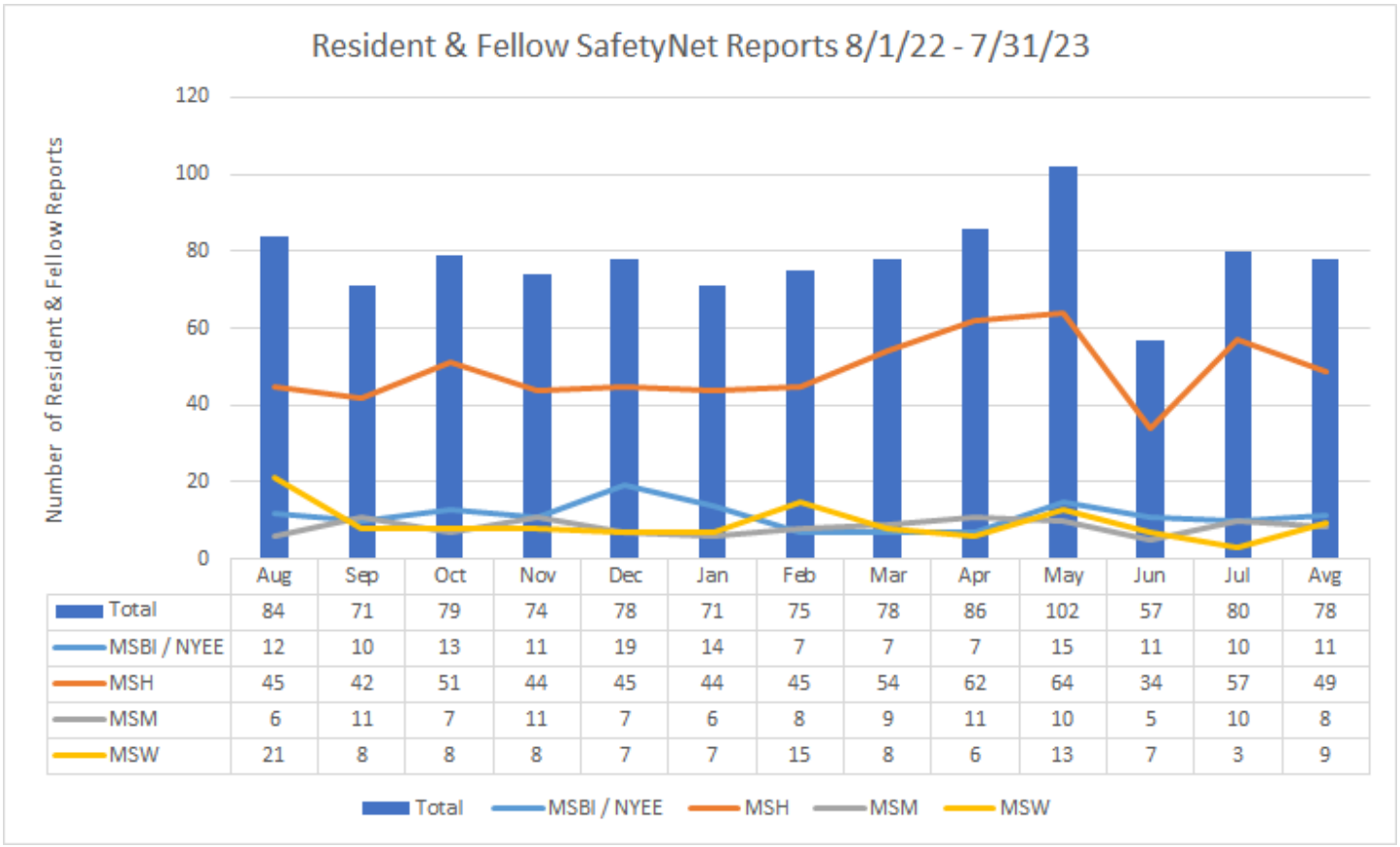
Final Report on Prioritization of Patient Safety Practices for a New Rapid Review or Rapid Response. Making Healthcare Safer IV Series.
Rosen M, Dy SM, Stewart CM, et al. Making Healthcare Safer IV Series. Rockville, MD: Agency for Healthcare Research and Quality; July 2023. AHRQ Publication no. 23-EHC019-1.
Reducing preventable harm in healthcare settings remains a national priority. This report summarizes the results of the prioritization process used to identify patient safety practices meriting inclusion in the fourth installment of the Making Healthcare Safer (MHS) series (previous installments were published in 2001, 2013, and 2020). The 15-member Technical Expert Panel identified 27 priority patient safety practices for examination in the forthcoming report, including several practices that have not been covered in previous MHS reports (e.g., family/caregiver engagement, preventing non-ventilator associated pneumonia, supply chain disruption, high reliability, and post-event communication programs).

In situ simulation as a quality improvement tool to identify and mitigate latent safety threats for emergency department SARS-CoV-2 airway management: a multi-institutional initiative.
Yang CJ, Saggar V, Seneviratne N, et al. Jt Comm J Qual Patient Saf. 2023;49(6-7):297-305.
Simulation training is commonly used by hospitals to identify threats to safety and improve patient care. This article describes the development and implementation of an in situ simulation to improve acute airway management during the COVID-19 pandemic across five emergency departments. The simulation protocol helped identify latent safety threats involving equipment, infection control, and communication. The simulation process also helped staff identify interventions to reduce latent safety threats, including improved accessibility of airway management equipment, a designated infection control cart, and role identification cards to improve team function.

SafetyNet

Below you will find SafetyNet resident and fellow reporting statistics for the 12-month period August 1, 2022 - July 31, 2023. Since the last issue of this newsletter, the average number of total reports across sites decreased to 78. April and May totals exceeded the average for the year, but June is an outlier with only 57 total reports. 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.



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Avg
Total	84	71	79	74	78	71	75	78	86	102	57	80	78
MSBI / NYEE	12	10	13	11	19	14	7	7	7	15	11	10	11
MSH	45	42	51	44	45	44	45	54	62	64	34	57	49
MSM	6	11	7	11	7	6	8	9	11	10	5	10	8
MSW	21	8	8	8	7	7	15	8	6	13	7	3	9

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.