



GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER



A MESSAGE FROM THE GME ASSOCIATE DEAN FOR QUALITY IMPROVEMENT & PATIENT SAFETY

Dear MSHS Residents, Fellows and Faculty,

For our last issue of the academic year, we want to congratulate all of the graduating residents and fellows! A special thank you to all of the residents, fellows, faculty, and staff for their dedication and commitment to patient care, quality improvement, and safety!

This issue of our newsletter highlights many exciting developments in the realm of Quality Improvement and Patient Safety including an update from The Mount Sinai Hospital Emergency Department regarding a QI project from July 2024, a summary of a new MSHS patient safety educational campaign, and more. We hope that you will read this and be inspired to implement improvements in your clinical areas.

For those who are advancing to the next year, in this issue you can read about an opportunity to be involved with the RCA Committee for the 2025-2026 academic year. This is a great opportunity for those who wish to learn how adverse events and patient safety events are investigated at the Mount Sinai Health System Hospitals.

Lastly, we have included the latest in QI/PS literature (courtesy of the National Library of Medicine, Journal of Patient Safety and Risk Management, and Agency for Healthcare Research and Quality), 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

CONTENTS

Patient Identification: Identify and Verify - p. 2-3

Initiation of Oral Contraceptive Pills in a New York City Emergency Department: An Update - p. 4

Root Cause Analysis Committee (25-26) Open Application- p. 5

In the Literature - p. 6

SafetyNet Reporting Data - p. 7

Patient Identification: Identify and Verify

Mount Sinai Health System

Michelle Maher, MPA, PMP, Project Manager, Office of the Chief Medical Officer
June 2025

Proper Patient Identification is the first [National Patient Safety Goal](#) for both inpatient and ambulatory settings. Failure to properly identify a patient can lead to patient harm (including death), missed or incorrect procedures and treatments, allergic reactions, delays in care, and future health problems.

At the Mount Sinai Health System, Patient Identification is everyone's responsibility. Both clinical and non-clinical staff must always *Identify and Verify* every patient, every time. According to SafetyNet, in 2024, there were 421 inpatient patient identification incidents reported at MSHS and 139 inpatient patient identification SafetyNet reported incidents for the first quarter of 2025.

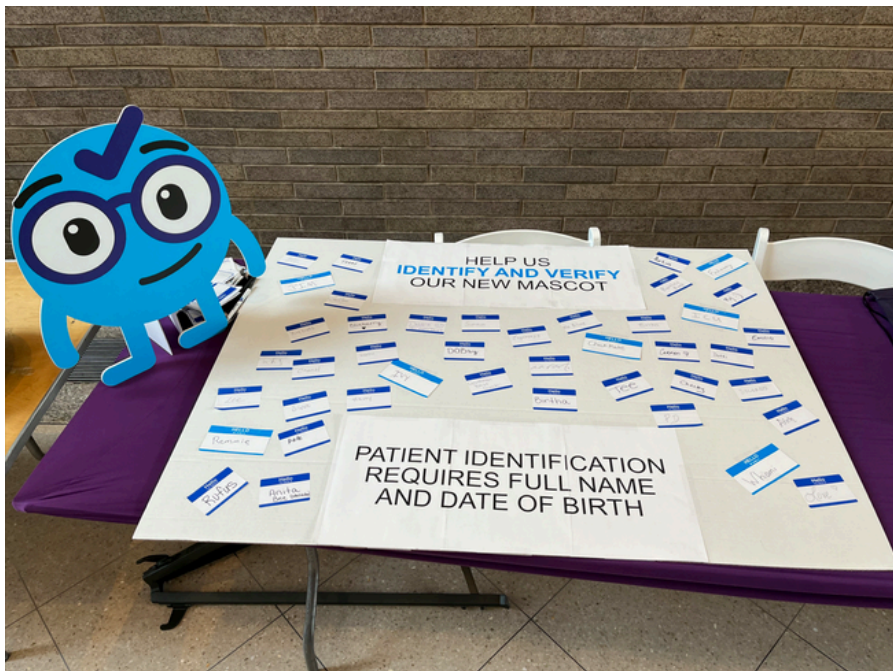
Proper patient identification requires using **two unique patient identifiers** – First and Last Name and Date of Birth. These identifiers must be verified against the patient's ID band (or, if during patient registration, against a government issued ID).

The Mount Sinai Health System is launching an educational campaign to emphasize this key patient safety priority; it is vital to properly *Identify and Verify* every patient, every time. In addition to a new PEAK module and video, be on the lookout for our new mascot – who serves as a visual reminder to always Identify and Verify patient information. Here are some highlights of the educational campaign:

- The [video](#) featuring Dr. Amanda Rhee and Dr. Bruce Darrow, demonstrates ways to seamlessly incorporate proper patient identification into your practice with every patient, every time.
- The PEAK module reviews proper patient identification for all patients and in all settings - including for babies, those that are unable to communicate, and during emergencies. The module is geared toward both clinical and non-clinical staff.
- Articles in [the Mount Sinai Daily](#) highlight the campaign and the importance of patient identification
- Tabling events such as those presented during Patient Safety Week – if you see us, please stop by and help us name the mascot
- Virtual signage on lobby screens across the Mount Sinai Health System

We look forward to engaging with you through this campaign. Thank you for providing safe, high quality care to our patients and for your commitment to always *Identify and Verify*!





Initiation of Oral Contraceptive Pills (OCPs) in a New York City Emergency Department: *An Update*

The Mount Sinai Hospital
Courtesy of the *Department of Emergency Medicine*
Morgan Bowling, DO and Svetlana Duvidovich, DO
May 2025

Across the country, high-quality, accessible family planning services have become increasingly difficult to obtain, particularly for underserved populations and young adults. Historically, contraception counseling and initiation occurs at either a primary care practice or at an outpatient family planning or gynecology office. However, the medical literature supports that patients are amenable to emergency department (ED) based contraception counseling and interventions. Therefore, in July 2024 we presented our plan to 1. Improve emergency medicine (EM) provider knowledge of contraception options and contraception counseling skills, 2. Offer ED-based contraceptive counseling, and 3. Initiate same-day oral contraceptive pills (OCPs) to eligible patients in the ED. We are proud to say that we have made significant progress in doing so over the past year.

What Have We Achieved Thus Far?

EM Provider Education

Over a three month period, we held seven 45-minute single-session trainings on contraception education for providers who work in the adult and/or pediatric ED. The training was co-developed with our OB/GYN Complex Family Planning colleagues. The training focused on how to identify eligible patients for contraception counseling and prescriptions, counseling resources, safety of and process for prescribing OCPs, and linkage to outpatient care. We were able to survey participants and found that providers reported improved comfort with contraception counseling and with prescribing OCPs in the ED following training completion. Providers also demonstrated improved knowledge on types of available contraception. This survey study has been selected as an oral presentation at the American college of emergency physicians (ACEP) annual meeting.

Offer ED-based Contraceptive Counseling and Initiate Same Day OCPs to Eligible Patients in the ED

In addition to counseling resources provided in the training, we developed an evidence-based 'OCP Selection Decision Tree', compiled referral information, and created easily accessible patient discharge instructions. These resources have been approved by ED leadership and are available in Epic for any provider to use. The decision tree gives providers a quick and comprehensive way of selecting the appropriate OCP for their patients. The patient discharge instructions and referral information allows providers to conduct a safe discharge and link to further outpatient care.

What's Next?

We are in the process of including an option to send OCP outpatient prescriptions within the 'Sexually Transmitted Infection' Epic Order Set. This will allow for an even simpler way for ED providers to prescribe OCPs for their patients. Once IRB approved, we will also be tracking these prescriptions to assess if implementation of our training sessions, as well as our decision tree and on-shift resources, increase OCP initiation from the ED.

When looking ahead, we also envision being able to offer Long-Acting Reversible Contraception to our patients in the ED. We recently held a training for 30 EM providers on the insertion and removal of Nexplanon devices. The training received excellent feedback and we hope to build on this momentum and expand our ED services.

Please see first summary of this project [here](#).

Root Cause Analysis Committee

2025-2026 Academic Year

Open Application

To: Residents and Fellows
Mount Sinai Hospital
Mount Sinai Morningside and West
Mount Sinai Queens
New York Eye and Ear

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

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.

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

RCA Meetings:

- MSMW/MSUS: Tuesdays 4:00-5:00 PM
- MSH: Tuesdays 11:00 AM-12:00 PM

A few important notes:

- PGY-2 and higher are invited to apply by completing the application (link below). Please note the application deadline is **Monday, July 7, 2025**.
- If you participated in the RCA committee for the 24-25 academic year and want to participate again, you must email mica.muir@mssm.edu. Please note: to remain on the committee you must have attended at least 8 meetings throughout the 24-25 academic year. Please disregard if you have contacted Mica already.
- Training Sessions for participants will be held via Zoom on **Thursday, August 21, 2025 (5:30 – 6:30 PM)** and **Wednesday, September 3, 2025 (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!

[**Application Link**](#)

[Preserving AHRQ Patient Safety Network \(PSNet\): An essential tool for patient safety practitioners](#)

Wu AW, Toker DN, Thomas EJ, et al. Preserving AHRQ Patient Safety Network (PSNet): An essential tool for patient safety practitioners. Journal of Patient Safety and Risk Management. 2025;30(2):59-61. doi:[10.1177/25160435251339942](#)

[If we knew then what we know now: Starting fresh to improve patient safety](#)

Wu AW. If we knew then what we know now: Starting fresh to improve patient safety. Journal of Patient Safety and Risk Management. 2025;30(3):109-110. doi:[10.1177/25160435251351394](#)

[Patient safety culture in resource-limited healthcare settings: A multicentre survey](#)

Fekadu G, Muir R, Tobiano G, Bime AE, Ireland MJ, Marshall AP. Patient safety culture in resource-limited healthcare settings: A multicentre survey. PLoS One. 2025 Jun 25;20(6):e0326320. doi: [10.1371/journal.pone.0326320](#). PMID: 40561056; PMCID: PMC12193601.

Objective: To assess healthcare professionals' perceptions of patient safety culture and to examine variations across clinical units in Eastern Ethiopian public hospitals.

[Improvement in safety measures to reduce ED returns](#)

Almugren GF, Al Katheri M, Al Khathaami AM, Al-Qahtani AH, Al Saawi A, Javellana S, Basakran M, Al Yehya S, Al Qarni MS. Improvement in safety measures to reduce ED returns. BMJ Open Qual. 2025 May 2;14(2):e003015. doi: [10.1136/bmjopen-2024-003015](#). PMID: 40316409; PMCID: PMC12049976.

Introduction: Emergency department (ED) return cases as critical or deceased pose a significant concern for any healthcare organisation and need to be evaluated and addressed.

Objectives: A quality improvement initiative was implemented to reduce 50% of the return visits from the baseline proportion of return visits by critical/deceased adult patients to the ED within 72 hours of discharge during 1 year (January 2022–January 2023), which is a robust quality indicator. Additionally, factors that contribute to an admission or revisit within 72 hours of ED discharge were evaluated.

[Patient Safety Network abruptly cut by Trump administration](#)

The Trump administration has cut all funding for the US Patient Safety Network (PSNet). PSNet is an influential and respected project within HHS that has been dedicated to decreasing medical errors through research and knowledge dissemination. The endeavour has been credited with saving lives by helping change the culture by which clinicians learn from mistakes, thereby improving care. This article was published in Inside Medicine, a substack from Dr. Jeremy Faust, an emergency medicine physician and public health researcher working in Boston.

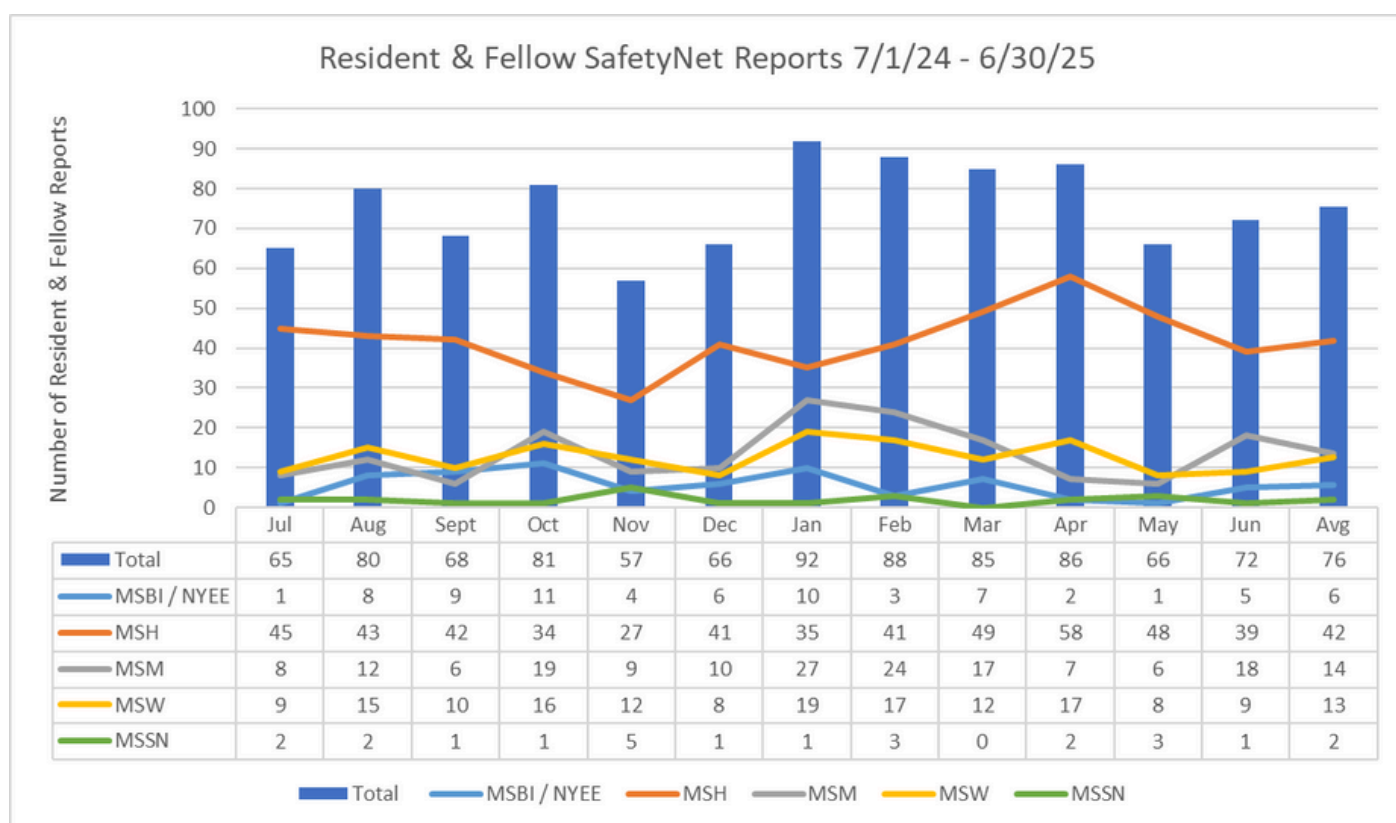
[Patient Safety 101: The Fundamentals](#)

Click [here](#) to access primers start pack on patient safety



Below you will find [SafetyNet](#) resident and fellow reporting statistics for the 12-month period July 1, 2024 - June 30, 2025. Since the last issue of this newsletter, the average number of total reports across sites decreased to 76. Decrease in reporting during the months of July 2024, November-December 2024, and May-June 2025 could be attributed to busiest parts of the year (i.e., end of/beginning of the academic year and holiday season). 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](#)!

[SafetyNet 2.0](#) is available! Click [here](#) to learn more about new features and training. 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.



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 [Brijen Shah](#) (MSH) with any questions.