GME QUALITY IMPROVEMENT AND PATIENT SAFETY NEWSLETTER

MESSAGE FROM THE GME ASSOCIATE DEANS FOR QI & PS

Dear MSHS Residents, Fellows and Faculty,

We would like to start the first issue of 2025 by extending a very sincere thank you to all of the residents and fellows for their dedication and commitment to patient care, quality improvement, and—of course—safety!

This issue of our newsletter highlights many exciting developments in the realm of Quality Improvement and Patient Safety including the 2024 Your Voice Counts Results, a summary of the 2025 Annual Patient Safety Goals, and more.

In this issue we are excited to share a quality improvement project from residents at Mount Sinai South Nassau. We hope that you will read this and be inspired to implement improvements in your clinical areas.

Additionally, there is information about a new opportunity for residents and fellows to join a GME workgroup. Residents and fellows will work with program and system leadership to develop initiatives for improving the learning environment.

Lastly, we have included the latest in QI/PS literature (courtesy of the Agency for Healthcare Research and Quality), as well as MSHS SafetyNet reporting data for the last 12 months. As a reminder: SafetyNet 2.0 is available! Learn more about the new features on page 9. Thank you for all of your hard work in promoting a culture of safety!

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GME Associate Dean for QI and PS

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Your Voice Counts 2024 Results

Mount Sinai Health System

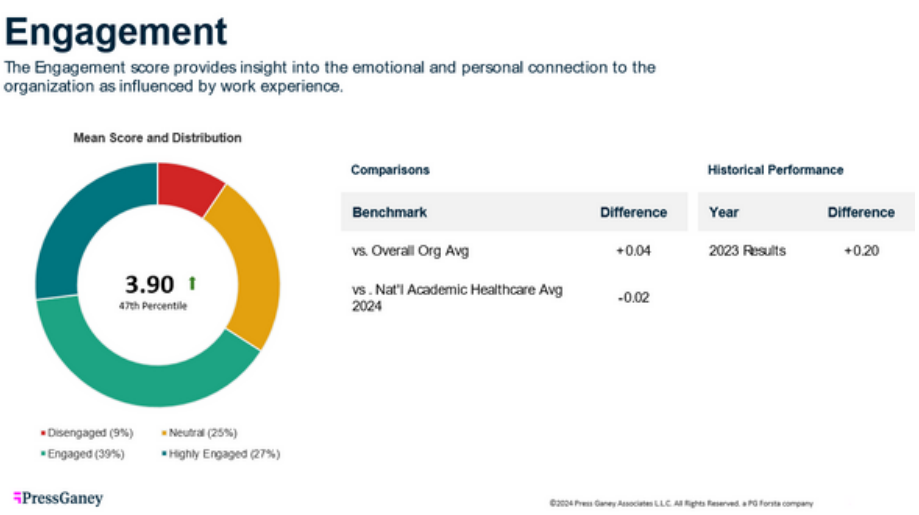
Brijen Shah, MD, AGAF, GME Associate Dean for Quality Improvement and Patient Safety

January 2025

Thank you to all the residents who took time to complete the Your Voice Counts Survey in 2024! Your responses have helped the School and Health System understand your perspectives on engagement, safety, and your learning environment. This article will summarize the key messages that you shared with us during the survey.

Engagement

Residents reported feeling emotional and personal connection to the School and Health System based on their experiences. There was +0.2 increase compared to 2023. Key drivers included feeling that MSHS is a safe place to work, provides high quality care, and being able to balance work and personal life. Most residents felt that their leaders are responsive and trustworthy and that there were career development opportunities. Residents demonstrated a very high rating of their leadership, above the health system average.



Diversity, Equity and Inclusion

Overall, residents felt that the School and MSHS support an inclusive work environment and value diversity, equity and inclusion. Opportunities for improvement include developing greater trust that the organization is committed to creating an organizational culture that is free from racism, hateful speech, intimidation, discrimination, or harassment and that the organization would respond appropriately. Results from resident were similar to the overall responses and stable from 2023.

Resilience

Resident reported a high degree of activation and engagement in their work with a slight increase from 2023. However, there is still room for improvement when it comes to decompression. Residents reported more challenges in these areas compared to other respondents (see figure below).

Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Overall Org Avg	vs. Historical (2023 Results)
I can enjoy my personal time without focusing on work matters.	21% / 16% / 63%	3.62	-0.12	+0.11
I am able to disconnect from work communications during my free time (emails/phone etc.).	23% / 17% / 60%	3.56	-0.21	+0.14
I rarely lose sleep over work issues.	21% / 19% / 60%	3.55	-0.11	+0.14
I am able to free my mind from work when I am away from it.	22% / 20% / 58%	3.51	-0.21	+0.13

Safety Culture

Residents reported a safe working and learning environment at rates slightly higher than the overall organization and an increase from 2023. Overall, residents reported the ability to discuss errors, improvements to enhance safety, strong communication across teams and being able to speak up. There were small gains made in terms of having an environment that allowed for one to speak up with out fear or blame. Staffing and communication were the domains which saw the largest improvements since 2023.

Dimensions	Mean Score	vs. Overall Org Avg	vs. Nat'l Academic Healthcare Avg 2024	vs. Historical (2023 Results)
Safety Culture	4.05	+0.15	+0.08	+0.12
Safety Culture Prevention & Reporting	4.10	+0.09	-0.03	+0.02
Safety Culture Pride & Reputation	4.13	+0.12	+0.01	+0.17
Safety Culture Resources & Teamwork	3.91	+0.23	+0.24	+0.15

PressGaney

Thank you for the programs directors and leaders who helped increase awareness of the survey. The GME office and hospital leadership are always looking for ideas for how to address any of the concerns or issues which were highlighted during this survey.

2025 Annual Quality & Patient Safety Goals

Mount Sinai Health System

Courtesy of *Quality & Regulatory Affairs, Office of the Chief Medical Officer*

Marjorie Jean, MBA, CPHQ, CSSGB, Associate Director, Clinical Quality, Mount Sinai Health System: Quality & Regulatory Affairs

February 2025

At the Mount Sinai Health System, patient safety and quality care remain top priorities. Each year, we establish Quality and Patient Safety (QPS) Goals to drive improvements in high-risk and high-volume areas. These goals are based on national patient safety standards, regulatory findings, adverse event reports, risk assessments, and strategic priorities set by senior leadership.

The Annual QPS Taskforce and Quality Performance Improvement Committee (QPIC) oversee these goals, ensuring continuous progress and accountability throughout the year.

2025 Key Focus Areas

- **Hospital-Acquired Infections:**
  - Achieve an SIR below the QHIP cutoff for CMS reportable HAIs in each acute care hospital.
- **Nursing Quality Indicators:**
  - Reduce Hospital Acquired Pressure Injuries Stage 2 or above by 10%.
- **Patient Experience:**
  - Improve teamwork, communication, and responsiveness scores in patient surveys.
- **Patient Identification:**
  - Implement risk mitigation strategies to reduce patient identification errors.
- **Hospital Readmissions:**
  - Leverage technology-driven solutions to enhance patient discharge planning and reduce readmissions.
- **Advancing Equity in Quality:**
  - Develop real-time data infrastructure for better monitoring, process improvement, and reporting.

For any questions, or to be connected with any of the QPS teams, please reach out to Marjorie Jean, MBA, CPHQ, CSSGB at marjorie.jean@mountsinai.org.

Improving Cancer Screening in the Outpatient Setting

Mount Sinai South Nassau

Courtesy of the *Department of Family Medicine*

Maria Aliberti, DO; Scott Bovino, MD; Madeeha Rehman, MBBS; Melissa Sussman, DO, MPH; Savanna Macchio, MS3; Mark Maloof, DO

March 2025

Cancer remains one of the leading causes of death in the United States, accounting for millions of lives lost each year. Among the top 10 leading causes of cancer mortality in 2022 were female breast, gynecological cancers, colorectal and lung cancer. From 2017-2021, the incidence of breast cancer in Nassau County was 65 cases per 100,000 people according to the CDC. In addition, the incidence of cervical cancer was 6.3 per 100,000 people, and the incidence of colon cancer was 32.7 per 100,000 people (2).

Early detection through routine cancer screenings has been shown to significantly reduce cancer incidence and improve survival outcomes. In line with this, the US Preventive Services Task Force and the American Cancer Society recommend regular screenings for breast, cervical, colorectal, lung cancers (3). This study aims to analyze the effectiveness of our Family Medicine Center's cancer screening program, with the goal of enhancing the quality of care and improving access to life-saving screenings for our patient population in Oceanside, New York.

Our analysis is derived from nearly four years of data collected at our Family Medicine Center, spanning from January 1, 2021, to November 11, 2024. Our data encompasses a diverse patient population including a variety of insurances, those enrolled in the New York State Cancer Screening Program (CSP), and those receiving Hospital Financial Assistance, which offers free or discounted services to those in need in our community.

Our analysis consisted of three major parts. First, we took the number of cancer screening orders placed by physicians using a specific order set in our EMR and compared it to our total eligible patient population for that screening. This gave us the percentage of eligible patients who received a cancer screening order. Of note, in our study, lung cancer screening orders were excluded from our analysis due to ongoing and incomplete data collection. When looking at our data set, we also wanted to evaluate how physician education on using this order set impacted the number of cancer screening orders placed. This physician education was provided during resident orientation at the start of each academic year in June. We analyzed screening order data in calendar year intervals (January 1 to December 31) to evaluate the overall impact this education provided by year.

Our hypothesis was that increasing resident education on this order set would increase the number of screening orders placed each year.

The second part of our analysis consisted of taking our most recent Family Medicine Center data from 2024 and comparing it against the US Baseline screening data. This US baseline was from the 2021 National Health Interview Survey conducted by the CDC Centers for Disease Control and Prevention.

Third, we compared our data and the US Baseline to the Healthy People2030 target screening goals for each cancer type (1). These target metrics serve as benchmarks for what our clinic's numbers should aspire to be. When looking at these comparisons, our goal is to identify and address gaps in our screening processes to align with these national targets and therefore improve patient outcomes. Our results showed that the percentage of breast cancer screening orders placed for eligible patients through our specific order set fluctuated by year with a notable increase from 47% in 2023 to 62% in 2024 for breast cancer specifically. Cervical cancer screening steadily increased throughout all four years, with the most recent data of 21% in 2024. And colon cancer screening steadily increased as well ending with 36% in 2024 (Figure 1).

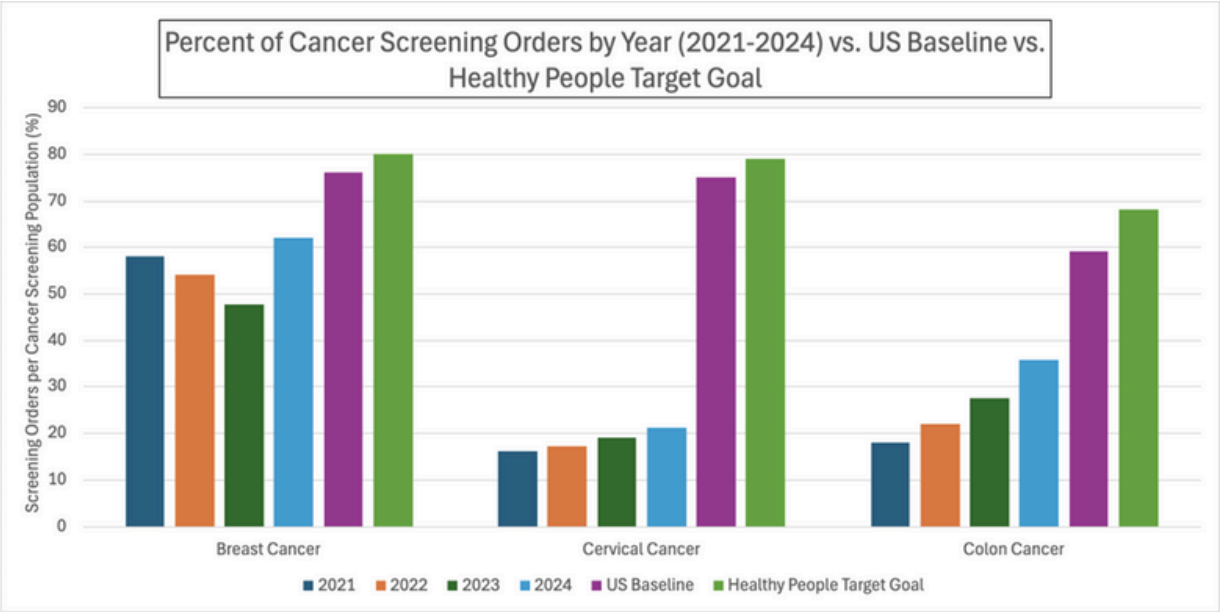


Figure 1: Percent of Cancer Screening Orders by Year (2021-2024) vs. US Baseline vs. Healthy People Target Goal

Then, we compared the 2024 data to the most recent US Baseline level. While our breast cancer screening rate was 62% in 2024, the most recent US baseline is 76%, and the Healthy People 2030 target goal is 80%. Our cervical cancer screening rate was 21% in 2024, with the US baseline being 75% and the Healthy People 2030 target goal of 79%. Lastly, our colon cancer screening rate was 36% in 2024, with the US baseline being 59%, and healthy people 2030 target goal of 68%.

Our results show an improvement in the percentage of cancer screening orders for breast, cervical, and colon cancer submitted through our specific order set over the last year (January 1, 2024- November 11, 2024). This translates to more eligible patients receiving access to care and potentially life-saving screenings. This improvement may be due to multiple factors, including resident education on the order set and use of proper documentation.

However, as our data shows, when compared to the US Baseline and Healthy People 2030 Target goals, we have significant room for improvement. Some of the contributing factors to our shortcomings may be due to how our data is captured. Our metrics use USPSTF guidelines. However, if a patient has had a cervical cancer screening test already performed outside of our clinic, they will still count as an eligible candidate for screening. In this case, we may not order the test as it may not be indicated by guidelines. This may account for our lower screening orders. Further investigation and coordination with our data department is needed to ensure that patients are appropriately stratified.

In conclusion, our team analyzed the trend of 4 years of data collection since implementing the cancer screening order set and educating residents on the importance of documentation. Further research is necessary to ensure proper capturing of data as well as diligent documentation. Our next analysis can also include Cologuard orders in our colorectal cancer screening order data. With expansion of our data year by year, we can hopefully bring our Family Medicine Clinic screening orders closer to the US Baseline and Target goals for 2030.

References:

1. CDC. (2024, September 9). Cancer Data and Statistics. Retrieved from https://www.cdc.gov/cancer/data/index.html
2. USCS Data Visualizations. (2024). Retrieved from https://www.cdc.gov/cancer/dataviz
3. A and B Recommendations | United States Preventive Services Taskforce. (2024). Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation- topics/uspstf-a-and-b-recommendations
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Office of Graduate Medical Education (GME)
Workgroup Opportunity for Residents and Fellows

The Office of GME is embarking on 2 year self study process. We are looking for residents/fellows to join a workgroup on improving the learning environment.

Topics to be addressed include:

- The balance of service and education
- Interprofessional care
- Exploring how to decrease non-physician work tasks
- Continued integrations of residents/fellows in quality improvement and patient safety

The workgroup is multidisciplinary and includes program directors and senior health system leadership from MSHS and Health and Hospitals Corporation.

We are looking for residents/fellows who:

- Have 20-24 months of training remaining
- Are able to participate in a 30-60 min meeting quarterly
- Strong interest in perioperative specialties and learners who rotate at multiple sites

Please email GME@mssm.edu if you are interested in participating.

The role of AI in detecting and mitigating human errors in safety-critical industries: a review.
Gursel E, Madadi M, Coble JB, et al. Reliability Eng System Saf. 2025;256:110682.
Artificial intelligence (AI) and machine learning (ML) are being used and tested in numerous ways. This review highlights how they are being used to detect and mitigate human error in safety-critical industries, the limitations and challenges of AI/ML, and insights from the recent literature. Examples from health care include using AI to detect diagnostic errors and combining AI with clinician expertise, with the ultimate decision to follow AI's suggestion resting with the clinician.

Diagnostic safety: needs assessment and informed curriculum at an academic children's hospital.
Congdon M, Rasooly IR, Toto RL, et al. Pediatr Qual Saf. 2024;9(6):e773.
Diagnostic reasoning is a core component of safe care but is not always included in formal educational curricula. In this study, learners, attending physicians, and education leaders shared their experiences learning about or teaching diagnostic reasoning to inform development of a diagnostic reasoning curriculum. Learners and educators highlighted the importance of psychological safety to reporting missed diagnosis or diagnostic uncertainty, integrating the curriculum into existing educational programming, and faculty development on the topic.

A framework for the analysis of communication errors in health care.
Bender JA, Thiyagarajan S, Morrish W, et al. J Patient Saf. 2024;Epub Dec 23.
Miscommunication is a major contributor to adverse events. This article describes the development of a framework to classify communication errors that contributed to a patient safety incident. Nine types of communication errors were identified. Falls and delays in diagnosis, treatment, or surgery were the most common adverse events related to communication errors.

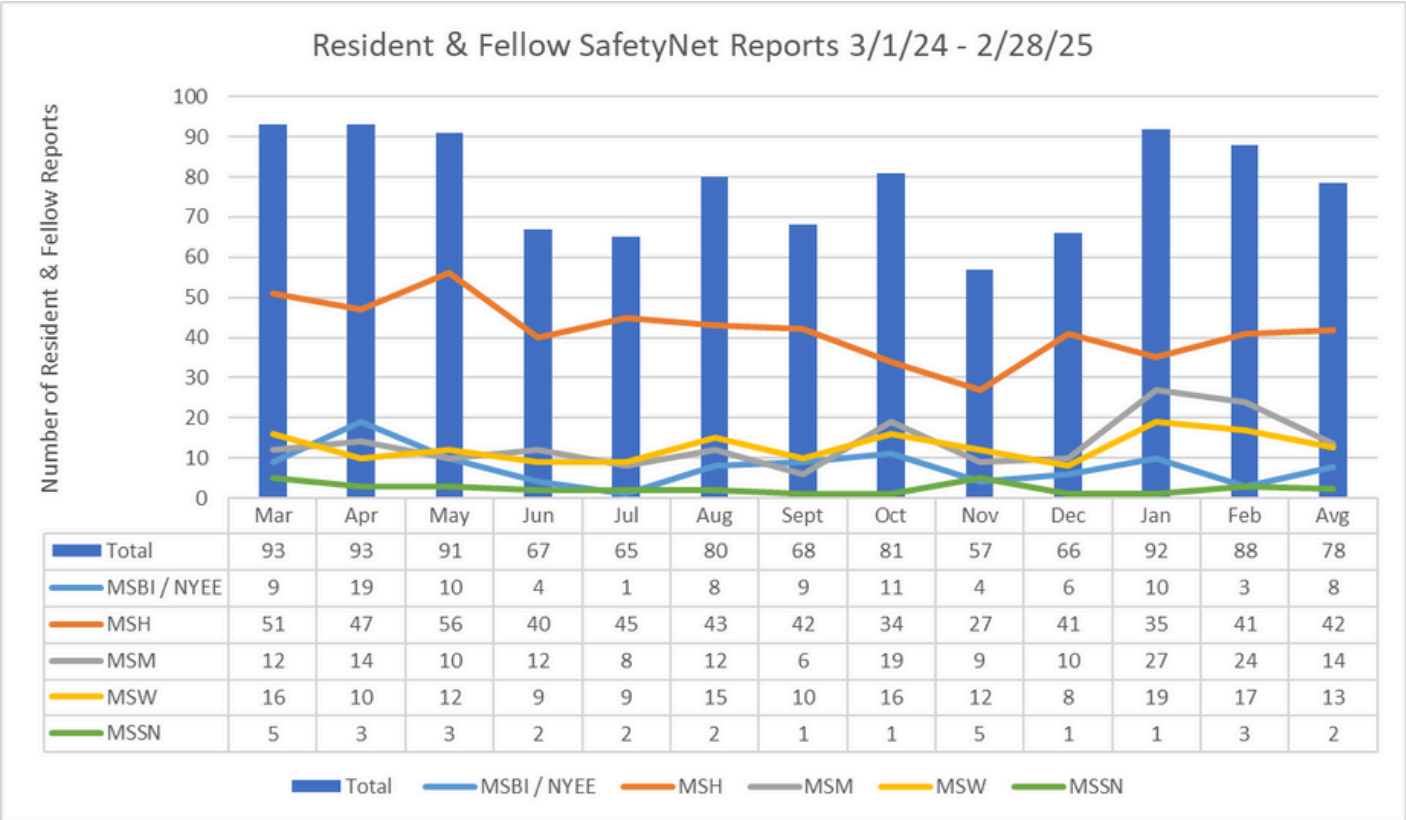
Nurse leader perspectives and experiences on caregiver support following a serious medical error.
Prothero MM, Sorhus M, Huefner K. J Nurs Adm. 2024;54(12):664-669.
Nursing leadership plays an important role in establishing a culture of safety. Findings from this cross-sectional survey with 255 nurse leaders highlight the important role of authentic leadership in fostering psychological safety and supporting nurses after serious medical errors. Survey respondents also endorsed the importance of formal support programs, including peer support, education, error analysis, and just culture.

Errors in the EMR: under-recognized hazard for AI in healthcare.
Morreim EH. *Hous J Health Law Policy.* 2025;24:127-165.
Artificial intelligence (AI) systems effect decision-making using a variety of clinical and managerial healthcare data sets. This article explores the potential weaknesses in large administrative databases – weaknesses inherent in data submitted to, and recorded by, humans – which can undermine the accuracy and effectiveness of AI generated information.

SafetyNet

Below you will find SafetyNet resident and fellow reporting statistics for the 12-month period March 1, 2024 - February 28, 2025. Since the last issue of this newsletter, the average number of total reports across sites increased to 78. Decrease in reporting during the months of June, July, November, and December 2024 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.



	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Avg
Total	93	93	91	67	65	80	68	81	57	66	92	88	78
MSBI / NYEE	9	19	10	4	1	8	9	11	4	6	10	3	8
MSH	51	47	56	40	45	43	42	34	27	41	35	41	42
MSM	12	14	10	12	8	12	6	19	9	10	27	24	14
MSW	16	10	12	9	9	15	10	16	12	8	19	17	13
MSSN	5	3	3	2	2	2	1	1	5	1	1	3	2

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.