MSH Emergency Department

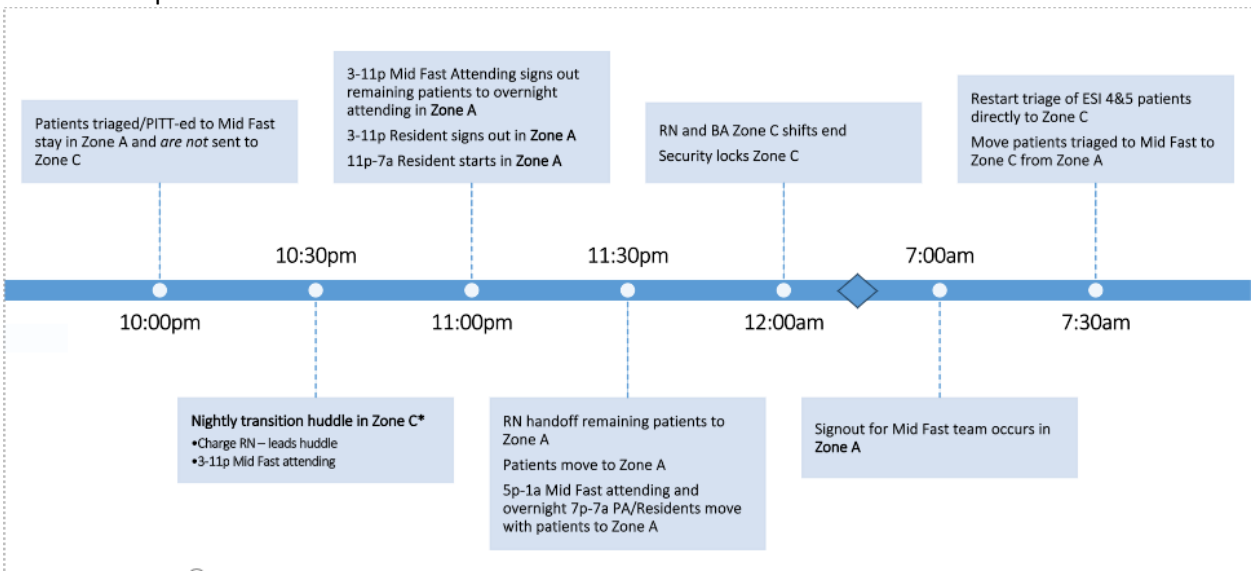
EM Operations Updates

Date: 10/4/2023

Construction

Overnight closure of Zone C: *effective TONIGHT 10/4*

- To facilitate workflow and supervision, we will be closing Zone C overnight and all PIT and Mid Fast patients will be co-located in Zone A

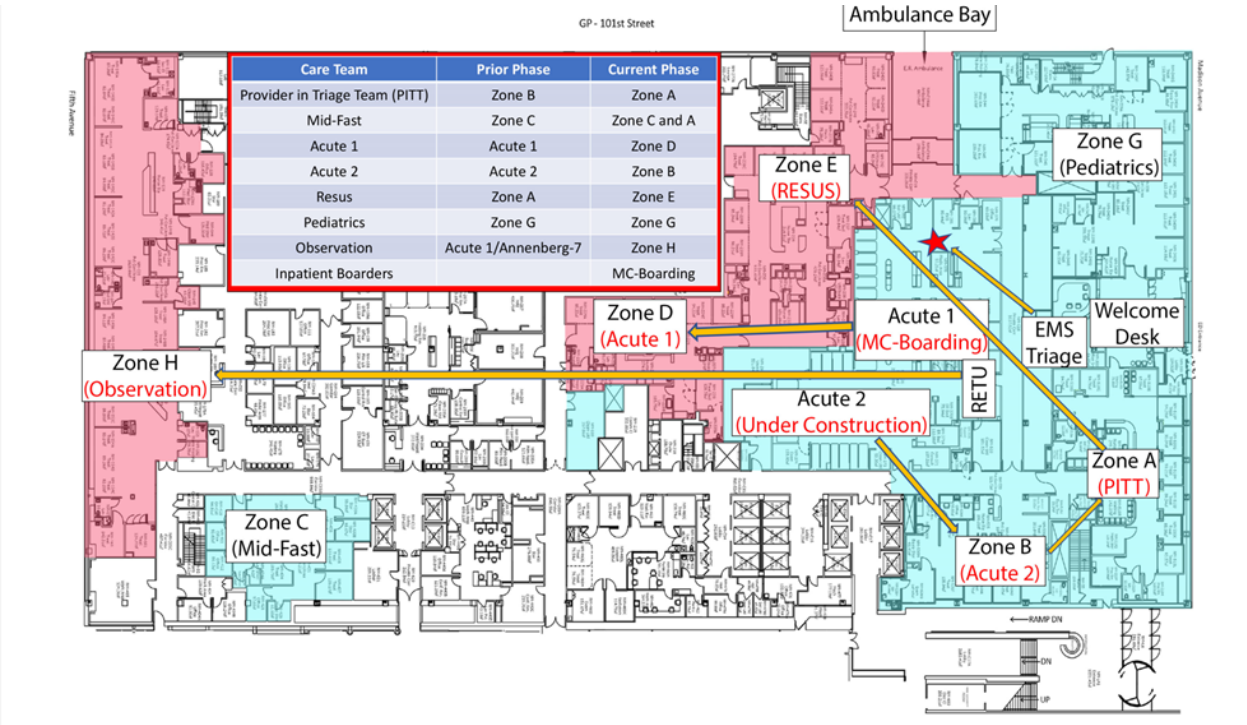


Updates:

- Zone H (Observation), Zone D and E are open
- Acute 1 and Resus patients have moved in Zone D and E, respectively
- Ambulance Bay is open and EMS triage has been relocated
- PITT team has moved into Zone A

Next Steps:

- Acute 2 patients and team will move into Zone B including the Alcove space where EMS triage was previously
- Acute 2 closes for construction



Care Team	Prior Phase	Current Phase
Provider in Triage Team (PITT)	Zone B	Zone A
Mid-Fast	Zone C	Zone C and A
Acute 1	Acute 1	Zone D
Acute 2	Acute 2	Zone B
Resus	Zone A	Zone E
Pediatrics	Zone G	Zone G
Observation	Acute 1/Annenberg-7	Zone H
Inpatient Boarders		MC-Boarding

Operations

Resus Triage Designations: *effective today!*

- All overheads for new ADULT + PEDIATRIC Resus patients will now be **color coded** for departmental awareness and to delineate those specific cases that require more than standard resources
- Designations:
  - **RED**: Cardiac arrest, post-cardiac arrest, trauma code, or any other patient deemed in need of further resources as decided by the resuscitation resident/PA, resuscitation attending or Pediatric attending, as applicable.
  - **PINK**: Precipitous delivery
  - **YELLOW**: All other (e.g., standard resus resources needed only)
- Backup Team members: *also includes RN, ERT and ECA backup*
  - **RED**
    - ATTENDING: Mid Fast attending (7-3, 3-11, 11-7 shift)
    - MIDELEVEL: Resus backup resident/PA
  - **PINK**
    - ATTENDING: Pediatrics attending
    - MIDLEVEL: Pediatrics resident/PA (as designated on schedule)

Resus Triage Criteria

- There should be no need for a Resus Consult
  - That said, please be appreciative of the training of Triage RNs and allow their discretion if they feel a patient would be better served in Resus with plan to **rapid downgrade** if you do not believe they need to stay in Resus
- See Epic Documents > Triage > Triage to Resus Criteria for most up to date criteria
- Please escalate any issues **in real time** to Admin on Call or ANM

Date: 9/25/2023

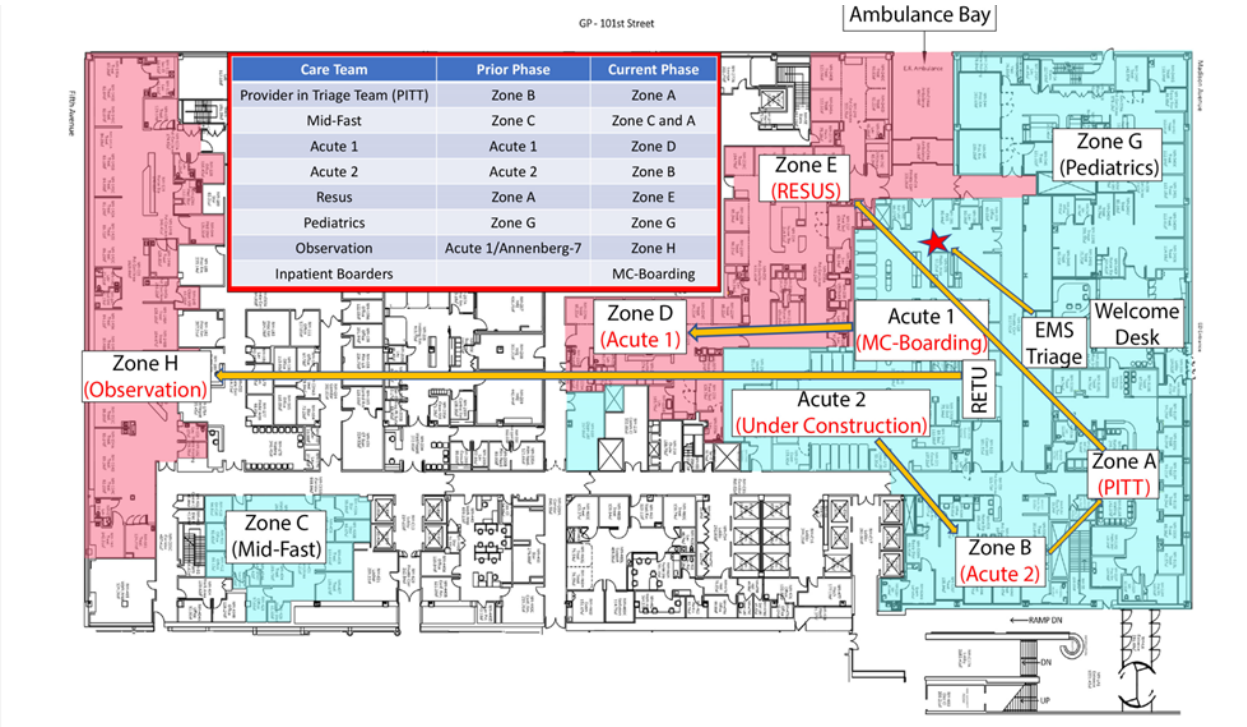
Construction Update

Zone H (Observation) is OPEN!

- Patients have been moved from the ED and Annenberg 7 to the new Observation space (across from Zone C)
- RETU is now known as Observation and is in Zone H (see blueprint below)
- Zone H will also host some admitted patients who are awaiting bed placement

Go Live for Zones D & E: TOMORROW

- Phased opening to allow for cleaning of areas as patients move out and before new patients move in
- Below is the schematic for next phase locations: Only Resus and Acute 1 are moving ***tomorrow***
    - If you are in RESUS this week, please take a moment BEFORE YOUR SHIFT to familiarize yourself with new critical equipment and supply locations
- Team station and computers will be labeled temporarily after Go Live for staff awareness



Care Team	Prior Phase	Current Phase
Provider in Triage Team (PITT)	Zone B	Zone A
Mid-Fast	Zone C	Zone C and A
Acute 1	Acute 1	Zone D
Acute 2	Acute 2	Zone B
Resus	Zone A	Zone E
Pediatrics	Zone G	Zone G
Observation	Acute 1/Annenberg-7	Zone H
Inpatient Boarders		MC-Boarding

ED Code Team responses to Zone H (Observation)

- ED Code Team may be called to respond to Zone H:
    - **ADMITTED** patients should be managed **IN ZONE H** and ***NOT*** moved to Resus: the inpatient team/front line RN should call RRT simultaneously and ED Code Team should hand off to RRT at bedside (this is a similar workflow for *admitted* patients in CT scan, Dialysis, and the future MC Boarding)
    - **Observation (RETU)** patients may be moved to Resus to facilitate care as the patient will likely need to be admitted at that time

Operations Update

*A number of new processes and process improvement changes will be going live with the transition to the new space (please refer to **Epic Documents** for the most up to date versions of these processes).*

Resus Triage Designations: *effective once ambulance bay reopens (DATE TBD)*

- All overheads for new ADULT + PEDIATRIC Resus patients will now be **color coded** for departmental awareness and to delineate those specific cases that require more than standard resources
- Designations:
  - **RED**: Cardiac arrest, post-cardiac arrest, trauma code, or any other patient deemed in need of further resources as decided by the resuscitation resident/PA, resuscitation attending or Pediatric attending, as applicable.
  - **PINK**: Precipitous delivery
  - **YELLOW**: All other (e.g., standard resus resources needed only)
- Backup Team members: *also includes RN, ERT and ECA backup*
  - **RED**
    - ATTENDING: Mid Fast attending (7-3, 3-11, 11-7 shift)
    - MIDELEVEL: Resus backup resident/PA
  - **PINK**
    - ATTENDING: Pediatrics attending
    - MIDLEVEL: Pediatrics resident/PA (as designated on schedule)

Reminder: Resus Triage Criteria

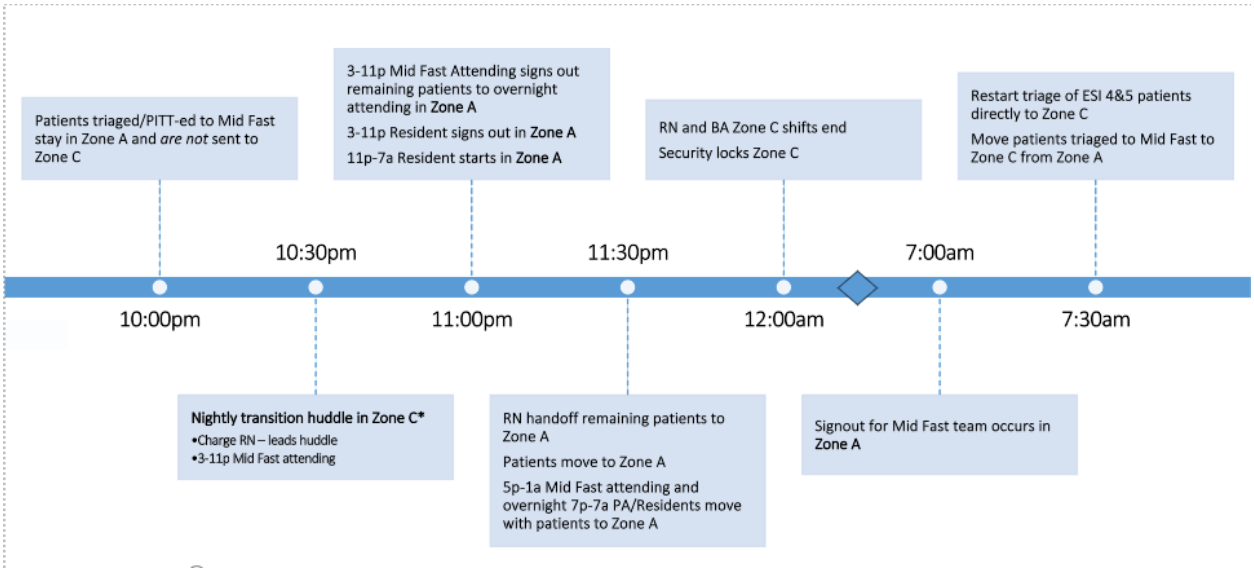
- There should be no need for a Resus Consult
  - That said, please be appreciative of the training of Triage RNs and allow their discretion if they feel a patient would be better served in Resus with plan to **rapid downgrade** if you do not believe they need to stay in Resus
- See Epic Documents for most up to date criteria and rapid downgrade process
- Please escalate any issues **in real time** to Admin on Call or ANM

Rapid Downgrade Process from Resus

- **Resus team** assesses patient bedside in Resus
- **Resus team** places orders
- If patient is ill but does not require Resus level of care, a **warm (verbal) handoff** should occur to the **Acute team**
- **Resus team** writes a brief handoff note regarding their decision making
- **Acute team** performs full assessment of patient and writes ED Provider note

Overnight closure of Zone C: *effective after transition of Zone A to PITT/Mid Fast occurs*

- To facilitate workflow and supervision, we will be closing Zone C overnight and all PIT and Mid Fast patients will be co-located in Zone A
- See workflow below for details



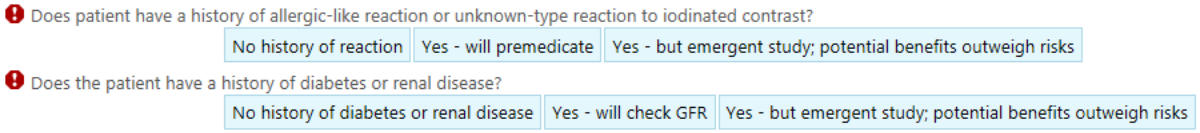
Stroke Provider Workflow: *effective 9/25*

- Stroke resident/PA coverage will now **alternate** between a provider on Acute 1 and Acute 2 to more equally distribute the workflow
- Generally, the Acute 2 stroke provider will be a resident and Acute 1 will be covered by PAs, with some variability based on scheduling week to week

Clinical Care

No More Paper IV Contrast Forms

- Patients no longer need to complete the two-page paper IV contrast questionnaire - instead, when ordering a CT study with IV contrast, the provider will be asked to complete these two simple questions:

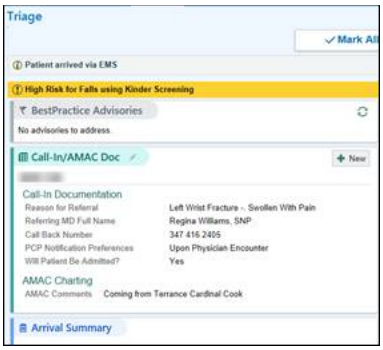


- **Please think** before you click and actually consider the patient's history before just blindly clicking off – we do not want this to backfire into allergic reactions and have to go back to paper forms.

Call in Workflow – information location change

- When an Ambulatory Referral to ED order is placed or call-in information is entered, a **phone icon** appears in the notifications track board column:

- Call-In/AMAC documentation and Ambulatory Referral to ED information will now appear in the Triage workspace:



Hemorrhagic Stroke Workflow

- Please call a stroke code before you roll to CT if you are worried about any type of stroke (ischemic and hemorrhagic) *even* if you have taken the patient to RESUS to stabilize/rule out other diagnoses first
- This allows all stroke resources to be at your disposal quickly should you need it (e.g., neurology, neurosurgery, neuroradiology)

Date: 8/17/2023

Discharge Process – LIVE in All Adult ED Zones

- The discharge process that has been live in Acute 1 and 2 is now live in all zones of the Adult ED (not in RETU or Peds)
- Please make sure to click "Discharge Anticipated" when you are preparing to discharge a patient
- For a refresher, feel free to go through the guidance available on Epic Docs under Clinical Pathways --> ED Discharge Process
- Providers are still expected to review discharge instructions with patients prior to discharge, but nursing will carry out the final tasks of IV removal, printing paperwork, and guiding the patient to the BA

Radiology Escalation

- Due to recent issues with radiology, we have published a comprehensive escalation pathway for their team on the Epic Track Board

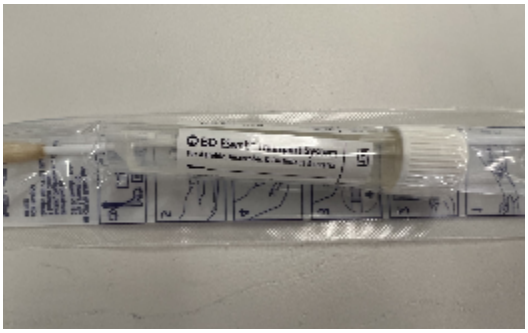
  Radiology Escalation

- When experiencing delays with radiology:
  - Contact them directly using the numbers listed in the ED Contacts List or speak with Michael Collazo if he is on shift

- If neither of those are successful, please escalate to the Charge Nurse/ANM and the Radiology Throughput Epic Group
- If that is not successful, please escalate to the supervisor or lead tech (numbers listed on the Epic track board)

New E-Swab

- Blue culture swabs have been replaced by the e-swab pictured below
- E-swabs should be used for all specimen collection that previously required the blue swab



Clinical Guide

- The Clinical Guide has been posted to Epic Documents (Basics-->Clinical Guide)
- This is a living guide that contains information about our clinical area
- Let us know if you have suggestions for edits or additional sections

Hemorrhage Kits

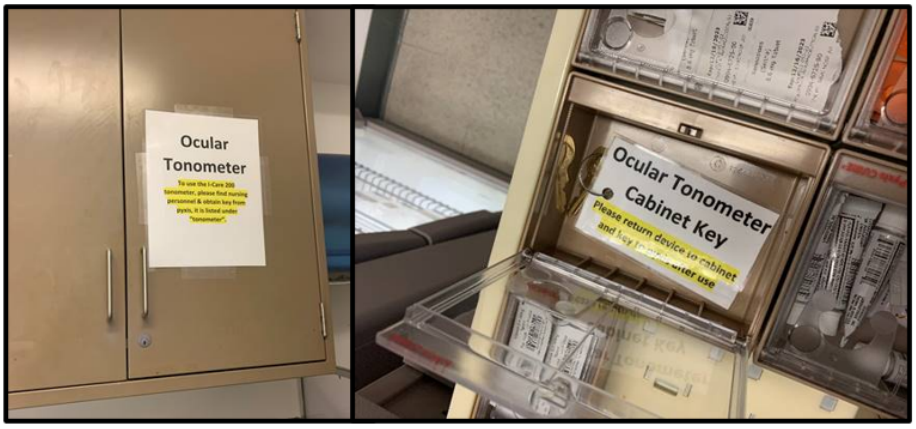
- Hemorrhage kits are stocked in the RESUS Cabinet pictured below
- These kits contain tourniquets and hemostatic devices that can be used in the event of an MCI or patient with significant hemorrhage
- Consider reviewing our Active Shooter module on PEAK which is part of your Annual Mandatory Education and can be found there or by searching for “MSHS|Armed Intruder/Active Shooter|2023”

Construction Updates

- The new zone openings are slightly delayed due to pending DOH approvals
- Please anticipate a comprehensive construction update towards the end of next week detailing the plan for the next move
- With the new space we will be implementing a few new workflows that will also be included in the update

Tonometer

- The iCare device that was lost has been replaced and is located in the Zone C locked cabinet
- In order to access it, please ask the nurse in Zone C to unlock the cabinet and expect to leave your ID until it is returned

- Please make sure the device is returned as soon as possible to prevent it from disappearing again 

BVM PEEP Valve

- The BVMs stocked in the department have PEEP valves on them
- This is a fun fact the ED Leadership Team learned last week and we are sharing with all of you

Date: 7/28/2023

Clinical Care

MSH ED Clinical Guide: *NEW comprehensive guide to working in our department*

- Resource for new and long-time faculty to familiarize or re-familiarize yourself with some of the nuances of working in our department
- Can be found on *Epic Documents > Basics > Clinical Guide*
- If you notice something incorrect or missing, please send our way! We will be updating frequently.

Management of IEC/CAR-T Patients – ***important****!*

- New **BPA alert** for specific subset of cancer patients receiving CAR-T immunotherapy as they are high risk for decompensation and MUST be monitored in RESUS
- Please familiarize yourself with the attached and if you see the BPA, please act accordingly

Operations

Radiology Expeditor – *Michael Collazo*

- **New pilot role** to improve patient readiness for imaging services, coordinate required paperwork and preparation and escalate issues
    - *E.g.,* helping get patients in gown, filling out contrast or MRI questionnaires, assuring pregnancy tests are back for patients below 50 years old
- Staffed **Monday – Friday 2pm-10pm** through 8/18 and hopefully longer
- Please introduce yourself to Michael when he rounds in the department and feel free to escalate any radiology throughput issues to him directly

Construction: *next phase opening end of August*

- Please be sure to attend assigned **Fire Safety trainings** required by the Department of Health for opening our next phase
- Next phase:
    - Opening of new Acute Zones (“D” and “E”) and closure of current Acute 2
    - Reopening of ambulance bay
- More details on operational changes to patient flow and provider staffing in coming weeks

Vital signs parameters: ERTs should be escalating following VS abnormalities to RNs in real time - if you believe something was not escalated appropriately, please inform leadership so we can follow up:

- T >38 or <36C
- HR >120 or <60
- SBP >180 or <90, MAP <65
- RR >22
- O2 sat <90%

Date: 7/6/2023

Important Announcement

Lactation Rooms:

- The lactation room in the ED by EMS Triage and in the ED staff lounge will have their locks updated to switch from a universal code to your Life Number.
- For access, please reach out to leadership to have your life number programmed for the lock.

Operations

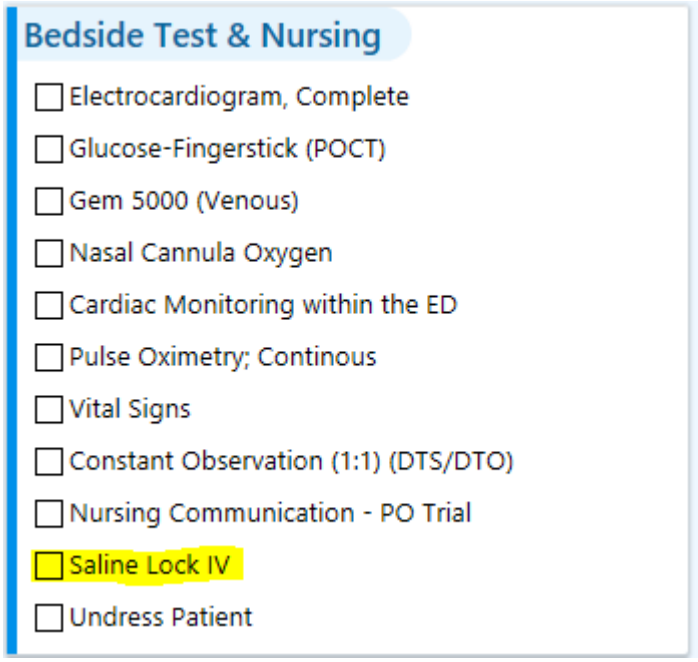
Unified Communications:

- Please provide feedback on Zoom calling using this survey!

Clinical Care

Peripheral IVs:

- All patients requiring an IV will need an order for IV placement per MSH/MSQ policy on IV therapy that was developed to meet current New York State nursing regulations.
- The "Saline Lock IV" Order is available on the Quick List as well as most of the commonly used Order Sets.



Penicillin shortage:

- There is a critical nationwide shortage at this time of IM Penicillin G (Bicillin L-A), which is used for the treatment of primary, secondary, and early latent syphilis. In this setting, the CDC and NYSDOH are recommending reserving remaining stock for settings in which alternatives cannot be used, particularly the treatment of syphilis in pregnant persons and babies with congenital syphilis. In the inpatient/ED setting, Bicillin L-A will require Infectious Diseases approval at all times.
- Given current limited supply, our recommendations are to:
    - Immediately stop usage of IM Penicillin G (Bicillin L-A) for the treatment of Group A streptococcal pharyngitis. Oral alternatives include: amoxicillin 500 mg PO BID or amoxicillin 1g PO daily for 10 days.
    - Preferentially use oral doxycycline for the treatment of syphilis in non-pregnant persons. Oral dosing: doxycycline 100 mg PO BID, for 14 days in early syphilis and 28 days in late latent syphilis or syphilis of unknown duration. Patients treated with oral doxycycline should be seen for follow up titers to assess response.
- Treatment with IM Penicillin G (Bicillin L-A) should be reserved for the following patients: pregnant persons, infants with concern for congenital syphilis, and treatment of syphilis in those patients with advanced HIV/AIDS in whom there is concern for treatment failure.

PIT workflow:

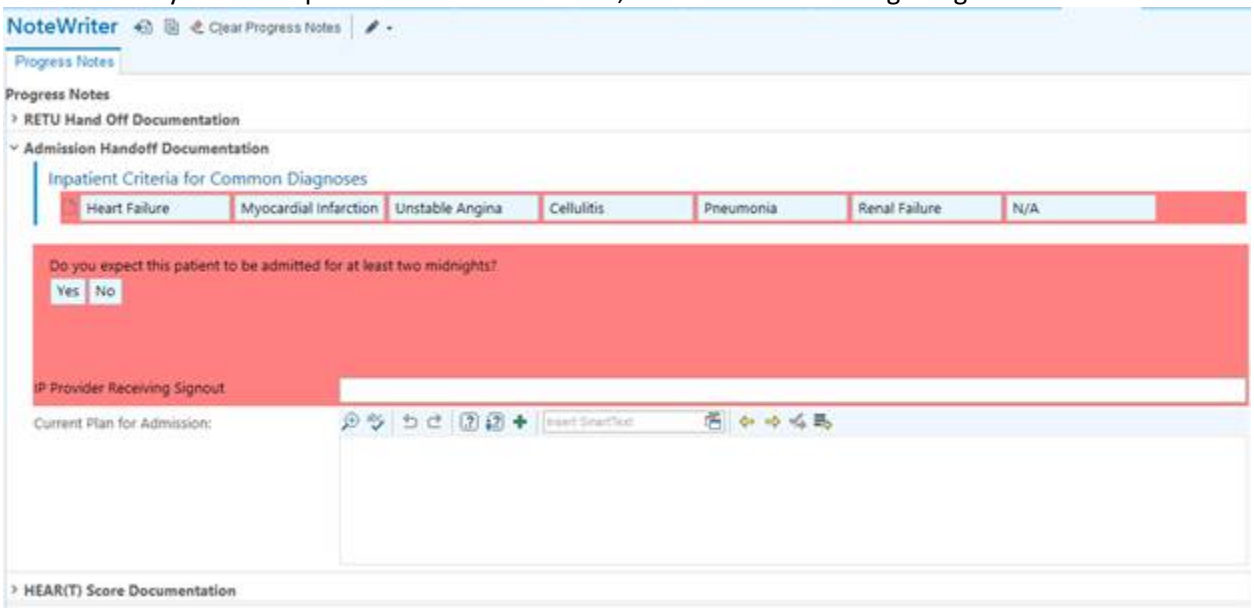
- The PIT Provider Workflow on Epic Documents has been updated. Please feel free to review and provide feedback.
- If there is a disagreement regarding the PIT provider triage decision, the resolution should be between the attendings in the zones.

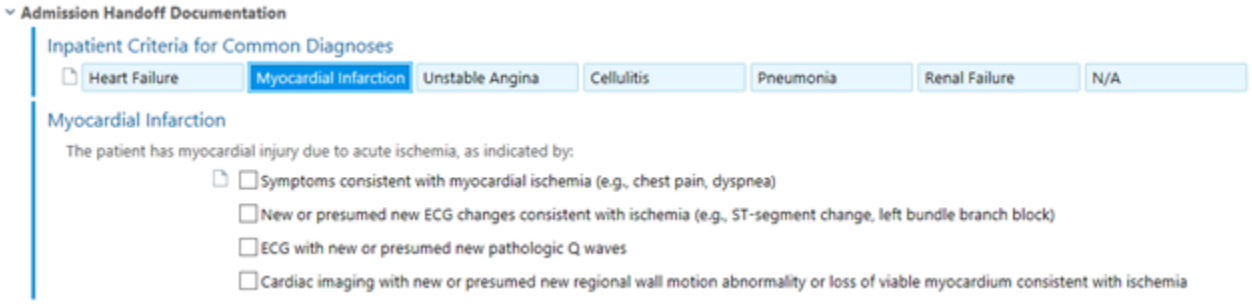
Hallway Criteria:

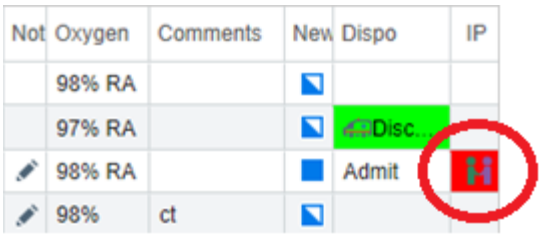
- When placing admission orders, please review the hallway criteria to ensure a patient is appropriate for a hallway bed prior to selecting it in the order. The criteria are available on Epic Docs under Disposition>Admissions>Admission Hallway Criteria.

Epic Disposition Note Change:

- Effective Wednesday, June 28, the old Disposition Decision note will be retired and instead be built into the existing admission handoff workflow (see screenshots below).
- The new process focuses on six admitting diagnoses where, if we document appropriately, we can help prevent an admission denial. If none apply, simple check off "N/A".
- Once you've completed the documentation, the red icon will change to green







Oncology Care Unit:

- Please consider placing a referral to the Oncology Care Unit for patients with cancer who require an observation stay and who meet certain criteria outlined on Epic Documents under Disposition>Admissions>Oncology Care Unit.
- The new Referral Order "MSH AMB REF TO Oncology Care Unit (OCU)" can be placed in the Disposition section of the patient's chart in the same Orders/Prescriptions section where referrals to clinics are placed in the Prescriptions/Referrals search bar.

Date: 6/20/2023

Clinical Care

Patients with Accessed Ports

- Patients with ports that are accessed during their ED visit for medication administration or blood draws should have their ports de-accessed prior to discharge.
- The nursing team is aware and will ensure this happens prior to discharge but cannot perform this task if the patient is discharged by the provider. Patients in Acute and Resus should only be discharged by the RN as this will ensure proper pre-discharge care is delivered.

Pre-Exposure Prophylaxis (PrEP)

- The Health Educators are available to discussed PrEP with patients who are interested and navigate them to follow up care.
- Please message the "MSH ED Health Educators" Epic Chat Group if you have a patient who is interested in or would benefit from PrEP.

Naloxone Kits

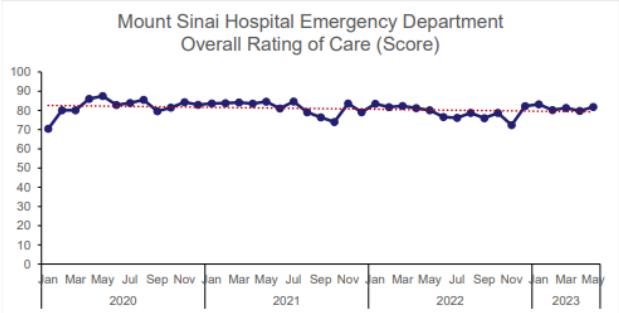
- Please Order Naloxone Kits Liberally: They are now stored in the Pyxis. You will need to place an order in Epic for the RN to give to the patient.
- To-Go kits for Buprenorphine: These kits are available for patients who may not have insurance and are interested in medication for opioid use disorder (MOUD). Contact social work to help obtain these kits for patients. There are resources available on Epic Documents including a COWS based algorithm for initiation. The Health Educators can help counsel patients on Buprenorphine initiation and arrange follow up. There is also a list of substance use programs on Epic Documents.

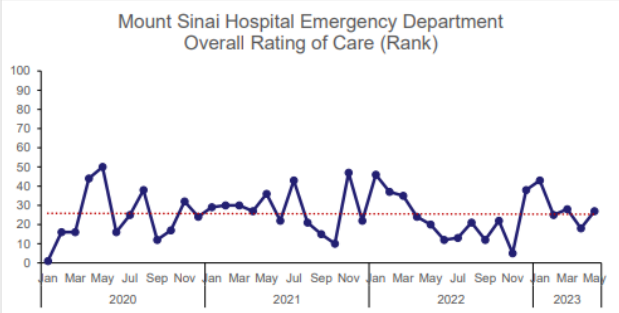
Press Ganey Scores

- Our ED team has consistently been above our target scores for the last 6 months. This is a reflection of the great care provided by all of you. Thank you for all that you do for our patients.

Mount Sinai Hospital - Emergency Department - Key Drivers Summary

Mount Sinai Hospital Key Drivers		November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023 (Preliminary)	Trend	Goal
	n	140	135	192	187	211	173	143		
Overall rating of care	Mean Score	72.32	82.22	83.2	80.21	81.28	79.77	81.82		79.4
	Percentile Rank	5	38	43	25	28	18	27		24
Staff worked together care for you		73.1	81.2	82.72	79.37	82.04	79.83	81.08		79.33
		3	24	32	16	24	13	18		18
Staff cared about you as person		73.28	83.52	83.55	80.92	83.45	80.57	82.77		79.91
		4	37	36	21	31	16	24		19
Nurses' attention to your needs		76.91	83.89	86.47	80.85	85.17	82.77	83.85		81.1
		5	28	46	14	32	17	22		16
Courtesy of doctors		82.19	88.14	87.63	86.78	88.6	86.93	86.39		86.19
		13	53	47	38	52	35	30		36
Overall		74.83	82.54	83.81	80.18	82.14	80.52	81.08		NA
		9	41	48	26	33	21	23		NA





MDM Documentation and Billing

- Check out this article that breaks down some of the new documentation changes with some great examples.
- **MDM Hint:** What triggered the "Consider billing for Critical Care" Banner?
  - ESI of 1
  - Admission order to ICU or Stepdown
  - Patient on Sepsis Pathway
  - Patient roomed in a critical care room
  - BIPAP or CPAP ordered
  - Patient expired
  - Vital signs significantly abnormal: Blood pressure < 90/60, Heart rate > 120, SpO2 < 90%, RR >= 22
  - Use of Stroke, Trauma, STEMI, or Intubation order sets
- What is the definition of Critical Care: CPT currently defines a critical illness or injury as an illness or injury that acutely impairs one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient's condition.
- Examples of vital organ system failure include but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, respiratory failure.

Operations

Down Time Preparation

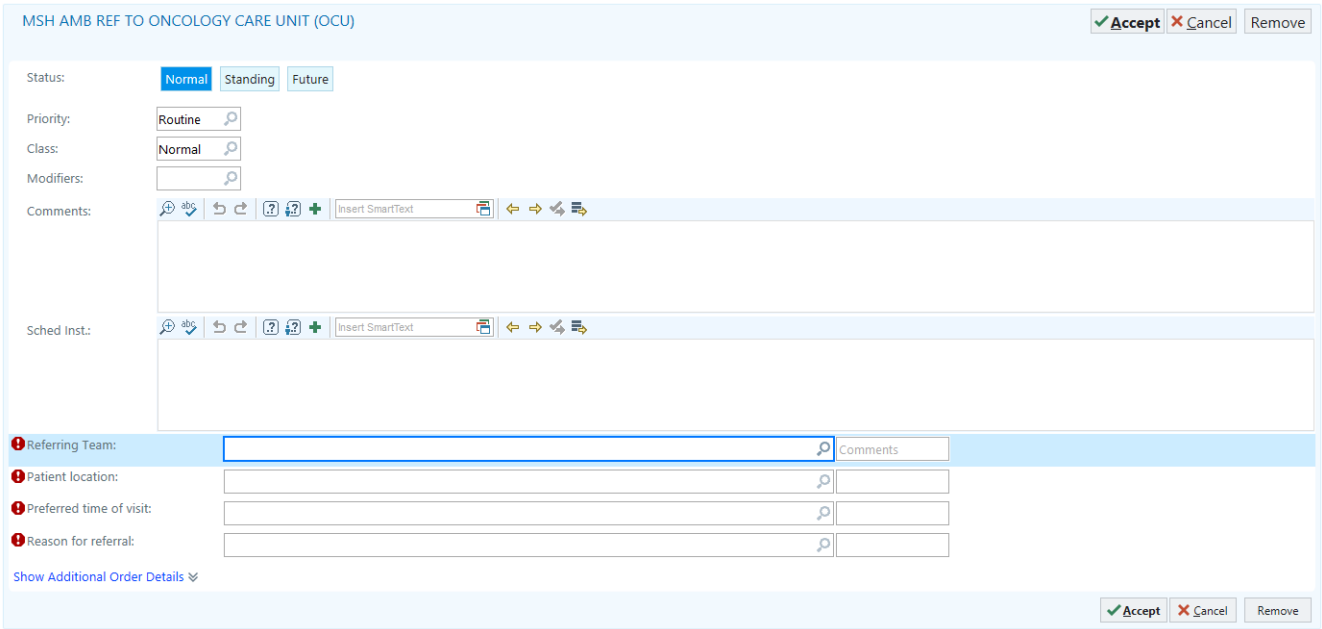
- Please look out for an email regarding multiple upcoming Epic Downtimes including this weekend 6/24 and 6/25. Those working will receive a pre-downtime preparation email.

Zoom Calling Feedback: *Please scan QR code to provide feedback for experience with zoom phones*

https://forms.office.com/r/pWB2XVf5qw

Migration from Symantec VIP to Azure MFA

- All Staff currently using Symantec VIP need to register and verify Azure MFA (multi- factor Authentication). Click on this link and login using your email/password and two-factor authentication. If you have registered successfully, you would see an entry including 'Phone' and/or 'Microsoft Authenticator' in the 'Security Info' tab.
- If you need to update or register a device for Azure MFA, please use the step-by-step registration guide linked here. (Option 3: Registration for users that use Azure MFA currently**)** Please make sure to have a backup device registered.
- Starting Thursday, June 8, 2023, your account will be migrated to Azure MFA for all Azure-based applications. Once your account is migrated, Azure applications will prompt the Azure MFA instead of Symantec VIP. DTP is targeting the end of July 2023 to cut over all remaining applications to use Azure MFA, including Mount Sinai VPN
-



Date: 6/1/2023

Clinical Care

Zone C Staffing: *effective Monday 1/3/2023*

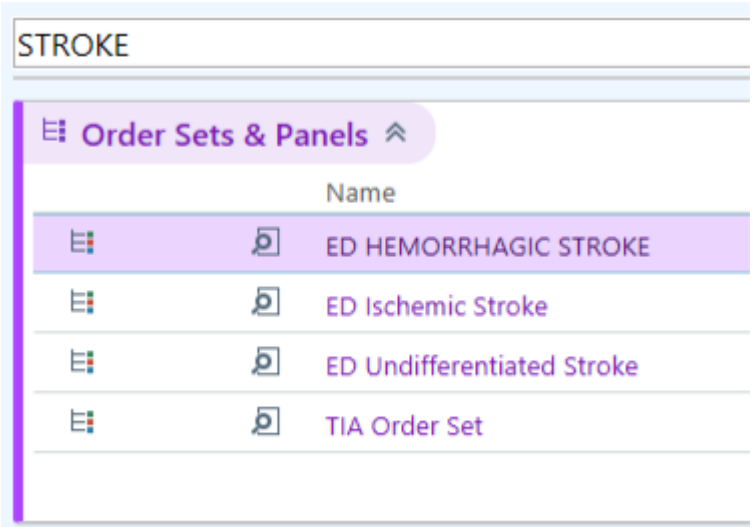
- Second Zone C attending (9a-6p, 5p-2a) **will see primary patients**
    - To assign yourself as primary, go to Team > "Add Team Member" > Type “attending” and select “Primary, Attending Case”
- Depending on midlevel staffing, this attending will likely also take presentations from residents and PAs

End of routine COVID testing

- Effective 5/22/2023, the hospital **no longer requires** mandatory routine preadmission or preprocedural testing
- **ONLY** patients who are **symptomatic** or who have a **high risk exposure in the past 10 days** should be tested
- If you are asked to test a patient going for a procedure, please politely decline and reference the broadcast notification

Stroke Workflow

- There are Stroke Order Sets for Undifferentiated, Ischemic, Hemorrhagic, and TIA
- All initial stroke codes should use the *Undifferentiated Stroke Order Set*
- Patients transferred in or found to have a *Hemorrhagic Stroke* or *Ischemic Stroke* should have those order sets used
- Patients being evaluated for TIA should have orders placed using the *TIA Order Set*
- Also, please note that tPA can and should be given in the CT scanner as was previously agreed upon between ED and Neurology leadership



Patients with HIV requiring primary care follow up

- All patients with HIV who require primary care follow up after an ED visit should be referred to Jack Martin (via **“Amb Ref to Infectious Disease”**) not Internal Medicine Associates (IMA)
- Jack Martin follows all patients with HIV for primary care and a referral to IMA results in an unnecessary clinic visit for the patient as they are then just referred to Jack Martin

Radiology Workflows

- Patients who need G-Tube placement evaluated should be ordered for a **"Gastrostomy Catheter Check"**. After placing the order, please call the radiology resident to coordinate the study. Patients should not be ordered for KUBs.

MDM Documentation and Billing

- Please remember to reference the **MDM Grid** and **MDM FAQs** which can be found in Epic Documents > Basics > Documentation when you are charting
- **MDM Hint #2:** Do you know the types of problems addressed that qualify for a level 4 (moderate complexity) chart? Evaluating a patient for a chronic illness with exacerbation, chronic illness with progression, chronic illness with side effects of treatment, 2 or more stable chronic illnesses, 1 undiagnosed new problem with uncertain prognosis, 1 acute illness with systemic symptoms, or 1 acute complicated injury all qualify for moderate complexity of problems addressed (COPA). You can review the criteria for each of these problem types on the MDM FAQ website linked above under Question 8 and 9. Make sure to document these when describing the problems you are addressing in your MDM.

Operations

RESUS Supply Reorganization and Sustainability

- ED provider, nursing and administrative leadership have just completed a reorganization of the RESUS supplies that hopefully you will find more intuitive. Please familiarize yourself with the critical equipment locations and supplies:
    - Airway related supplies can be found in the **Airway cabinet** near Zone A 112/113
    - Procedural kits and access supplies can be found in the **Procedure/Access cabinet** near 113 and the alcove
- The Operations team has a restocking process in place, but any real time issues (e.g., missing items, insufficient par) should be escalated to the #MSHEDOps email or you can let the ECA in the area know
- In order to ensure sustainability, please do not move items. If you feel something is in an inappropriate or inaccessible location, please escalate to Kristen or Guru.
- If you believe we are missing a critical supply, please email #MSHEDOps or let Kristen or Guru know. We are meeting on a regular basis to assess the need for new supplies.

Mass Casualty Preparedness

- In the event of an MCI, you can find the **MCI Checklist** with actions to take under Epic Docs > Triage > ED Mass Casualty Checklist
- *Reminder*: PIC attending becomes the Unit Leader until relieved by ED leadership
- Mass Hemorrhage Kits (including tourniquets, Halo seals, Quickclot) can be found in Resus in the small cabinet to the right of the Access cart

Construction: *next phase opening Summer/Fall 2023*

- Opening of new Acute Zones and closure of current Acute 2
- Reopening of ambulance bay
- Opening of new RETU space