

GREETINGS FROM THE CHAIR

Sheldon Jacobson, MD, Chair of EM

Working In A Fish Bowl



Working in the Emergency Department is like working in a fish bowl; everyone can see what you are doing and offer their critique. The observers include the full-time and voluntary staff, the residents and students, the professional and support staff of the Hospital and our patients and their visitors. Sometimes I imagine that we are treating patients in a tennis venue and all of the observers are sitting in the stadium and scoring us for our form, processes and struggling to define the quality of our outcomes.

In the flow of a busy day, there are always situations that we wish were handled or managed better. There are, on occasion, suboptimal interpersonal relations between staff members and patients or visitors. Our audience duly notes these and we are immediately scored down. The problem is amplified by repeated person to person iteration of these events and transmission of the information throughout the institution.

This goldfish bowl effect is further enhanced by the natural tendency for specialists in all medical disciplines to compare the action in the bowl to that which occurs in their private practices or in the operating room. Thus we in the ED are responsible for meeting not only our emergency medicine standard of care but the standard of care of the subspecialist as well. Of course, what we do is visible for all to see, compare and judge.

To further compound this sunshining of our operation is the way emergency physicians operate. We have learned to make rapid, safe, diagnostic and management decisions with a limited data base in almost all of the acute situations in all of the clinical specialties. Intrinsic to this expertise, is the knowledge of what our limitations are and how and when to call for help. Herein lies the problem. Some consultants wish to be called in earlier, while others complain they are called in too early, before the data set is complete. Once they arrive, it is sometimes not clear whether they wish to take over and assume the lead position or whether they wish to stand on the sidelines and offer up a few plays.

(cont'd on page 2)

RESIDENCY UPDATE -Andy Jagoda, MD

PGY 1-4 format and 8 year re-accreditation approved by RRC

February 18, 2005 Mount Sinai officially became a PGY 1-4 residency. This change in format followed a request to the ACGME / RRC in August, 2004 and resulted from a successful site visit in December. This means that we will have a total of 48 residents (12 / year).

March 10, 2005 our program was notified that we have been fully re-accredited through 2012: this is the maximum amount of accreditation granted by the RRC who clearly recognized the outstanding training environment we have been able to create. It's noteworthy that the site surveyor commented on how impressed he was with our residents' maturity and commitment, and that he had never seen such a satisfied group of housestaff. Preparation for the site visit required reformatting of all the residency's documents according to the core competencies and serves as a reminder that the core competencies are here to stay (can you name all 6 of them?)

March 21, 2005 we were notified that not only did we fill in the match, but all of the Class of 2008 comes from the top half of our match list. Because we entered the match as a PGY 2-4 program, our applicants had a choice of beginning as a PGY-2 in 2006 or a PGY-1 in 2005. Of our 12 new residents, 8 will begin this July. Funding for the PGY-1 year came from HHC / Elmhurst and therefore all of the first year will be spent at Elmhurst. Our first year residents will spend 3 blocks in the ED, 3 blocks on the medicine wards, 1 block in pediatrics, 1 block in the SICU, 1 block in anesthesia / obstetrics, 1 block in orthopedics, 1 block elective, 1 block vacation, and 1 block orientation (not a bad first year!)

INSIDE THIS ISSUE:

- Residency re-accredited through 2012
- The RRC approves change to PGY 1-4 format
- Ula Hwang awarded a 2 year faculty development grant for \$75,000/annum
- Department secures \$125,000 training grant
- The last phase of ED renovation starts in mid April
- Haru Okuda has Innovations in EM session on simulation training accepted for SAEM

DEPARTMENT UPDATES

Chairman's message (cont'd)

Until a few years ago I considered the fish bowl effect to be one of the negative aspects of our specialty. While the rest of the medical world worked behind closed doors, our activities were subjected to continuous intrusive scrutiny by just about everyone. Then a few years ago I had an epiphanic experience that radically changed my concepts of the fish bowl effect. This came about as part of attempting to develop a rational visitor's policy. One segment of our staff wanted to keep the visitors out of the ED and in the waiting room. They would allow 15 minutes of visiting each hour if the volume of activity would permit it. The other group wanted to have continuous visiting but would limit each patient to one visitor at the bedside.

We decided to start with a trial of having one visitor at the bedside and we squeezed in a very small chair next to each stretcher. I was working in the ED shortly after this program had begun and we were in a patient gridlock situation. There really was little room for patients let alone visitors. However, we were determined to test this policy under all conditions and we kept the visitors at the bedside. As the night progressed I began to see unusually positive behaviors from the visitors. Several visitors came up to me and to our nurses and congratulated and thanked us for the great work we were doing under very difficult conditions. They also began helping the patients with simple comfort care activities. They helped pass out trays, and blankets. A few helped move stretchers, while others spoke reassuringly to distraught patients. The scene was almost magical as the visitors bonded with the staff and everyone felt empowered. The stress levels dissipated. The visitors were no longer outside the fish bowl looking in. They had joined our ranks inside the bowl and were contributing positively, helping us to deal with a difficult patient care situation.

Is a similar change of position possible for the other observers in our audience? The answer is emphatically yes. One of the reasons that we have such an extensive group of devoted viewers is that what we do is very interesting, challenging and fast moving. One way to engage the audience is with audience participation similar in scope to the visitor vignette presented above.

Our consultants are rather more difficult to move inside the bowl but they must enter it at some time to see their patients. It is our opportunity to co-opt them into joining

Chairman's message (cont'd)

forces with us in helping to manage our patients. It is also an opportunity to have them support the emergency department program while they are inside. We can achieve this by understanding how they practice and how we can facilitate their consultation while minimizing nonproductive time with us. While they are in the ED, we can develop the rapport and mutual respect and understanding that will move them from observer status to fellow swimmer.

There is another positive aspect to the fish bowl effect. Since we are being observed by a vast audience it might tend to make us just a bit paranoid. In actuality, what it does do is foster the clinical and professional excellence that we wish to provide to our patients and for viewing by our audience. There is no way to sweep suboptimal issues under the rug, as there is no rug in our fish bowl. There is only the transparency that allows us to showcase our professionalism, clinical excellence and dedication to patient care and the welfare of the community. Welcome to our fish bowl.

March 2nd, 2005 Resident Appreciation Day

Elaine, Jill, Tom, Jack



Chest Pain Unit

Luke Hermann continues to champion the chest pain / observation unit initiative. The chest pain unit has continued to function as a departmental success. Over the past year, we have effectively evaluated over 450 patients for acute coronary syndromes while providing a more efficient, less costly alternative to hospital admission. In this group of patients, our positive stress test rate of 15% correlates well to national benchmarks. We are currently collecting data for our first CPU based research project and anticipate more projects in the near future.

We are also in the completion stages of our Mount Sinai Medical Journal issue on cardiovascular emergencies. The issue, comprised of more than 15 review articles covering topics from pulmonary embolism to hypertensive emergencies, is authored by members of our department and is slated for publication Fall, 2005.

DEPARTMENT UPDATES

Residency Updates (cont'd)

As a result of moving many of the rotations from the PGY-2 year into the PGY-1 year, we will have a greater presence, and thus critical mass of EM residents, in the Department at any one time.

The 2004-2005 academic year has been marked with innovations and excellence. Our simulation training program spearheaded by **Haru Okuda** and **Joshua Quinones** is establishing a new standard in resident education; our program has been asked by several of the other EM programs in the city to help them set up their simulation programs though it is clear that few have the resources of our Department. The ultrasound rotation has become the highlight of the first year curriculum and many of the senior residents are opting to take it as an elective to take advantage of **Danny Duque's** and **Bret Nelson's** excellent teaching. Our monthly visiting professor series continues to bring some of the best talent in EM to our program to share their insights and visions: Visiting professors this year have included **Jim Broselow** of the Broselow-Luten tape, **Peter Cameron** past president of the Australian EM Society, **Nick Jouriles** from Akron Ohio, **Andy Godwin** from the University of Florida, **Peter Wyer** from Columbia, **Michael Carius** past president of ACEP, and **Antoine Kazzi** from UC Irvine and current president of AAEM.

Our residents continue to pursue excellence both in and out of the Department. Eight residents are completing manuscripts for peer reviewed publication, three have embarked on international electives this year, and one has been the recipient of an EMRA Scholarship Award. Of the twelve graduating seniors, two have taken competitive jobs in academic programs (**Josh Quinones** at LA County, and **Nimmi Natarajan** at Emory), **Elaine Rabin** will do a research fellowship at Sinai; **Richard Kwun** and **Judah Fierstein** will join **Tony Boutin** at Wyckoff Hospital; **Elin Ringstrom** will be at Jersey City via the Newark Expressway, **Vicky Kou** is still on the expressway; **Scott Rohrback** will be in Portland Oregon, **Hector Caraballo** will be in San Antonio Texas, **Charles Chandler** will be in Atlanta Georgia, **Peter Dittmar** will be at Queens General Hospital, and **Phillip Chung** will travel the world in search of meaning.

All in all, the residency has had an incredible year of growth. Our academic infrastructure is solid and supporting innovations and increasing productivity.

It is with great pleasure that we introduce the Class of 2008:

Jessica Berrios	Cornell University
Evelyn Chow	University of Michigan
Nicholas Genes	University of Massachusetts
Braden Hexom	University of Wisconsin
James Hinchey	Boston University
Lynn Ji	State University of NY at Syracuse
Raakhee, Mahajan	Drexel University
Ram Parekh	New York University
Raghu Seethala	Jefferson Medical College
Bing Shen	Northwestern
Michael Tafoya	Mount Sinai School of Medicine
Xun Zhong	University of Pittsburgh

Simulation Training

It has been six months since the inception of the high fidelity simulation training program in Emergency Medicine. Resident feedback has been overwhelmingly positive. The simulation curriculum has been integrated into our weekly resident conference. Under the direction of Haru Okuda, residents have engaged in various cases including cardiogenic shock, anaphylaxis with airway compromise, status asthmaticus, multiple traumas, overdose, to mention a few. The simulator has also been used to recreate real cases in our Emergency Department for morbidity and mortality conference.

With a successful curriculum established and a growing number of case scenarios being developed, future efforts will focus on educational research using the simulator and the development of simulation training as a part of our fourth year MSSM Emergency Medicine Medical Student Clerkship.



MOUNT SINAI UPDATES

Research

Ula Hwang, M.D., M.P.H., Assistant Professor of Emergency Medicine and of Geriatrics, has been awarded a \$75,000 per annum two year Jahnigen Award. She has also been awarded a grant to attend "*The Essentials of Pain Management: Principles and Practice*" sponsored by the American Pain Society, March 29-30 in Boston, Massachusetts. Each year, ten emergency physicians with research interests in pain management are selected for funding to attend this intensive, multidisciplinary, two-day pre-conference course. Dr. Hwang, who recently completed a Robert Wood Johnson health services research fellowship at Yale, is studying the impact of ED crowding on pain management in older adults.

2004 Fall Affiliates: Expanding Research Horizons

In celebration of our first 10 years as an academic department of emergency medicine, the fall 2004 affiliates meeting focused on research conducted by investigators from our own department. The evening began with an overview of the growth of our Research Division given by Lynne D. Richardson, MD, Vice Chair for Academic, Research and Community Programs and the Director of the Research Division. This was followed by four interesting and informative presentations describing original research conducted by members of our faculty.

John J. Bruns, Jr. MD, Assistant Professor, presented "*Epidemiology of Traumatic Brain Injury*". This population-based investigation described the epidemiology of traumatic brain injury (TBI) in residents of Hudson County, New Jersey using state wide hospital discharge databases from New Jersey and New York and U.S. census data. Dr. Bruns' study identified etiologic factors contributing to TBI and defined population groups at highest risks for serious injury and death. Data of this nature will help equip public health, transportation safety and health care professionals to implement evidence-based interventions targeted to the highest risk populations.

Jennifer Holohan, MS, Project Manager, presented the findings of "*The Public Access Defibrillation Trial*," a randomized, controlled trial of public access defibrillation (PAD) in 993 community facilities in the U.S. and Canada. The study demonstrated that a strategy to train lay persons to respond to out-of-hospital cardiac arrest (OOH-CA) significantly increased survival to hospital discharge following OOH-CA in non-residential community units trained and equipped to provide public access defibrillation, compared to community units trained to provide CPR without any capacity for defibrillation. New York City was one of 24 *PAD Trial* study centers in the

United States and Canada; Dr. Lynne Richardson was the Principal Investigator for the New York City site.

Stuart Kessler, MD, Associate Professor and Vice Chair of Emergency Medicine and Director of Emergency Medicine at Elmhurst Hospital Center presented "*Urgent Matters: The Elmhurst Experience*". *Urgent Matters* was a national program of the Robert Wood Johnson Foundation designed to help hospitals eliminate emergency department (ED) crowding and help communities understand the challenges facing the health care safety net. Elmhurst Hospital Center was one of ten hospitals selected to participate. Dr. Kessler reviewed the data collected during the project; the identification of hospital systems that negatively impacted on ED care and explained the strategies used to maximize patient flow and relieve ED crowding. Continuing and future activities arising from the *Urgent Matters* initiative were also discussed.

Deborah F. Ragin, Ph.D., Assistant Research Professor presented the results of the "*Emergency Medicine Patients' Access to Healthcare (EMPATH) Study*". This cross-sectional, multi-center, observational study was conducted to identify the principal reasons why patients seek care in hospital emergency departments (EDs). Twenty-eight U.S. hospitals, stratified by geographic region and hospital characteristics participated in this study. Exploratory analysis of the *EMPATH* data yielded five factors characterizing patient's principal reasons for seeking ED care which were consistent within and across all regions: Medical Necessity, Convenience, ED Preference, Affordability and Limitations of Insurance. Identification of these five factors holds implications for both medical care and future research on patients' need for emergency medical care.

Informatics Update

The informatics teams, led by **Kevin Baumlin**, and supported by **Jason Shapiro** and **Mike Roberson**, have continued moving our Department to a leading role as a model "paperless ED". The team reports that we now have 100% compliance with charting and that our billing has increased 28% over the past year with improved documentation and the elimination of lost charts.



MOUNT SINAI UPDATES



Community Views On Informed Consent in Emergency Situations: The Community VOICES Study

The *Community VOICES* study is a mixed methods investigation funded by the National Heart, Lung and Blood Institute to determine the specific factors involved in judging research without consent to be acceptable or unacceptable by community members. The study population consists of individuals who live or work in the residential buildings that participated in the NYC PAD (Public Access Defibrillation) Trial. The PAD trial was conducted with a waiver of informed consent for emergency research as permitted under the 1996 federal regulations, regulations that require a number of special protections be provided whenever such a waiver is obtained, including “community consultation” and “public disclosure” before the study is performed.

Last spring, the *VOICES* investigators conducted focus groups of community members, in English and in Spanish, to explore their views on the practical and ethical issues involved in conducting research without consent. Using the focus group data and items from previously validated instruments, the investigators have developed a 45-minute interview to collect empirical data on community members' attitudes towards research in emergency situations, research without informed consent, and appropriate mechanisms for community consultation and public notification. After extensive piloting, *Community VOICES* study staff are now in the field, interviewing community residents at NYC PAD buildings throughout the city. The *Community VOICES* study is being conducted by a multi-disciplinary group known as the *VOICES* Collaborative. Look for more information on *Community VOICES* in the next newsletter.

Fall / Winter Publications

Ragin D, Holohan J, Ricci I, Grant L, Richardson L. Shocking a Community into Action: A Social Marketing Approach to Cardiac Arrest”. *J Health Soc Pol*, 2005; 2.

Hwang U, Concato J. Care in the Emergency Department: How Crowded Is Overcrowded? *Acad Emerg Med* 2004, 11:1097-101.

Jagoda A, Riggio S. What you forgot about the neurologic exam, Part I. *J Crit Care Med* 2005; 44: 1773-1780; 14:325-331.

Riggio S, **Jagoda A.** What you forgot about the neurologic exam, Part II. *J Crit Care Med* 2005; 44: 14:420-428.

Jagoda A, et al. Antipsychotics: Treatment of acute agitation. *J Emerg Med* 2005; 27 (supplement 4S):S1-S27.

Shearer P, Jagoda A. Seizures. In: Harwood-Nuss A, et al, eds. *The Clinical Practice of Emergency Medicine*. 4th edition, J.B. Lippincott. 2005.

Okuda H, Jagoda A. Weakness. In: Harwood-Nuss A, et al, eds. *The Clinical Practice of Emergency Medicine*. 3rd edition, J.B. Lippincott. 2005.

Law J, **Jagoda A.** Airway management in severe head injury. In: Hung O et al (editors). *Case studies in difficult and failed airway management*. McGraw Hill, New York. 2005

Ryan LM, DePiero A, Warmink C, **Sadow K, et al.** Recognition and Management of Pediatric Fractures by Pediatric Residents”. *Pediatrics* 2004; 114:1530-1533.

Nelson, BP, et al. Mandated pain scales improve frequency of ED analgesic administration.. *Am J Emerg Med*. 2004 ; 22:582-5.

McSherry K. Sickle Cell Disease in the Pediatric Emergency Department. *Pediatric Emerg Reports*. 2005

Merchant C. Clinicopathological conference: A 29 year old man with vomiting and chest pain. *Acad Emerg Med* 2005; 12: 237-244.

May 6, 2005 Peter Shearer Organizes Third Annual Metro Chief Residents' Forum

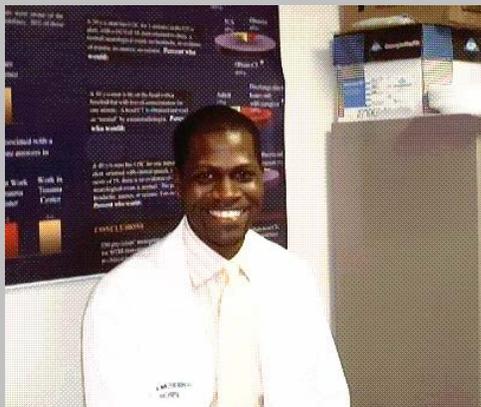


For the third year in a row, **Peter Shearer**, Associate Residency Director has organized a citywide retreat for the incoming chief residents. This event provides an opportunity for the regions chief residents to

learn from the outgoing chiefs, “tricks of the trade” to ensure a successful year in managing the challenges of running a residency. This year’s retreat will take place at the Harmonie Club.

MOUNT SINAI UPDATES

Sinai Welcomes New Nurse Manager



The Department of Emergency Medicine at Mount Sinai is delighted to welcome **Dwayne Raymond** as our new champion of emergency nursing. Mr. Raymond comes to us with considerable experience from Lenox Hill where he was the clinical coordinator *par excellence*. He is very excited to join our team and has a vision that should secure our departments' role as a leader in quality emergency care.

ACEP Activities

The Department was well represented at Scientific Assembly. **Jenefer Oyama, Cheryl Schrieber, Elaine Rabin,** and **Shkelzen Hoxhaj** attended the EMRA Representative Council; the opening remarks emphasized that EMRA membership has continued to increase annually with greater than 6000 members in 2004. The Resident Work Hours Task Force which included Elaine Rabin, gave a summary of the impact of resident work hour reform from a resident's perspective. The EMRA townhall meeting covered work hour violations, online taped lectures, EMRA's relationship with AAEM, and the controversy over ABEM certification and ACEP membership eligibility.

The Department dinner, organized by **Tom Nguyen**, was held in China Town and had over 60 registrants including many of our alumni making it the most successful alumni event to date.

Andy Jagoda took our Department's audience response system to the west coast and successfully used it in a two hour panel debate on cases studies in head trauma.

Ultrasound

It would be hard to miss the changes in the ultrasound program at Mt. Sinai this academic year. Three new Sonosite Titan ultrasound machines at Mt. Sinai (in addition to the Titan at Elmhurst), a new ultrasound curriculum for faculty and residents, and an electronic image storage system have all been implemented recently. Residents and faculty have been using ultrasound to answer directed clinical questions in a timely manner, as well as to guide a host of procedures including line placement, paracentesis, and others.

A two-week rotation in bedside ultrasound has been introduced into the EM-1 curriculum, and three-quarters of the class (as well as many senior residents) have completed the course. The curriculum includes didactic sessions on the major indications for bedside diagnostic and procedural ultrasound, as well as extensive hands-on experience both at Elmhurst and Mt. Sinai. It has earned solid reviews from residents, and we expect to improve the experience even further for 2005.

In the next few months, another introductory ultrasound course will be offered for faculty. We expect the use of bedside ultrasound to increase as more faculty and residents become familiar with its use. Please direct any questions or suggestions to Bret Nelson at Mt. Sinai or Danny Duque at Elmhurst.

The New Chief Residents for the 2005-2006 Academic Year:

Marc Andrews
Chris Langan
Jenefer Oyama



EVENTS UPDATE

First Annual Critical Care Conference

The Annual Critical Care Symposium, *Critical Care on the Front Line*, had an unprecedented turnout with residents from over 10 emergency medicine residencies from the New York area as well as interdepartmental participation by the Departments of Medicine and Anesthesia. Indisputably much of the success was from the level of national and international leaders in emergency medicine critical care that were invited to speak at the event, who included, **Dr. Ron Walls** in advanced airway management and **Dr. John Marx**, who is editor-in-chief of Rosen's textbook of Emergency Medicine. The department's own **Dr. Luke Hermann** presented a very interesting discussion of advances in managing cardiopulmonary emergencies.

Next year, the Department of Emergency Medicine, together with the Mount Sinai Emergency Medicine Alumni Association, would like to have an even greater turnout of speakers, residencies, and alumnae. If it's anything near the caliber of the symposium this past January, we may need a larger auditorium, so register early.

Critical Care on the Front Line 2005 lecturer list:

Peter DeBlieux, MD	Antibiotics in the Critically Ill
Jay Falk, MD	Monitoring in the Critically Ill : The role of technologies
Luke Hermann, MD	Advances in Managing Cardio pulmonary Emergencies
Adam Levine, MD	Simulation Technology in Teaching Critical Care
John Marx, MD	Issues in Managing the Critically Ill Trauma Patient
David Nierman, MD	Meeting the Challenges
Ron Walls, MD	Airway Management in the Critically Ill
Scott Weingart, MD	Fellowship Training in Critical

Department joins national research group

Shkelzen Hoxhaj has initiated two cutting edge studies through the EM Net Research Consortium. One study, the Harvard Patient Safety Study will investigate three different disease states frequently treated in the ED. The second study, MARC 22, is a multi-center asthma research study being conducted in collaboration with the Sinai Department of Internal Medicine.

Community Service

Once again, and under a sunny sky with occasionally warm temperatures, the ED's Division of Sports Medicine successfully provided medical coverage for the ING Rugby Tournament on March 19, 2005. An all-day affair on Randalls Island, **Haru Okuda, Tom Nguyen, Carol Allen, Richard Kwun, Scott Rohrback, Marc Andrews, Lauren Post, Sandra Barker-Powell, Bret Nelson** and his wife, volunteered their time off to tend to the needs of an estimated 600+ players. Injuries treated ranged from metacarpal fractures to an achilles rupture and two successfully reduced shoulder dislocations. Hope to see more of you out there next year.

EM and Neurology work together to make Mount Sinai a designated Stroke Center

The Departments of Emergency Medicine and Neurology have successfully collaborated in gaining Stroke Center Certification for Mount Sinai. Members of the stroke application team consisted of **Andy Jagoda, Vicky Kou, John Bruns, Michelle Galbo** and **Carol Porter** from Emergency Medicine and **Stanley Turhim** and **Steve Levine** from Neurology. Specific protocols for prehospital notification, ED triage, stroke team notification, and initial evaluation and management have been established to ensure appropriate and timely assessment given the short window to thrombolytic administration. Protocols will be templated in IBEX for history, labs and diagnostic study ordering. AMAC will be the initial contact for multidisciplinary stroke team notification. Time goals are set for each step in the evaluation process and interdisciplinary educational endeavors and CQI will be held for all involved staff.

Alumni Dinner Extravaganza*

Sunday, May 22, 2005

China Town

6:30 p.m.

10 course banquet and auction

Contact Clara Velasquez to reserve

Claribel.Velasquez@mssm.edu

* sponsored by the Mount Sinai EM Alumni Association

AFFILIATE UPDATES

Managing ED Crowds: Lessons learned from Elmhurst

As part of the Urgent Matters program, **Deborah A. Dillon, RN, MA**, and the ED Staff at Elmhurst Hospital Center, took on the challenge of reducing overcrowding in their ED.

ED overcrowding is a common problem. Between 1992 and 2001, the number of ED visits in the U.S. increased 20%, while the number of hospital EDs decreased by 50%. Anyone who has recently worked in an ED has witnessed the increasing number of patient visits and has more than likely listened to complaints about the long wait for treatment and admission. In recognition of the growing problem, JCAHO has developed a new leadership standard (effective January 1, 2005), to help identify and reduce obstacles to patient flow throughout the hospital.

The causes of overcrowding are many and complex. EDs are an essential part of the healthcare safety net for millions of uninsured and underinsured Americans. Faced with staff shortages and reduced inpatient hospital capacity, they are increasingly confronted by an aging population, patients who have become sicker because of a lack of insurance coverage and accessibility to care, and those seeking non-emergent care. EDs are also the only hospital department that is federally mandated to provide medical treatment and the sole source of critical services for emergent care.

The ED at Elmhurst Hospital Center (EHC), part of the NYC Health and Hospitals Corporation, in Queens, NY, is one of the largest in NYC. "We [handle] about 150,000 patient visits per year between the adult, pediatric and psychiatric EDs," says Deborah A. Dillon, RN, MA, director of emergency nursing, EHC.

Elmhurst's ED serves an ethnically and culturally diverse community from more than one million people who speak dozens of different languages and dialects. Its size and diverse population are likely reasons why EHC was chosen as one of 10 hospitals in the country to participate in a year-long Learning Network with the Urgent Matters program, a national initiative of the Robert Wood Johnson Foundation. A goal of the project was to eliminate ED overcrowding by improving the timeliness and availability of emergency care.

The first step was to understand that overcrowding is not just an ED problem. To achieve results, the project director, **Stuart Kessler, MD**, clinical director of the ED, assembled an interdisciplinary team from around the hospital, including representatives from nursing, admitting, medicine, finance, information technology, housekeeping, and administration. "One of the things we wanted to do was look at the

kinds of things that affect cycle time in the ED and to increase access we give to medically underserved populations the borough [of Queens]," says Dillon. The plan was to make changes that would expedite triage and registration functions and decrease the waiting time for admission to an inpatient bed. Before a change in policy is implemented, says Dillon, it typically takes two months to write it, two months for everyone to review it, two months to try it, two or three months to evaluate it, and, then, a few additional months for revisions. That could mean a year or more before a new policy is actually implemented.

Under the Urgent Matters program, however, the process was accelerated through "rapid cycle testing" (RCT). Changes were made every week for 52 weeks. "You pick a day and decide what the change will be and you do it," Dillon says, "If it works, you keep it and if it fails, you drop it." In a very short time, incremental changes can be made that result in positive outcomes without spending a year planning it, she says.

Some of the modifications were simple. To expedite triage, EHC dedicated a nurse to the fast track to improve the flow of patients with non-emergent problems. Triage was completely eliminated for patients who had previously been seen in the ED and were returning for follow-up by automatically fast-tracking them.

There were two significant changes that affected the waiting time for inpatient admission. First, the interdisciplinary team found that, often, family members did not pick up discharged patients until 6 or 7PM. Those hours coincided with fewer housekeepers on duty to prepare the beds for new admissions. "By working with people from finance, administration, and housekeeping, we reallocated some of the vital functions like housekeeping from the early morning shift and created a whole midday shift so they were more available during the hours when the beds were becoming empty," says Dillon.

Next, a computerized tracking system, called TeleTracking was installed. "The tracking system allows key people throughout the hospital to pull up on their desktop computers, any time during the day or night, a screen that tells them who's here, who's waiting, what kind of beds they need, how long they have been waiting, and the action on the bed," Dillon says. On the day TeleTracking was installed, 95% of telephone calls about beds, admissions, and discharges between the ED, nursing units, admitting, and housekeeping were eliminated. "With just a few strokes on the computer keyboard, the patient is booked for admission and the information gets electronically sent to admitting, the floor and to everybody who is able to view the TeleTracking system," says Dillon.

(cont'd on page 9)

AFFILIATE UPDATES

Elmhurst Update (cont'd)

“We made 50 changes throughout the year and we were pretty successful across the board,” says Dillon. To evaluate the results, measurements were made from time of entry to triage, from triage to geographic area, from geographic area to bed placement, from bed placement to admission, from admission to bed allocation on the floor, from bed allocation on the floor until the patient arrived in the room. “All of those things actually improved,” Dillon says. The bed turnaround time, for example, shrank from a peak of 500 minutes in August 2003 to about 50 minutes in March 2004.

Patient satisfaction was another measured area. According to Dillon, it's one that received high marks at EHC. “Any time you reduce the waiting time you have accomplished that,” she says. Reduction of overcrowding is also something that improves staff satisfaction. “People want to be in a place that is forward-looking and coming up with strategies for improving patient flow,” Dillon says. It's expected that the improvements will be reflected in better recruitment and retention of healthcare professionals at EHC.



North General Hospital

The North General Hospital continues to see an increase in volume and admissions. The Hospital's turnaround plan remains on schedule in part due to these increase. Initial planning has commenced for renovations of the ED and waiting area which will accommodate the rising visit volume and provide a more customer friendly space. We welcome a new faculty member, **Dr. Shideh Parsa**, who has already received high praise from patients, nurses and colleagues. Dr. Parsa is a graduate of the Jacoby residency and most recently was at St. Anthony's Hospital. At least two other new faculty are expected to join the staff by July.

Medical Student Update

Three Mount Sinai medical students applied and matched in EM: **Brian Lin - Stanford**, **Demian Szyld - U Penn**, and **Michael Tafoya - Mount Sinai**.

Interest in Emergency Medicine may commence in the first year where students meet faculty in August who host interactive small group sessions covering first aid concepts in medical, OB, surgical, trauma, environmental emergencies and CPR. Other activities related to/or involving EM faculty for first and second year students include summer research programs headed by **Dr. Lynne Richardson** and **Deborah Ragin, PhD**, the shadow program, the paramedic elective, CPR Instructor Course and the EM Medical Student Interest Group headed by student leader **Ricardo Esquitin**. EM residents, **Judah Fierstein** and **Jenefer Oyama** have been key contacts for the paramedic elective and a wonderful resource to the interest group hosting discussions and hands on labs in IVs, splinting and suturing techniques.

The **Pediatric EM faculty** are host to Sinai and visiting students for their third year clerkship under the direction of **Drs. Kevin McSherry** and **Karin Sadow**. The Fourth Year clerkship is mandatory for 120 Mount Sinai students and as an elective for visiting students interested in EM. It provides a four week immersion in management of a plethora of patient presentations and acuity. All faculty participate from all sites. **Barbara Richardson** is the course director.

Time spent mentoring students by EM faculty and residents will have a great impact in attracting the best and brightest to our specialty as well as establishing appreciation for the role of Emergency Medicine in relation to other specialties. Thanks to all who have been outstanding role models this past year!



INTERNATIONAL ACTIVITIES

Sigrid Hahn takes leadership role in global health education for region's medical students

Sigrid Hahn has been appointed the Chair of the Organizing Committee for the Second Annual Rosenbluth Conference on Global Health. The conference will take place on Saturday, April 9 in Hatch Auditorium and has a world class line-up of speakers:

- **William Karesh, DVM**, Director of the Field Veterinary Program at the Bronx Zoo will speak on the animal health / human health interface.
- **Aymen El Mohandes, MD**, Director of the Prevention and Research Center at GW University, will talk on the importance of culture in global health
- **Rachel Moresky, MD**, Director of International Emergency Medicine at Columbia University, will speak on the Emergency medical response in Indonesia after the tsunami
- **Andre-Jacque Neusy, MD**, Director of the Center for Global Health will provide an update on activities by the International Health Medical Education Consortium



Emergency Medicine faculty and residents take their specialty around the world

- **Nimmi Natarajan** will be working in an ED in the Dominican Republic for the month of April
- **Hector Caraballo** spent November in an ED in Santiago Chile
- **Diego Caivano** took a humanitarian mission to Sierra Leone
- **Sigrid Hahn** will be leading a medical student team to Belize in April

Hector Caraballo pioneers emergency medicine in Chile

November 2004, our Department sent **Hector Caraballo**, one of our chief residents, to the Clinica Alemana in Santiago Chile to work with the Dean of their medical school to develop an emergency medicine curriculum. The Dean, **Juan Schiller**, spent one month in our Department in 1999 and is now in the position to champion the specialty in his own country. Emergency Medicine is still a novelty in Chile. The specialty is underdeveloped, but has a corps of dedicated physicians who understand its importance to the national health infrastructure. Although the struggle to establish EM as a specialty started about ten years ago in Chile, there is still no independently standing EM society, no EM medical journal, and the success of the few EM residencies that have evolved has been strong in spirit, but has struggled to get graduating medical students to join the fold. EM physicians have organized themselves as a small sub-section of the Chilean Critical Care Society.

The Clinica Alemana is a leader of healthcare in Chile and provides world-class medical care. A private-hospital, established about 100 years ago, the Clinica is a tertiary care center, like Mount Sinai, with over 300 beds. The heart of its Emergency Services is the General Emergency Department (Urgencia General) and the Student Emergency Center (Urgencia Escolar). Between both the Urgencia General and the Urgencia Escolar, the Clinica Alemana reports a volume of 180,000 patient visits a year for their Emergency Services.

The Clinica has recently embarked in the creation of a medical school, a partnership which is very similar to Mount Sinai Hospital. The partnership includes the Universidad del Desarrollo, Clinica Alemana and a public hospital named, Padre Hurtado. In its third year, the partnership is gearing up for the transition of its medical students into the clinical setting. As part of their innovation a curriculum in Emergency Medicine has been established- an effort which was greatly influenced by Dr. Schiller's relationship with the Mount Sinai School of Medicine and our Department of Emergency Medicine.

One of Dr. Schiller's goals is to direct a group from the medical school's first graduating class into EM. The Clinica has a unique standing in achieving this goal because they are the only medical facility in all of Latin America which has been accredited by the American Heart Association to teach BLS, ACLS and PALS. They also administer ATLS. Their medical students, upon recently graduating, will be certified in all four areas.

The future of EM in Chile is promising and, according to Dr. Caraballo, the next ten years will result in a blossoming of the specialty as the national health ministry realizes the importance of improving the flow of patients through an overrun public ED system. Chile represents a great opportunity for Mount Sinai School of Medicine's Department of Emergency Medicine to provide support for our colleagues in a region of the world which enthusiastically toils to lay down the roots of an EM movement.

International Activities cont'd

Diego Caivano organizes medical mission to Sierra Leone



This past winter, **Diego Caivano**, one of our first year residents, went for two weeks, to Sierra Leone, on a medical mission. Diego is one of those impressive humanitarians with a sincere commitment to the advancement of health care at a global level.

He is a founder and board member of a nonprofit organization, Metropolitan Health and Human Rights Foundation. This mission was a return visit to a community that the MHHR Foundation has adopted. The goal of the two week mission was to continue laying an infrastructure for staged health care interventions with a focus on identifying surgical cases- specifically hernia and hydrocele cases. As news spread of the missions arrival, the focus of identifying surgical cases was lost in the hope and desperate need of the population for any and all health care. Over the succeeding two weeks, Diego said over 200 patients were seen and diagnosed with cases of malaria, typhoid, filarial disease, epilepsy, hernias, hydroceoles, prolapsed uteruses, vesiculo-vaginal fistulas. For those that needed more than could be accomplished in a mud hut with a stethoscope and limited pharmacy, they were referred up the road another 5 miles, to the city hospital in Makeni.

Regarding the hernia project, Diego examined 60% of the operated patients and found only a recurrence of about 10%- well within the accepted 7-15% recurrence rate. He was able to set up about 80 new hernia/hydroceoles patients, which was double the original goal, and arranged for them to be operated on this year by a local surgeon.

According to Diego, the most resilient morsel of experience came from within the small village of Masongbo, which stood as the constant reminder by each patient of how we as Emergency Medicine physicians are the Ambassadors of Medicine - we are the first to interact with many patients and the first who have a chance to make the patient's experience as positive as possible-no matter the circumstance, economic status, cultural background or belief system. Our words and actions carry a formidable amount of weight and this is recognized and respected, to some degree, by every community.

Diego hopes that he will be joined on future missions by both the medical and nursing staff in our department and those interested should contact him.

Holiday Party at the Harmonie Club: Department celebrates the season in style

The Department of Emergency Medicine held our holiday party this year at the Harmonie Club on December 16, 2004. It was a wonderful event, filled with the company of 128 of our peers. They were able to dance the night away to the music of DJ Elegancia and feast on a gourmet buffet, ending with a scrumptious ice-cream sunday bar.

As usual, **Dr. Jacobson** presented his infamous Shelly awards to a rousing crowd of applauds. The awards went to:

Hardhat/ Hardhead Award - **Scot Hill, MD**

RRC Survivors Award - **Claribel Velasquez**

Supervisor of the Year- **Louis Meade**

Nursing Rookie of the Year- **Jennifer Norton, RN**

Quiet Competence and Support Award -**Willie Rose**

Business Associate Rookie of the Year Award-**Zaraya Miranda**

Indefatigability and Professionalism Award- **Jocelyn Villa-Marinescu, RN**

Fellow of the Year- **Dimitri Laddis, MD**

Bionic Beauty Fashion Award- **Barbara Richardson, MD**

Multi-tasking Award- **Asif Adam**

Spring 2005 Affiliates Meeting

April 13, 2005

Hatch Auditorium, GP 2nd Floor

5:00 - 6:00 p.m.

“Medical Liability Reform and Safety:

Its Up to You!”

Donald J. Palmisano, MD, JD

Immediate Past President

American Medical Association

**Immediately followed by Cocktail Reception
Catered by CV-MC-RP-AJ Inc.**



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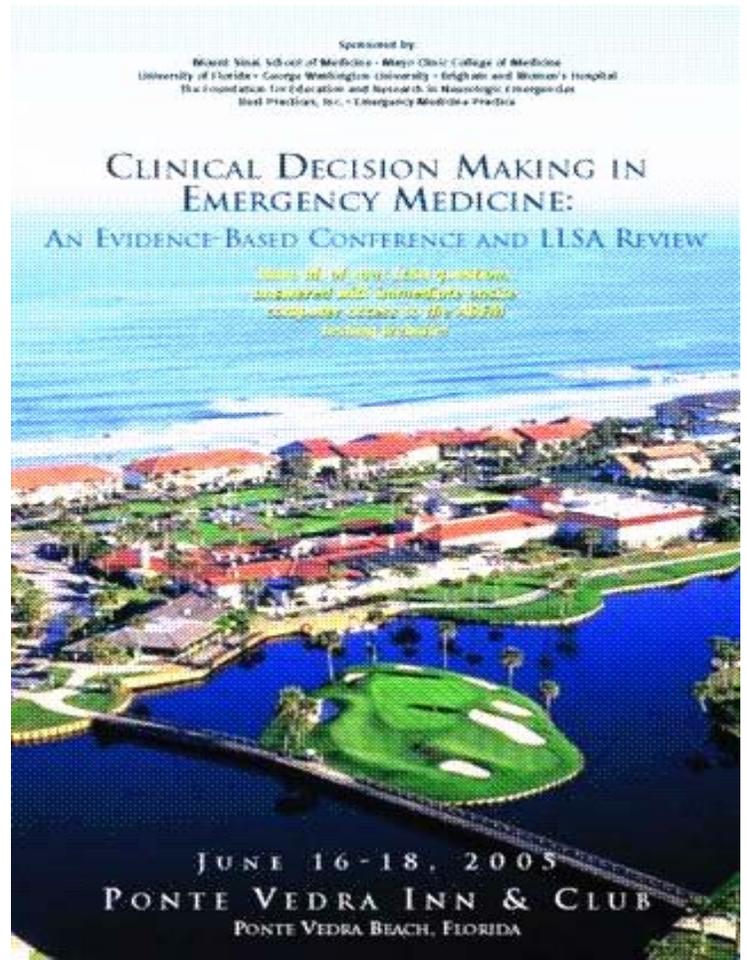
For the 4th year in a row, our Department at MSSM is partnering with the Brigham, Mayo, GW, and University of Florida, FERNE and Best Practices, in a 3 day symposium in Ponte Vedra Florida. This conference has had a growing number of participants due to its great faculty and unbelievably beautiful site.

This year, the conference begins with a 5 hour LLSA review with onsite computer access so that participants can review the material and immediately take the exam.

Other sessions this year include cardiovascular emergencies, pulmonary emergencies, critical care update, pediatric emergencies. The conference ends with a high powered session on ED administration organized by Tom Meyer from Best Practices Inc. Dr Meyer is nationally known as a leader in areas of ED operations and risk management.

On Friday night, June 18, there will be a dinner followed by a panel debate on issues related to neurologic emergencies. As always, Saturday includes a golf tournament which our Department won last year!

This conference is approved for 21 Category I credit hours and for 24.5 Nursing CME hours.



SAEM in New York, May 21 - 24, 2005

- Saturday, May 21: CPC, **Jill Vessey** and **Tom Nguyen**
- Sunday, May 22: Alumni Dinner, China Town
- Monday, May 23: Neuro Interest Group by **Andy Jagoda**
- Tuesday, May 24: Chief Residents Forum
- Wednesday, May 25: Spivey Lecture: *Developing the Leader within you.* **Andy Jagoda**

Abstract presentations:

- **Shkelzen Hoxhaj** *Does Emergency Dept. Crowding Prolong Door-to-Balloon Times for Patients with Acute Myocardial Infarction?*
- **Elaine Rabin , Lynne Richardson** *Medicaid, Access to Primary Care and Emergency Department Utilization: Variations Across States*

Poster:

- *Innovations in Emergency Medicine: A Second Chance to Make a Bad Impression.* **Haru Okuda**
- *Challenging the 'ABCD' doctrine: Should Resuscitation begin with Defibrillation?* **Sigrid Hahn**

Save the Date: Graduation, June 13, 2005

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 WWW.MSSM.EDU/EMERGMED/NEWSLETTER