Town Hall Meetings Signal the Road Ahead

A commitment to excellence in clinical practice and patient satisfaction were central themes at six Town Hall meetings in April and May, when leaders from the Mount Sinai Health System met with faculty and staff from each hospital to discuss the institution’s strategic direction and answer questions about its integration.

The meetings—which included question-and-answer sessions—summed up the progress that has been made since The Mount Sinai Medical Center combined with Continuum Health Partners last fall.

Each of the Health System’s six hospital presidents led his or her own meeting, accompanied by Kenneth L. Davis, MD, Chief Executive Officer and President of the Mount Sinai Health System, and Dennis S. Charney, MD, Anne and Joel Ehrenkranz Dean, Icahn School of Medicine at Mount Sinai, and President for Academic Affairs, the Mount Sinai Health System.

Mount Sinai’s leaders expressed their vision of the future,

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Mount Sinai Roosevelt

Evan L. Flatow, MD, President of Mount Sinai Roosevelt, opened the first 2014 Town Hall meeting of the Mount Sinai Health System. Calling Mount Sinai Roosevelt a “gateway to the West Side,” he pointed out its excellent cardiac services and emergency room; pediatric outpatient services; and elective vascular, bariatric, and spine services. Dr. Flatow said he looks forward to Mount Sinai Roosevelt becoming a world-class center for the treatment of kidney stones and gallstones, urological surgical services, and orthopaedics—his own specialty.

“Saint Luke's Roosevelt had historically been one hospital within the Continuum Health System,” said Dr. Flatow. “But each hospital now has a chance to have a different strategic direction with its own neighborhood and its own community, even while synergizing the great programs together.”

One area that needs improvement and where initiatives are under way is improving patient

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a fully integrated Health System focused on a new economic model based on managed care and population health, with primary care physicians serving as the “gatekeepers,” who keep patients healthy.

The way to prosper in the highly competitive New York City health care market, said Dr. Davis, is to outperform other hospitals through “excellence and comprehensiveness. We must be able to take care of health problems for patients of any age, and do so in a way that few other health systems in the country can match.”

Dr. Davis and the hospital presidents called upon faculty and staff members to dedicate themselves to the mission of ensuring the highest quality of care and service.

Dr. Charney explained that the Health System was establishing clinical centers of excellence rather than having one centralized hub.

“We have to think locally in terms of how we can do better at Mount Sinai,” said Dr. Charney. “But we also have to think globally on how we are going to interact, share patients, share expertise, and work together as one of the largest health care systems in the United States.”

Susan Somerville, RN, President of Mount Sinai Beth Israel, discussed the future course of the hospital and its focus on two priorities: improving patient satisfaction with care and compassion, and reorganizing the hospital.

“The 10 seconds before a patient undergoes anesthesia, they cling to consciousness,” she said. “How does it feel if someone in the room has their hand on your arm as you go to sleep? You will remember that forever.”

With regard to reorganizing the physical plant, she said, “We have an extraordinarily large footprint in facilities, hospitals, ambulatory sites, and the size of our physician network. That extensive operation positions us for what is happening in health care.”

The sheer size of the Health System, she said, makes it easier to keep expenses down.

Q. Which investments or improvements are planned?

Ms. Somerville: “There is very basic maintenance that we have to do to make the hospital look better.”

Dr. Davis: “A lot of the investments you won’t see. We know there are issues with the boilers. But the biggest investment is going to be in people. We are going to bring in physicians.”

Dr. Charney: “We are in recruitment mode. We are bringing in new faculty, physicians in almost every area. We know we have an increased volume coming into the ambulatory clinics and the hospital here. Icahn School of Medicine and Mount Sinai Beth Israel are working together to rebuild a lot of the services.”

Q. What are your plans for Nursing?

Ms. Somerville: “I believe I am the first nurse to run this organization. The only initials on my business card—and I have other advanced degrees—are RN because that is the core of who I am. I would love to see us obtain Magnet status because it speaks to a level of professionalism and commitment. It means a great deal to the nursing staff and helps us recruit and retain nurses.”

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The Mount Sinai Hospital and Mount Sinai Queens

David L. Reich, MD, President of The Mount Sinai Hospital and Mount Sinai Queens, highlighted many changes and accomplishments that have taken place at both hospitals over the last 15 months:

- The Joint Commission’s recognition of The Mount Sinai Hospital as the first comprehensive stroke center in New York State, and Mount Sinai Queens’ recertification as a primary stroke center.
- Improvements in hospital-wide infection rates from 2012 to 2013. Decreases in central line-associated bacteremia rates, coronary bypass surgical-site infections, and catheter-associated urinary tract infections, as well as a decrease in sepsis mortality. The Mount Sinai Hospital, said Dr. Reich, also received the top surgical safety rating from Consumer Reports.
- Mount Sinai Queens’ launch of the Epic electronic medical records system, and groundbreaking on a $125 million building that will include seven new operating rooms, an expanded emergency department, and ambulatory care services.
- Mount Sinai Queens also decreased the length of an inpatient hospital stay by almost one full day.
- The Mount Sinai Hospital’s Cardiac Catheterization Lab has one of the nation’s highest safety ratings for percutaneous coronary interventions, also known as angioplasty.

Dr. Reich told the audience, “We are committed to treating patients of all means, and especially those in our community. Not all hospitals share that social mission. We should treat every patient and every visitor as if they were a member of our family. Everyone who works here in all of your roles, is critical for the success of the entire Mount Sinai Health System.”

Q. What impact has the integration had on graduate medical education programs?
Dr. Charney: “We are now one graduate medical education program and all of the training programs at the hospitals are part of the Icahn School of Medicine. We’re now responsible for training 2,000 residents, which makes us the largest, or one of the largest, programs in the country. That gives us opportunities to share expertise and to provide mentorship throughout the system.”

Q. What is the Mount Sinai Health System’s plan to position itself within the New York City market?
Dr. Davis: “We are positioning ourselves for moving away from fee-for-service medicine and moving toward taking risks, population management, and being a partner—if not owning—of our own insurance products. The impetus for this integration was so that we could take risks and that we had a system large enough to do so—with 7,000 doctors in our network.”

Word on the Street
Attendees comment on the Town Hall meetings

Judith Nierenberg, RN, MA
Patient Education Manager, Mount Sinai St. Luke’s and Mount Sinai Roosevelt
“I learned that Mount Sinai Roosevelt has a bright future, especially as a center for orthopaedics, urology, and obstetrics.”

Donna Lordi
Supervisor, Nuclear Cardiology, Mount Sinai Beth Israel
“I am very encouraged by what I heard at Town Hall and the sharing of positive support. I am glad we have this type of discussion to put all our concerns and minds at ease.”

Aj Jorgensen, RN
Mount Sinai St. Luke’s
“Management had told staff in the ED [Emergency Department] they were planning to make great improvements in the ED, but the fact that they confirmed it in front of everybody at the Town Hall meeting brought more validity to it, for me.”

Sheila Tagle
Manager of Audit and Compliance Services, Mount Sinai Health System
“Senior leaders inspired us to contribute to the new Health System by being excellent in everything that we do.”

Juan Dumey
Manager, Purchasing/Receiving, New York Eye and Ear Infirmary of Mount Sinai
“Town Halls are very much needed. The staff really needs to be kept updated on the progress of the integration.”

Vadim Leyko, RRT
Director, Respiratory Care, Mount Sinai Beth Israel Brooklyn
“This meeting emphasized that in today’s economy, it will take everyone’s hard work to continue providing the highest quality of care to our patients.”
Faculty and staff at New York Eye and Ear Infirmary of Mount Sinai had an opportunity to learn more about the state of the hospital from interim President Allan Fine, and meet incoming President James Tsai, MD, who will start full-time in September.

“Our surgical volume is the highest it has ever been and our ambulatory surgical volume continues to grow,” said Mr. Fine. “We have been aggressively recruiting, which is key to our future.”

He and Dr. Tsai said they were also looking forward to working with Eric Genden, MD, the Dr. Isidore Friesner Chair of Otolaryngology, and Professor of Neurosurgery at The Mount Sinai Hospital, to raise the hospital’s stature in Ear, Nose, and Throat (ENT)/otolaryngology.

Dr. Tsai said, “We should work toward being the best specialty hospital in the world. We have great physicians, great trainees, great staff. Our translational research can actually make a difference in patients’ lives.”

Q. What will the hospital’s clinical and surgical role be within the Mount Sinai Health System?
Dr. Davis: “Our goal is to make sure this becomes the center for all ophthalmology and ambulatory ENT. Nowhere in our system, and hardly anywhere else in this region, is ambulatory ophthalmological surgery and ambulatory ENT done better and more efficiently than here.”

Q. Is there a plan to make volunteer faculty full-time?
Mr. Fine: “Time in the operating rooms and participation in committees, the teaching program, and research are based on performance and need. This helps attract top talent, be they voluntary or full-time.”

Mount Sinai Roosevelt (continued from page 1)

satisfaction, according to Dr. Flatow. “We have very ambitious goals in patient satisfaction and quality to be No. 1 in the region and in the top 10 percent nationally,” he said.

Q: Are there opportunities within the Mount Sinai Roosevelt campus to increase available space?
Dr. Flatow: “We’re doing a space evaluation now. I think Mount Sinai Roosevelt has a big advantage in that we do have a great physical plant and we have some space that’s underused. There is an opportunity as we prioritize excellent programs to build and grow them. This is really part of the future of the Health System because this is where real organic growth could occur.”

Q: Will Mount Sinai Roosevelt’s animal research facilities be preserved?
Dr. Charney: “On the one hand, it doesn’t make sense to have wet labs, which are very expensive, in every part of the Health System. On the other hand, given the scope of our system, our clinical research footprint, our translational footprint is going to grow. We can do larger clinical trials in the most serious of diseases. We are going to have the right size, and all of our facilities will be excellent. But they will not be located at every hospital.”

Still, he reminded listeners that metrics also matter. “Everything we do translates to a report card,” he said. “There are quality and safety metrics, and financial performance metrics.” Decreasing excessive lengths of hospital stays, monitoring 30-day hospital re-admission rates, and adapting new ways to reduce certain infection rates top his agenda for improvement, all in an effort, he added, to deliver better patient care and satisfaction.

“The mission for our hospital is to be No. 1 in Brooklyn,” he said. “We are fortunate that even though we are one small hospital, we are one small hospital in one large health system.”

Q: How can you motivate employees to be excellent?
Mr. Mo: “Staff will transfer fairness, respect, caring, kindness, and compassion to patients and families if they feel they are treated that way by the organization where they work, so fundamental to our goal is to make this place a good place to work.”

Q. What is the role of our hospital in the Health System?
Dr. Davis: “We think this is a gem. We think the hospital is great, the community is great, the staff is great, and that the sky’s the limit.”