Mount Sinai Gets Highest Safety Rating for Heart Procedure, Marking 20 Years of Excellence

The New York State Department of Health has again awarded the highest “two-star” safety rating to the Cardiac Catheterization Laboratory at The Mount Sinai Hospital and to two of its physicians for percutaneous coronary interventions (PCI), marking the 20th consecutive year that the laboratory or its physicians have been recognized for safety rates significantly exceeding the statewide average.

PCI, also known as angioplasty, takes place in a cardiac catheterization laboratory and is a minimally invasive procedure for treating patients with blocked heart arteries. During the procedure, physicians insert and thread a thin catheter through the body to the blocked vessel to restore normal blood flow, often with the help of a stent. Patients can range from non-emergency cases (those experiencing early heart disease symptoms) to emergency cases (those in the midst of a heart attack).

The new data report on the outcomes of patient discharges at all 62 statewide cardiac catheterization labs from December 1, 2012, to November 30, 2015. The “Percutaneous Coronary Interventions (PCI) in New York State 2013-2015” report tracked PCI data in overall, non-emergency, and emergency cases. Mount Sinai received the two-star rating for both overall and non-emergency cases.

New Coordination and Innovation In Home-Based Patient Care

The Mount Sinai Health System recently launched Mount Sinai at Home, an innovative enterprise with two key components: a service line of programs across the Health System that care for patients in their own homes, and a research arm, the Institute for Care Innovations at Home.

“Mount Sinai at Home's programs will align closely with the Health System's population health strategies and advance our capacity to serve communities beyond our hospitals,” says Director Albert L. Siu, MD, Professor and Chair Emeritus of Geriatrics and Palliative Medicine. Treating patients in familiar and convenient environments can improve communication, coordination, and continuity of care, and reduce the risk of admission and readmission.

“Mount Sinai at Home’s programs will align closely with the Health System’s population health strategies and advance our capacity to serve communities beyond our hospitals,” says Director Albert L. Siu, MD, Professor and Chair Emeritus of Geriatrics and Palliative Medicine. Treating patients in familiar and convenient environments can improve communication, coordination, and continuity of care, and reduce the risk of admission and readmission.

“This all started with Mount Sinai Visiting Doctors, which was founded in 1995 and gave us an opportunity to create the Mobile Acute Care Team (MACT),” Dr. Siu says.
Specifically, the report provides data on risk factors associated with in-hospital/30-day mortality following PCI, and lists hospital and physician-specific mortality rates. It also includes information on hospital readmissions within 30 days of PCI. For the 2015 calendar year, the Mount Sinai Cardiac Catheterization Laboratory also received a two-star safety rating for significantly lower 30-day readmission after a PCI. According to a statement that accompanied the report, Department of Health officials feel that in-hospital/30-day mortality and 30-day readmissions are important quality indicators that yield useful information to patients and providers.

“At Mount Sinai Heart’s Cardiac Catheterization Laboratory, our patients’ safety is our No. 1 concern,” says leading interventional cardiologist Samin K. Sharma, MD, Director of Clinical and Interventional Cardiology at The Mount Sinai Hospital and the Anandi Lal Sharma, MD, Director of the Cardiac Catheterization Laboratory and the Zena and Michael A. Wiener Professor of Medicine in Cardiology. “We have a lengthy track record—20 consecutive years—of offering the highest level of patient safety in New York State, and this record highlights the very best of cardiac care excellence at Mount Sinai.”

Dr. Sharma and Annapoorna S. Kini, MD, Director of the Cardiac Catheterization Laboratory and the Zena and Michael A. Wiener Professor of Medicine, were two of only three interventional cardiologists in New York State to hold the two-star safety rating.

During this three-year period, the Cardiac Catheterization Laboratory achieved a significantly higher safety level than the statewide average. The analyses use a risk-adjustment process to account for pre-existing differences in patients’ health statuses. Mount Sinai’s risk-adjusted mortality rate, or RAMR, for all cases (0.76 percent) was significantly lower than the statewide average (1.15 percent). Also, the RAMR mortality rate for non-emergency cases (0.45 percent) was significantly lower than the statewide average (0.74 percent). Additionally, Mount Sinai was the only one of 10 high-volume New York State hospitals to have an overall RAMR significantly lower than the statewide rate for non-emergency cases.

“This report measures the high-quality patient care and successful results our team of skilled interventional cardiologists and staff have been able to offer our patients every day,” says Dr. Kini.

All-Female Team Leads Live-Case Demonstration

It was an historic moment at a cardiology conference when Mount Sinai’s Annapoorna S. Kini, MD, led an all-female team for the first time in a live-case demonstration. The demonstration was beamed from The Mount Sinai Hospital to an audience attending the CRT 2018 meeting, a leading interventional cardiology conference that took place in March in Washington, D.C. The team consisted of female cardiologists, nurses, and technicians from The Mount Sinai Hospital’s Cardiac Catheterization Laboratory with participation from female fellows Surbhi Chamaria, MD, and Asma Khaliq, MD. They performed a complex percutaneous coronary intervention with stent procedure on an elderly high-risk patient.

The panel discussing the case live was also all-female, and included Mount Sinai’s Roxana Mehran, MD, Professor of Medicine (Cardiology) and Director of Interventional Cardiovascular Research and Clinical Trials at the Zena and Michael A. Wiener Cardiovascular Institute. Says Dr. Kini: “The entire Mount Sinai Cath Lab team was excited and proud of this achievement. Our goal was to encourage every female cardiologist to be optimistic and confident in this male-dominated field. It was a true demonstration that if we work hard and push our boundaries, we can achieve great heights in the field we love.”

### 2013-15 NY State Department of Health PCI Report

**Data on Top Five Volume Centers in NY State 30-Day RAMR**

<table>
<thead>
<tr>
<th>Center Name</th>
<th># Cases</th>
<th>All Cases</th>
<th>Non-Emergency Cases</th>
<th>Emergency Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Mount Sinai Hospital</td>
<td>11,931</td>
<td>0.76**</td>
<td>0.45**</td>
<td>3.24</td>
</tr>
<tr>
<td>2. St. Francis Hospital</td>
<td>7,593</td>
<td>1.03</td>
<td>0.67</td>
<td>3.10</td>
</tr>
<tr>
<td>3. Columbia-Presbyterian Hospital</td>
<td>7,355</td>
<td>1.06</td>
<td>0.79</td>
<td>2.10</td>
</tr>
<tr>
<td>4. North Shore University Hospital</td>
<td>6,052</td>
<td>0.89</td>
<td>0.64</td>
<td>1.93</td>
</tr>
<tr>
<td>5. St. Joseph’s Hospital</td>
<td>5,917</td>
<td>1.03</td>
<td>0.67</td>
<td>3.10</td>
</tr>
</tbody>
</table>

**New York State Total**: 144,196

**Non-Emergency**: 1.15

**Emergency Cases**: 0.74

**Risk-Adjusted Mortality Rate (RAMR)** significantly lower than statewide rate
“When MACT started out in 2014, it was just Hospitalization at Home, but very quickly our teams found more ways to support our patients and our Health System, so we created services such as Rehabilitation at Home for care after hospitalization.” MACT, which was founded with a $9.6 million Health Care Innovation Award from the federal Centers for Medicare and Medicaid Services, has been a success, treating 700 patients so far. Its name presented a challenge, Dr. Siu says, since “MACT was not particularly descriptive from the point of view of patients.” As all of its home-based programs grew, the Health System saw a need to coordinate them and to find a new, unified name.

The result is Mount Sinai at Home, which is also headed by Clinical Director Linda V. DeCherrie, MD, Professor of Geriatrics and Palliative Medicine, who was Director of Mount Sinai Visiting Doctors and Clinical Director of MACT; and Operations Director Alexander Mandl. Mount Sinai at Home will provide “operational, financial, legal, logistical, and clinical” support for home-based care across the Health System, Mr. Mandl says. Its clinical programs are:

- **Mount Sinai Visiting Doctors**, providing primary care for homebound patients, who are usually very frail and elderly;

- **Pediatric Visiting Doctors and Complex Care Program**, for young patients, such as children with chronic illnesses or infants who have just left neonatal intensive care;

- **Hospitalization at Home**, for patients with a condition that might otherwise call for hospitalization, such as acute pneumonia; and

- **Rehabilitation at Home**, for patients who need care that might otherwise be provided at an inpatient rehabilitation center.

Over time, other efforts and collaborations may be added, such as a palliative care program that is now part of a clinical trial led by R. Sean Morrison, MD, the Ellen and Howard C. Katz Chair of the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine. In the program, a team of nurses, community health workers, social workers, nurse practitioners, and physicians provide care and support to seriously ill patients at home. “If it is successful, we hope to keep this as a clinical program,” Dr. DeCherrie says. Another study led by Dr. Morrison, on the cost-effectiveness of palliative care, was recently published in the *Journal of the American Medical Association Internal Medicine*. (See article at right.)

Mount Sinai at Home also created a payment model for home health care that in September became the first to be approved by Medicare’s Physician-Focused Payment Model Technical Advisory Committee. “When it is implemented, it will be a model that hospitals around the country can use,” Dr. DeCherrie says.

The Mount Sinai Health System has long been a leader in palliative care, geriatrics, and health care at home. “We already have the largest academic house-call program in the country—Visiting Doctors—and our Hospitalization at Home program is already the largest in the country,” Dr. DeCherrie says. “To put it all together under one service line, that is very different and very new.”

Palliative care, which focuses on improving quality of life and reducing suffering for people with serious illness and their families, is associated with shorter hospital stays and lower costs, according to a study published in April 2018 in the *Journal of the American Medical Association Internal Medicine*. The study—the largest of its kind—was conducted by the National Palliative Care Research Center at the Icahn School of Medicine at Mount Sinai and Trinity College Dublin.

The investigation pooled data from six prior studies involving more than 150,000 adults admitted to hospitals in the United States between 2001 and 2015; of these patients, 3.6 percent received a palliative care consultation in addition to their other hospital care. It found that when palliative care was added to patients’ routine care, hospitals saved an average of $4,251 per stay for cancer patients and $2,105 for those with non-cancer diagnoses. The savings were greatest for patients with the highest number of co-existing illnesses.

Unlike hospice care, palliative care can be provided early in the course of illness, along with life-prolonging therapies. Palliative care has seen a steady rise during the past 30 years, but research suggests that there is much room for growth, says study co-author R. Sean Morrison, MD, the Ellen and Howard C. Katz Chair of the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine.

“The potential to reduce the suffering of millions of Americans is enormous,” Dr. Morrison says. “This study proves that better care can go hand in hand with a better bottom line.”
Mount Sinai Marches For Science

More than 60 medical and graduate students and faculty from the Icahn School of Medicine at Mount Sinai participated in the March for Science New York City on Saturday, April 14—one of 175 satellite events held with the national march in Washington, D.C.

Co-sponsored by the Icahn School of Medicine, Columbia University, and New York University, activities featured “teach-ins” in Washington Square Park where members of the scientific community, including representatives from Mentoring in Neuroscience Discovery at Sinai, made their work tangible to the public. Prominent scholars—including Yasmin Hurd, PhD, Ward-Coleman Chair of Translational Neuroscience and Director of the Addiction Institute at Mount Sinai—spoke in advocacy for fact-based science. “Science is not political,” said Joshua Acklin, PhD candidate and student organizer. “We support the notion that evidence-based, peer-reviewed research should inform policy and should not be the subject of political debate itself. It is a matter of fact, not opinion.”

Basketball Fun Helps Raise Awareness for Kidney Disease

Attendees had fun making free throws and learning about kidney health from members of the Mount Sinai Health System’s Department of Urology at a March Madness-themed Kidney Cancer and Health Fair on Wednesday, March 28.

The event, held in Guggenheim Pavilion, featured a bracket-style free-throw challenge where seven teams of Mount Sinai medical staff competed against each other to raise awareness for kidney cancer. Special guests included former NBA and WNBA players. Members of the National Kidney Foundation brought along their red mascot Sidney the Kidney to help educate visitors.

“Kidney disease, as a whole, does not get a lot of attention,” said the event’s organizer Ketan K. Badani, MD, Professor of Urology at the Icahn School of Medicine at Mount Sinai, and Director of the Comprehensive Kidney Cancer Program at the Mount Sinai Health System—one of the largest programs in the nation. “I was motivated to create this campaign to impact public awareness of this pervasive cancer, which affects both men and women.”

Celebrating a Top 20 National Ranking

The Department of Radiology and the Translational and Molecular Imaging Institute at the Icahn School of Medicine at Mount Sinai held a lunch on Thursday, April 12, for faculty, trainees, staff, and guests to celebrate a No. 20 ranking in National Institutes of Health funding for medical imaging research—a milestone achievement. It is also the first time that a faculty member—Zahi A. Fayad, PhD, the founding director of the Institute, Vice Chair for Research in the Department of Radiology, and Mount Sinai Professor in Medical Imaging and Bioengineering—is nationally ranked No. 5 in radiology and imaging science funding, all according to data from the Blue Ridge Institute for Medical Research.

Burton P. Drayer, MD, the Charles M. and Marilyn Newman Professor and Chair of Radiology for the Mount Sinai Health System, said: “The Radiology department and its faculty have been steadily rising in rankings—breaking the Top 20 mark is a tremendous accomplishment.” Added Dr. Fayad: “We are very proud of everyone and excited to continue doing innovative science and advancing the care of current and future patients.”

Burton P. Drayer, MD, left, and Zahi A. Fayad, PhD

The winning team was from the Department of Neurosurgery. From left: Resident Jeffrey T. Gilligan, MD, PGY-3S; Chief Resident Jeremy M. Steinberger, MD, PGY-7S; and team captain Leslie Schlachter, PA, Clinical Director, Neurosurgery.
Mount Sinai Adolescent Health Center Hosts Conference on Violence Against Children

“Is anything more important than ending violence against children and adolescents?” That rhetorical question was posed by Dennis S. Charney, MD, Anne and Joel Ehrenkranz Dean, Icahn School of Medicine at Mount Sinai, and President for Academic Affairs, Mount Sinai Health System, in his opening remarks at a recent conference sponsored by the Mount Sinai Adolescent Health Center and the World Childhood Foundation USA.

“When a young person is traumatized,” said Dr. Charney, a renowned expert in the neurobiology and treatment of mood and anxiety disorders, “it sets the stage for a life that is more difficult.”

The conference, “Ending Violence Against Children: Developing a Roadmap to a Healthy Childhood and Adolescence,” was held Thursday, March 22, and Friday, March 23, in Stern Auditorium, and kicked off the 50th anniversary of the Mount Sinai Adolescent Health Center, a unique New York City-based program that delivers comprehensive medical and mental health services and prevention education to people ages 10 to 22.

More than 70 percent of the young people who come to the Adolescent Health Center have a history of trauma, according to conference co-director Angela Diaz, MD, PhD, MPH, Director of the Mount Sinai Adolescent Health Center and the Jean C. and James W. Crystal Professor of Pediatrics, and Professor of Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai.

“Young people are our present and our future,” said Dr. Diaz. “Together, we can create a model for ending violence against children.”

Sixty experts served on panel discussions that included research into the long-term consequences of early childhood abuse and neglect, the economic impact of violence in childhood, and ways to safeguard the mental health of children and adolescents. Panel participants covered topics such as abuse prevention, support for survivors, the role of the justice system, and ways to find innovative solutions.

Rachel Lloyd, Founder and President of Girls Educational and Mentoring Service (GEMS), participated in a panel discussion on helping victims of sexual trafficking. “Poverty is the baseline for almost every child who ends up being sexually trafficked,” she said. “Sexual trafficking is a matter of demand and supply, but it’s driven by sexual abuse at home, poverty, domestic violence, and running away from Child Protective Services.”

The audience was comprised of hundreds of clinicians, researchers, policymakers, philanthropists, and youth advocates, who came together to identify solutions to defend children’s rights and promote better living conditions for children. Joanna Rubinstein, DDS, PhD, President and Chief Executive Officer, World Childhood Foundation USA, also served as co-director of the conference.

David Finkelhor, PhD, Director, Crimes against Children Research Center, University of New Hampshire, delivered the conference’s keynote address, and proposed the creation of a common field of study to examine the full scope of violence against children, including bullying and peer victimization, as well as abuse by adults and how the risk of violence changes over the course of development.

“Children suffer five times more violence than adults,” he said. “Why are they so vulnerable? They are small, dependent, inexperienced. Kids don’t choose their families, schools, or neighborhoods.”

Dr. Diaz and Dr. Rubinstein concluded the conference with a call to action that would include addressing barriers to identifying victims and integrating a “trauma-informed” approach into programs that interact with children and youth. “This is the beginning of a movement,” Dr. Diaz said.
A new plain-language emergency alert system will go into effect across the Mount Sinai Health System on Thursday, May 17, replacing color-coded messages, which had varied meanings at different sites.

“One of the biggest challenges in any crisis or emergency is clear communication,” says Marc Napp, MD, Senior Vice President, Medical Affairs, and Deputy Chief Medical Officer. “When an event occurs, we want people to be fully aware, so there is no confusion about what’s happening, where it’s happening, and what the appropriate response should be.”

The plain-language system will separate emergencies into three categories:

- **Facility alerts**, which announce incidents impacting a building;
- **Medical alerts**, which announce patient-care emergencies; and
- **Security alerts**, which announce incidents immediately affecting safety.

“Code Red” will still be used for fires, but all other color codes will be eliminated.

During an emergency, the alert type, the location of the incident, and instructions on how to proceed will be called to your desk or cell phone, sent via email or text message, or posted on the Mount Sinai intranet sites. Depending on the emergency, an announcement may also be made on the public address system. For example, the following may be heard during a power outage:

**Facility Alert**

*We are experiencing a power outage in the Clark Building.*

*Ensure only essential medical equipment is plugged into red outlets.*

This transition is intended to simplify communication and prevent confusion, especially among Health System staff members who work at multiple locations. It is also expected to clarify emergency alerts for nonclinical staff, patients, and visitors. “Now more than ever, emergency preparedness is on people’s minds,” says Dr. Napp. “In an emergency, it’s important for people to know what’s happening and what to do.”

**Registration Open**

**Tri-State Healthcare Diversity Summit**

The Mount Sinai Health System will sponsor the National Diversity Council’s inaugural Tri-State Healthcare Diversity Summit on Friday, June 8: “Flipping the Script: Changing the Dialogue of Inclusion in Healthcare.” The Council and its Tri-State chapter are nonprofit organizations bringing together the private, public, and nonprofit sectors to advance diversity and inclusion in the workplace and communities. The registration fee is $99. For more information or to register, visit www.tristatediversitycouncil.org. Open to all faculty, staff, and students.

**Friday, June 8**

*8 am - Noon*

**Corporate Services Center**

**150 East 42nd Street**

**Fourth Floor**

**Room 4-A.8-12**

**Mount Sinai Transformation Update**

For the most recent updates on Mount Sinai’s downtown transformation, please go to:

http://www.mountsinai.org/locations/downtown