



Generation And Implementation of Inter-Departmental Workflow between IR and IM

Michael X. Jin MD

Collaborators: Adam Myer MD, Rachel A. Bright BS, Davina Chen MD,
Jane Hand MD

Mentors: Nirvani Goolsarran MD, Elaine Gould MD, FACR

November 30th, 2021

Background

- **Communication failure** is the most frequent root cause of adverse outcomes in patient care.
- Reports from the Joint Commission showed **communication failures** were implicated as the root of over **70% of sentinel events**.

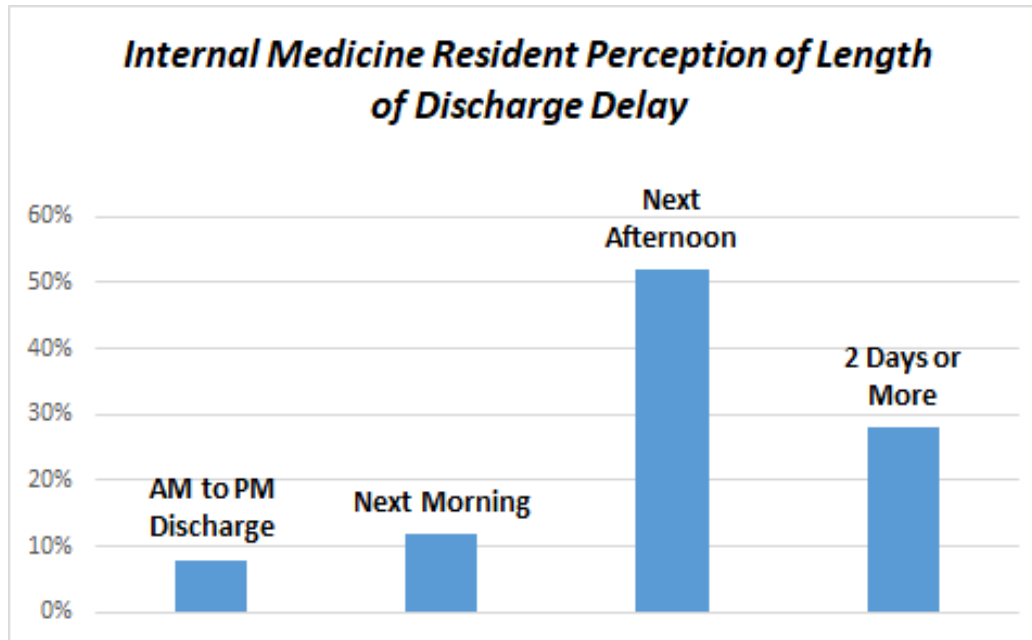


Quality Problem & Analysis

- Patient waiting for IR guided biopsy of the spine – was placed on NPO for total of 32 hours due to miscommunication of procedure timing
- Patient returns from renal biopsy – unaware that there was a procedural complication/bleeding (No procedure note or verbal communication)
- Patient frustration with waiting for procedures and delays in discharge

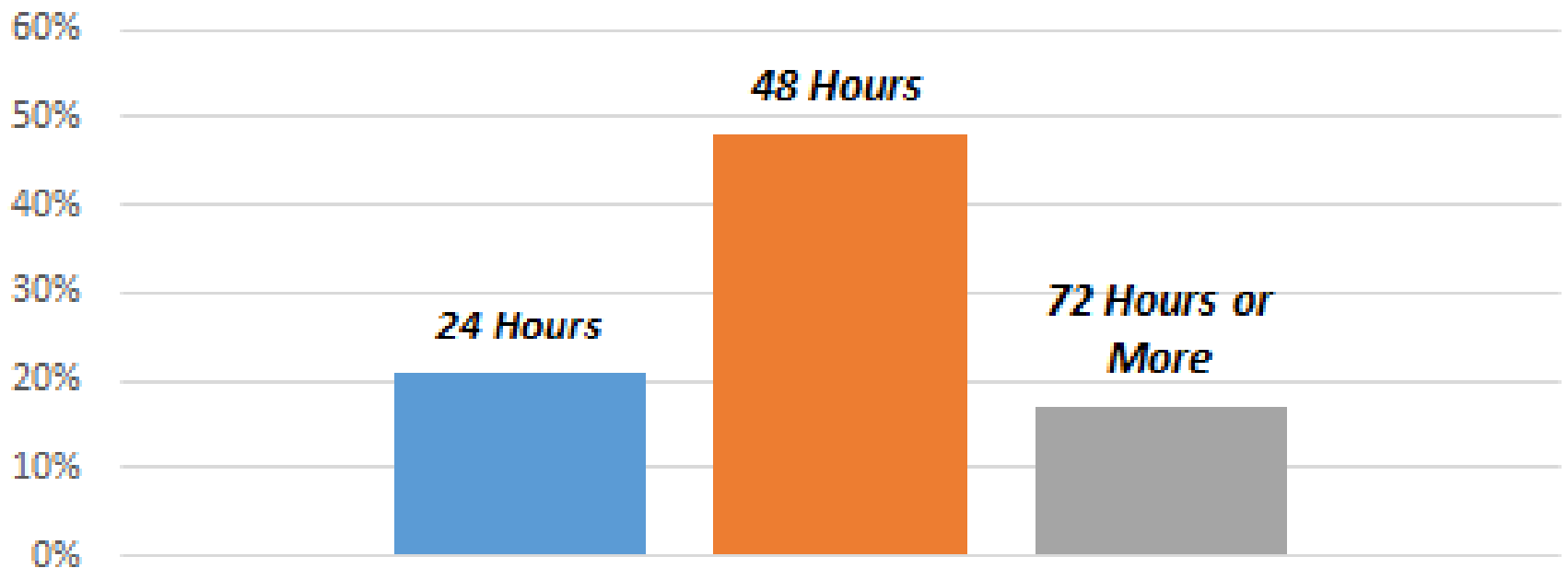


- **469** total SB Safe events were reviewed: **60%** of all SB Safe events identified as communication failure between departments resulting in patient harm, **66** events were related to **medicine and IR**

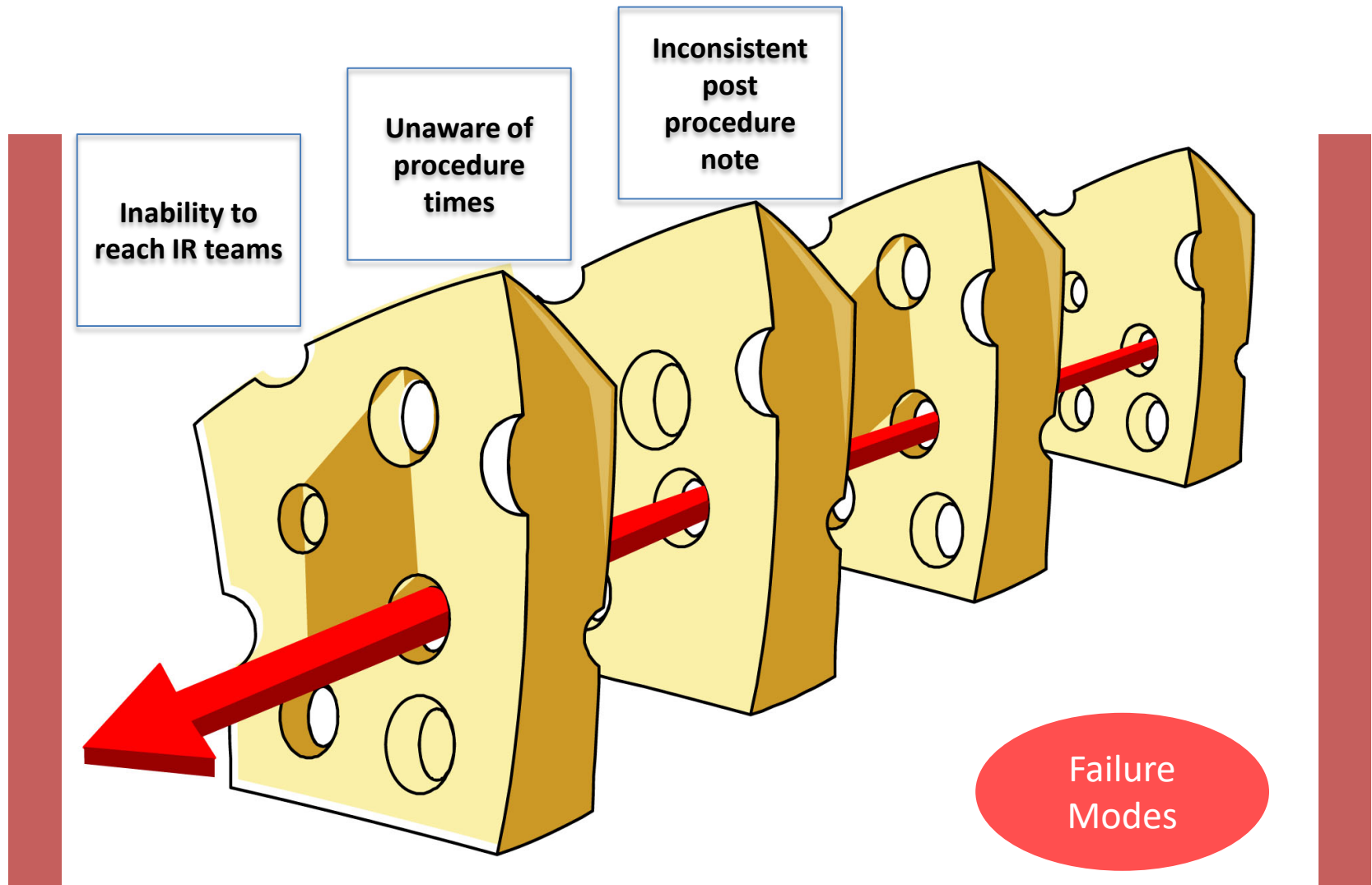




Internal Medicine Resident Perception of Time It Takes for IR to Perform Procedure Once Consult is Placed



Methodology and Quality Analysis

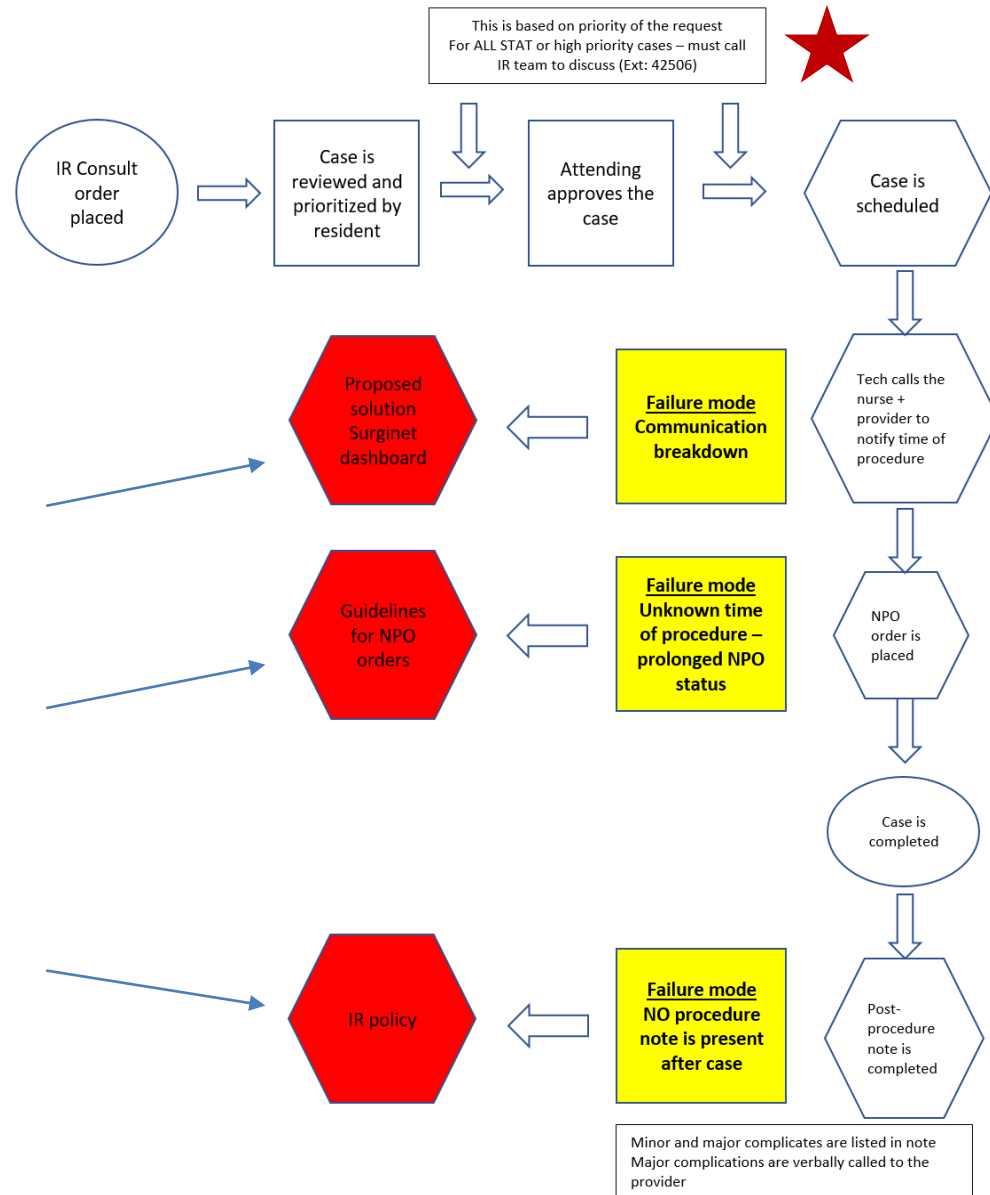




EMR Dashboard with updated procedure times

NPO guidelines revised to allow for clear liquids

Policy was created by IR chair to mandate procedure note and verbal communication for complications



Minor and major complicates are listed in note
Major complications are verbally called to the provider

Anticipated Results

- Decrease in event reports related to Medicine and IR communication
- Improvement in provider awareness of procedure times and complications
- Improvement in patient starvation
- Overall improvement in resident perception of medicine/IR communication

Lesson Learned and Next Steps

- A streamline communication algorithm can improve inter-departmental communication
- Analysis of failure modes can serve as a vehicle for improvement strategies
- Bidirectional electronic communication tools can improve communication between providers
- Buy-in from frontline providers including the procedural technicians is an important factor in effective communication
- Residents are frontline and well suited to tackle interdepartmental communication issues
- Next steps – using the model to expand on improving communication in other departments

SPECIAL THANKS

- Department of Internal Medicine at Stony Brook University Hospital
 - Dr. John Ferretti, Department Head of IR
- Department of Business at Stony Brook University

Questions?

