

# MERS implementation begins journey toward enhancing patient safety

Quality leader Mount Sinai ushers in a new era of electronic event reporting, quality improvement

*Up to 200,000 Americans die each year from preventable medical mistakes and infections, according to a widely publicized 2009 report.<sup>1</sup> Perhaps that's why the nation's most progressive hospitals are turning to electronic event-reporting systems to promote fast, proactive resolution of such problems.*

One case in point: 1,100-bed Mount Sinai Hospital in New York City, one of the nation's oldest, largest, and most respected teaching institutions. Already known for its quality initiatives, Mount Sinai boasts honors ranging from nursing's Magnet Award and The Joint Commission's Gold Seal of Approval to a top 20 ranking in *U.S. News & World Report's* 2009-2010 ratings of the nation's best hospitals.

Now Mount Sinai is pioneering new territory with Medical Event Reporting System (MERS) software from MERS International and GE Healthcare.

"Our goal is to move from simply reporting adverse events to proactively addressing them," says Claudia Colgan, the hospital's vice president of quality initiatives. "And MERS can help us do that. It is an invaluable tool for risk reduction and systematic quality improvement."

MERS is now running live on 78 Mount Sinai units, including outpatient units. And Colgan and team have already seen enough to make them very optimistic about the system's potential contributions to patient safety.

### The tip of the iceberg

Like most facilities, Mount Sinai had been using a paper-based process to report events from ulcers to falls. "On average, we dealt with 10,000 pieces of paper each year," Colgan says. "Of those, 400 might capture our attention because the events had reached our patients."

It was like scrutinizing the visible portion of an iceberg, while spending little time on the "low or no harm" events below the waterline. Even with the visible events, there wasn't much useful information available.

"We were given little silos of information, presented in static form making it challenging to extract actionable information," Colgan says.

This approach made it difficult to improve patient safety. "We knew that we needed an electronic reporting system. This was the beginning of our MERS journey," Colgan says.

### The right choice

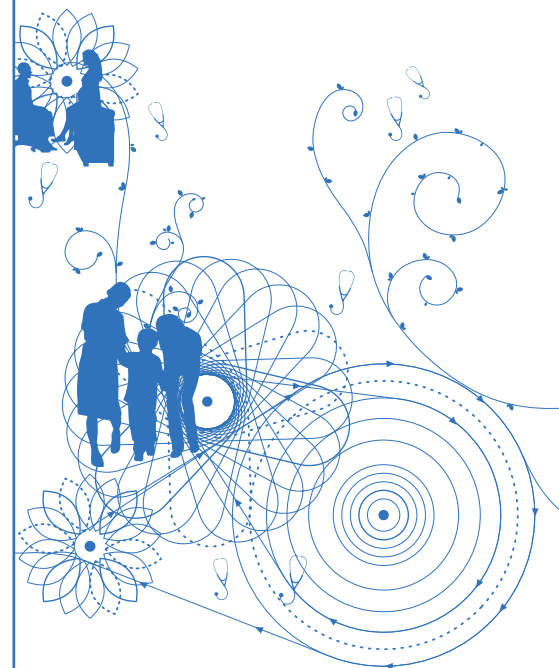
Colgan did look at other systems, but saw many compromises.

"For starters, we were reluctant to have our data residing on someone else's server. And we wanted the system to be flexible enough to meet our needs," she says.

*"We're celebrating having a tool that helps us catch and correct errors before they can harm our patients. And that's a capability that should please everyone associated with Mount Sinai."*

**Claudia Colgan**  
Vice President of Quality Initiatives  
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MERS turned out to be the best solution for both reasons.

“First, it allowed us to keep our database on our own server, accessible from any terminal on the floor but only via our own intranet. Second, it’s scalable, and allows us to build custom reports and link directly to New York’s mandatory, incident error-reporting system,” Colgan says.

As a bonus, MERS is both easy to set up and intuitively easy to use. “That’s critical in an environment in which everyone is a potential reporter,” she says.

### The journey begins

The MERS implementation was among the smoothest she has ever experienced, Colgan says, thanks in large part to four steps the team took up front:

- **Involving the entire organization.** To help steer the process, the MERS implementation team brought in representatives from every discipline and specialty.
- **Building staff trust.** Fearing the consequences, some employees initially balked at reporting their errors; it took time and education to build their trust.
- **Balancing speed and information.** Report by report, the team included enough data fields to get the whole story, without requiring so much detail that reporting would take more than a few minutes.
- **Broad-scale training.** Applying the “train the trainer” model, Mount Sinai and MERS used both one-on-one and classroom training for Mount Sinai’s managers. They then armed the managers with training kits, held focus groups, built FAQ documents, and even provided online practice forms to accustom new reporters to the process. To date, 110 managers and close to 1,000 end users have completed MERS training.

And rather than rolling MERS out all at once, Colgan and her team conducted pilots in departments from pharmacy and radiology to psychiatry and surgery. “As we brought each department online, we asked for feedback and addressed their concerns up front,” she says.

### A glimpse into the future

Colgan said that some major benefits are already becoming apparent.

“We’re seeing welcome efficiencies in terms of eliminating redundant data entry,” she says. “And we’ve already had instances of seeing similar events occur across the hospital. We were able to drill down to root causes and then address them systemwide. That would not have happened with a paper-based system or other approach.”

There also have been some critical “saves” with the help of MERS data, she said, particularly in the area of proactively detecting patient ID and medication issues.

“We’re not pointing fingers,” Colgan says. “We’re celebrating having a tool that helps us catch and correct errors before they can harm our patients. And that’s a capability that should please everyone associated with Mount Sinai.”

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<sup>1</sup><http://www.scientificamerican.com/blog/post.cfm?id=deaths-from-avoidable-medical-error-2009-08-10>

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