



# Putting Quality, Safety, and Experience On a Pedestal

As it reconfigures its practice for the future, New York Eye and Ear Infirmary of Mount Sinai (NYEE) is drawing generously on its pandemic-driven experience of the past. That has resulted most prominently in the creation of a Quality, Safety, and Experience initiative with the mandate from leadership to standardize across all NYEE sites meaningful improvements in how we respond to the needs of our patients as well as our physicians and staff.

“The pandemic demonstrated to us the synergies that are possible through a coordinated approach to ensure the best experience for everyone, from patients to clinicians,” says Gareth M. C. Lema, MD, PhD, the new Vice Chair for Quality, Safety, and Experience at NYEE, and Associate Professor of Ophthalmology, Icahn School of Medicine at Mount Sinai. “I’ll be working closely with medical directors at major sites and satellite offices across the Mount Sinai Health System to build on that momentum.”

Dr. Lema is well equipped for the challenge. Since joining NYEE three years ago, he has served (in addition to his clinical responsibilities) as Site Director for Quality, Safety, and Experience at The Mount Sinai Hospital, and as the departmental faculty well-being champion. In these roles, he has been part of teams focused on developing and implementing COVID-19 protocols—including masking, patient spacing in waiting areas, and cleanliness—across the entire Health System.

“Our commitment to quality, safety, and experience has always been central to our practice,” emphasizes Paul A. Sidoti, MD, Chair, Ophthalmology, NYEE, and part of the NYEE leadership team that will work closely with Dr. Lema in this field. “What’s changed is our formalization of the program to stimulate new ideas and strategies, and ensure new initiatives have the resources and impetus to succeed.”

That movement has already gained considerable traction, as illustrated by our leading-edge work in the field of disinfection, which intensified during the pandemic. As Dr. Lema points out, instruments that contact the surface of the eye—including lenses for eye exams, tonometer tips, and therapeutic lasers—require high-level disinfection (HLD) to meet the recommendations of the Joint Commission and the American Academy of Ophthalmology. In most hospital settings, these instruments are cleaned at a central processing site, or disposable lenses (often of inferior quality) are used. NYEE developed an inexpensive and efficient method of HLD that provides for disinfection of multiple ocular lenses and tonometer tips. “This system has allowed us to maintain our own lenses, thereby preventing loss and damage while providing the highest standards of quality and safety around our instruments,”

**“Our commitment to quality, safety, and experience has always been central to our practice.”**

—Paul A. Sidoti, MD

explains Dr. Lema, who wrote many of the safety protocols during the pandemic.

Another initiative that Quality, Safety, and Experience will work to standardize based on its overwhelming success during COVID-19 is teleophthalmology. “If patients don’t have to visit one of our offices to confer with their physician, it decreases their health risk, while providing the convenience of a service they’re extremely happy with,” observes Dr. Lema, who will coordinate expansion of the platform to benefit both physicians and patients.

To that end, one effort well underway is the electronic linkage of retinal specialists with emergency room physicians who are challenged with treating, in a tight window, patients with central retinal artery occlusion (CRAO), or eye stroke. The teleconsultation program has already dramatically reduced the time it takes to diagnose and treat CRAO by strategically locating optical coherence tomography scanners at three busy Mount Sinai hospitals. Members of the Mount Sinai stroke team have been trained to use this equipment to assess patients with suspected CRAO and, once the images are collected, to upload them to retina specialists at NYEE for immediate review and remote consultation at the point of care.

That novel initiative is serving as a model for development of a teleconsultation service aimed at triaging and treating a far broader range of ophthalmic emergencies that short-staffed hospitals must routinely handle. The teleconsult strategy is also being deployed at primary care offices within Mount Sinai to screen patients for diabetic retinopathy. Plans call for adding artificial intelligence to the equation for on-site image interpretation so patients could be alerted to potential problems before they even leave the primary care office.

In his expansive new role, Dr. Lema will be a pivotal player in many of these forays. “It’s more important than ever that we have a collaborative effort to bring the various clinicians and strategies together,” he asserts. “That’s really how we put quality on a pedestal so that it’s of greatest value to patients and enhances the ability of physicians to do their jobs.”