



Emergency Department Operations & Quality Updates

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[Chair](#)

SAEM Social Event – Save the Date! Heading to the SAEM Conference? Be sure to join us on **Wednesday, May 14** for a special department social event! It will be a fantastic opportunity to connect with colleagues and celebrate our collective successes. Stay tuned for details on the venue and RSVP information.

[Residency Leadership](#)

We're thrilled to announce that our new Critical Care Track—the first of its kind in the nation—has officially received approval! 🎉 This groundbreaking program will allow two of our current interns to transfer into the 5-year combined Emergency Medicine/Critical Care Residency-Fellowship, marking a major milestone for our department and the future of EM training!

In other exciting updates, residency interviews are complete, and our match list is in the works! We can't wait to welcome the next generation of outstanding emergency physicians.

And don't miss the [Health Policy Conference on January 29 at Hatch Auditorium, starting at 9 AM!](#) 🏛️ This year's lineup is stacked, featuring powerhouse speakers Art Kellerman and Aisha Terry (ACEP's Immediate Past President)—expect insightful discussions on the future of healthcare policy and emergency medicine.

[Medical Director Team](#)

- ◆ **Faculty Q2 schedule requests are due by February 7**—please submit on time! ◆


Language Line integration is now available directly in **Haiku with the tip sheet [here](#)**. This allows providers to **initiate interpreter calls from the summary page** without re-entering patient details (e.g., MRN, name) and **automatically documents the interpreter ID and duration** in the chart under a flowsheet. A confirmation window also provides a **summary of interpreter details**, which can be copied into the **Workup tab (ED Course in Hyperspace)** for additional documentation.

✅ **ASL interpretation** still requires **iPad use**, but efforts are underway to integrate **CANTU** for improved accessibility. More details will be available soon in **Epic system documents**. 🚀

🔔 **Zone C Closure Planned for Late February/Early March** 🔔

The planned closure of **Zone C** is scheduled for the **last week of February or first week of March** to begin construction on a **new staff lounge**. In preparation, **temporary test shutdowns** will be conducted over the next few weeks to identify challenges, refine workflows, and ensure a smooth transition. Leadership will be **on-site and providing daily updates** to support staff.

ED Capacity & Surge Response

 **A temporary 25-bed unit in KCC** opened to help manage **surging patient volumes**.

 **ED volumes remain high** (peaking at **380 daily arrivals**) but are declining to seasonal norms.


New Software to Upload Imaging

Radiology recently transitioned to a new software platform called PowerShare to upload images from outside institutions. Instructions for how to use it can be found here: [Powershare Instructions](#)

1. You can log in using your existing MSH network username and password via this [link](#). If you have any issues, email RadiologyITGroup@mountsinai.org.

2. If the images are not visible in PACS within 48 hours of uploading, reach out to the Radiology IT Group (RADIT) at RadiologyITGroup@mountsinai.org. If you need immediate access in PACS, open a high-priority ticket via ServiceNow.

For emergent studies that require an MSH radiologist to review or read, please contact the radiology resident or attending on call to review the images within PowerShare.

 **Heart Score Documentation Reminder: Heart score documentation is mandatory for all patients with chest pain or chest pain equivalents** as part of the **high-sensitivity troponin pathway**. This is not only a regulatory requirement, but standard of care to risk stratify patients with chest pain. We understand the additional documentation burden and hope to streamline this with the rollout of Agile as below but in the meantime, please complete on shift and in timely fashion if emailed re noncompliance.

◆ **Agile MD Implementation:** A new **embedded platform within Epic** will soon launch to **streamline clinical pathways, standardize order sets, and automate documentation**. Agile MD will enhance **decision-making support** and simplify workflows by integrating clinical guidelines directly into Epic. The first rollout is expected in the **next two months**.


◆ **ED Code Team Responsibilities & Decompenation Pathway:** The [ED Code Team](#) is responsible for **all patients in the ED**, regardless of their admission status. Specific details can be found in the [Decompensation Pathway](#). Notably, when an **admitted patient** codes the ED Code Team should respond and initiate the code, **notify the primary team** who should assist in resuscitation and **notify RRT if ROSC achieved**. For **ICU-admitted patients awaiting a bed**, the ICU team should be notified, but the ED remains responsible for resuscitation until ICU staff are available.


- **Supplies and responsibilities:** The **ED Code Team backpack** is located in the Zone B Alcove supply closet and is the responsibility of the **Acute 2 Senior resident/PA** to bring to the code. The ED Code Team **ERT** will bring a **stretcher**. All location response areas have **code carts** or **AEDs**.
- **ED Code Team response areas:** Hospital policy dictates which code team (inpatient Hospital Code Team, ED Code Team, ED Pediatric Code Team) responds based on the incident location


and patient age. Telecom uses this list to decide who to activate versus calling 911 for some buildings on campus. If you are called to respond to an area you are not familiar with, security can assist. A full list of response areas for the ED Code Team can be found in [the policy](#).


[Guest Speaker\(s\)](#)


Ashley Caceres, Director of Nursing – Key Updates

 **Reducing Bed Ready to Depart Time:** The hospital is working to **decrease patient transfer times** from bed assignment to departure by **90 minutes** to improve throughput efficiency.

 **Hallway Criteria & Patient Flow:** Leadership has reviewed **hallway placement criteria**, with a focus on **re-educating inpatient nurses** and improving communication with patients regarding hallway assignments. Additionally, the hospital is **exploring upgrades to hallway partitions** for improved patient experience.

 **Significant Drop in Nursing Turnover:** The **ED nursing turnover rate** has dramatically **decreased from 28.3% in 2021 to 9.6% in 2024**, with similar improvements across inpatient units. Recruitment and retention efforts have been successful, with **minimal vacancies** and three new fellows joining.

 **Leadership Updates:** Cody Gray is transitioning to **Nurse Manager at Morningside**, and a **new Nurse Manager** with experience from **Cornell, Columbia, and CHONY** has been hired—official announcements to follow.

 **Continued Focus on ED Operations & Efficiency:** Leadership is **monitoring patient flow through Palantir**, refining hallway criteria, and ensuring that **admissions and discharges are optimized** to keep inpatient capacity available. Further **re-education sessions** will follow once final criteria adjustments are made.

Great progress is being made, and leadership remains committed to **improving patient flow, nursing support, and operational efficiency!** 🎉

Mia Lo Presti – 2025 CME Policy & Reimbursement Updates

◆ CME Funds & Usage:

- **Clinical faculty:** \$4,000/year | **PAs & non-clinical faculty:** \$3,000/year | **Fellows:** \$4,500/year
- Covers **licenses, memberships, subscriptions, conference fees, and medical equipment.**
- **Funds cannot carry over or be borrowed from future allotments.**

◆ Travel Reimbursement:

- **Domestic & international travel** eligible (international trips require pre-approval & SOS registration).

- **January-February conferences** can be reimbursed from the prior year.
- **Non-reimbursable:** Business-class flights (including Acela), seat upgrades, PPE, computers, tuition.

♦ **Expense Submission & Sinai Cloud:**

- All claims must go through **Sinai Cloud**—incorrect fund entries are the main cause of rejection.
- A **fund number chart and submission guide** are in **Mia’s recent email**—refer to them before submitting.
- **Reach out to Mia.LoPresti@mountsinai.org with any questions** before submitting to avoid delays.

♦ **Work Clothing Reimbursement:**

- **\$500 max** for **scrubs, work shoes (Danskos, Crocs), white coats, and Sinai-branded gear.**
- **Casual sneakers (e.g., On Cloud shoes) are not reimbursable.**

✦ **Full details, guides, and submission links are in Mia’s email.** Faculty should review and reach out with any questions. 🚀

Refresher

In accordance with the [Department of Homeless Services' Code Blue Procedure](#), hospital emergency department staff should be aware that during Code Blue activations—triggered when temperatures reach 32°F or below, including wind chill, between 4:00 p.m. and 8:00 a.m.—individuals seeking shelter can be discharged after medical evaluation and are permitted to wait in the waiting room for social work (SW) resources, such as shelter placement and transportation assistance. For any patient needing SW, a consultation should be placed before discharge to provide assistance. However, if a patient declines SW support and reports that they sleep on the street but do not want to be discharged to the street due to the cold, they may remain in the waiting room until Code Blue conditions pass at 8:00 a.m. This does not change the existing SW protocol, as SW would still be consulted as usual; rather, it ensures that patients who have nowhere to go and refuse shelter are not escorted out into unsafe conditions.

The medical director team is available **24/7**.

✉ EMMSHPhysicianAOC@mountsinai.org

You have multiple options for easily contacting the MSH ED Physician Administrator on Call.
For an immediate response, please call the AOC.

💬 Epic Secure Chat “MSH ED Physician AOC”

☎ (929) 658-9025

