# Perioperative Orthopedic Quality & Safety Newsletter

## A Quarterly Newsletter from the Columbia Orthopedics Quality Team

Apologies for the additional email. Some of the links were redirecting to other articles. All have been revised. - KW

In late July, we had the honor of hosting Mr. Steve Schwartz, Executive Director for AO North America, at Columbia Orthopedics. In addition to learning about the Spine quality program at Columbia, Mr. Schwartz graciously accepted the offer to guest edit this month's newsletter. As always, we look forward to sharing more stories on our journey to excellence together. Contact <u>kw2561@cumc.columbia.edu</u> if you are interested in learning more.

Kevin Wang, Director, Quality & Value Dr. Michael Vitale, Vice-chair, Strategy & Quality Dr. William Levine, Chairman, Orthopedic Surgery



*Mr.* Steve Schwartz was born and raised in Los Angeles. A graduate of UCLA, he has 32 yrs in the medical device industry with Synthes (most recently Senior Vice President for 10 yrs before retiring). He has spent 2.5 yrs as Executive Director of <u>AO North America</u> and is the member of several boards including the Wyss Medical Foundation, Children's Spine Foundation, SIGN Fracture care International, Health Volunteers Overseas, Massachusetts General Hospital Global Health Advisory Board, University of Pennsylvania Orthopaedic Advisory Board

### A Note from the Guest Editor:

The United States has some of the world's best health care providers and institutions, but in far too many instances it fails to deliver reliable, high-quality care. Today financial incentives within the "pay for performance model" are a measure of quality of care delivered as defined by the total patient experience and the patient's overall satisfaction.

Continuing medical education plays a key role by encouraging physician behavior change that then drives improved performance that then leads to increased value. As we look for improved quality, it is critically important for communities of practice to be self-aware of their strengths and weaknesses, and to be receptive to learning. This is the basis of the "learner-centric" approach to CME, a collaborative learning environment that is outcomes based, activities based on relevant clinical and performance data and innovative delivery formats that promote critical thinking and decision-making skills are necessary for success. <u>Click Here to Read More</u>

#### Introducing QI Education into M&M Conference

One of the most traditional approaches to quality improvement has been the Morbidity & Mortality Conference. At Columbia Orthopedics, all presenters are asked to not just present the case, but prepare a <u>fishbone diagram</u> explaining how systems factors, communication, host factors, and technical factors led to complications. Hoffman et al propose using case vignettes in M&M to explain how QI methods can be incorporated into practice.

#### Impact of Surgeon Leadership Behavior on Team Performance

Barling et al found that abusive supervision by surgeons was negatively associated with psychological safety and collective efficacy, which are critical components for preventing medical errors in the operating room and enhancing performance and delivering exceptional outcomes.

#### Predicting 30-day Complication Risk in Spinal Deformity Surgery

Many thanks to our friend, Dr. Raj Sethi, at Virginia Mason Medical Center for sharing their most recent article! Buchlak et al developed an novel risk severity score that is used to assess whether patients require further optimization prior to surgery. Integrating tools like this alongside multidisciplinary indications conferences is critical towards ensuring patients receive the best possible outcomes. The team at the NYP Spine Hospital and Morgan Stanley Children's Hospital are also using similar tools to better provide informed consent with patients.

If you have any articles of interest to share, please send them to: <u>kw2561@cumc.columbia.edu</u>