

AJG Special Issue

AI CLINICAL APPLICATIONS IN GI AND HEPATOLOGY

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SUBMISSIONS ARE NOW OPEN!

Submission Window Closes: August 31, 2025

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Participating in the Webinar



Moderator:
Sunanda V. Kane, MD, MSPH, MACG

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them.
Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.




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ACG Virtual Grand Rounds universe.gi.org

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!


Week 32 – Thursday August 7, 2025
 Exploring Health Equity Through Research
 Faculty: Christopher D. Vélez, MD, Jin Ge, MD, MBA, Maya Balakrishnan, MD, and Rachel Issaka, MD, MS
At Noon and 8pm Eastern

Week 33 – Thursday August 14, 2025
 Prevention of Alcohol-Associated Liver Disease
 Faculty: Ashwani K. Singal, MD, MS, FACP
 Moderator: Hanna Blaney, MD, MPH
At Noon and 8pm Eastern

Visit gi.org/ACGVGR to Register

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Online
August 1, 2025

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Virtual Grand Rounds

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Disclosures



Ben Houge, MS:
No relevant financial relationships with ineligible companies.



Sunanda V. Kane, MD, MSPH, MACG:
No relevant financial relationships with ineligible companies.

**All of the relevant financial relationships listed for these individuals have been mitigated*

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Virtual Grand Rounds



Redefining Risk: How Healthcare Transformation is Reshaping Workplace Violence and Patient Behavior

Ben Houge, MS – Director, Quality
Sunanda Kane, MD, MSPH, MACG – Chief Experience Officer







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Virtual Grand Rounds


A Snapshot of Mayo Clinic

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1.4M

Patients seen annually




82,000

Staff




>900,000

Outpatient virtual appointments




139

Patient countries of origin



8,000

Physicians, scientists and clinical residents




4,704

Students and trainees




54

Community Practice areas




141,000

Surgeries per year



\$1.1B

Total research funding



3

Destination Medical Centers

10



It is all connected

- Conduct defines the climate of care by establishing what behaviors are safe, expected and supported.
- Experience reflects how those behaviors are perceived, interpreted and remembered by others.
- Together, Conduct and Experience shape the human environment of care—both through action and impact.



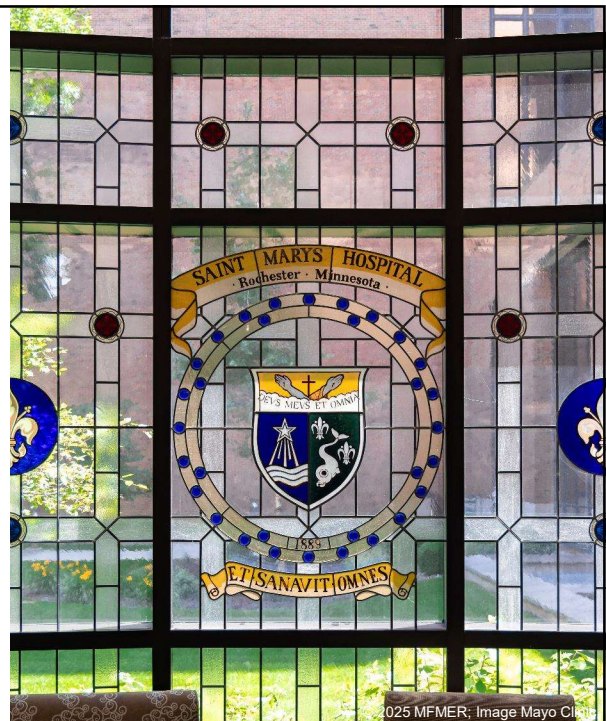
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Legacy is value

- Legacy gives us weight, anchoring us in the lessons, resilience, and wisdom of those who came before.
- Learning (innovation) gives us lift, fueling growth through humility, adaptation and intentional rapid change.
- Legacy and innovation are not opposites; together, they ground us in our value.



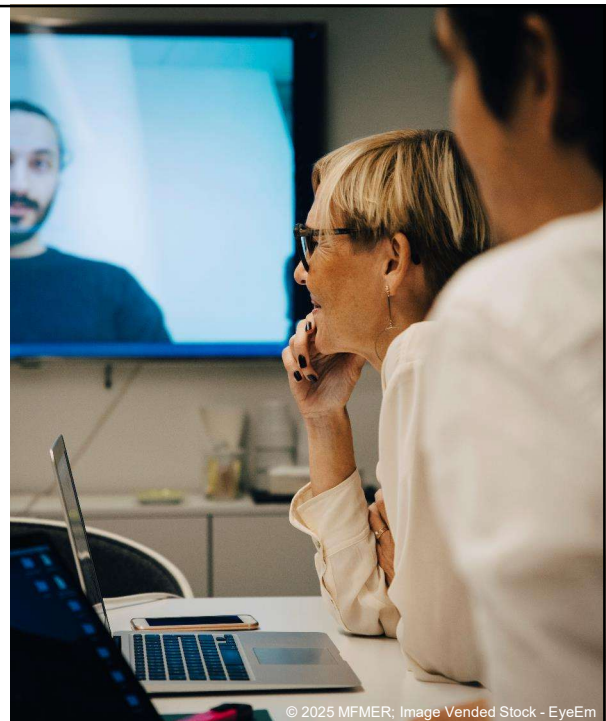
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Patient & Visitor Conduct

- PVC is a 'run org', a structured administrative discipline with defined cadence, case review, and documentation processes.
- It supports safe, respectful care by coordinating formal behavioral interventions such as warning letters, portal restrictions, and care team communication.
- PVC leads or advises on responsive actions including technical restrictions (like scheduling or portal restriction) and termination of care when conduct warrants it.



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Serial Appointment Cancellations with Escalating Digital Demands

In this case, a patient repeatedly canceled in-person follow-ups while increasing demands through electronic messaging. The behavior disrupted care delivery and staff workflow, exposing a need to distinguish between care-seeking and system misuse.

Recommendations included a behavior-based warning and disablement process for misuse, providing patients a clear path to amend disruptive patterns before aversive consequences.

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Unsafe or Inappropriate Video Visit Settings

Some patients joined video visits while driving or from public settings, creating safety risks and compromising privacy. Others allowed third parties to participate without being present themselves. To mitigate these issues, updated pre-visit materials and a policy framework were recommended to ensure visits occur in appropriate, confidential environments where clinicians can safely and effectively deliver care.

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“Caps Lock” Consequence

A patient who is typically polite during in-person visits begins sending late-night portal messages filled with profanity and personal insults when their prescription refill is delayed. They also use the anonymity of typed communication to accuse staff of discrimination and incompetence, copying/messaging large groups of staff on each message and escalating with caps and exclamation points.

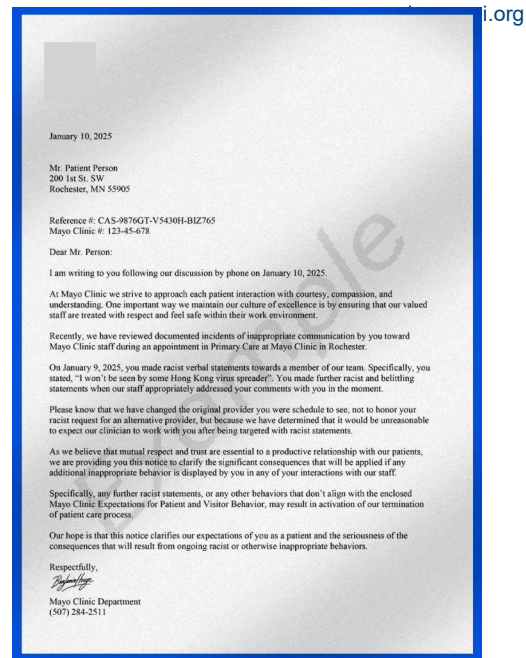
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Warning Letters

- Behavioral correspondence is issued when a patient's conduct prompts a formal response that may affect future care.
- Termination warning letters are the most common type and typically follow incidents involving belittling, disrespectful, or disruptive verbal behavior.
- Such conduct may also meet regulatory definitions of workplace violence, requiring prevention, mitigation, and response.



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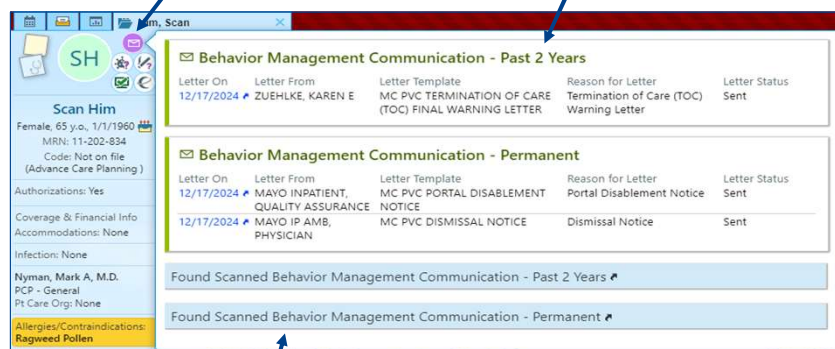


Warning Letters

Hover to discover violet storyboard icon visible for patients with letters issued.

Expire date for Storyboard indicator – rule based on letter type

1. Notification falls off after 2 years for warnings
2. Indefinite for notice letters



Scanned letters sent via original process will also generate Storyboard icon.

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Termination of Care

- Termination of Care is permanent — a rare, deliberate decision to end all ongoing care relationships for life, where legally enforceable.
- Dismissal is temporary and often practical — used for issues like frequent no-shows or service demands when no further care can be provided.
- Permanence is how lasting institutions say, “This must not happen again”—even if duty means it might. Not out of anger, but to close a door and mean it.




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Questions, Answers, Discussion


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 Virtual Grand Rounds
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Questions



Ben Houge, MS



Sunanda V. Kane, MD, MSPH, MACG

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