CEO Update to CCRHB

1 February 2019

James K. Gilman, MD

MG, USA (ret)

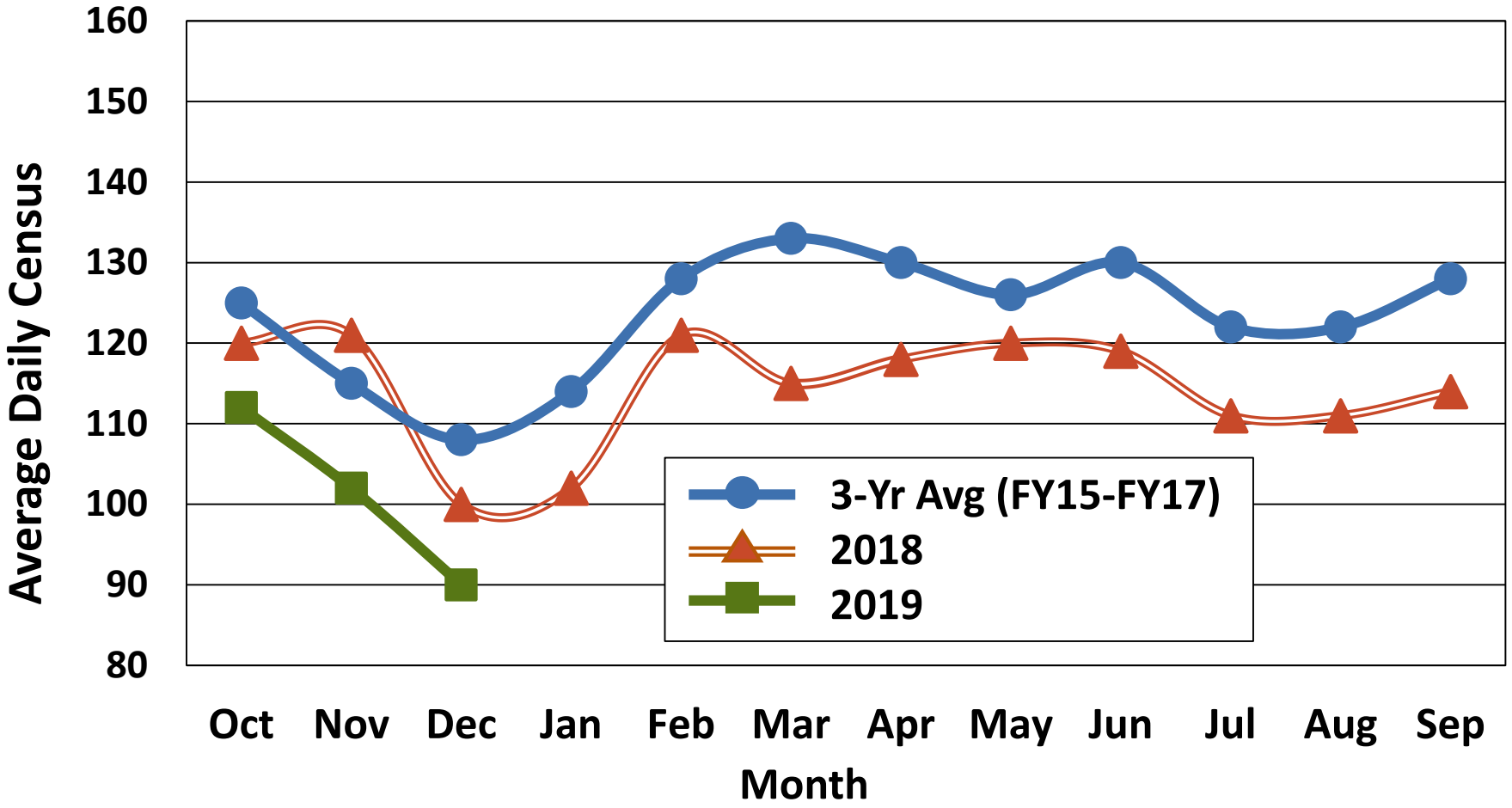
Mourning the Loss of NIAMS Director Stephen Katz, M.D., Ph.D.

He fought many battles for us …

The Clinical Center has lost one of its best friends and we will miss him greatly.

Average Daily Census

as of December 31, 2018



ADC Stats

- 3-Year Average (FY 2015-2017) = 126.6
- Year End FY 2018: 113.9
- Year-to-Date FY 2019 (as of 12/31/2018): 101.8

Maximizing the Utilization of the CC

- **New subcommittee of CC Governing Board (CCGB):**
  - **Chair: Dr. Walter Koroshetz, Director, NINDS**
  - **7 IC Directors**
- **Trends on Horizon:**
  - **CCE Expansion**
  - **New focuses on Alzheimer's/Dementia; Opiod Use Disorders; Pain Management**
  - **Shift to Outpatient/Day Hospitals**
- **Facilities Update:**
  - **Plans underway for hospice suites to include pediatrics patients**
  - **Plans continue for new lab/surgery/radiology facilities**

Recent Appointments

Norman E. “Ned“ Sharpless, MD
Director, National Cancer Institute (NCI)
Chair, Clinical Center Governing Board (CCGB)

Suzanne Wingate, PhD, RN, ANP-BC
Clinical Director, National Institute of Nursing Research (NINR)
Chair, Medical Executive Committee

Jonathan Green, MD, MBA
Director, Office of Human Subjects Research Protections (OHSRP), NIH

Closeout: 2018 Projects

- **Protocol Resource Impact Assessment (PRIA) – FINALIZED!**
- **Implicit Bias Training – more than 2000 completed training!**
- **Outpatient Clinics & Day Hospitals – much improved**
- **Conquer CC Space: The Last Frontier – LAGGING!**
- **Leadership Development – first class begins 11 January!**

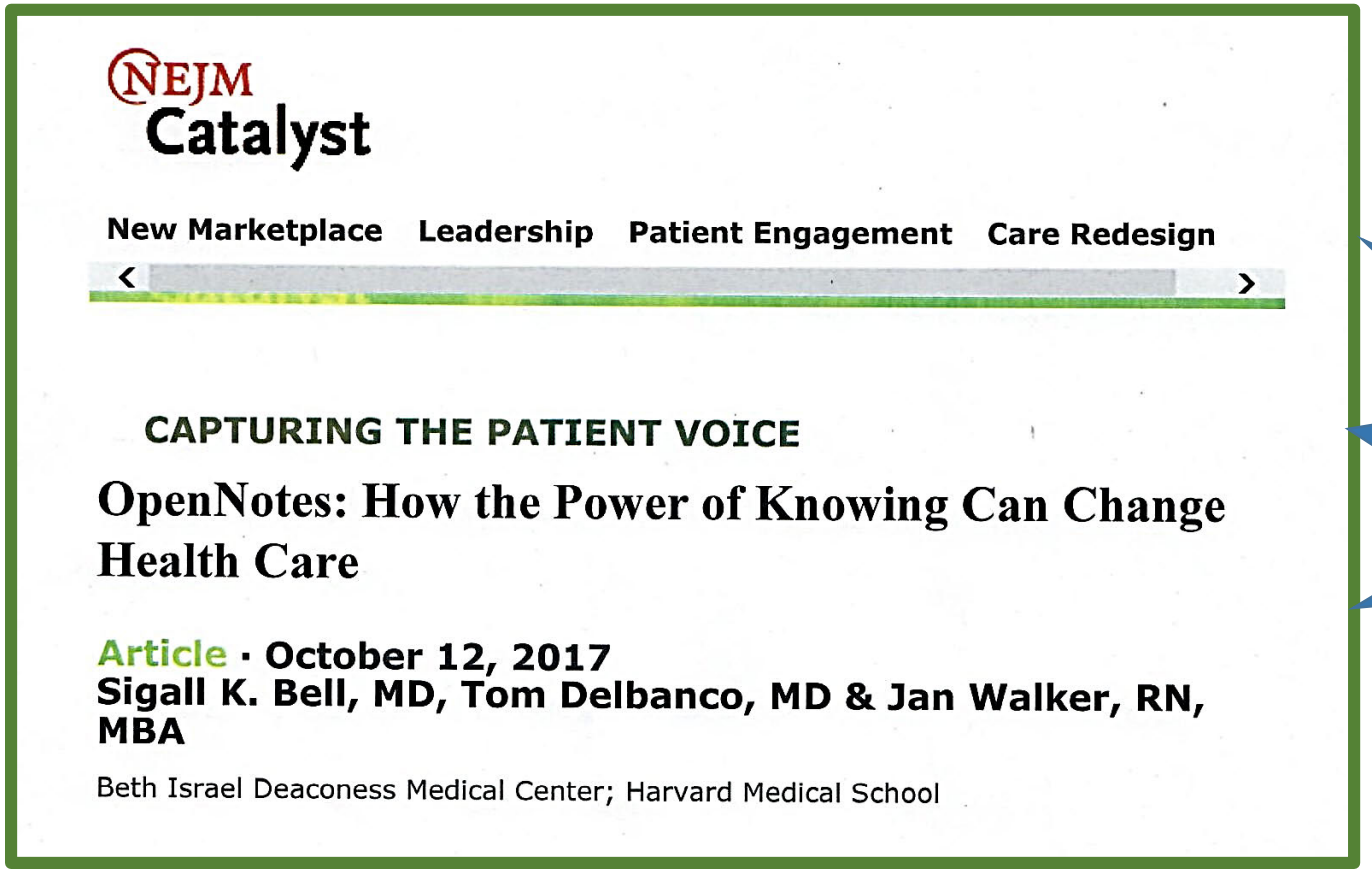
CC Leadership Training Opportunities

Training Program	2018 Participants	2019 Participants
CC Fundamentals in Leadership *(NEW!)*	N/A	Cohort 1 – 21 Participants *More sessions to be announced (TBD)*
CC Fundamentals of Supervision	Cohort 9 – 19 Participants Cohort 10 – 14 Participants	TBD – 17 on Waitlist
NIH Mid-Level Leadership (MLP)	13 Submitted to NIH 13 Accepted	13 Submitted to NIH 8 Accepted 5 Waitlisted *(for future Programs)*
NIH Senior-Level Leadership Program (SLP)	5 Submitted to NIH 4 Accepted 1 Waitlisted *(accepted in 2019 Program)*	8 Submitted to NIH 5 Accepted 3 Waitlisted *(for future Programs)*
NIH Executive Leadership Program (ELP)	0 Participants	0 Participants
NIH Management Seminar Series (MSS)	12 Participants	21 Participants

- **Other readily available NIH training programs:** DDM Seminars, Grand Rounds, and courses in NIH Learning Management System (LMS), etc.
- **Questions about training opportunities**: contact Clinical Center Office of Workforce Management and Development (OWMD)

Patients Access to Medical Records

- **MEC endorsed new practice on 11/20/2018 allowing patients full electronic access to progress notes**
  - **Accommodations for behavioral health studies**



NEJM Catalyst

New Marketplace Leadership Patient Engagement Care Redesign

CAPTURING THE PATIENT VOICE

OpenNotes: How the Power of Knowing Can Change Health Care

Article · October 12, 2017

Sigall K. Bell, MD, Tom Delbanco, MD & Jan Walker, RN, MBA

Beth Israel Deaconess Medical Center; Harvard Medical School

Implementation
July 1, 2019

FEVS 2018

61%

Response Rate

2017: 56%
2016: 40%

2018 FEVS RESULTS – QUICK STATS

48 items (out of 71) considered *strengths* (≥65% positive rating)

- **2017 results had 40 strengths**

1 item considered a *challenge* (≤40% positive rating)

- **2017 results had 3 challenges**

0 items considered *opportunities* (≥30% neutral rating)

- **2017 results had 1 opportunity**

8 items *improved* from 2017 results (≥5% increase in positive rating)

- **2017 results showed 21 improved items**

0 items *declined* from 2017 results (≥5% decrease in positive rating)

- **2017 results had 0 declined items**

CC *IMPROVED* ITEMS

(≥5% INCREASE IN POSITIVE RATING)

1. **I believe the results of this survey will be used to make my agency a better place to work (+8%)**
2. **In my organization, senior leaders generate high levels of motivation and commitment in the workforce (+8%)**
3. **The work unit has the job-relevant knowledge and skills necessary to accomplish organizational goals (+7%)**
4. **Senior leaders demonstrate support for Work/Life programs (+7%)**
5. **Overall, how good a job do you feel is being done by the manager directly above your immediate supervisor? (+6%)**
6. **I have a high level of respect for my organization's senior leaders (+6%)**
7. **I feel encouraged to come up with new and better ways of doing things (6%)**
8. **Arbitrary action, personal favoritism and coercion for partisan political purposes are not tolerated (+5%)**

CC **CHALLENGE**

(≤40% POSITIVE RATING)

1. Pay raises depend on how well employees perform their jobs (34%)

**** Has been a CC Challenge item for the last 5 years ****

2019 Priorities

- **Violence in the workplace**
- **Anti-harassment campaign**
- **Property Accountability**
- **Clinical Space**
- **Professionalism**

Related – *staff safety* – but not the same

WE, THE NIH CLINICAL CENTER, LOVE OUR PATIENTS & THEIR FAMILIES

We Have High Hopes for your Health, Well-being and Safety.

AND

We Have Expectations of Both our Staff Members & Patients:

1. Profanity and / or abusive language is unacceptable.
2. Physical threats or overt physical violence may be reported to the campus police.
3. Regardless of intentions, sexual harassment and gender harassment will be reported to the NIH Civil Program Office.
4. If you have concerns about hospital staff behavior, please report this information to your physician, nurse, and/or your Patient Representative at **301-496-2626** or **ccptrep@mail.nih.gov.**

Remember:

Harassment Doesn't Work Here!

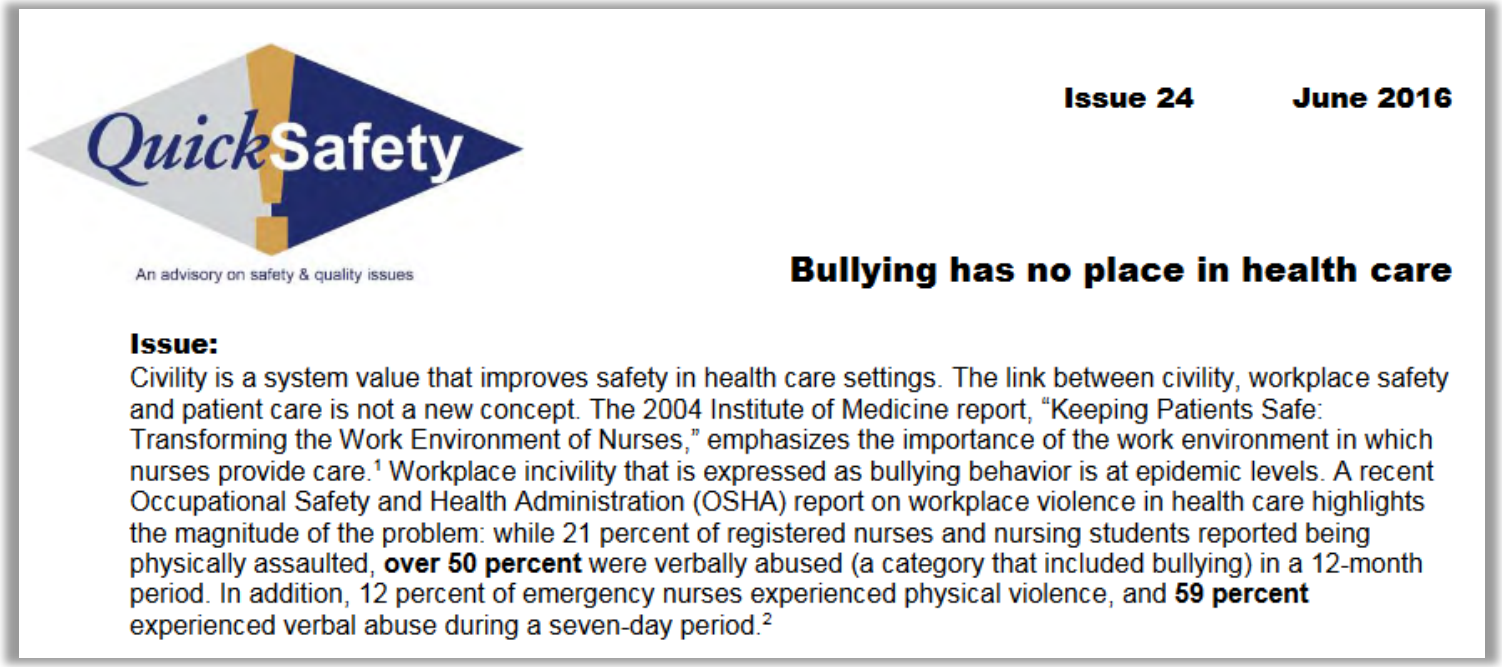
Dr. James Gilman
NIH CC CEO

CAPT Antoinette Jones
NIH CC Patient Representative

CC Anti-Harassment Workgroup

- **Membership:** **Multidisciplinary team composed of NIH and CC staff.**
- **Goal:** **Develop a multifaceted program that addresses inappropriate behavior and harassment by patients and visitors towards staff in the Clinical Center.**
- **Multi-Pronged Approach:** **Foster an organizational culture that encourages staff, patient and visitor safety.**

Unprofessional Behavior in the Workplace



QuickSafety

An advisory on safety & quality issues

Issue 24 **June 2016**

Bullying has no place in health care

Issue:

Civility is a system value that improves safety in health care settings. The link between civility, workplace safety and patient care is not a new concept. The 2004 Institute of Medicine report, "Keeping Patients Safe: Transforming the Work Environment of Nurses," emphasizes the importance of the work environment in which nurses provide care.[1] Workplace incivility that is expressed as bullying behavior is at epidemic levels. A recent Occupational Safety and Health Administration (OSHA) report on workplace violence in health care highlights the magnitude of the problem: while 21 percent of registered nurses and nursing students reported being physically assaulted, **over 50 percent** were verbally abused (a category that included bullying) in a 12-month period. In addition, 12 percent of emergency nurses experienced physical violence, and **59 percent** experienced verbal abuse during a seven-day period.[2]

Unprofessional Behavior in the Workplace

Perspective: **A Culture of Respect, Part 1: The Nature and Causes of Disrespectful Behavior by Physicians**

Lucian L. Leape, MD, Miles F. Shore, MD, Jules L. Dienstag, MD, Robert J. Mayer, MD, Susan Edgman-Levitan, PA, Gregg S. Meyer, MD, MSc, and Gerald B. Healy, MD

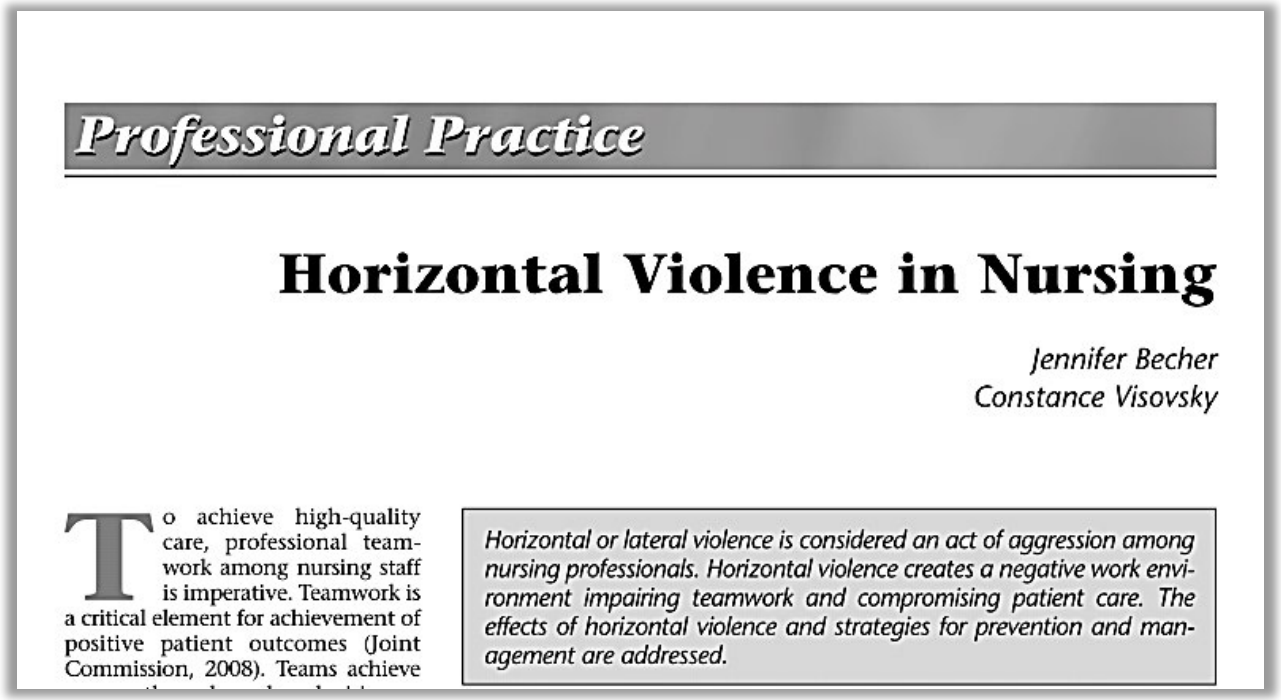
Abstract

A substantial barrier to progress in patient safety is a dysfunctional culture rooted in widespread disrespect. The authors identify a broad range of disrespectful conduct, suggesting six categories for classifying disrespectful behavior in the health care setting: disruptive behavior; humiliating, demeaning treatment of nurses, residents, and students; passive-aggressive behavior; passive disrespect; dismissive treatment of patients; and systemic disrespect.

At one end of the spectrum, a single disruptive physician can poison the atmosphere of an entire unit. More common are everyday humiliations of nurses and physicians in training, as well as passive resistance to collaboration and change. Even more common are lesser degrees of disrespectful conduct toward patients that are taken for granted and not recognized by health workers as disrespectful.

Disrespect is a threat to patient safety because it inhibits collegiality and cooperation essential to teamwork, cuts off communication, undermines morale, and inhibits compliance with and implementation of new practices. Nurses and students are particularly at risk, but disrespectful treatment is also devastating for patients. Disrespect underlies the tensions and dissatisfactions that diminish joy and fulfillment in work for all health care workers and contributes to turnover of highly qualified staff. Disrespectful behavior is rooted, in part, in characteristics of the individual, such as insecurity or aggressiveness, but it is also learned, tolerated, and reinforced in the hierarchical hospital culture. A major contributor to disrespectful behavior is the stressful health care environment, particularly the presence of "production pressure," such as the requirement to see a high volume of patients.

Unprofessional Behavior in the Workplace



Professional Practice

Horizontal Violence in Nursing

Jennifer Becher
Constance Visovsky

Horizontal or lateral violence is considered an act of aggression among nursing professionals. Horizontal violence creates a negative work environment impairing teamwork and compromising patient care. The effects of horizontal violence and strategies for prevention and management are addressed.

To achieve high-quality care, professional teamwork among nursing staff is imperative. Teamwork is a critical element for achievement of positive patient outcomes (Joint Commission, 2008). Teams achieve

Unprofessional Behavior in the Workplace

BMJ 2018;360:k1025 doi: 10.1136/bmj.k1025 (Published 7 March 2018)

EDITORIALS

Check for updates

Confronting unprofessional behaviour in medicine

Solutions will need to come from within the profession

Jo Shapiro *director*

Center for Professionalism and Peer Support, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

Revelations about harassment and bullying in different working environments continue to make daily headlines. Medicine is not exempt: we have tolerated and continue to tolerate behaviour

they bring the institution a great deal of revenue; they have high standards for everyone, including themselves; they are trying to educate and improve others' performance; they are patient

Dr. Jo Shapiro will visit the Clinical Center on July 23 – 24, 2019 to meet with the MEC and Patient Safety leaders; then, present Grand Rounds to the CC community

CC Strategic Planning

- **Current Priority: Strategic Planning Reboot – v. 2.0**
  - **4 sessions in fall/winter with senior CC/NIH leaders**
  - **Context for review of organizational priorities:**
    - ***People***
    - ***Census & Space***
    - ***Capabilities***
  - **Next Steps:**
    - **Formalize plan**
    - **Review/approval by CCGB**
    - **Presentation to CCRHB**
- **Goal: Strategic Plan Completion in 2019**

CCE Ribbon-Cutting

CELL THERAPY STATE OF THE ART WORKSHOP

CO-SPONSORS:

CC Department of Transfusion Medicine

&

University of California San Francisco

American Course on Drug Development & Regulatory Sciences

KEYNOTE ADDRESS:

ADM Brett P. Giroir, MD,

Assistant Secretary for Health, DHHS

February 28, 2019

12 th International Rare Disease Day
&
11th **NIH Rare Disease Day Celebration**

Natcher Conference Center

RARE DISEASE DAY at NIH

Feb. 28, 2019 | #RDDNIH

8:30 am – 4 pm at the Main Auditorium
of the Natcher Conference Center in Building 45

Go to https://ncats.nih.gov/rdd to register now!

Sponsored by NCATS and the NIH Clinical Center

Attendees will include patients, professionals, patient advocacy groups, families, members of Congress)

- **Partners:**
  - **Children's Inn at NIH**
  - **Food and Drug Administration**
  - **National Organization for Rare Disorders**
  - **Genetic Alliance**
  - **Global Genes®**
  - **EveryLife Foundation for Rare Diseases**
  - **Uplifting Athletes**
  - **Alpha-1 Foundation**
  - **Batten Disease Support & Research Assoc**
  - **The Calliope Joy Foundation,**
  - **Children's Tumor Foundation**
  - **Curing Retinal Blindness Foundation**
  - **Erdheim-Chester Disease Global Alliance**
  - **The Foundation for Prader-Willi Research Lysosomal Disease Network**
  - **Vasculitis Foundation**

CC Tours optional

Today's Agenda

9:00 AM	**Welcome & Board Chair's Overview** ➢ **Laura Forese, MD,** *NewYork-Presbyterian, and Hospital Board Chair*
9:05 AM	**NIH Director's Remarks** ➢ **Francis Collins, MD, PhD**, *Director, NIH*
9:20 AM	**NIH CC CEO Update** ➢ **James Gilman, MD,** *Chief Executive Officer, NIH Clinical Center*
10:00 AM	**CC Capital Fund Approval Process** ➢ **James Gilman, MD,** *Chief Executive Officer, NIH Clinical Center*
10:40 AM	**Discussion**
11:00 AM	**Break**
11:20 AM	**Patient Safety & Clinical Quality Update & 2 Year Clinical Performance Metrics Report** ➢ **Laura Lee, MS, RN,** *Director, Clinical Center Office of Patient Safety & Clinical Quality*
12:00 PM	**Lunch**
1:00 PM	**Pharmacy Update** ➢ **Majid Tanas, PharmD, MHA, MS**, *Chief, Clinical Center Pharmacy Department* ➢ **Dachelle Johnson, PharmD, BCPS**, *Medication Safety Officer, Clinical Center Pharmacy Department*
2:00 PM	**Sepsis Outcome Data** ➢ **Naomi O'Grady, MD,** *Chief, Clinical Center Internal Medicine Service* ➢ **Tara Palmore, MD,** *Clinical Center Hospital Epidemiologist*
2:30 PM	**The Impact of Artificial Intelligence on Radiology** ➢ **Ronald Summers, MD, PhD,** *Senior Investigator, Imaging Biomarkers and Computer-Aided Diagnosis Laboratory, Radiology and Imaging Sciences*
3:00 PM	**Adjournment**