Patient Safety & Quality at the CC
Report from the Medical Executive Committee and NIDCD Perspectives

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Functions of Medical Executive Committee

• Assesses quality and safety of patient care
• Develops policies for medical practice and clinical care
• Recommends medical staff appointments, clinical privileges
• Establishes standards of health care delivery
• Recommends allocation of resources
• Provides oversight for consultation services
• Recommends clinical research policy
Assessment of Quality and Safety of Patient Care

• Patient census, utilization, occurrence and outcomes data
  – Infection control
  – Safety of blood products (Transfusion Subcommittee)
  – Medical record compliance and quality (Clinical Information Management Subcommittee)
  – Medication management (Pharmacy and Therapeutics Subcommittee)
  – Code Blue and Rapid Response (CPR Subcommittee)
  – Bioethical issues (Ethics Subcommittee)

• Patient perception and surveys of care and services
Clinical Issues Addressed in 2017

- Launch of the PSCPQ Committee
- Role of the Clinical Director and MEC in credentialing - review of metrics, OPPE/peer review, privileging
- Care of pediatric patients
- Neurologic emergency algorithm
- Rapid transport of patients to area hospitals
- Accuracy of patient-provider information in CRIS
- Hospice beds
- Fluid shortages/medication standardization
- 24/7 hospital operations support
# 2017 Credentialing-Privileging Summary

## Credentialing Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial appointments</td>
<td>418</td>
</tr>
<tr>
<td>Reappointments</td>
<td>569</td>
</tr>
<tr>
<td>Temporary appointments (5- or 45-day)</td>
<td>521</td>
</tr>
<tr>
<td>Mid-appointment actions</td>
<td>44</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1552</strong></td>
</tr>
</tbody>
</table>

## Privileging Actions for Existing Staff

<table>
<thead>
<tr>
<th>Action</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addition of new privileges</td>
<td>59</td>
</tr>
<tr>
<td>Modifications to existing privileges</td>
<td>36</td>
</tr>
<tr>
<td>Reductions in privileges (all voluntary)</td>
<td>66</td>
</tr>
<tr>
<td>Suspension of privileges - “On Hold” Status</td>
<td>36</td>
</tr>
<tr>
<td>(e.g., awaiting CPR renewal, completion of administrative tasks associated with credentialing)</td>
<td></td>
</tr>
<tr>
<td>Revocation of privileges</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>197</strong></td>
</tr>
</tbody>
</table>
Clinical Research Related Issues Addressed

• Centralization of clinical research support services
• Launch of Office of Research Support and Compliance
• Timely reporting of clinical research-related events
• Changes to informed consent
• Scientific review process
• Protocol prioritization
MEC Goals for Continuing Improvement 2018

- Develop metrics for evaluating clinical competence and outcomes
- Translate recommendations of PSCPQ Committee for peer review to improve OPPE, privileging
- Improve the quality of clinical documentation
- Improve support for protocol development, review and implementation
- Sustain timely reporting of events
- Enhance Institute Patient Safety and Quality
Perceptions of Patient Safety and Quality

• Patient safety huddle has enhanced awareness re: clinical and safety issues & provides opportunity for real-time problem-solving

• Medical and surgical M&Ms have raised awareness about patient safety issues and has started to “build community” around safety and quality

• Increased focus on prospective risk assessments (FMEA) versus reactive response to risk

• More programs are using outside expertise to supplement their clinical programs (ENT surgeons, hospitalists for Medical Oncology Branch)
NIDCD Activities for Continued Improvement

- Johns Hopkins University contract and Walter Reed MOU to enhance otolaryngology subspecialty clinic and surgical expertise, patient care, education, and research
- Expansion of research support staff for protocols
- Weekly staff meeting, patient care conferences and walk rounds to assess quality, improve care and ensure timely reporting
- Monthly quality and patient safety meeting with review of quality metrics and 30 day outcomes
- Hospital wide tracheotomy consult service rounds 3x/week to improve tracheotomy education, patient safety and care
- Inclusion of patient safety, documentation quality in OPPE and performance plans