

Patient Safety and Clinical Quality Update

Gains – Goals – Challenges



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2017 Gains

Shift in Organizational Culture

- Leadership and focus on patient safety and quality
- Resources/investment
- Staff engagement/activation
- Morning Huddle
- Accountability for progress forward
- Focus on prospective risk assessment
- 24/7 mindset

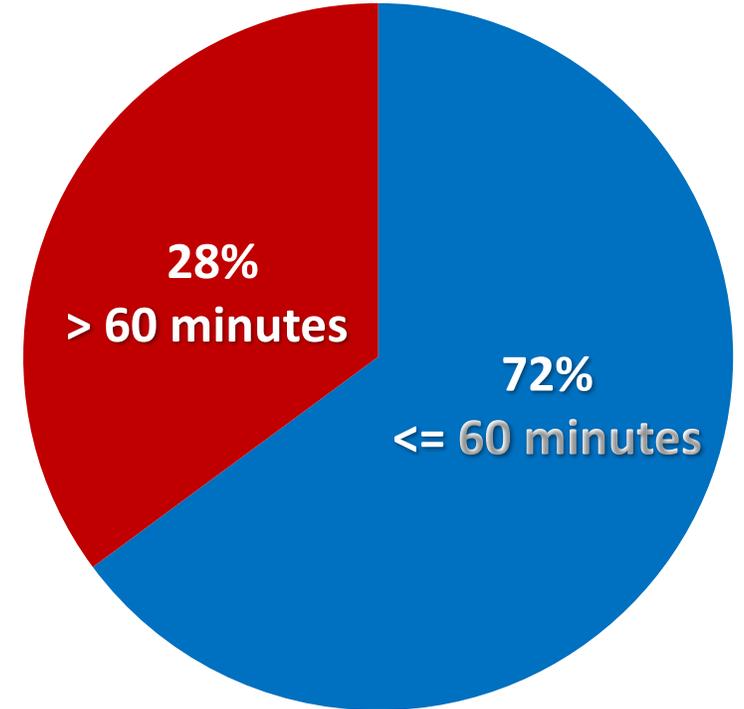
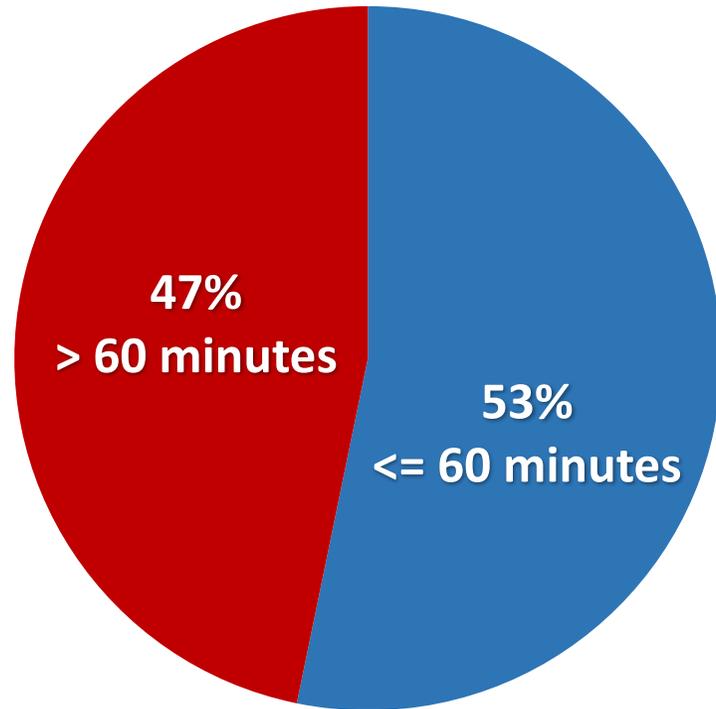
Specific Initiatives

- Clinical emergencies
 - Brain Code
 - Massive Transfusion Protocol
- Trigger Tool
- Systems-based Mortality & Morbidity Rounds
- STARS
- Unit-based Patient Safety and Clinical Quality meetings
- Timely delivery of critical blood cultures
- STAT Antibiotics

2017 STAT Antibiotics

August/September 2017

November/December 2017



■ > 60 minutes = 29 ■ <= 60 minutes = 33

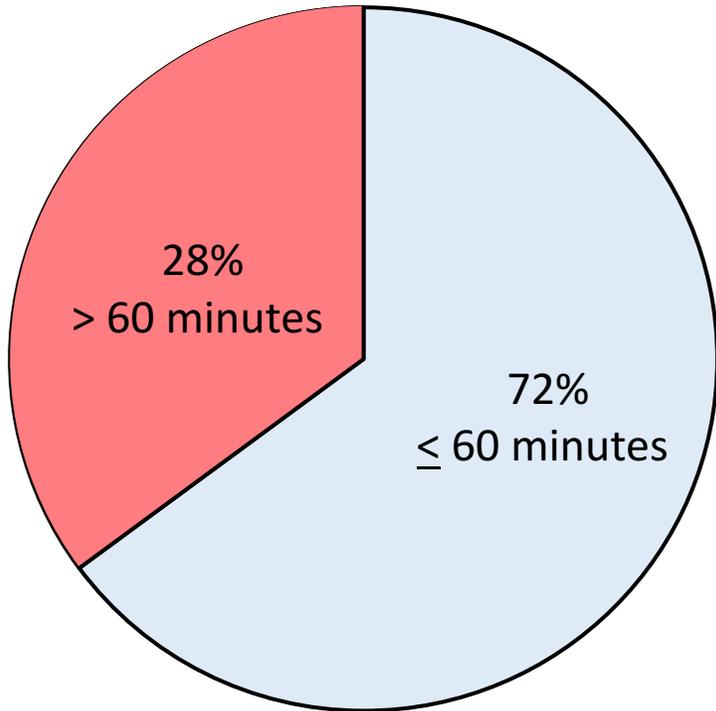
■ > 60 minutes = 13 ■ <= 60 minutes = 24

Total Doses = 62

Total Doses = 47

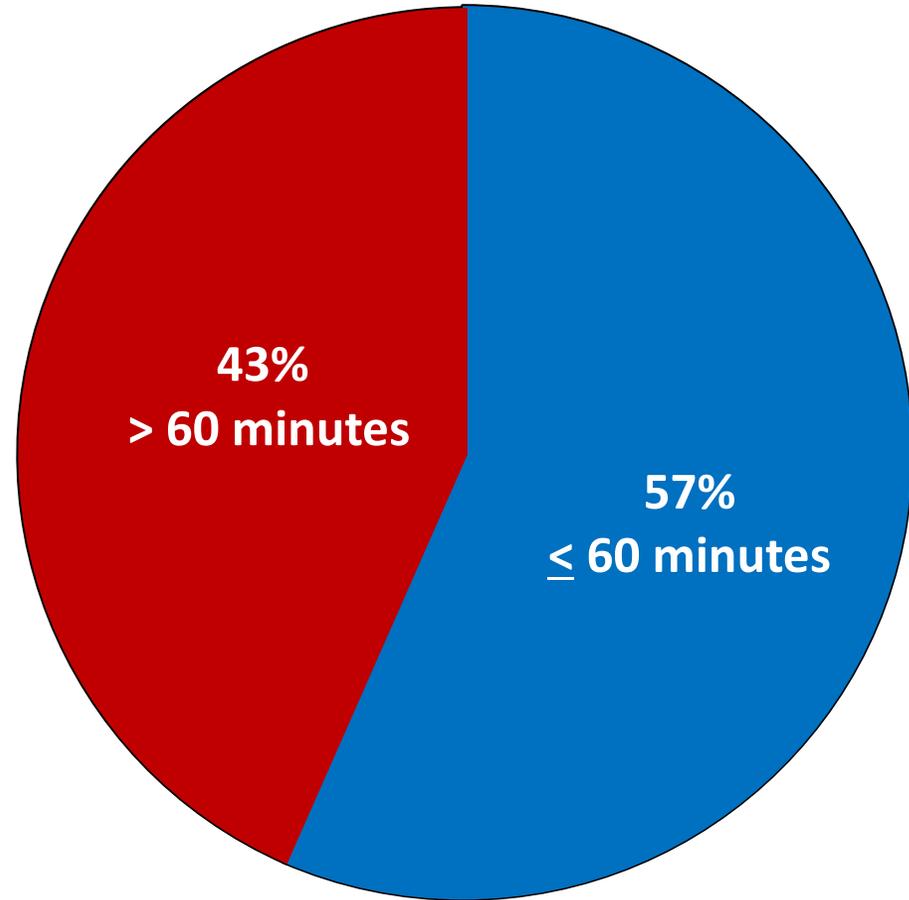
1st Quarter 2018 - STAT Antibiotics

November/December 2017



 > 60 minutes = 13  ≤ 60 minutes = 24

Total Doses = 47



 > 60 minutes = 76  ≤ 60 minutes = 99

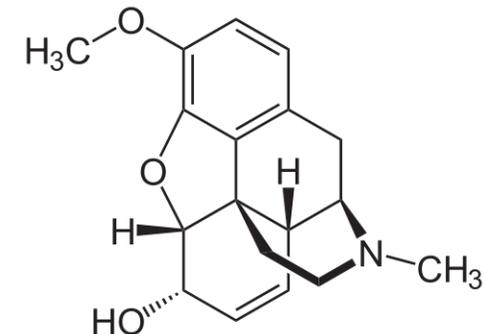
Total STAT doses = 175

1st Quarter 2018 Advances

- Pain Management
 - Managing unplanned admissions
 - Hand hygiene focus
 - House-wide falls prevention
 - Safe patient handling
 - Day Hospital patient flow
- STARS
 - Prospective Risk Assessments
 - High level disinfection and sterilization
 - Children < 3 years of age
 - Root Cause Analysis
 - Patient Identification
 - Protocol management
 - Trigger Tool
 - Sepsis management

Pain Management

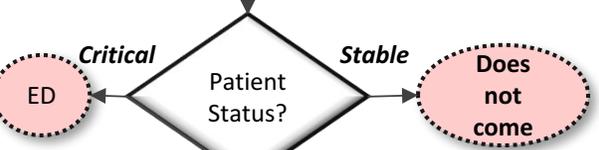
- Focus on acute and chronic pain
- Opioids
 - Patient safety
 - Judicious use
 - Patient “roles and responsibilities”
 - Outpatient management
 - Access to state databases
 - IV opioid shortage
 - Organizational strategies
- Metrics
 - Patient outcomes
 - Functional assessment
 - Opioid safety
 - Patient risk assessment
 - Patient activation
 - Communication/education



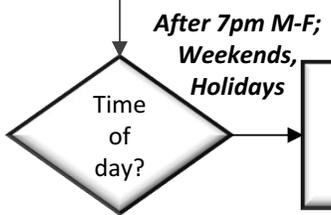
Managing Unplanned Off-hour Adult Outpatients' Admissions to the NIH Clinical Center



Patient connects with Primary LIP or Moonlighter re: status



Patient to come to CC



Patient instructed by LIP to come to Admissions

Primary LIP contacts Nursing Administrative Coordinator (AC)

AC contacts Admissions for situational awareness

AC meets patient at Admissions

AC contacts ICU Team (Charge RN or Fellow) for situational awareness

Patient transported to ICU by AC (or designated unit)

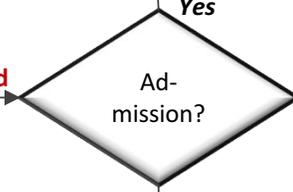
Primary LIP provides care in ICU site



Nursing care order set/algorithm activated until Primary LIP arrives (with CCMD back up, if necessary)

Not to exceed 2 hours

Transferred and/or bedside admission



D/C

2018-2019 Vision

Reduce Preventable Harm

Strategies to Reach our Goals

- Communication
- Patient activation
- Professionalism
- Staff empowerment
- Organizational learning/feedback
- Prospective Risk Assessments and Surveillance
- Partnerships

Challenges

- Organizational learning/feedback to frontline staff
- Just culture: Non-punitive response to error
- Patient activation
- Professionalism



"It always seems impossible until it's done!"

Nelson Mandela