Patient Safety and Clinical Quality Update

Gains – Goals – Challenges

Laura Lee, MS, RN
Director, Office of Patient Safety and Clinical Quality
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

- 47% > 60 minutes
- 53% ≤ 60 minutes

Total Doses = 62

> 60 minutes = 29
≤ 60 minutes = 33

November/December 2017

- 28% > 60 minutes
- 72% ≤ 60 minutes

Total Doses = 47

> 60 minutes = 13
≤ 60 minutes = 24

Intervention
1st Quarter 2018 - STAT Antibiotics

November/December 2017

- 28% > 60 minutes (13 doses)
- 72% ≤ 60 minutes (24 doses)

Total Doses = 47

- 43% > 60 minutes (76 doses)
- 57% ≤ 60 minutes (99 doses)

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 Status?**
- **Critical**
- **Stable**
- **Does not come**

**Time of day?**
- **Day**
  - Patient instructed to come to Admissions
  - Primary LIP contacts Nursing Administrative Coordinator (AC)
  - AC contacts ICU Team (Charge RN or Fellow) for situational awareness
- **After 7pm M-F; Weekends, Holidays**
  - Patient instructed by LIP to come to Admissions
  - AC contacts Admissions for situational awareness

**AC meets patient at Admissions**
- Patient transported to ICU by AC (or designated unit)
- Primary LIP on-site?
  - Yes
  - Primary LIP provides care in ICU site
  - Transferred and/or bedside admission
  - Admission?
    - Yes
    - D/C
    - No
  - D/C
- No
  - Nursing care order set/algorithm activated until Primary LIP arrives (with CCMD back up, if necessary)

**Does not come**
- ED

**Patient Status?**
- **Critical**
  - Patient to come to CC
  - Patient instructs to come to DH (1st/3rd/5th)
- **Stable**
  - Patient connects with Primary LIP or Moonlighter re: status
  - Patient to come to CC
  - Patient instructs to come to DH (1st/3rd/5th)
- **Does not come**
  - Patient to come to CC
  - Patient instructs to come to DH (1st/3rd/5th)

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