

# CEO Update to CCRHB

14 July 2017

James K. Gilman, MD

MG, USA (ret)

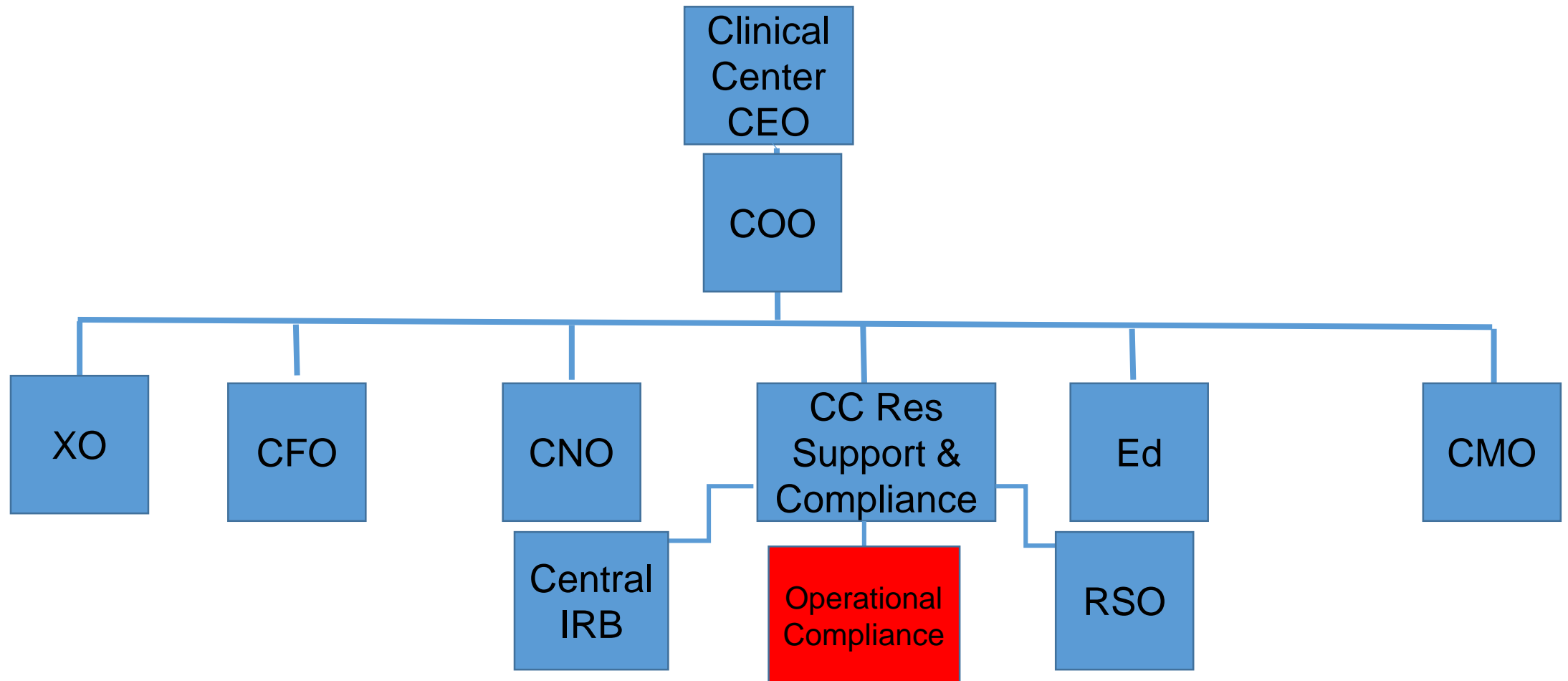
Mission: We provide hope through pioneering clinical research to improve human health.

Guiding principle #1: Individual and collective passion for high reliability in the safe delivery of patient-centric care in a clinical research environment.

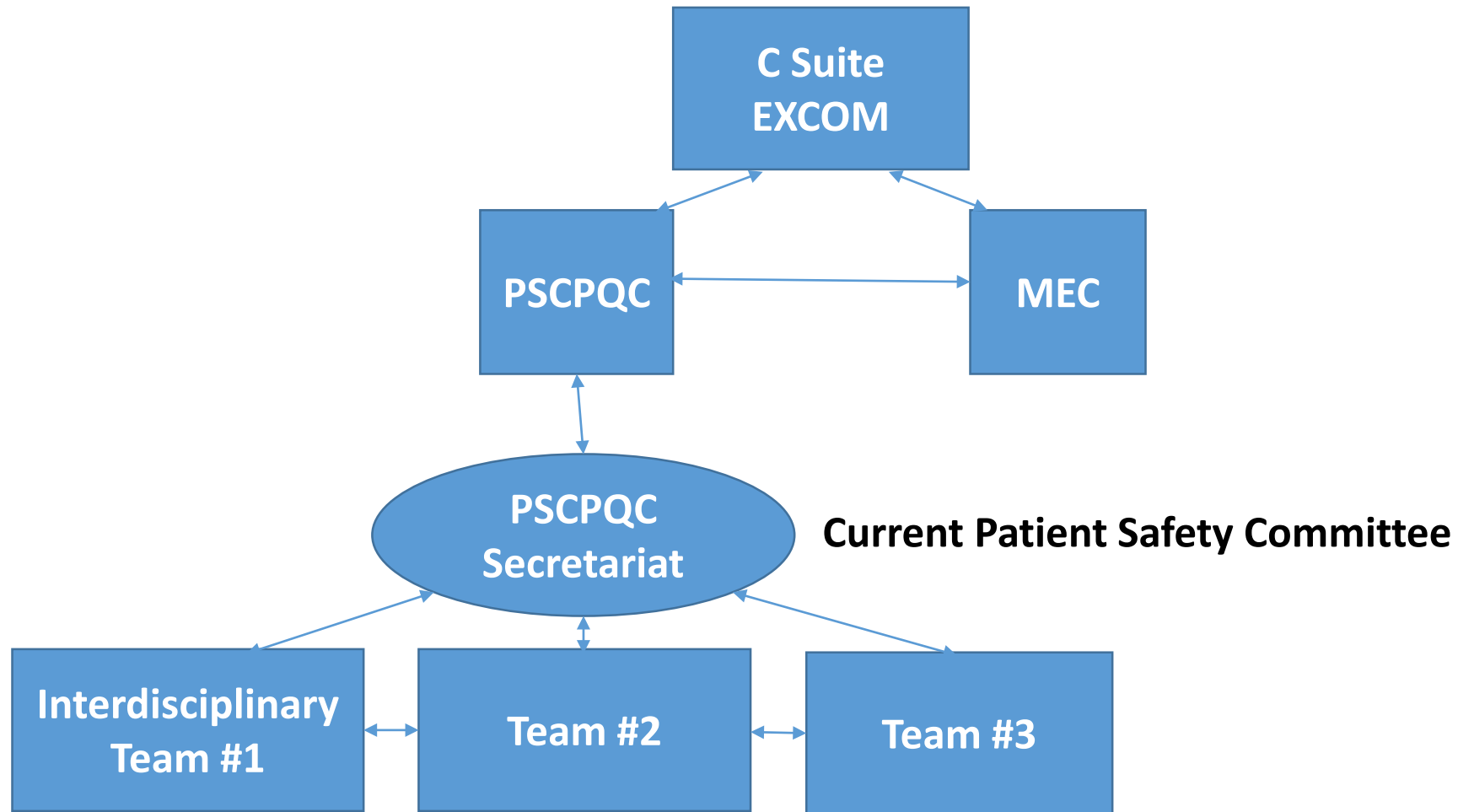
# Fill Key Positions

- CNO /CNE – well into search process
- COO – approved by HHS, Search Committee named, search plan approved
- Acting Executive Officer, Colleen McGowan, no longer Acting
- Radiology and Imaging Science Chief\* - search has been launched

# Organizational Chart



# Concept Approved by Medical Executive Committee



# Events / Dates

- 2nd M & M in the new format  
19 June

Lipsett Auditorium

Will move to Masur Auditorium for next one – focus on transitions & communication

- Dr. Atul Gawande / Dr. Collins presentation – 13 June, precision delivery of care



June High Reliability ½ Day Meeting – Maryland HA

# What Have You Forgotten Lately?

Less time intensive

Still required persuasion

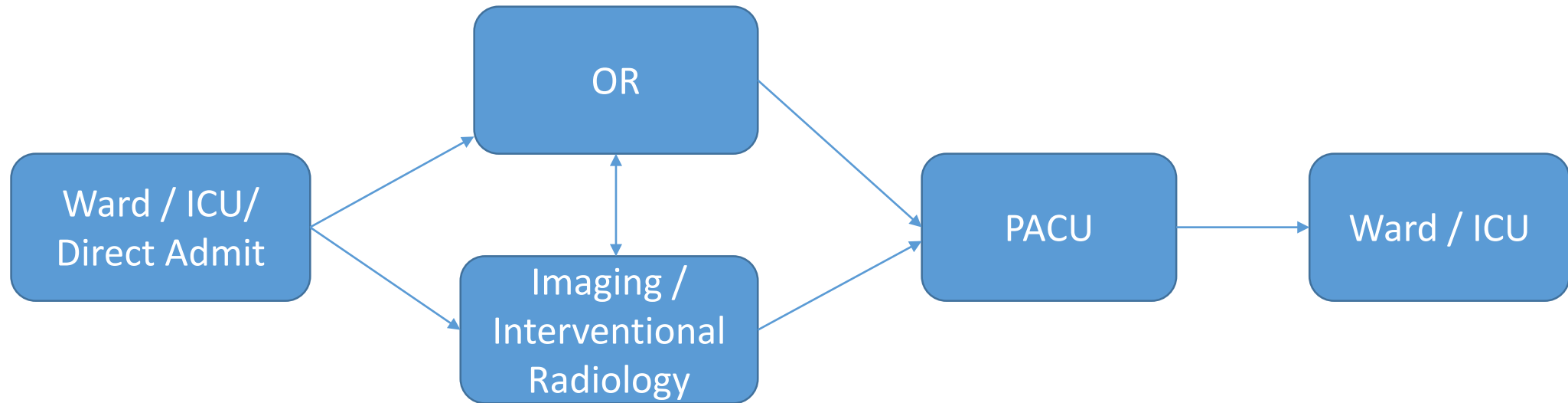
Filled Lipsett Auditorium

Fire Marshall not happy

Everyone else was



## Focus on transitions



1. Multiple steps needing careful coordination but no coordinator.
2. Too many episodes of poor communication.
3. Too much happening in the white space between the rectangles.

**Nurses in all areas shown brought under CCND supervision**

**Made the commitment to implement IPASS**



# Stepping Up Our Game

- Improving the care of our youngest patients

Pediatrics observation unit

Hiring our first pediatrics hospitalists

Augmented **code blue** team with more pediatrics expertise

- NCI moved to hospitalist model to cover in-patients during at least a portion of the day
- NIDCD established contract for consultation and surgical expertise for specialized procedures

# Guiding Principle #2: Diversity and inclusion of people and ideas

## Project Search



Graduation 13 June  
Since 2010  
72 NIH Graduates  
NIH effort led by CC



Partners: SEEC &  
Ivymount School

# Guiding Principle #3: Compassion for our patients, their families, and one another



“Pain is not just physical suffering. Suffering also involves psychosocial issues, loss of work, family functioning, financial concerns, fear of death and spiritual issues.” “We miss the boat when we think to take care of suffering we’ll just give a medication of some type.

There is no medication for suffering.”

Ann Berger, MD. *The NIH Record*, Vol. 56, No. 10, May 11, 2004  
Chief of the Pain and Palliative Care Service at NIH

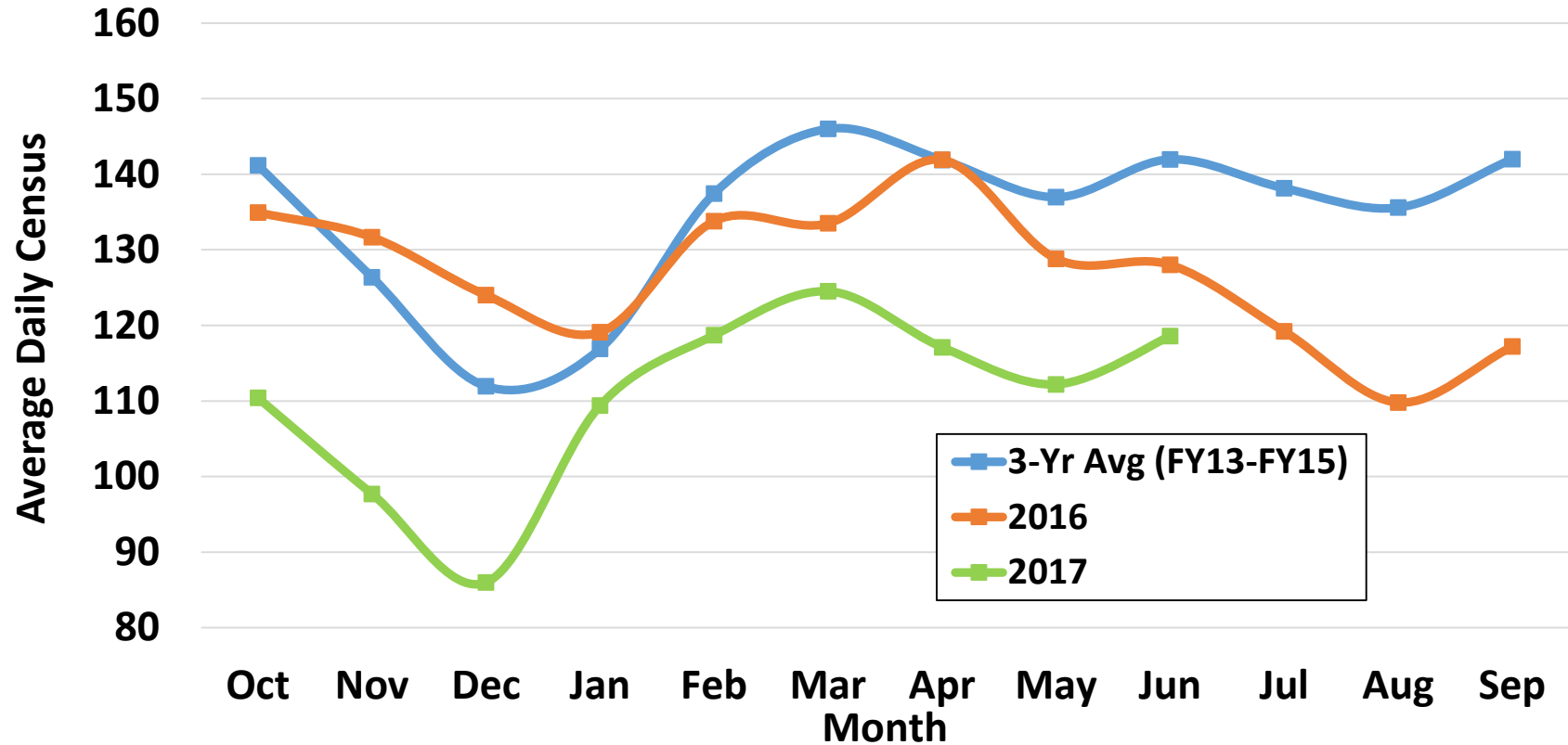


Dr. Ann Berger, Chief of Pain & Palliative Care Service  
Identified the resources to establish two  
hospice suites for patients and their families

# Guiding Principle #4: Innovation in both preventing & solving problems

- All protocols reviewed for resource implications
- Failure Mode & Effects Analysis (FMEA) for complex, high risk protocols
- FMEA for high risk protocols cited positively by AHRPP
- Strategic plan development initiated on 19 June with 4 hrs. leadership session (all CC)
- Next step is larger leadership group of 30 (almost all CC)
- Step after next will involve more Institute representation

# Average Daily Census (ADC)\*



## ADC Stats

- 3-Year Average (FY 2013-2015) = 134.7
- Year-End FY 2016: 126.7
- Year-to-Date FY 2017 (through July 2): 110.0

\*ADC = average number of inpatient days on a daily basis



# Guiding Principle #5: accountability for the optimal use of all resources

- Used mid-year sweep to make investments for patient safety
- First quarterly business planning meeting held on 27 June
  - Review of 2017 utilization metrics
  - Review of 2017 budget execution
  - Review of 2018 budget scenarios – flat, -3%, -5%
- Began work on business plan for Center for Cellular Engineering
  - Provided additional administrator to assist DTM as they put together a formal business plan
  - Provided additional money to retain a consultant



Tru-D

# Guiding principles #6 & #7

- Excellence in clinical scientific discovery and application
- Commitment to professional growth and development

Succession planning

Improving opportunities for recognition for clinical and administrative excellence

# CC Focus Groups

## Action Items/Recommendations

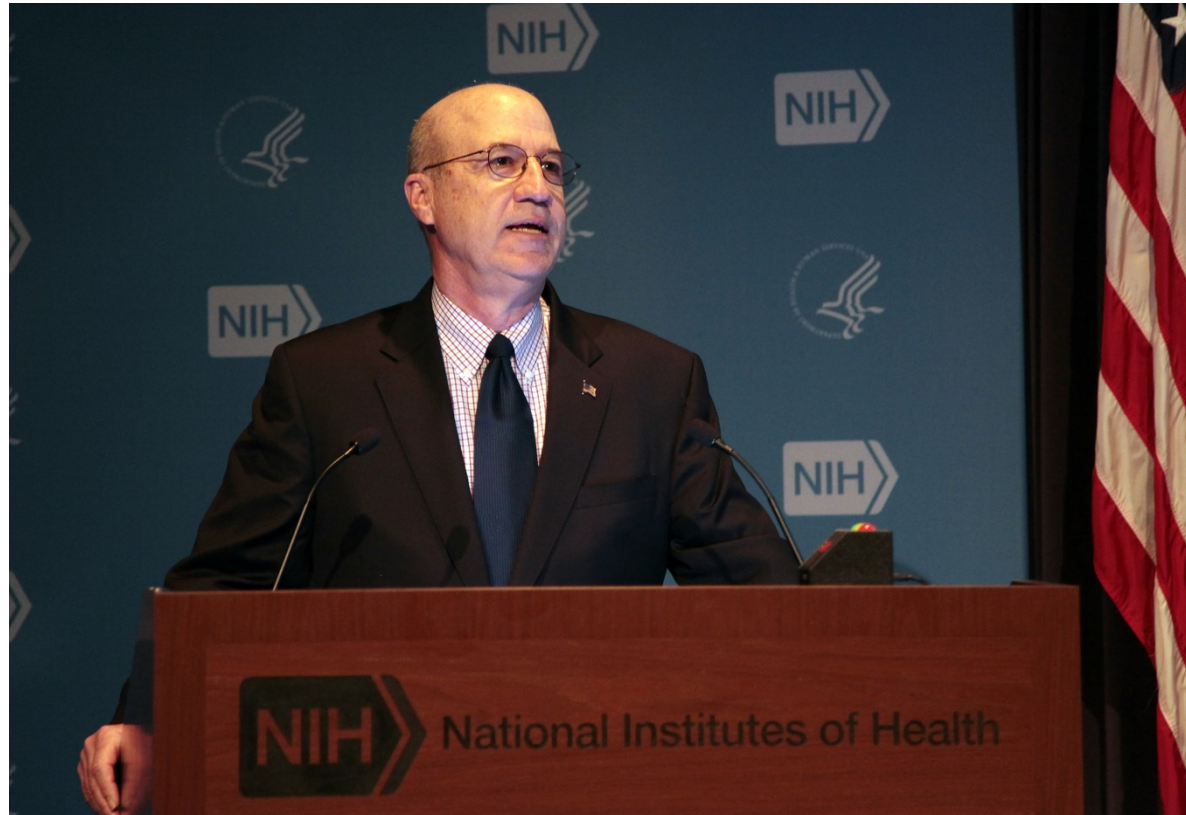
<i>Risk management for high risk patients/protocols</i>	<ul style="list-style-type: none"> <li>• Patient Safety, Clinical Practice &amp; Quality Committee (<i>details to follow</i>)</li> <li>• Pediatric program expansion</li> <li>• 'Ward doctor' concept endorsed by MEC</li> </ul>
<i>IRB uniformity/unification</i>	<ul style="list-style-type: none"> <li>• Single IRB</li> <li>• Goal of Clinical Research Centralization Group with oversight by DDIR</li> </ul>
<i>Consistent documents and documentation requirements for patient care</i>	<ul style="list-style-type: none"> <li>• Implementation of standard progress notes in February 2017 (<i>details to follow</i>)</li> </ul>
<i>Swift transfer of patients to other facilities in emergency situations</i>	<ul style="list-style-type: none"> <li>• Response needs identified for ambulance transfers identified and associated administrative tasks assigned (<i>details to follow</i>)</li> </ul>
<i>Align CC and IC orientation programs and require all NIH staff who work in CC to attend CC orientation</i>	<ul style="list-style-type: none"> <li>• CC orientation program streamlined</li> <li>• Online option being pursued for non-CC employees/contractors who work in clinical care positions</li> <li>• Involvement of NIH HR orientation staff</li> </ul>
<i>Increase frequency of M&amp;M Conferences</i>	<ul style="list-style-type: none"> <li>• Quarterly M&amp;M Conferences</li> </ul>
<i>Increase frequency of town hall meetings and consider more focus groups</i>	<ul style="list-style-type: none"> <li>• Quarterly Town Halls</li> </ul>



# CC Focus Groups

## Action Items/Recommendations

Next Town halls  
24 & 25 July



**Next Month!!**



**‘First In Human: The Trials of Building 10’  
3-part documentary series**

**Begins airing Thursday, August 10<sup>th</sup>  
at 9PM on Discovery Channel**



**Series narrated by  
Jim Parsons**

# Questions?