Change for Clinical Center Governance and Funding is...Long Overdue

Henry Masur MD
Critical Care Medicine Department
On Behalf of CC Clinical Center Department Heads
Red Team Observations

• At the Clinical Center there had been an…..
  • “Evolution of a culture and practice in which patient safety gradually, and unintentionally, became subservient to research demands”

• At the Clinical Center
  • “A sense of pride should be instilled to ensure a highly reliable, safe organization”
Department Heads Perspective on Pharmacy Event And Lessons Learned to Enhance Clinical Center Operations

- Clinical Center is a Research Hospital But .......

- Concepts Exemplified By This Event
  - The Institutes provide the Clinical Center with inadequate funds to deliver the services they expect for their research portfolios
  - Governance and decision making would benefit from greater input from staff with recent clinical and hospital research experience
Department Heads Perspective

• Unfortunately all health care facilities deal with
  – Errors, “Near Misses”, and “Never Events”

• We need to take ownership of each such event
  – We need to learn from them, and promptly institute change to reduce the likelihood they will recur

• Red Team
  – Insightfully recognized many organizational challenges
  – Recommendations and subsequent actions do not fit the current challenges
Does Intramural NIH Have Appropriate Quality Assurance and Safety Programs?

- Joint Commission
- College of American Pathology
- American Association of Blood Banks
- Accreditation Council for Graduate Medical Education
- Association for the Accreditation of Human Research Protection Programs
Intramural Program Has Quality Assurance and Safety Programs

• Strengths
  – Robust Quality Programs
    • All CC Departments
    • Multiple Institutes
  – Prompt recognition of problems

• Challenges
  – Understaffed Clinical Center Office of Safety
    • Highly effective given resources allocated
  – Problematic remediation of quality challenges
    • Diffusion of authority
    • Multiple standards
    • Variable decision making abilities
NIH Clinical Center

Immunodeficiencies

Renal Cell Carcinoma

Cancer Immunotherapy

Autoinflammatory Diseases

Hepatitis C

Undiagnosed Diseases

HIV/AIDS

Aplastic Anemia
NIH Clinical Center
Different from Most University Hospitals

- All patients admitted on a research protocol
- Patient volume comes from institute protocols
- Significant volume of patients with rare diseases
- No billing
- No emergency room
- No obstetrics
- Limited pediatrics
- No institutional affiliation with medical school
- No primary feeder training programs
Who Supervises Clinical Staff in the Clinical Center?

- **Clinical Center**
  - Clinical Center Director
  - Clinical Departments
  - Providers

- **Institutes**
  - Institute Director
  - Scientific Director
  - Branch and Laboratory Chief
  - Providers
Multiple Institutes Provide Clinical Services for Clinical Center Patients Based on Historical Agreements

NCI
- Medical Oncology
- Anatomic Pathology
- Pediatric Oncology
- Dermatology
- Surgery (GI, Thoracic, Endocrine, Immunotherapy)

NIDDK
- Gastroenterology
- Nephrology

NIAID
- Infectious Diseases
- Allergy
- Pediatric Gastroenterology

NHLBI
- Hematology
- Oncology
- Cardiology
- Pulmonary

NICHD
- Endocrinology
- Pediatric Endocrinology
- Gynecology
- Genetics

NEI
- Ophthalmology

NIDCR
- Oral surgery
- Dentistry

NIAMS
- Rheumatology

NIMH
- Psychiatry

NIDCD
- ENT

NHGRI
- Genetics

NINDS
- Neurology
- Neurosurgery
- Pediatric Neurology

Clinical Center
- Anesthesiology
- Critical Care, Laboratory Medicine
- Radiology, PET
- Transfusion Medicine

Clinical Center
- Bioethics
- Nursing, Pediatrics
- Pain and Palliative Rehabilitation

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Patient with Stem Cell Transplant in the ICU Who Needs Surgery for a Gastrointestinal Bleed

Primary Team

Transplant Service NHLBI

CONSULTANTS

Surgery NCI
Infect Disease NIAID
Gastroenterology NIDDK
Nephrology NIDDK
Psychiatry NIMH

Anesthesiology Critical Care Radiology Transfusion Medicine Clinical Center
There is NOT a Single Standard for Quality Oversight

Intramural quality of care is usually stellar
However, in unusual situations……
*Physician performance
*Staff conduct
NIH Clinical Center
Remediation of Patient Safety and Quality of Care Issue

- Clinical Center Standards
  - Not necessarily the standards of other Institutes

- Prompt Remediation
  - No clear ultimate responsibility
What Challenges Need to Be Addressed to Improve Clinical Center Operations?

• Governance

• Budget

• Facility Control
Governance
Expectations of Clinical Center Leadership

• **For decades**, the expectations of Clinical Center leadership have been:
  – Stabilize the budget while maintaining or expanding services
  – Permit Institutes to perform according to their own standards without formal Clinical Center oversight

• **Financial implications**
  – Budget control is seen as responsibility of Clinical Center developing management efficiencies
  – Role of institutes in controlling expenses (type of patients admitted, drugs ordered, tests utilized) are underemphasized
Underrepresented Among Oversight Committees and Decision Makers

• Physicians and nurses
  – With “recent” clinical expertise
  – With successful management experience
Governance Developed in An Earlier Era Does Not Fit Modern Hospital Management

• Clinical Center Director needs to
  
  – Have a more active supervisory role over all health care providers in the facility
  
  – Be a partner in a much more effective NIH wide process to match Institute clinical research goals with Clinical Center resources
    
    • Institutes need to take more responsibility for controlling costs
Funding
Funding Process

• The current budget system requires Institutes to fund Clinical Center expenses from their own intramural budget.
• If Clinical Center expenses exceed expectations, Institute intramural budgets must fund the shortfall.
• Clinical Center bears the burden of reducing costs.
Funding Is Inadequate to Meet Institute Expectations

• Current funding does not adequately support
  – Capital equipment
  – Facilities modernization and maintenance
  – Recruiting and retaining quality staff

• The hospital needs an independent budget that is not a derivative of Institute intramural funds and which reflects true medical costs including inflation
Facility Management
Clinical Center Should Be Responsible for Oversight of Hospital Space and Facilities
Clinical Center Should Be Responsible for Oversight of Hospital Space and Facilities

- NIH Office of Facility Management reports to the NIH Office of the Director
  - Clinical Center appears to be managed like other offices and research laboratories on the NIH campus
Conclusions

• Governance

• Funding

• Facility Control

And……..
Major Current Challenges

• Morale

• Confidence and Trust
What Can This Board Do?

• We hope the Board recognizes that
  – The nation should be proud of the accomplishments of the Clinical Center and the Intramural Clinical Research Programs
What Can This Board Do?  
Six Action Items

1. Fix Governance
   - Clinical Center Director needs authority over clinical staff
   - More decision makers and advisors need recent clinical and hospital management experience

2. Fix Budget Process
   - A rational process is needed to match resources with clinical expectations

3. Fix Authority Over Hospital Facility
   - Allow Clinical Center leadership to manage the medical facility

4. Help develop strategies to improve the current dismal hospital staff morale
What Can This Board Do?

5. Initiate management reform based on in depth analysis of this complex organization and lessons learned from other academic centers
   • An effective solution requires more than several new committees

6. Encourage new leadership to recognize that there are certain special features of this Federal facility which should be preserved
Clinical Center Department Heads Are Eager to Contribute to *Long Overdue* Change!

[Images of department heads]
Thank You