

# **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**

# Department Head Perspective on Pharmacy Event and the Path Forward to Enhance Clinical Center Management

## 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

## Heads of Clinical Departments



Laboratory  
Medicine



Transfusion  
Medicine



Hospital  
Epidemiology



Rehabilitation  
Medicine



Perioperative  
Medicine



Pain  
Palliative



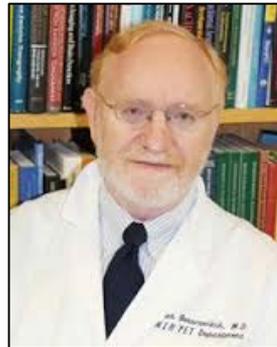
Nursing  
(Acting)



Bioethics



Internal Med  
Consultation



PET



Imaging  
Sciences



Critical Care  
Medicine



Pediatric  
Consultation



Pharmacy  
(Acting)

# NIH Clinical Center

## Heads of Clinical Departments



Laboratory  
Medicine



Transfusion  
Medicine



Hospital  
Epidemiology



Rehabilitation  
Medicine



Perioperative  
Medicine



Pain  
Palliative



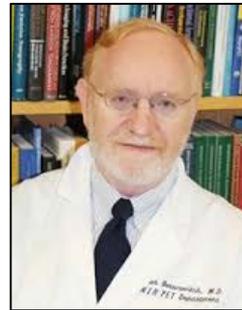
Nursing  
(Acting)



Bioethics



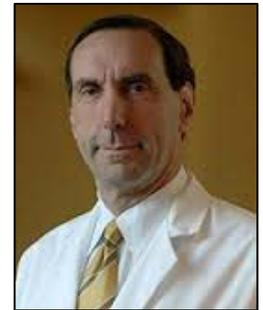
Internal Med  
Consultation



PET



Imaging  
Sciences



Critical Care  
Medicine



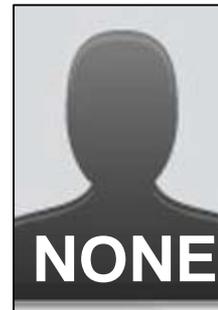
Pediatric  
Consultation



Pharmacy  
(Acting)



Dept of  
Medicine



Dept of  
Surgery



Dept of  
Pediatrics

# NIH Clinical Center



Immunodeficiencies



Undiagnosed Diseases



Renal Cell  
Carcinoma



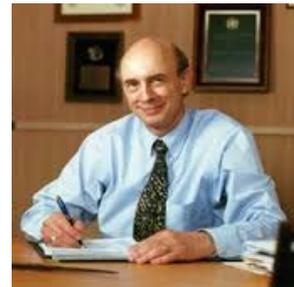
HIV/AIDS



Cancer Immunotherapy



Autoinflammatory  
Diseases



Hepatitis C



Aplastic Anemia

# NIH Clinical Center

## Different from Most University Hospitals

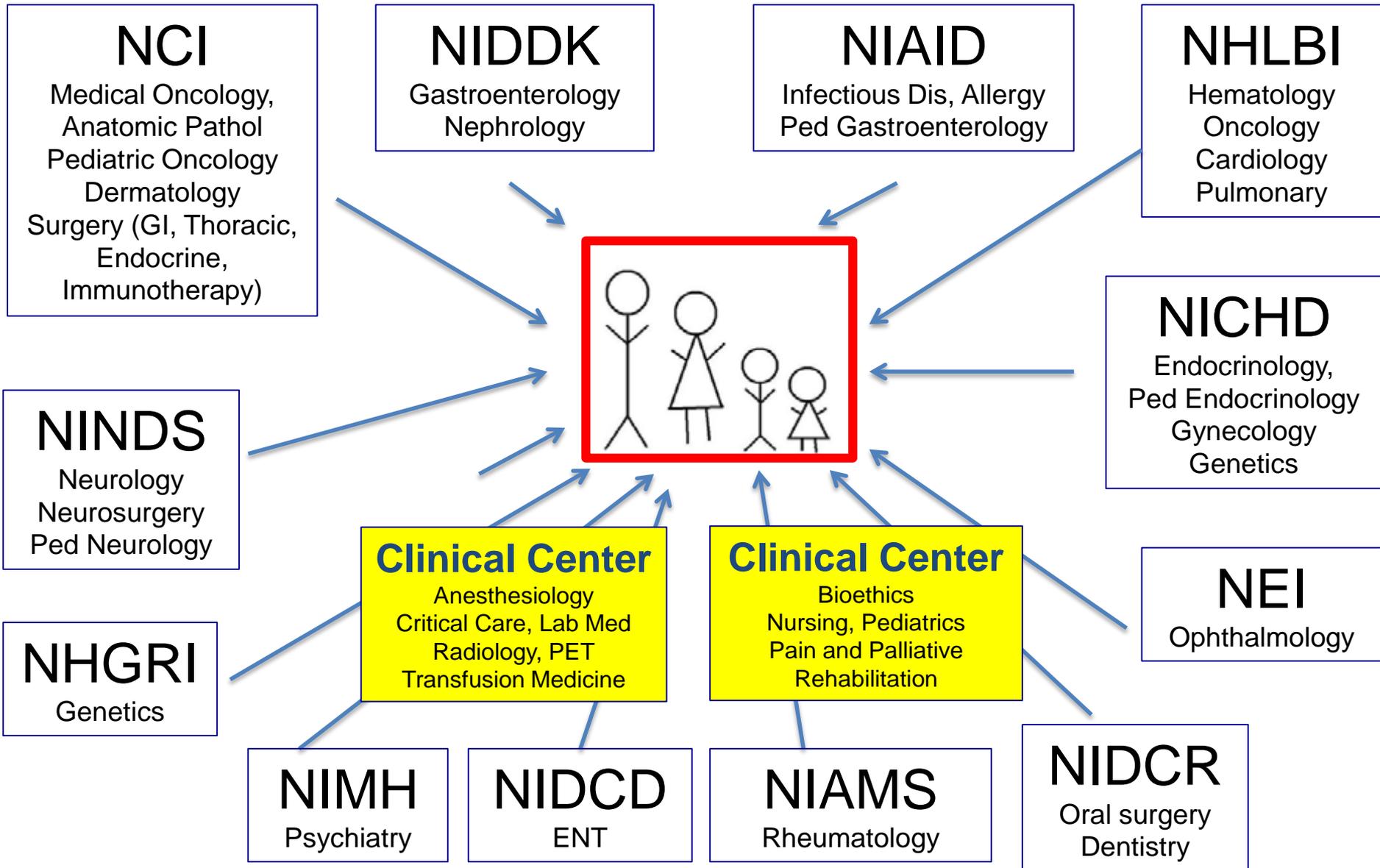
- All patients admitted on a research protocol
- Patient volume comes from institute protocols
- Significant volume of patients with rare diseases
- No billing
- No emergency room
- No obstetrics
- Limited pediatrics
- No institutional affiliation with medical school
- No primary feeder training programs

# Who Supervises Clinical Staff in the Clinical Center?

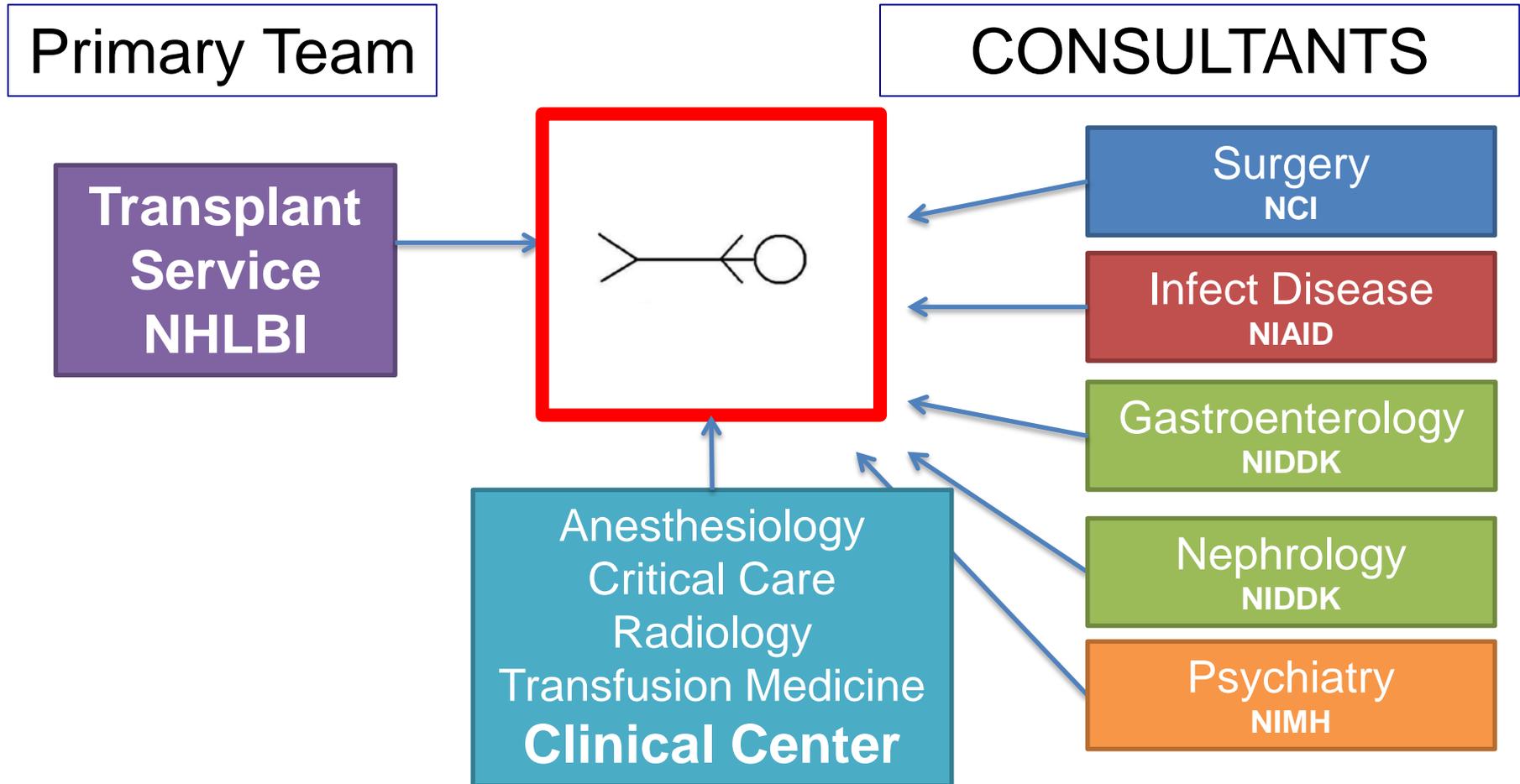
- Clinical Center
  - Clinical Center Director
  - Clinical Departments
  - Providers
  
- Institutes
  - Institute Director
  - Scientific Director
  - Branch and Laboratory Chief
  - Providers



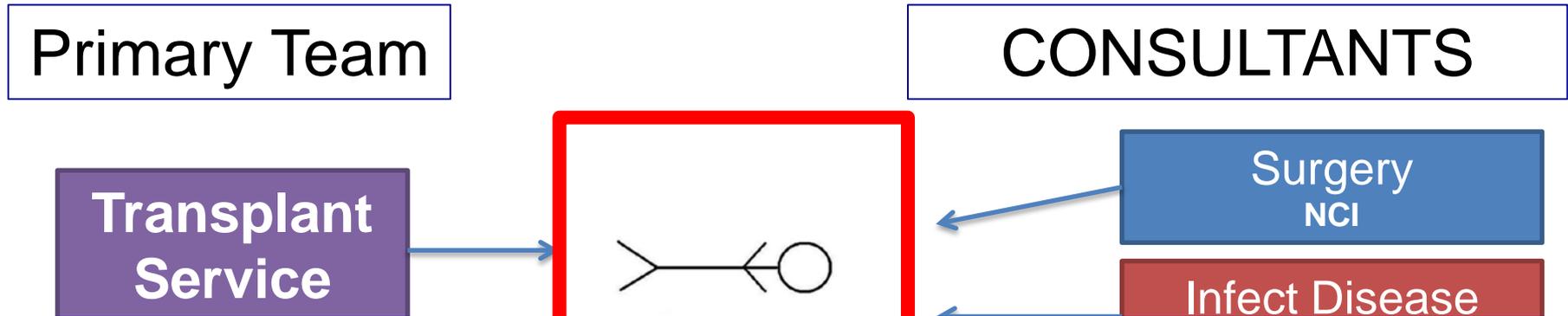
# Multiple Institutes Provide Clinical Services for Clinical Center Patients Based on Historical Agreements



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



# 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?

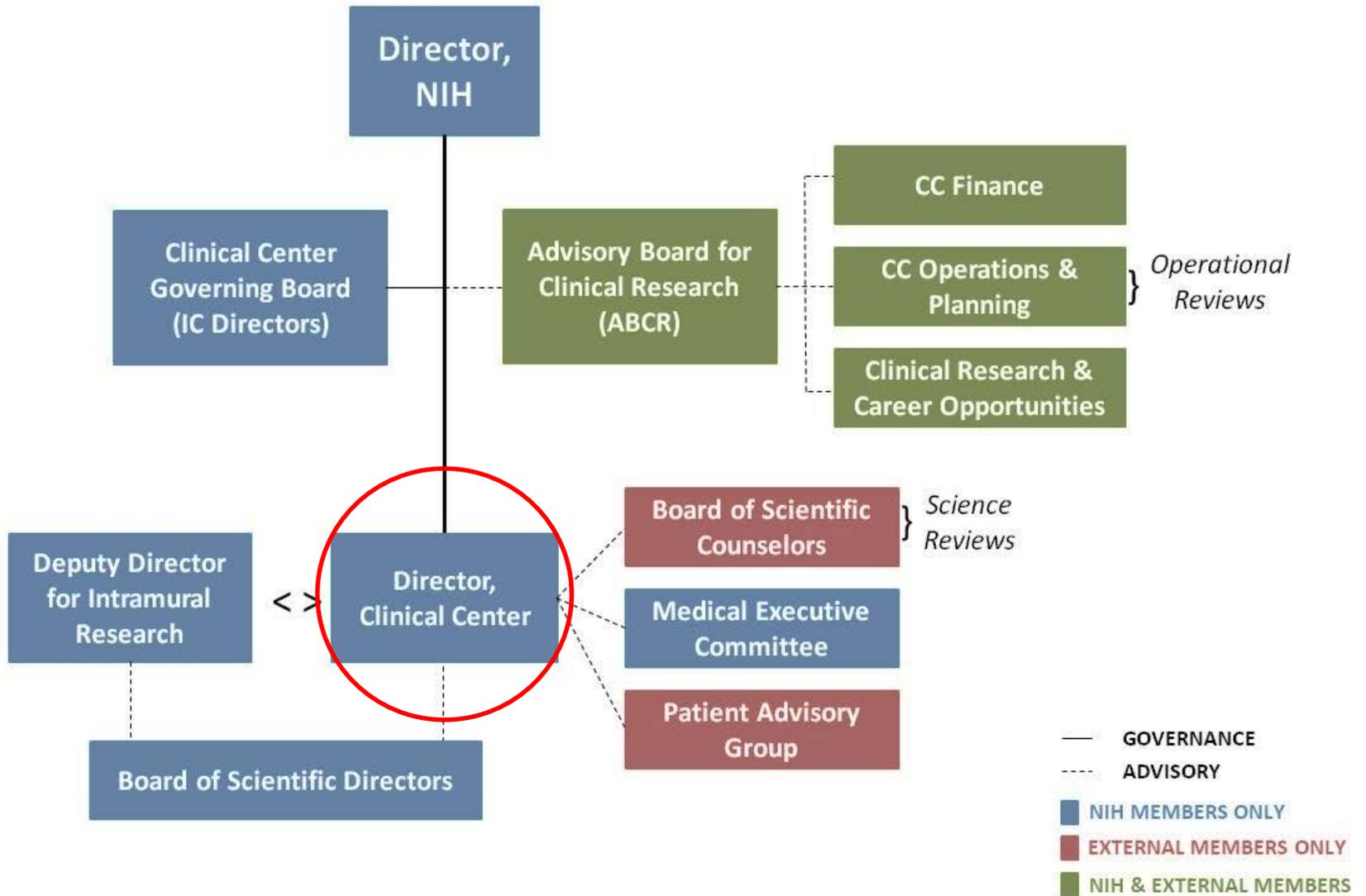
- Governance
- Budget
- Facility Control

# 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

# Clinical Center Governance Is Diffuse



# ***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

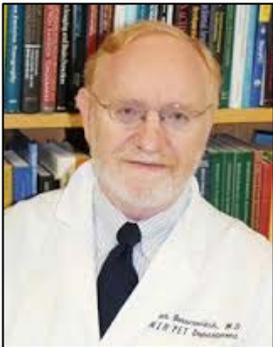
- Allow Clinical Center leadership to manage the medical facility

### 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!



**Thank You**