CEO Presentation to the CCRHB

17 July 2020

James K. Gilman, MD
NIH CC CEO

As an active member of the hospital's Patient Advisory Group, Beatrice Bowie (1951-2020) pushed to streamline communications and declutter these halls. Her efforts helped start CCTV.

Mrs. Bowie was a Sickle Cell Disease Warrior and a true 'Patient Advocate' for the NIH, a place she loved.

Her passion and insight was recognized by NIH Director Collins, who appointed her to the Clinical Center Research Hospital Board in 2018.

“To find a universal cure that helps everybody. Even if the current research doesn’t help me, if it helps the next generation, I will be so grateful.”

Beatrice Bowie

Mourning the Loss of Paul O'Neill (1935 – 2020)

Founding Member of CCRHB
July 2016 – July 2018

President George W. Bush
Announcing Paul O'Neill,
Secretary of the Treasury. Dec. 2000

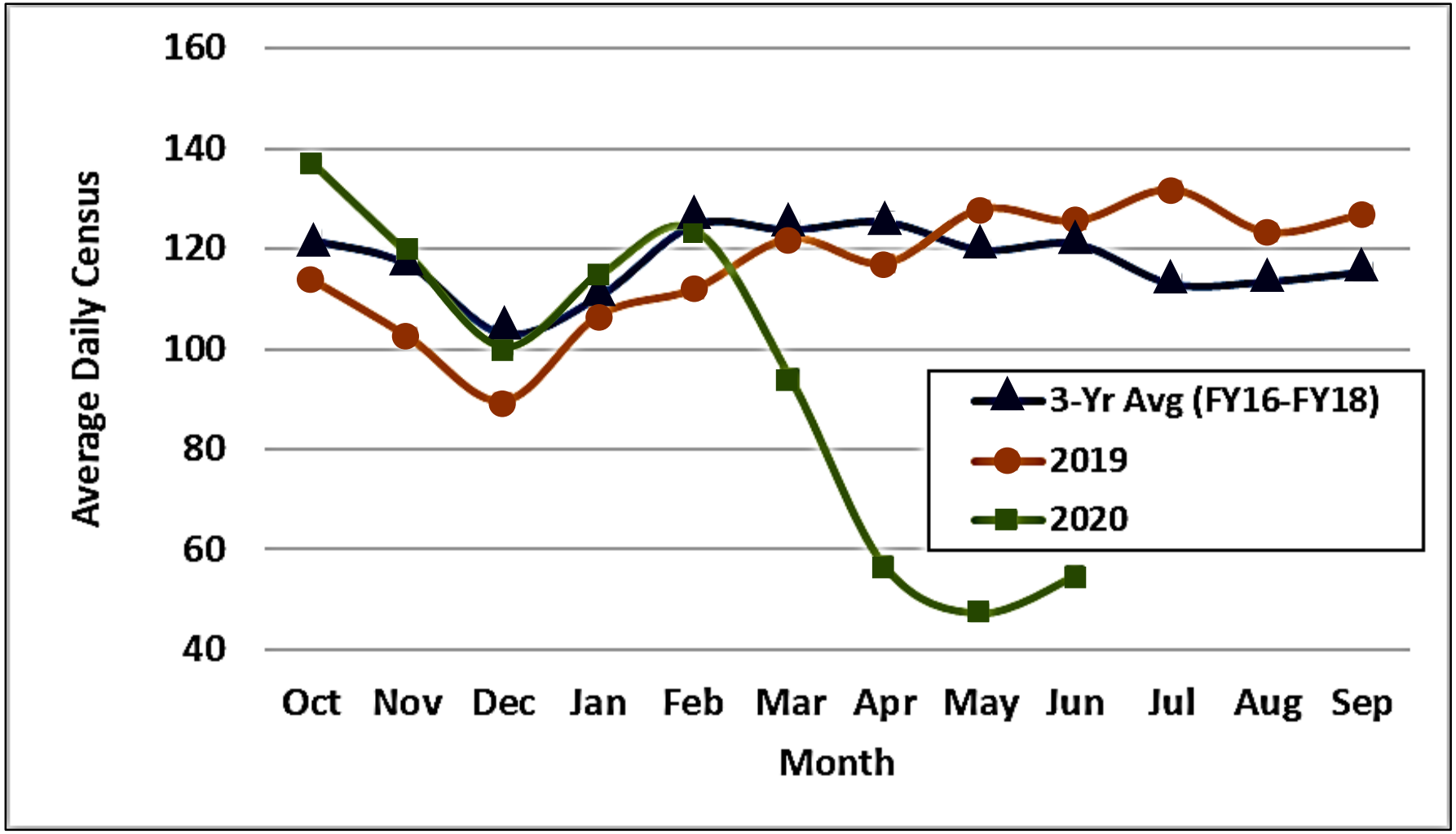
Former Secretary of the Treasury

and

Alcoa CEO

Average Daily Census

Through June 30, 2020



ADC Stats

- 3-Year Average (FY 2016-2018) = 115.4
- Year End FY 2019: 116.6
- Year-to-Date FY 2020 (as of 6/30/2020): 94.1

FY20 Year-to-Date Patient Activity

as of June 30, 2020

	YTD FY2019	YTD FY2020	% CHANGE YTD FY19 - 20
Inpatient Admission	3,448	2,487	-28%
Average Length of Stay	9.1	10.7	17%
Inpatient Days	30,832	25,796	-16%
Average Daily Census	112.9	94.1	-17%
Outpatient Total Visits	71,996	50,047	-30%
Clinic Visits	*57,868*	*38,440*	*-34%*
Day Hospital Visits	*14,128*	*11,607*	*-18%*
New Patients	6,707	4,492	-33%

Staffing Updates

2 Search Committees in Process

- **Chief Medical Officer (near completion)**
- **Chief, Transfusion Medicine Department**

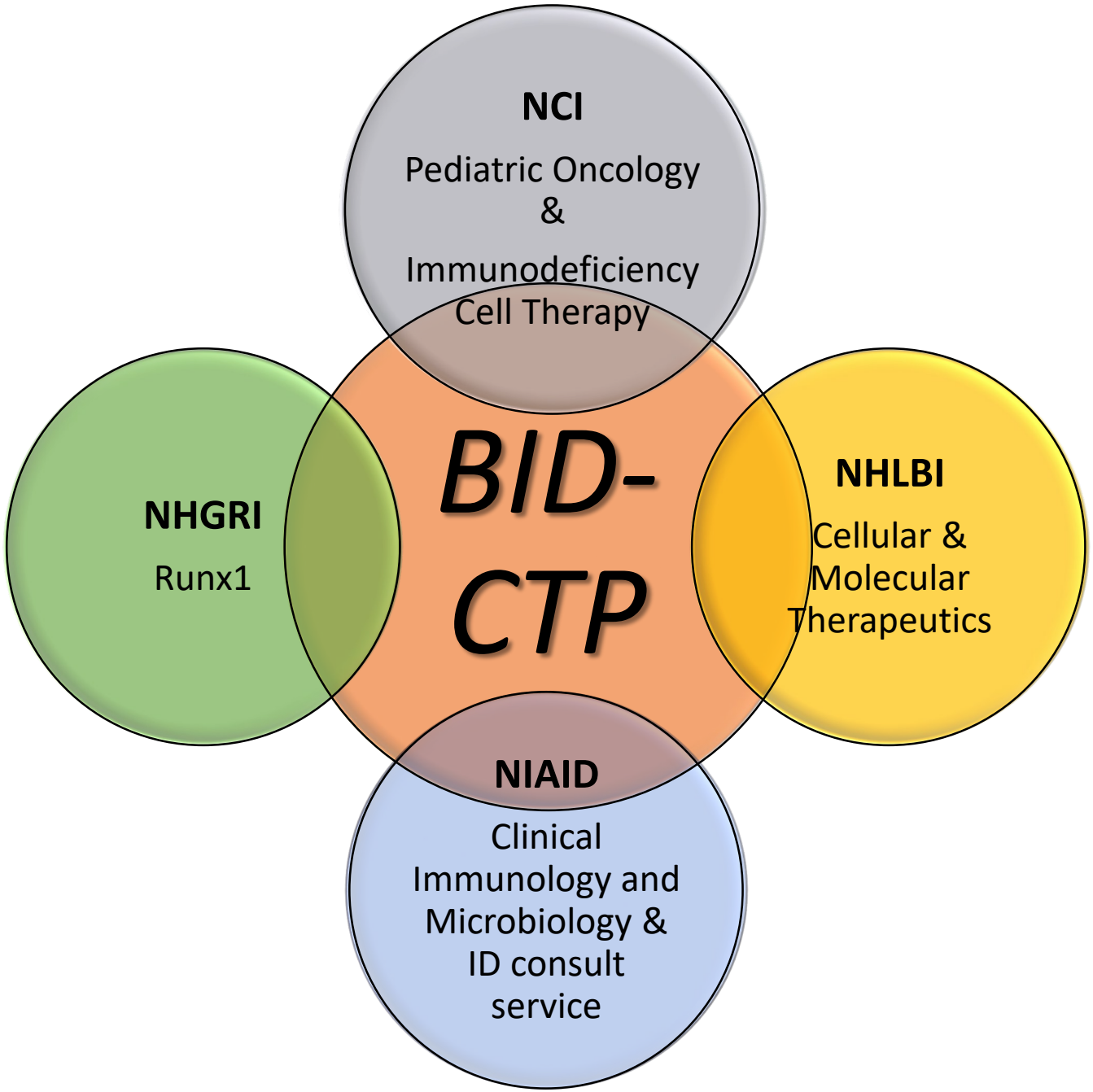
CC Pharmacy Department

- **CAPT Rick Decederfelt, Acting Chief**

- **Dr. Marilyn Farinre, Chief, Pharmacy Operations**

- **Dr. Marcus Ferrone, Chief, Clinical Pharmacists & Investigational Drug Services**

BID-CTP
Blood and Inherited Disease Cellular Therapy Program



Clinical Research Programs within the Blood and Inherited Diseases Cellular Therapy Program

(formerly 3-4 separate inpatient services)

Why consolidate inpatient services?

- **Build a transplant/cell therapy "community" that capitalizes on the substantial expertise that exists at the NIH**
  - **Establish best transplant practices with goal of providing highest quality and safest care**
  - **Utilize the expertise to optimize our science and the design of our clinical trials**
  - **Assure transplant/cell therapy physician competency**
  - **Address Board Of Scientific Counselors comment: Too many "siloed" transplant groups**
- **Optimize resource utilization of the CC and ICs**
- **Improve the adult and pediatric Hematology/Oncology Fellowship experience**
  - **Broader populations/Broader transplant and cell therapy exposure**
- **Increase efficiency and clinical care experience among clinicians previously practicing separately**
  - **Low volumes for each separate service**

Goals of the BID-CTP

- **Clinical Care Collaboration**
  - Adult & Pediatric inpatient services exchanging ideas and experiences
  - Weekly multidisciplinary Clinical Care meetings
  - ID consultants dedicated to cellular therapy/BMT
  - Attending Physician, Advanced Practitioner & fellow resources utilized more efficiently
  - Attending Physicians and Advanced Practitioners evaluated for competency/proficiency
  - Continuing education opportunities for all members by colleagues who are experts in their field
- **Scientific Collaboration**
  - Robust scientific review of new protocols
  - Annual merit reviews of existing protocols
  - Shared access to resources for research
    - Genome sequencing, immune/cytokine profiles

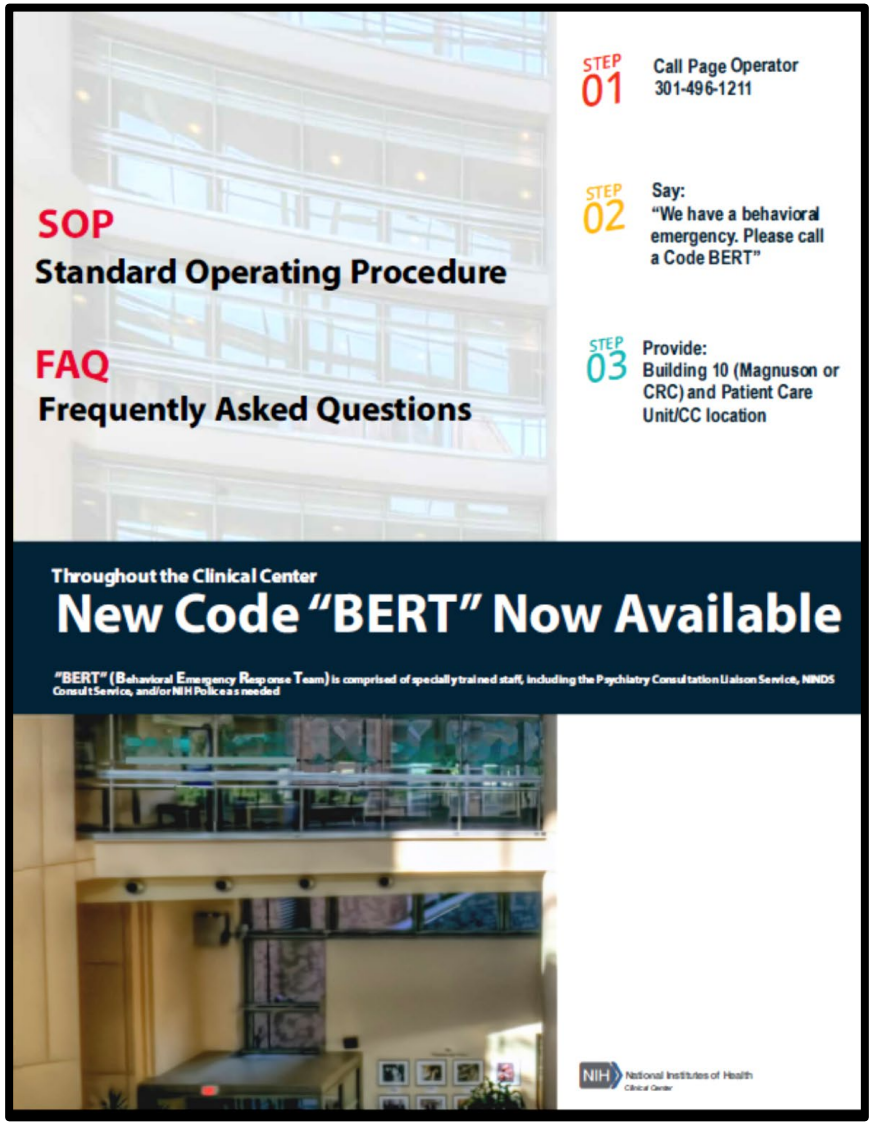
2020 Priorities

- Magnet Status
- Improving Neuro Assessment
- Staff Safety – Implementing AHaRT and BRT
- Talent Management
- Sim and TMED

Efforts covered in our Strategic Plan

Behavioral Emergency Response Team code BERT

- Launched February 10th
- Provides help with patients (and visitors or family members) when assistance is needed to manage uncontrolled, escalating, disruptive or violent behavior if efforts by the primary team have been ineffective or that medical and nursing teams need support in managing the patient.
- Specially trained team arrives to provide verbal and/or physical crisis de-escalation as warranted



CODE BERT

Who are the members of the CODE BERT Team?

Mon-Fri 7:00 AM-3:30 PM

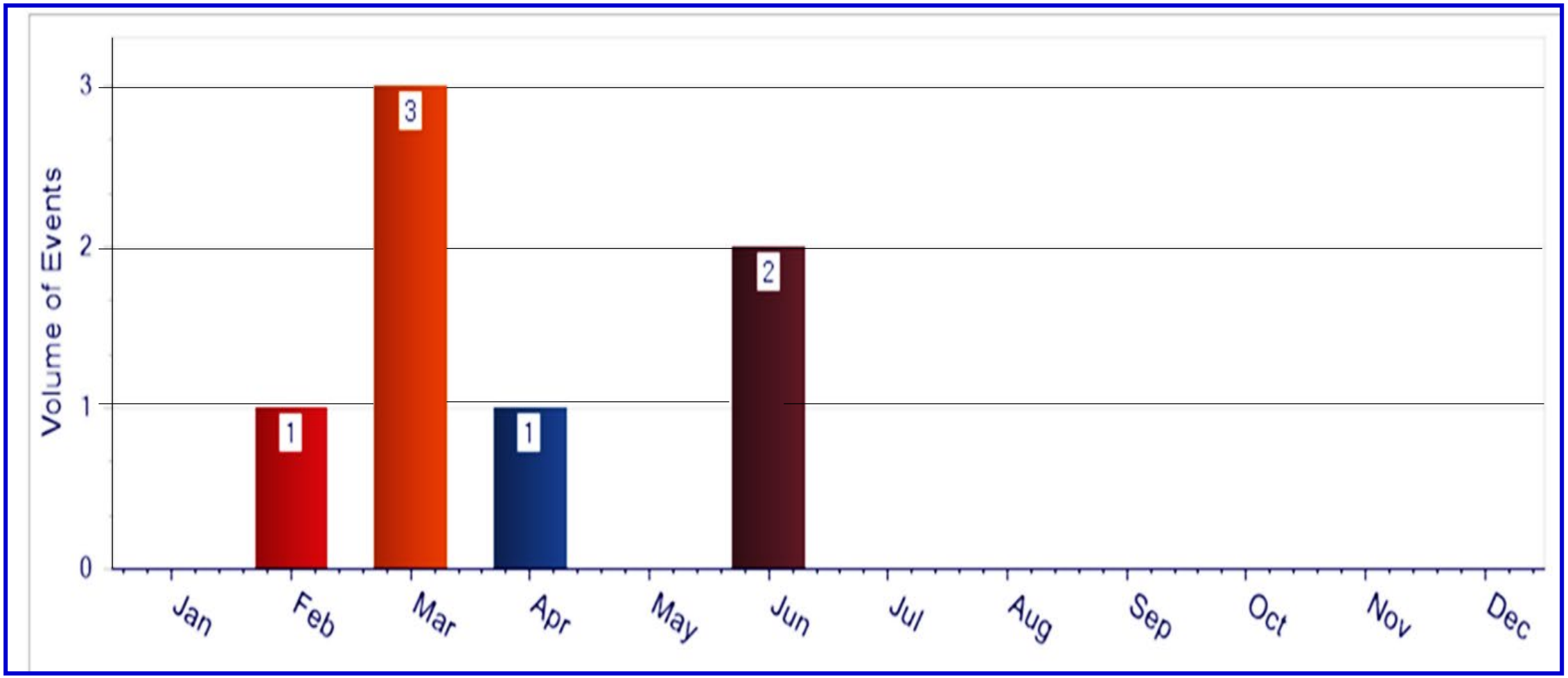
- Behavioral Health Clinical Manager (Team Coordinator)
- Behavioral Health Clinical Research Nurse
- Patient Care Technicians(s), crisis prevention trained
- Primary Care Team
- Psychiatry Consultation Liaison Service (as needed)
- NIH Police (as needed)

Evenings/Weekends/Nights/Holidays

- Administrative Coordinator (Team Coordinator)
- Behavioral Health Clinical Research Nurse/s
- Patient Care Technicians(s), crisis prevention trained
- Primary Care Team
- NINDS Consult Service
- On-call Psychiatry Service (as needed)
- NIH Police (as needed)

CODE BERT Events (2020)

Total # = 7



CODE BERT

- After each CODE BERT a debriefing takes place to discuss:
  - What went well?
  - What could have been better?
  - Recommendations for the future
- Education/Mock Code BERT/Simulations Continue in clinical areas
- Team development and education about CODE BERT is on-going
- Partnering with Dr. Mabel Gomez Mejia to include Medical Staff in simulations
- CODE BERT Committee meets quarterly
  - Multidisciplinary team led by Pius Aiyelawo, COO/NIH CC
  - CC NIH Standard Operating Procedure is ready for distribution to clinical staff
  - A Medical Fact Sheet being distributed to medical team members

CC Anti-Harassment Response Team (AHaRT)

- **Launched:** **Monday, March 2, 2020**
- **Goal:** Multifaceted program to addresses inappropriate behavior and harassment by patients and visitors towards CC staff
- **Data to-Date:** 16 reports, all involving patients, all involved verbal abuse: yelling, profanity, disparaging remarks
  - **2 Pediatrics**
    - 1 child *(yelling/refusal to undergo surveillance culture; broke swab in half)*
    - 1 parent *(negative verbal behavior w/housekeeper – supervisor met to discuss parental frustration)*
  - **3 Adults**
    - 1 adult – *resolved w/counseling related to use of profanity/yelling*
    - 1 adult – *(screening patient – belligerent behavior/disparaging remarks w/several staff; BERT team called; patient returned to referring provider)*
    - 1 adult – *(generated 12 AHaRT Team interactions resulting from yelling/profanity/ disparaging remarks w/staff in several departments)*

2020 Priorities

- Magnet Status
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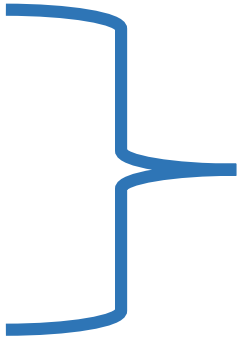
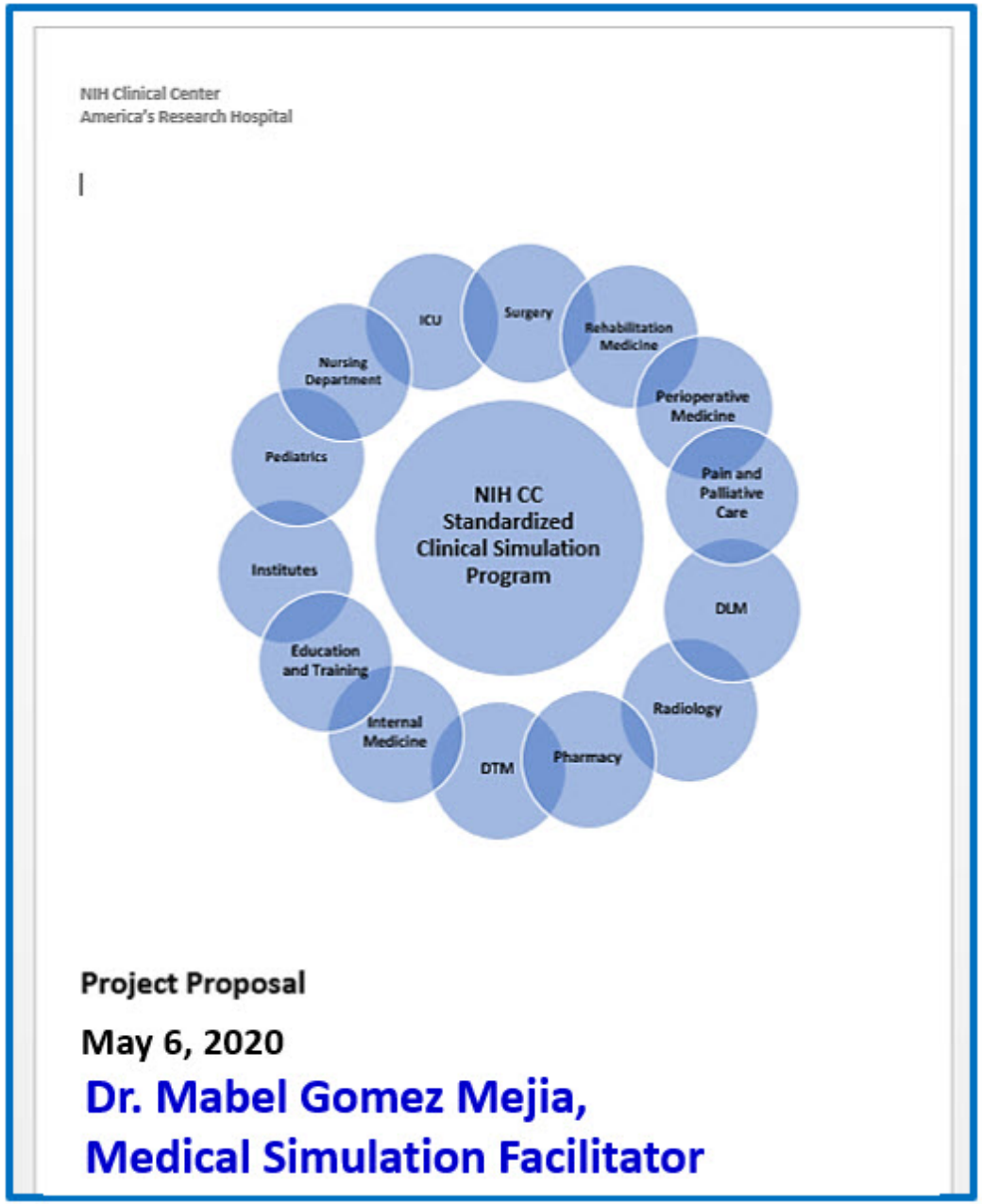


Efforts covered in our Strategic Plan

NEW: Clinical Simulation Program



- **2019 CC Strategic Plan:** identifies need to standardize/improve existing CC simulation capabilities & establish Clinical Simulation Center
- **Simulation Center Components:**
  - **Inherent:** dedicated **place**, **facility**, or **infrastructure** within which **faculty**, **learners**, **equipment**, and **technology** meet and interact for a simulation-based educational activity.
  - **Heart and soul of Simulation Center: Combination of faculty and program**
- Developing standardized, evidence-based measures will help illustrate how CC will gain from a strong simulation program

Proposal: **Develop 4 Work Streams to address the identified priorities and foster a culture of multidisciplinary work and continuous improvement**

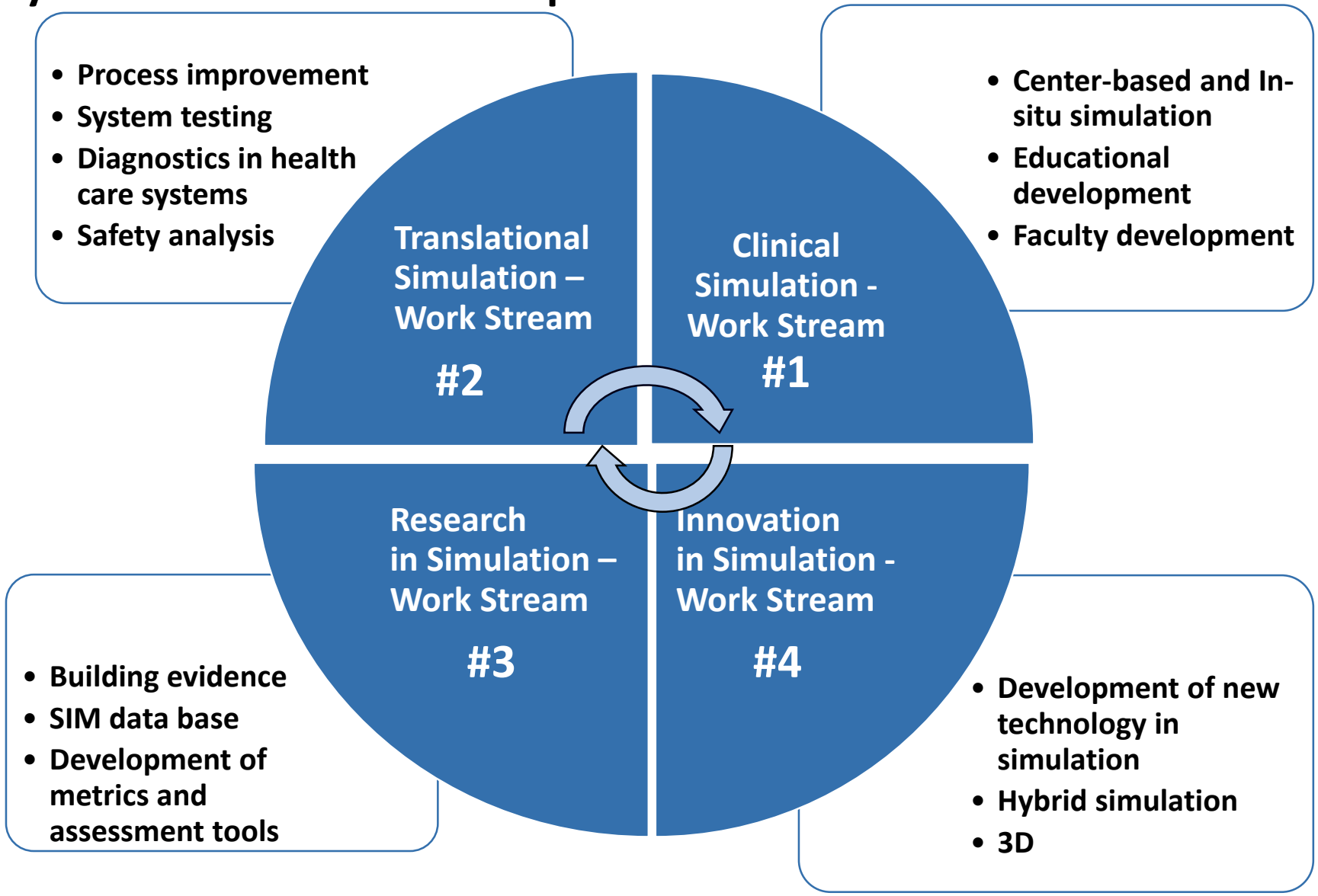
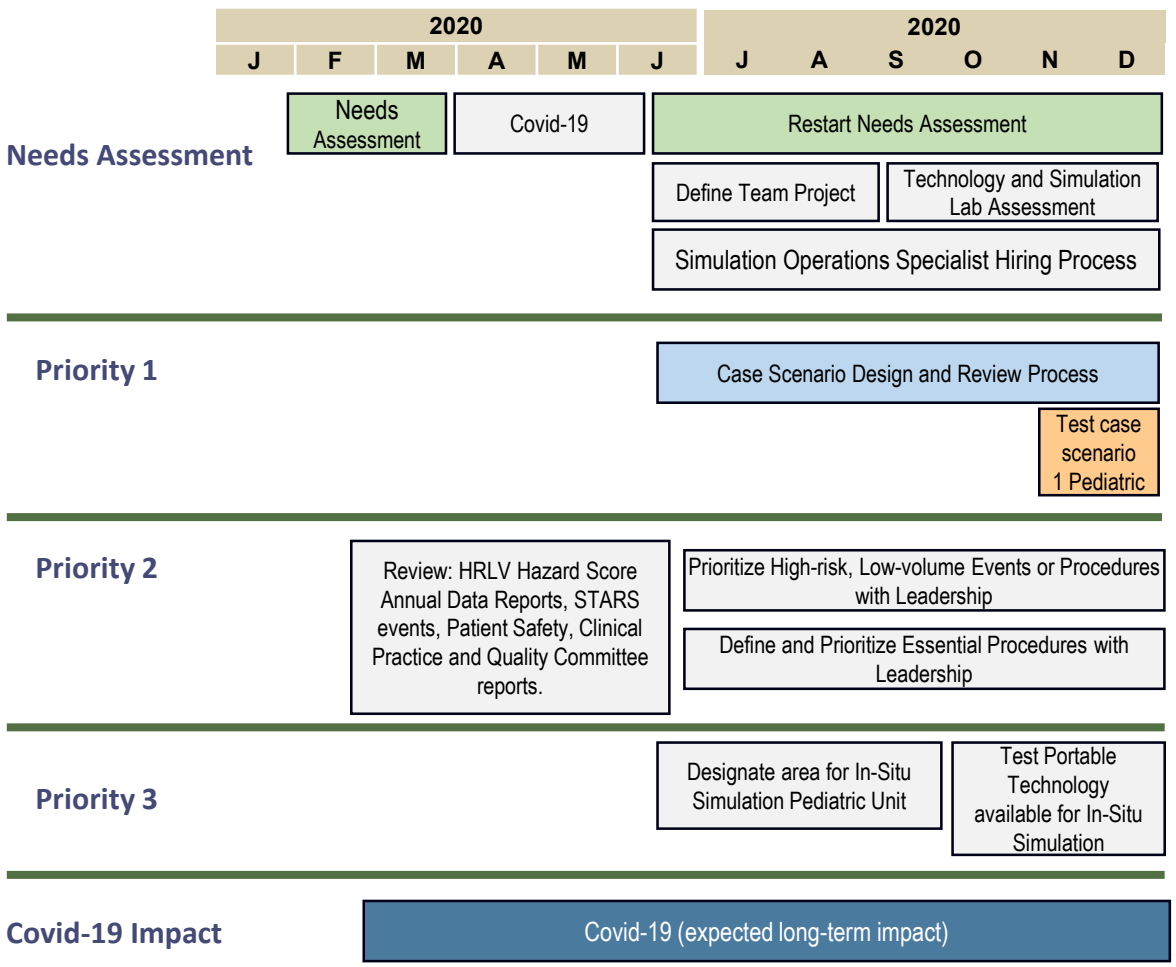


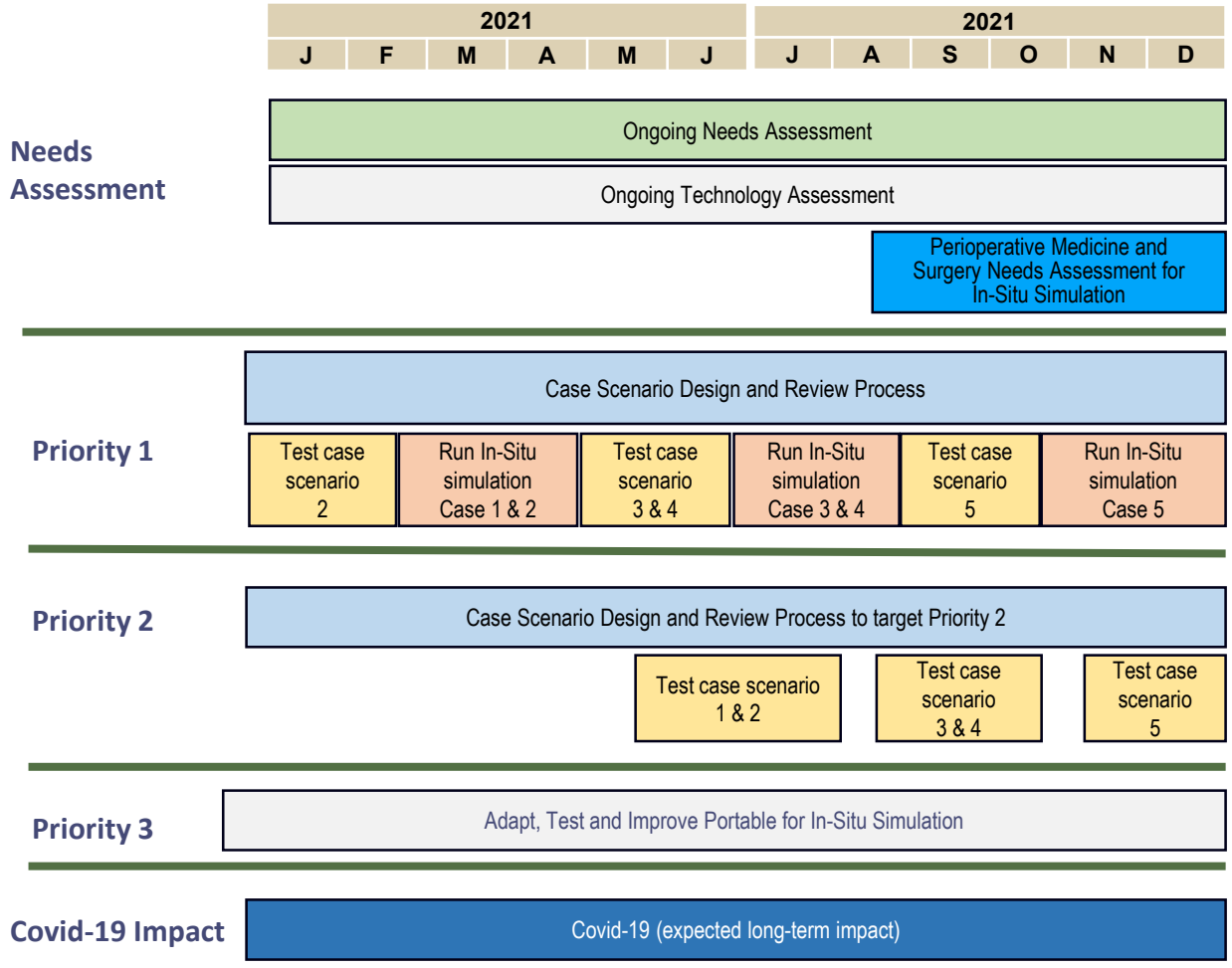
Figure 2. Proposed NIH CC Simulation Center Work Streams

Clinical Simulation Program 2020 – 2021 Roadmap

NIH CC Simulation Center Project Roadmap 2020

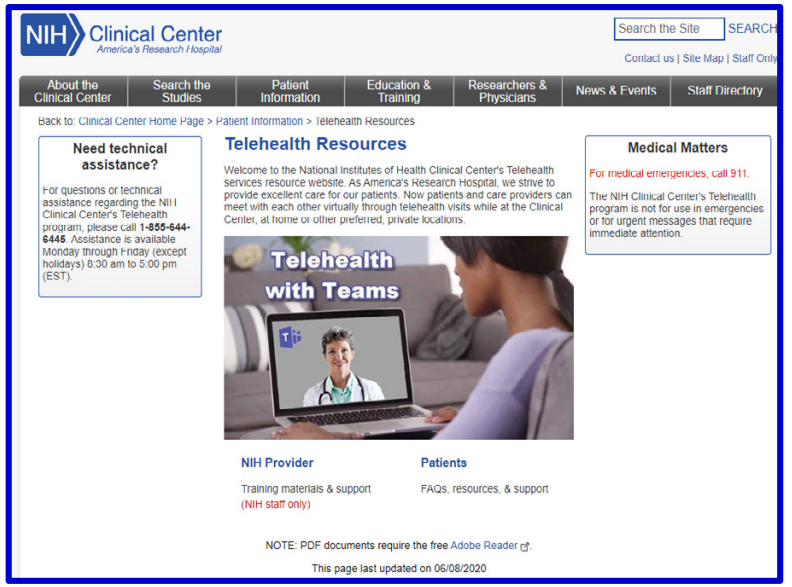


NIH CC Simulation Center Project Roadmap 2021



Telehealth and Telemedicine at the CC

- **Platform:** Microsoft® Teams.
- **May - June:** CC had 785 telehealth visits.
- **Medical Administrative Series Telehealth policy:** approved by MEC to provide guidance on telehealth utilization in various disciplines, both in support of research and clinical care and consultation.
  - Final policy includes credentialed providers & contractors (who satisfy special requirements).
- **Telehealth Resources:** Website with references/educational resources for patients and providers *(Spanish translations available for patients).* (https://www.cc.nih.gov/participate/telehealth/index.html)



Telehealth Concierge Service

CC Health Information Management Department provides telehealth concierge services:

- Concierge services are necessary in order for the effort to be successful and provide important support services.

Concierge services include:

- Coordinating appointment scheduling in MS® Teams.
- Providing educational materials for patients and NIH staff.
- Contacting and educating patients about the telehealth (MS® Teams) process.
- Conducting technical check with patients day prior to appointment.
- Assisting patients with technical issues.
- Arranging language interpreters for visits as needed.
- Assisting providers with technical issues and documentation-related questions.
- Providing iPads for inpatients for telehealth visits.

Future Directions for Telehealth at the CC

In 2021, transition to a long term solution that fully integrates with our Clinical Research Information System (CRIS/CC EHR)

- Enable comprehensive use of FollowMyHealth, the CC patient portal
- Create a virtual check-in and waiting room
- Create virtual telehealth visits in outpatient clinics and day hospitals or consultations
- Provide electronic signature capability for protocol consents and patient registration consents
- Leverage advanced security posture of CRIS

Closeout: 2018 Priorities
My CCRHB Slide from February 1, 2019

- Protocol Resource Impact Assessment (PRIA) – FINALIZED!
- Implicit Bias Training – more than 2000 completed training!
- Outpatient Clinics & Day Hospitals – much improved
- Conquer CC Space: The Last Frontier – LAGGING!
- Leadership Development – first class begins 11 January!

WE NEED TO DO MORE!

Grieving For Loss and Confronting Social Injustice

We must do more than wait for this to pass.
This time we need to be better than that.
This time I must do more.
This time I must be better than I have in the past.

CONFRONT RACISM AS A PUBLIC HEALTH CONCERN:
Public health is called upon to recognize the pervasive role of racism in public health and to reshape our discourse and agenda so that we all actively engage in racial justice work.*

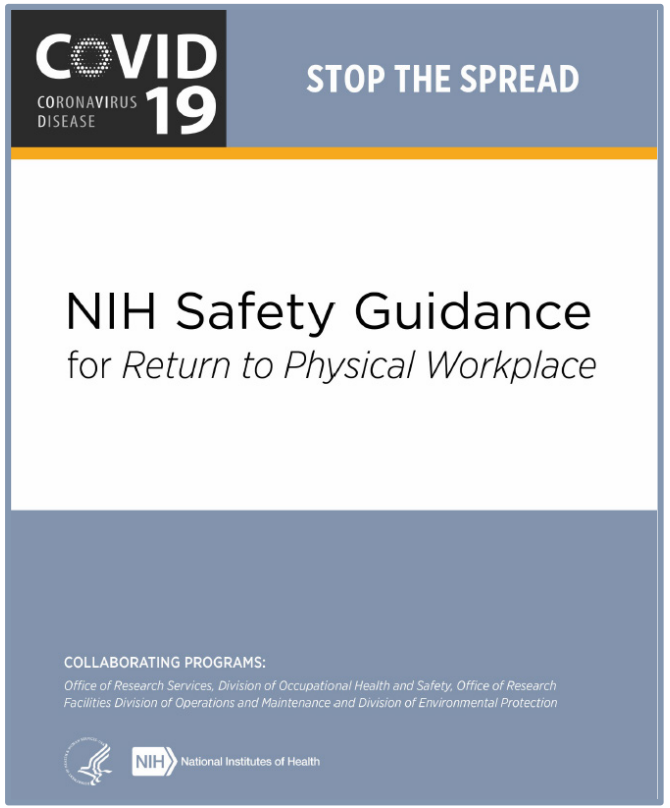
"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy." ***— Dr. Martin Luther King, Jr.***

*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4504294/

RTW: Personal Safety Guidance

- **Facial Coverings:**
  - Protect others from wearer (source control)
  - Also protect wearer from others
- **Physical Distancing**
- **Hand Hygiene**
- **Gloves:**
  - Only inside laboratory or healthcare setting
- **Coughing/Sneezing Hygiene**

Return To Work



"This is not a return to business as usual. There is nothing like our usual."

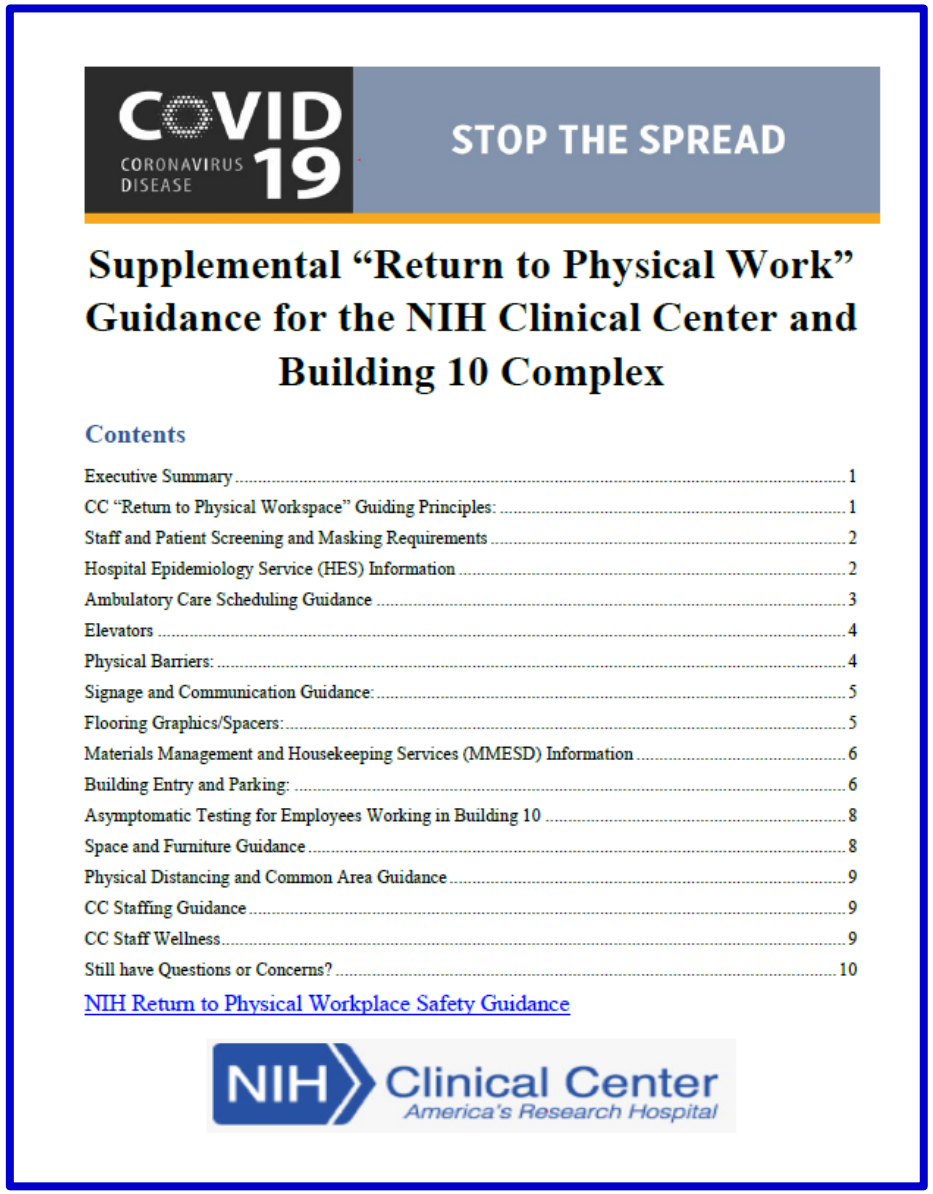
"The safety of our patients and staff cannot be jeopardized."

Late May and Continuing:

- Phase in of employees back to work in CC
- Slow increase of patient census
- Testing of staff and patients expanding

"You don't make the timeline. The virus makes the timeline." – Dr. Anthony Fauci

Online CC & NIH RTPW Guidance Reminders



COVID 19 CORONAVIRUS DISEASE — STOP THE SPREAD

Supplemental "Return to Physical Work" Guidance for the NIH Clinical Center and Building 10 Complex

Contents

NIH Return to Physical Workplace Safety Guidance

NIH Clinical Center — America's Research Hospital

NIH Employee Intranet

Admin & Services | Campus & Facilities | Computers & IT | HR & Worklife | Policy & Guidelines | Training

NIH GUIDANCE FOR STAFF ON CORONAVIRUS

Coronavirus Guidance

- Your Health
- Guidance
- Campus Services
- Events & Presentations
- Notices
- Francis Collins: Home Edition
- FAQs
- Contacts

Return to Physical Workspaces Guidance

The NIH Coronavirus Response Team has been carefully considering the NIH Framework for Returning to Physical Workspaces (PDF) developed by the NIH Office of Human Resources, in close coordination with NIH Institute, Center, and Office (ICO) leadership. The Framework provides guidance based on common principles to ICOs as they develop their specific workplans to bring their staff gradually and safely back to NIH physical workspaces.

Resources

- FAQ
- Framework Video Presentation (ASL)
- Framework Slides
- Framework Virtual Town Hall

https://employees.nih.gov/pages/coronavirus/return-physical-workspaces-guidance.aspx

http://intranet.cc.nih.gov/coronavirus/pdfs/COVID19_CC_return_to_work.pdf


June 25, 2020
EXIT
STEINWAY & SONS

Friday, 17 July 2020 via WEBEX

9:00 AM	**Welcome & Board Chair's Overview** ➢ **Laura Forese, MD,** *NewYork-Presbyterian, and Hospital Board Chair*
9:05AM	**NIH Director's Remarks** ➢ **Francis Collins, MD, PhD**, *Director, NIH*
9:20 AM	**NIH CC CEO Update** ➢ **James Gilman, MD,** *Chief Executive Officer, NIH Clinical Center*
10:00 AM	**Patient Safety & Clinical Quality Update** ➢ **Laura Lee, MS, RN,** *Director, Clinical Center Office of Patient Safety & Clinical Quality*
10:30 AM	**Launching the Journey for Magnet Recognition** ➢ **Gwenyth Wallen, PhD, RN,** *Chief Nurse, Clinical Center Nursing Department* ➢ **Rachel Coumes Perkins, MSN, RN**, *Nurse Consultant, Clinical Center Nursing Department*
11:00 AM	**BREAK**
11:15AM	**CC Activities Regarding Novel Coronovirus (COVID-19)** ➢ **James Gilman, MD,** *Chief Executive Officer, NIH Clinical Center* ➢ **Ann Marie Matlock, DNP, RN, NE-BC,** *Chief, Med-Surg Specialties Service, Capt, USPHS, NIH Clinical Center* ➢ **Karen Frank, MD,** *Chief, Department of Laboratory Medicine, NIH Clinical Center* ➢ **Tara Palmore, MD,** *Chief, Hospital Epidemiology Service, NIH Clinical Center*
12:15PM	**Discussion: Board Members' Experiences & Recommendations Related to Novel Coronovirus (COVID-19)**
1:00 PM	**Adjournment**