



Patient Safety and Clinical Quality Update

NIH CC Research Hospital Board

July 19, 2019

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Agenda

- Joint Commission unannounced survey visit
- OpenNotes™ launch
- Emergency Response
 - Expanding activation of the Rapid Response Team
 - Evaluating Code Blue responses
- NIH CC Safety and Quality Performance Metrics

Joint Commission Survey



Joint Commission Survey

- June 12, 2019
- One surveyor: An engineer
- Purpose: To assess compliance with 2018 survey findings related to ligature risk

The Joint Commission SAFER™ Matrix

Program: Hospital

Likelihood to Harm a Patient / Visitor / Staff	ITL			
	High	High Likelihood/Limited Scope HIGHEST RISK – “The Red Zone”	High Likelihood/Pattern Scope HIGHEST RISK – “The Red Zone”	High Likelihood/Widespread Scope HIGHEST RISK – “The Red Zone”
		Moderate Likelihood/Limited Scope MID-RANGE RISK Level 1	Moderate Likelihood/Pattern Scope MID-RANGE RISK Level 2	Moderate Likelihood/Widespread Scope MID-RANGE RISK Level 3 EC.02.06.01 EP1 <i>....in the Behavioral Health Units, patient in-room bathroom doors create a ligature risk. These rooms also have ligature resistant hospital beds with side rails and other points that create ligature risks... Handrails in the corridors also are a ligature risk.</i>
	Moderate	Low Likelihood/Limited Scope LOWER RISK Level 1 EC.02.05.05 EP8	Low Likelihood/Pattern Scope LOWER RISK Level 2	Low Likelihood/Widespread Scope LOWER RISK Level 3
		On the 1st floor Alcohol Behavioral Health Unit, in the Patient Laundry room, the washer, dryer, and ice machine were not on a GFCI circuit.		
	Low			
		Limited	Pattern Scope	Widespread



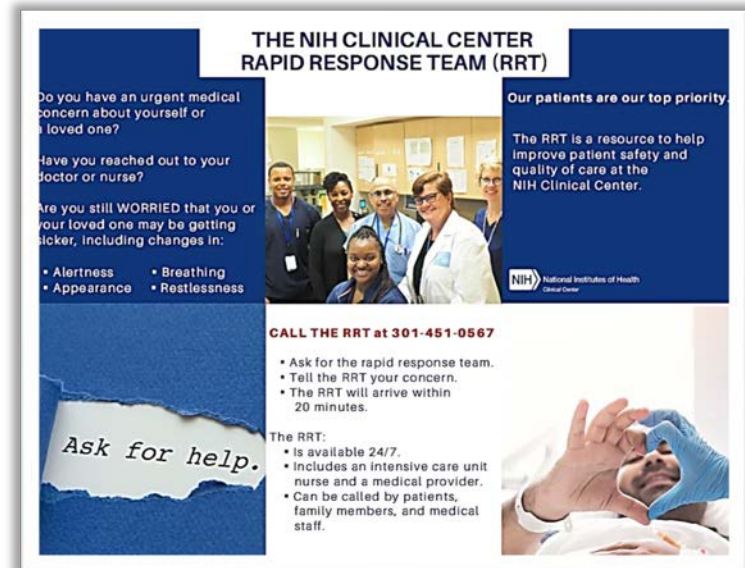
OpenNotes™

- “..an international *movement* committed to spreading the availability of open visit notes and studying the effects.”
- Second institution to provide “real-time” inpatient notes
- July 1 go-live
- Significant pre-launch organizational engagement
 - Pediatrics and Behavioral Health teams
 - Grand Rounds with OpenNotes™ leadership team
- Future research opportunities - in collaboration with OpenNotes™

Emergency Response

Rapid Response Team (RRT)

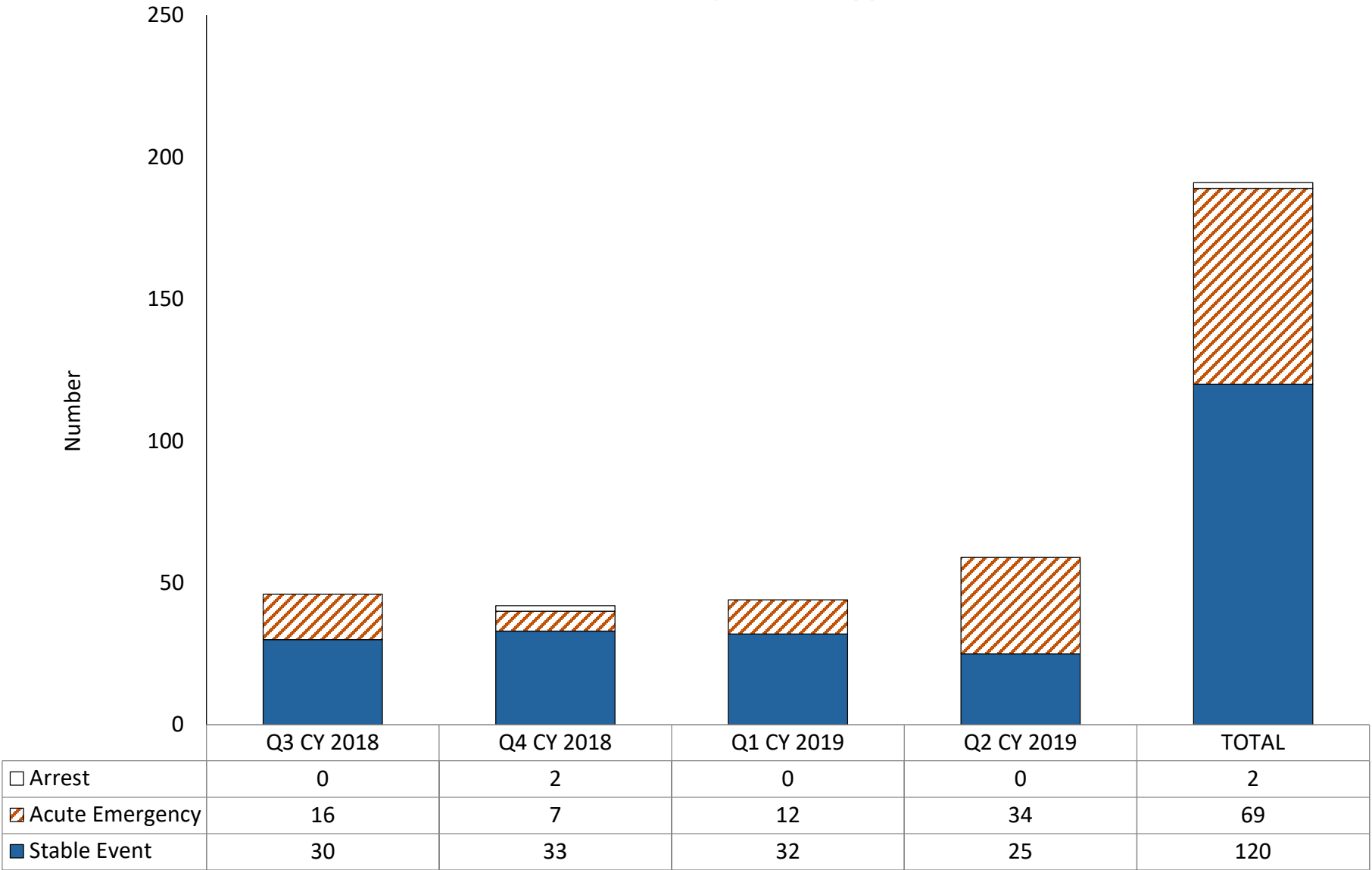
- Medical Executive Committee approved a three month pilot of patient and family activation of the RRT
- Extensive staff and patient education campaign
- Go-live is scheduled for end of July
- Performance metrics
 - Volume of calls
 - Impact on ICU staffing
 - “Character” of calls
 - Patient perception



Use of Code Blue Resources

- Background
 - No emergency room
 - No urgent care center
 - History of “expanded” use of Code Blue
- Perceived increase in the activation of Code Blue for non-acute events
 - Non-life threatening employee and visitor injuries (e.g., cuts, sprains)
 - Patients experiencing vasovagal responses to procedures not requiring intensive interventions (e.g., eye exams, phlebotomy)

Code Blue Response: Type of Event



Use of Code Blue Resources

Data from June 17-30, 2019

Appropriate Activation?	“n”	Comments
Yes/Possible	11	• “Possible”: One visitor and one employee with non-acute symptoms
No	3	• Outpatient with nausea/vomiting • Employee fall • Employee finger laceration

- Potential Solutions

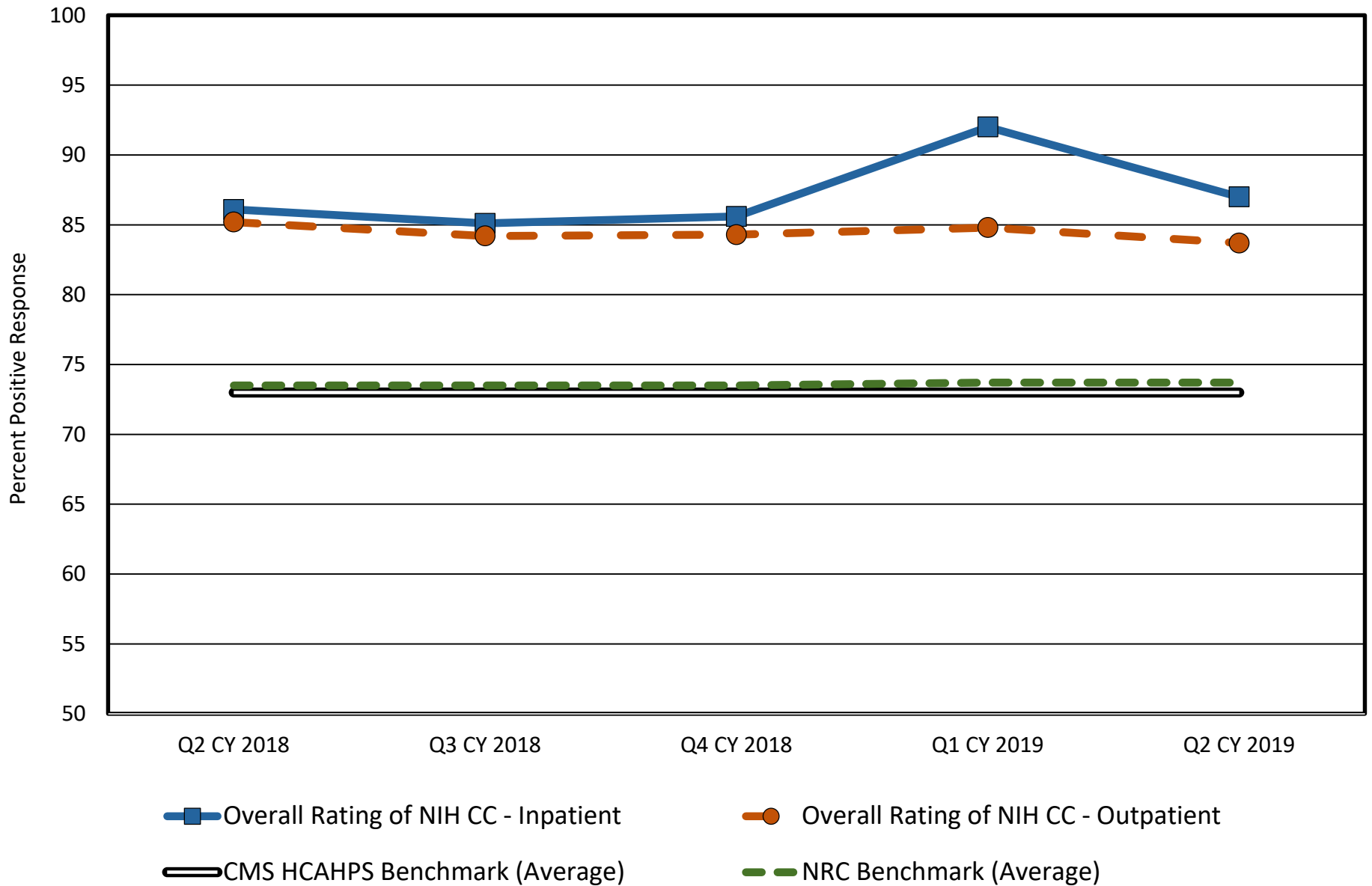
- “First Aid Response” (Internal Medicine Consultation Service)
- Expand use of Occupational Medical Service for non-acute events
- Establish process for activating NIH ambulance service for non-Code Blue events

Performance Metrics

Patients' Perceptions

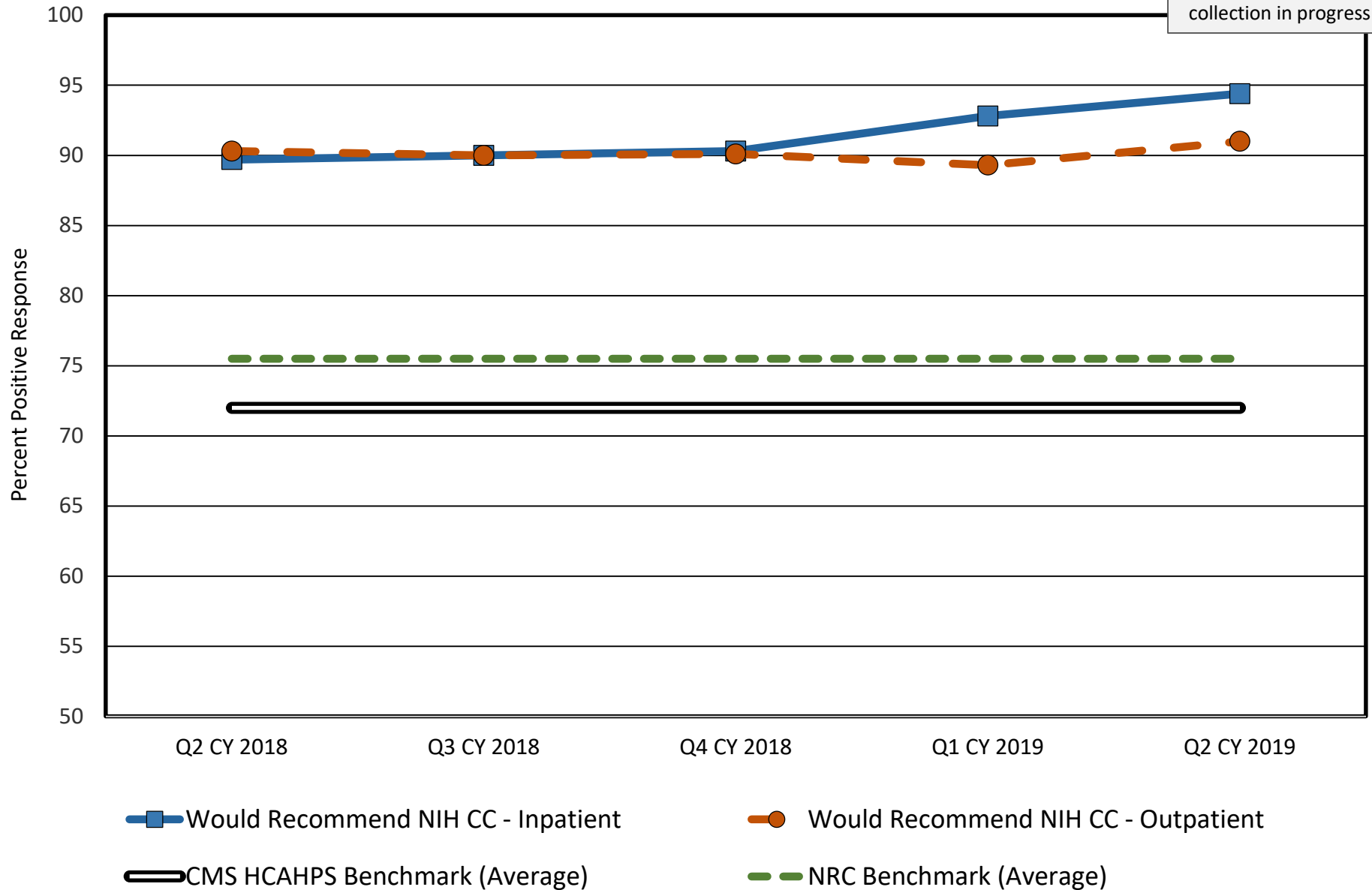
- Overall Hospital Rating
- Would you Recommend the NIH CC?

Overall Hospital Rating



Would You Recommend the NIH CC?

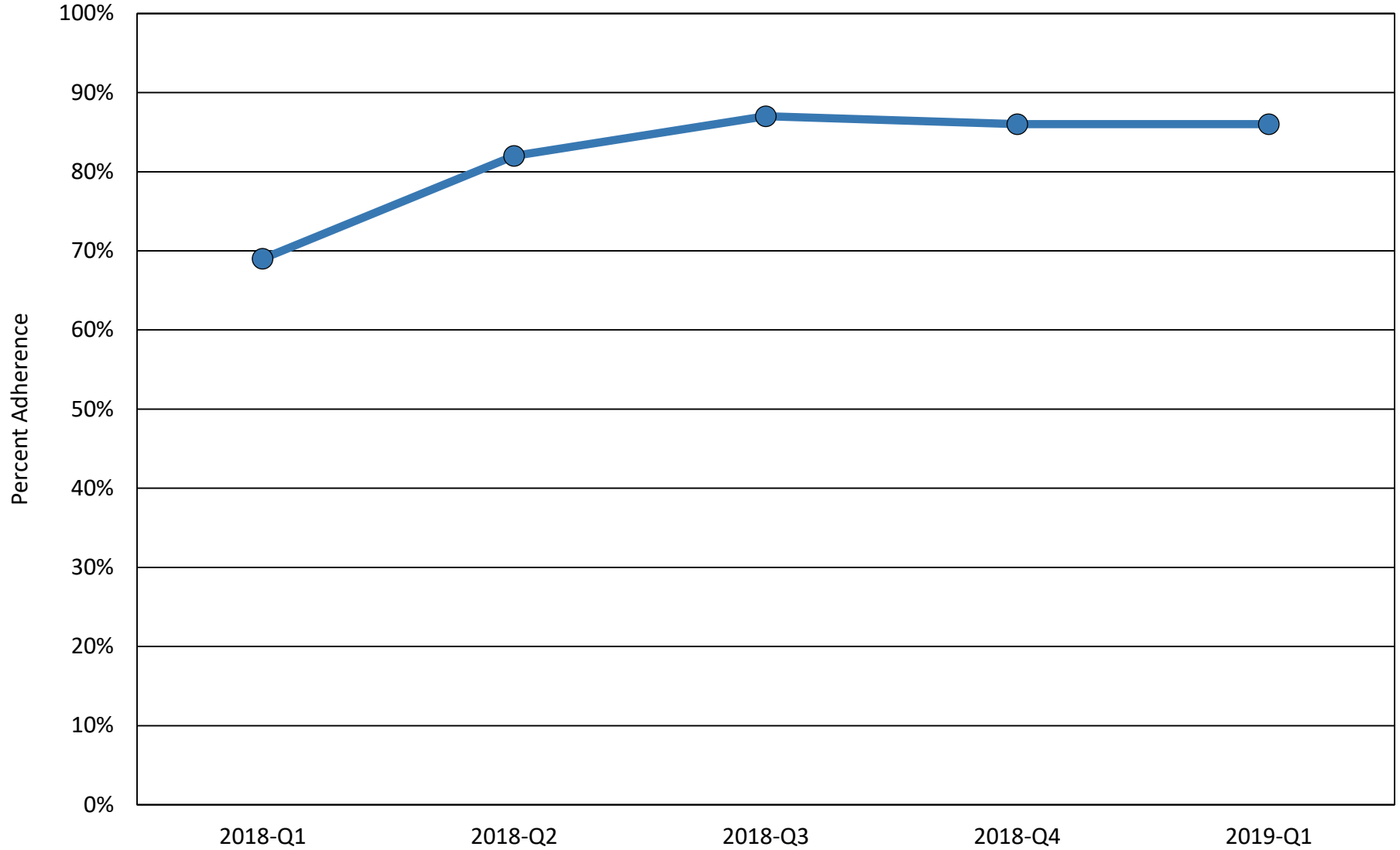
Q2 CY 2019 data
collection in progress



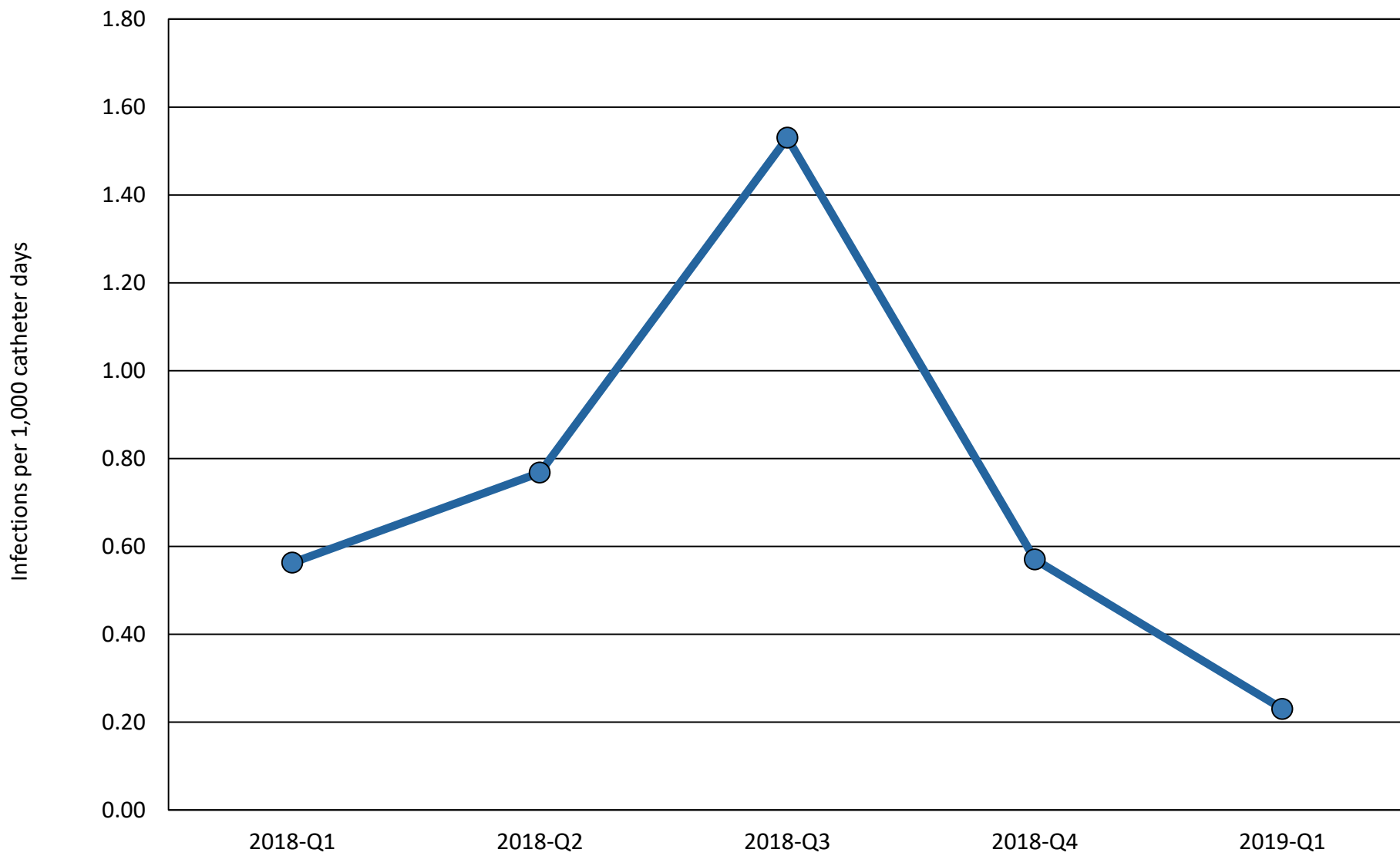
Infection Control Metrics

- Hand Hygiene
- Central-Line Associated Bloodstream Infections
 - Whole-house
 - Intensive Care Unit
- Catheter Associated Urinary Tract Infections
 - Intensive Care Unit
 - Surgical Oncology

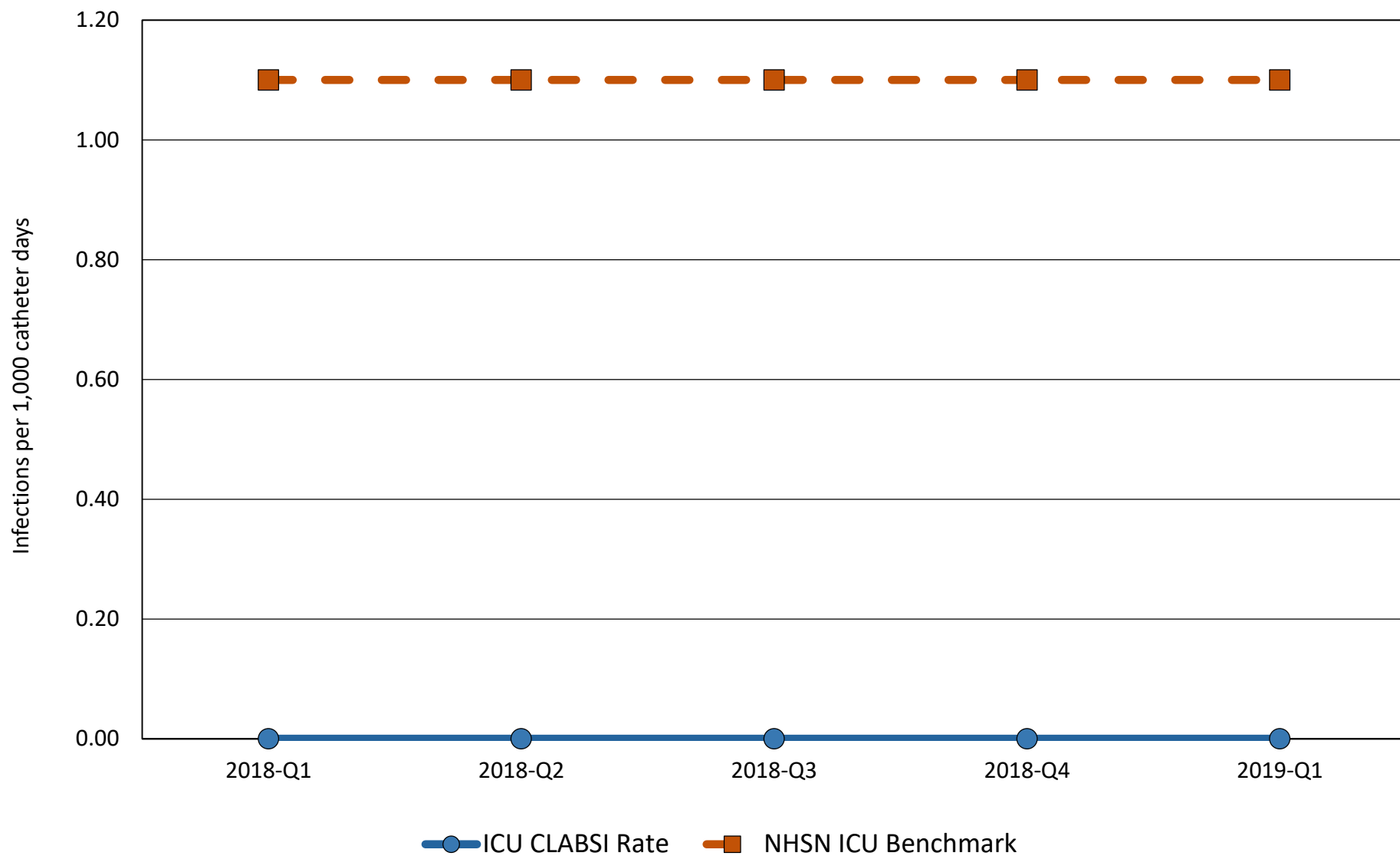
Hand Hygiene Compliance



Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate

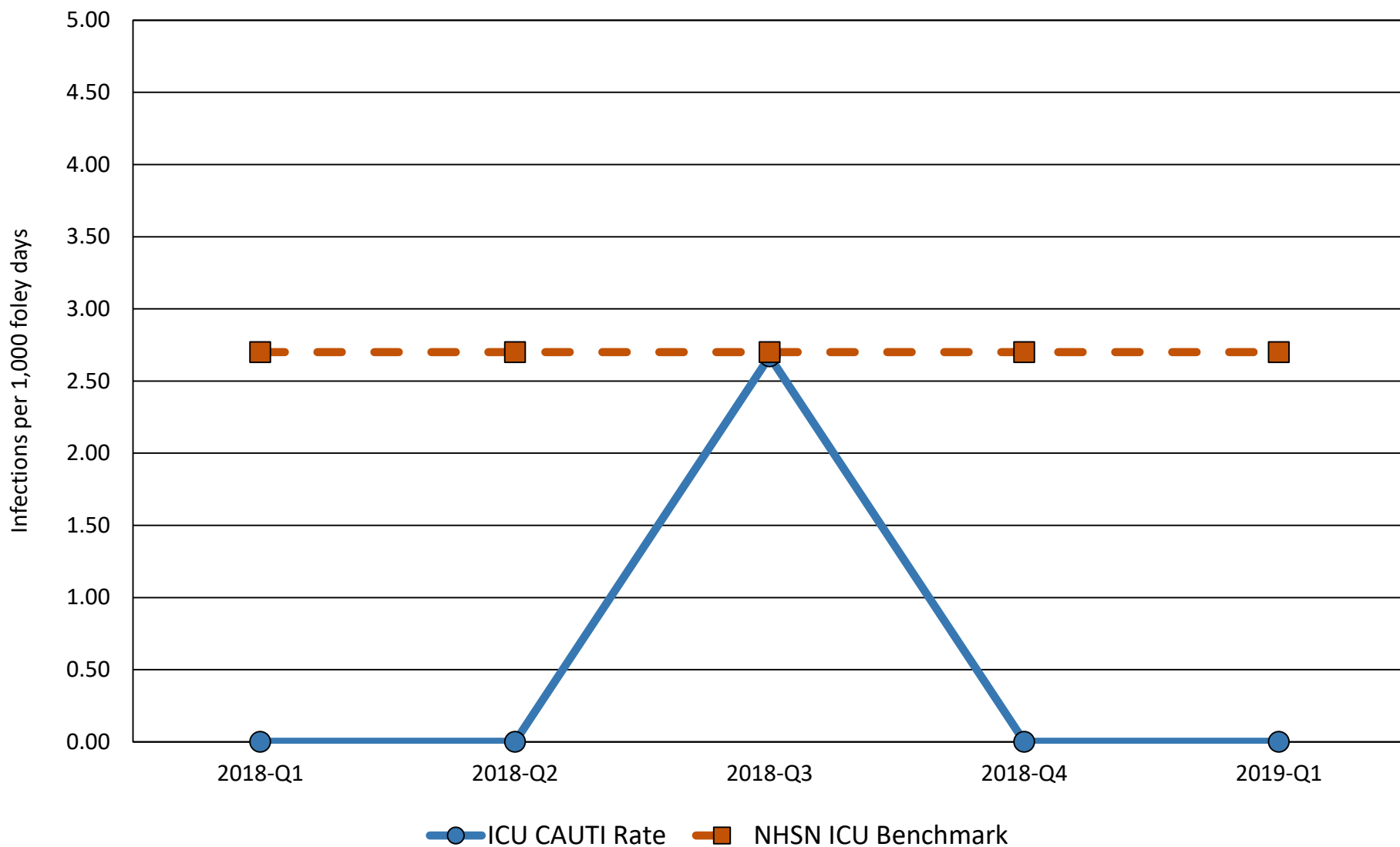


ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate



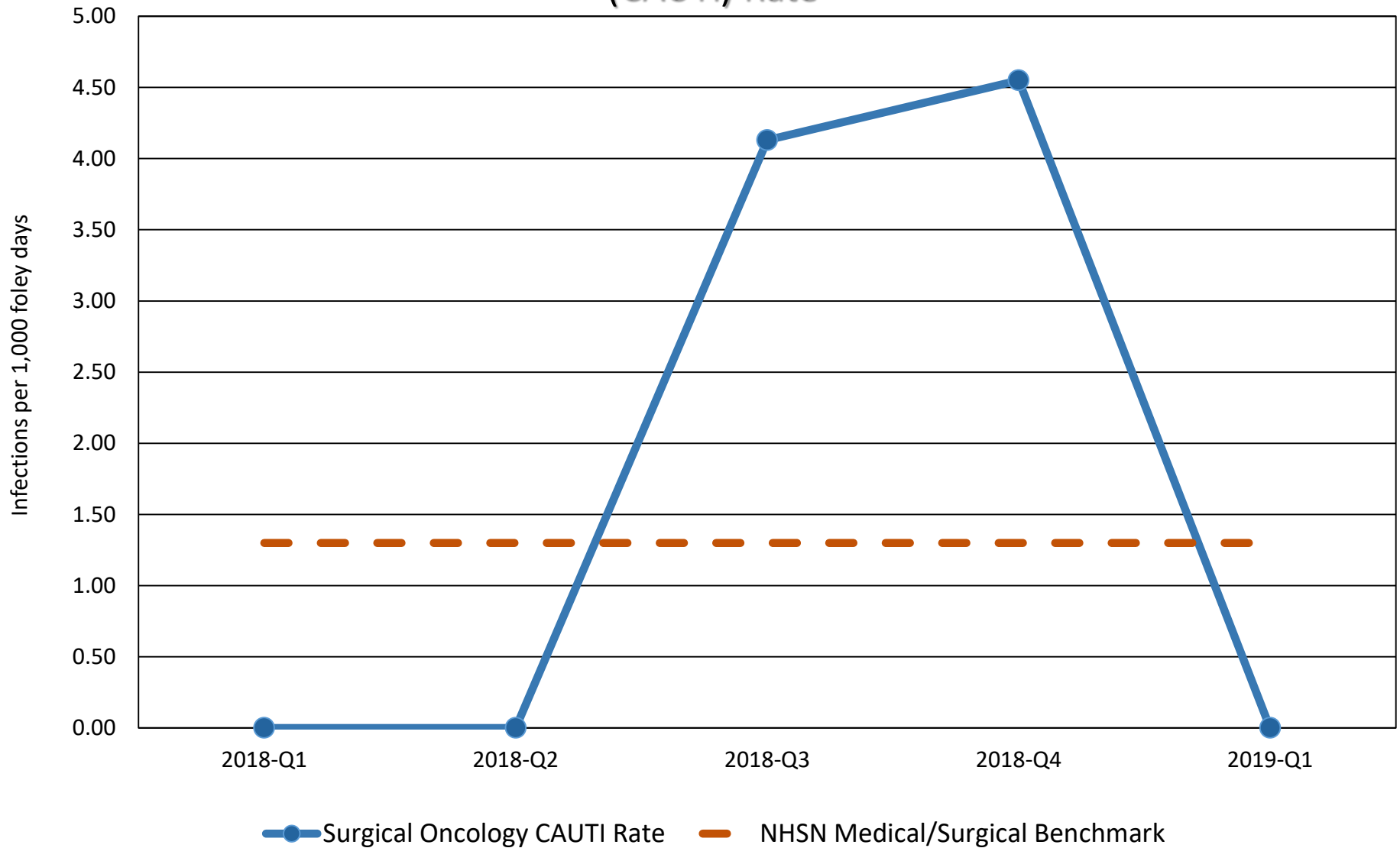
2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 1.1

ICU Catheter-Associated Urinary Tract Infections (CAUTI) Rate



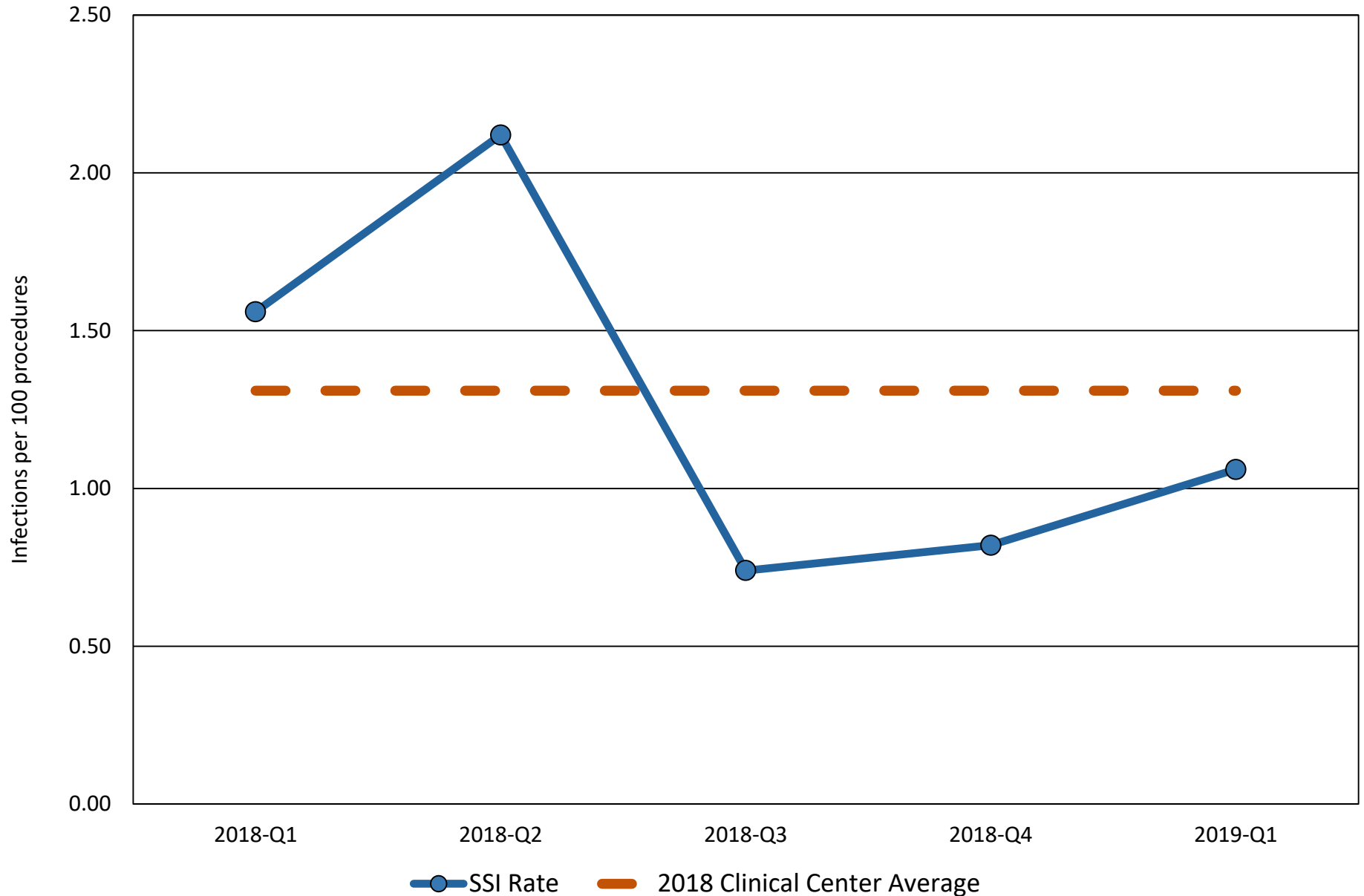
2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 2.7

Surgical Oncology Catheter-Associated Urinary Tract Infections (CAUTI) Rate



2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Inpatient Wards, Medical/Surgical mean 1.3

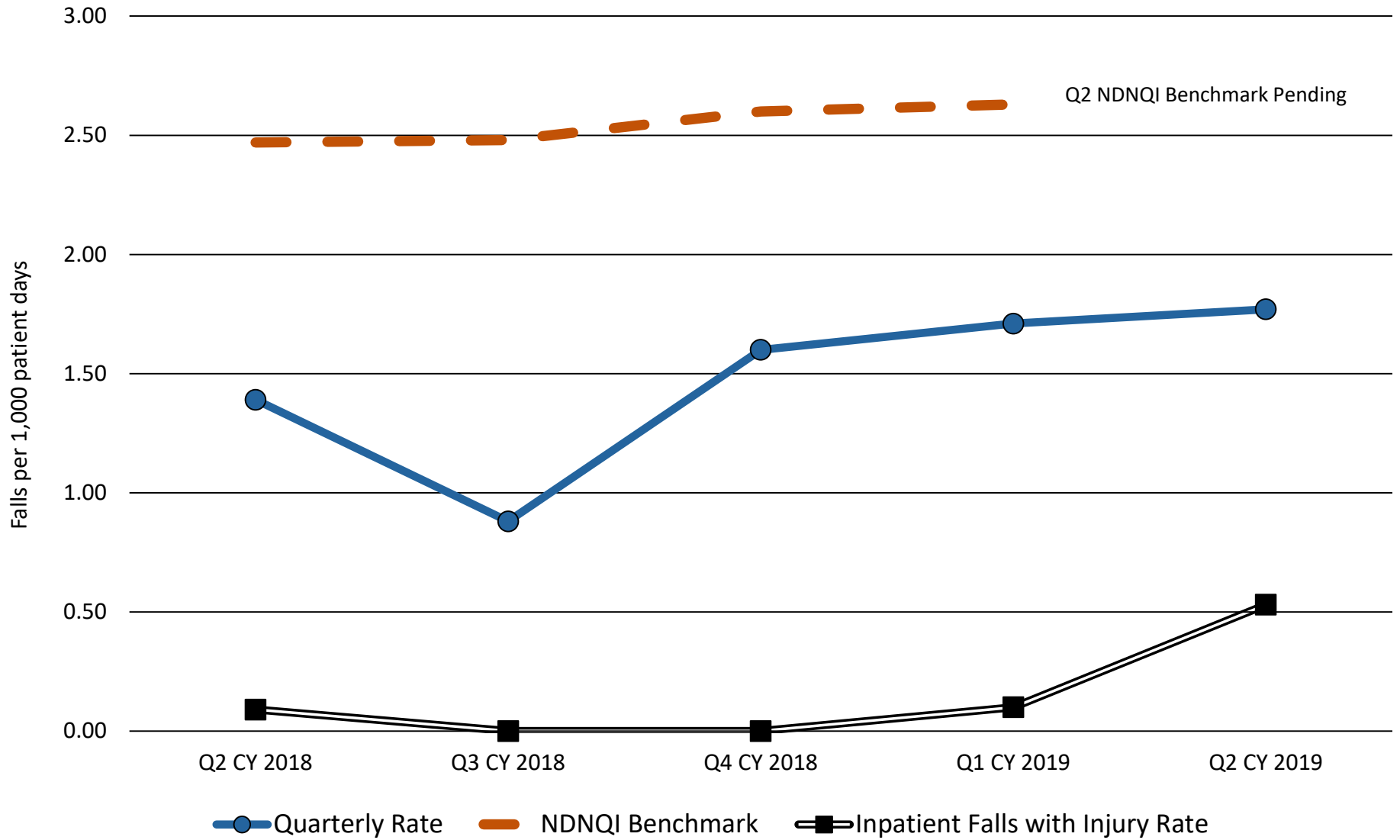
Surgical Site Infections (SSI) Rate



Nursing Quality Metrics

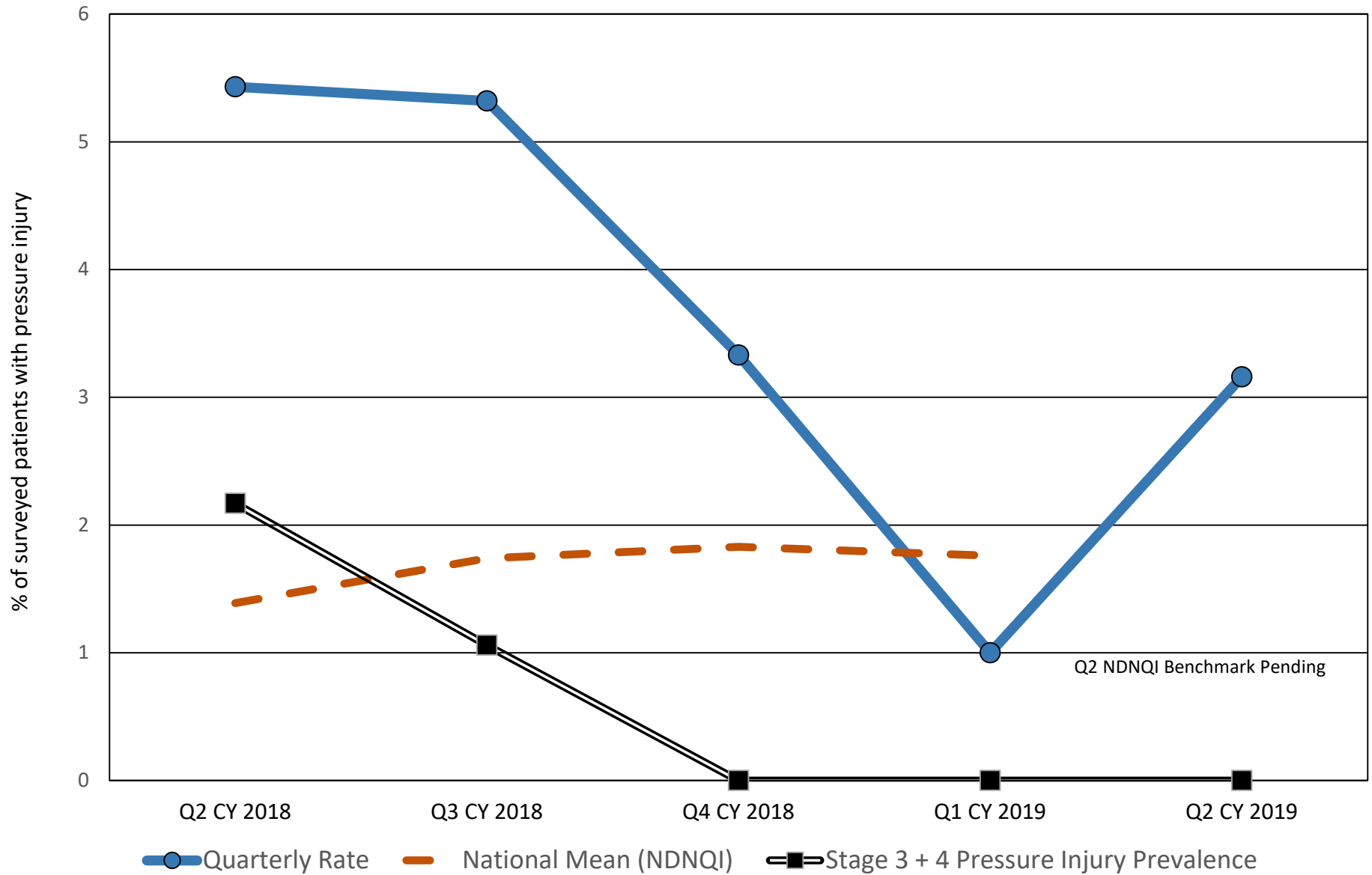
- Falls
- Pressure Injury
- Medication Administration Barcoding

Inpatient Falls Rate

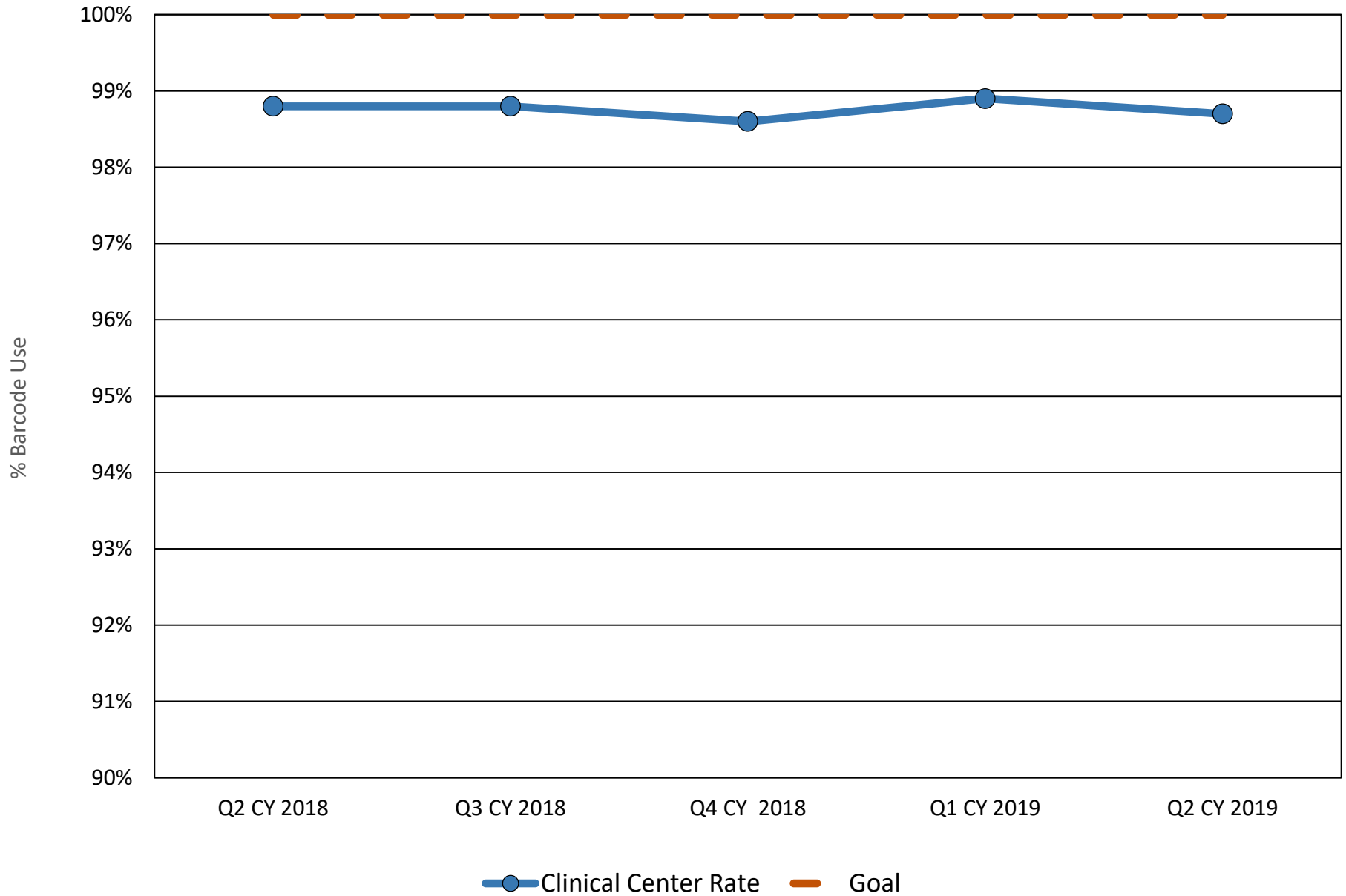


NDNQI benchmark for Total Falls Rate Only

Pressure Injury Prevalence



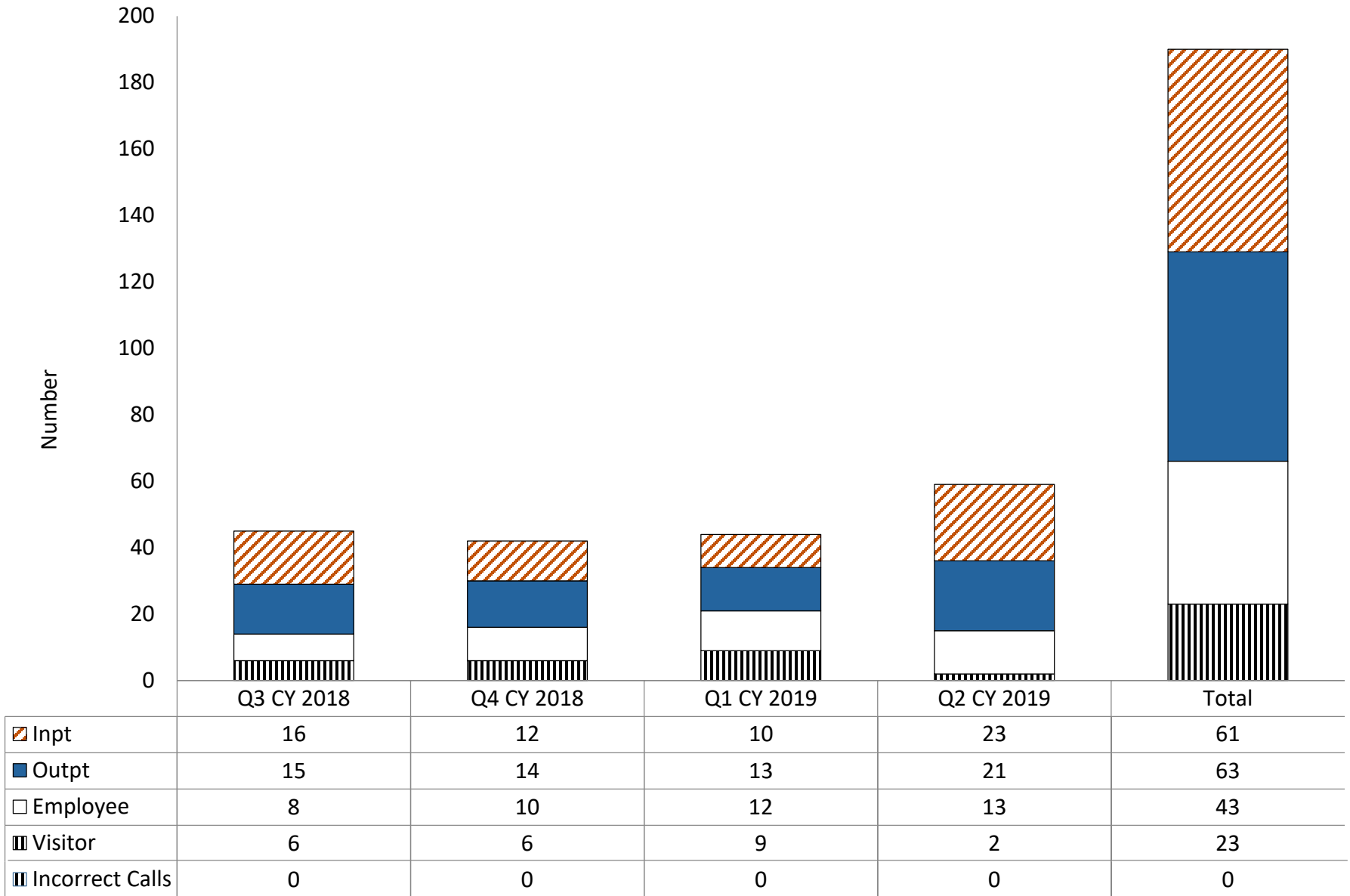
Medication Administration Barcode Use



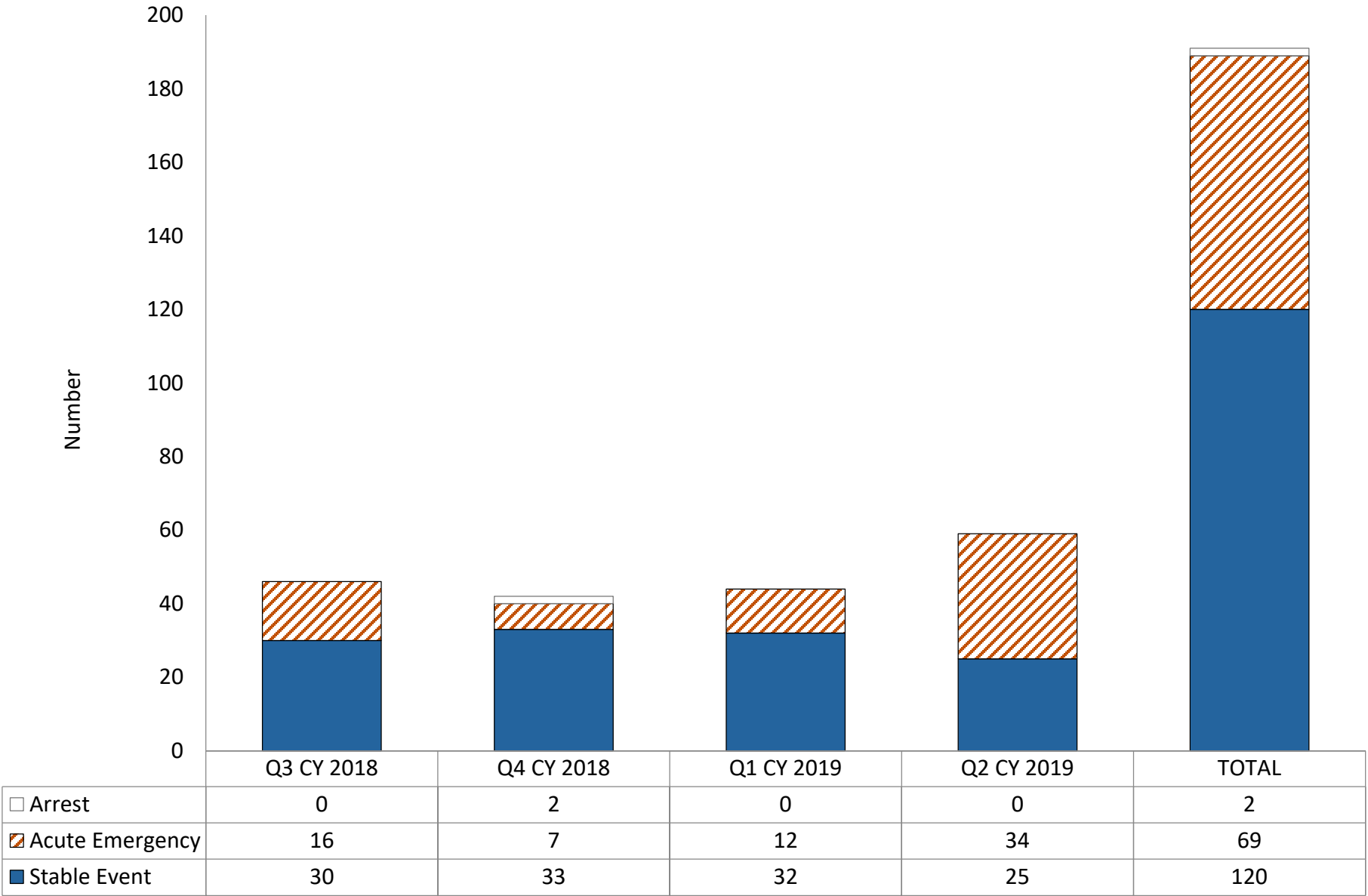
Emergency Response

- Code Blue and Rapid Response
 - Types of Patients
 - Type of Event
 - Patient Disposition

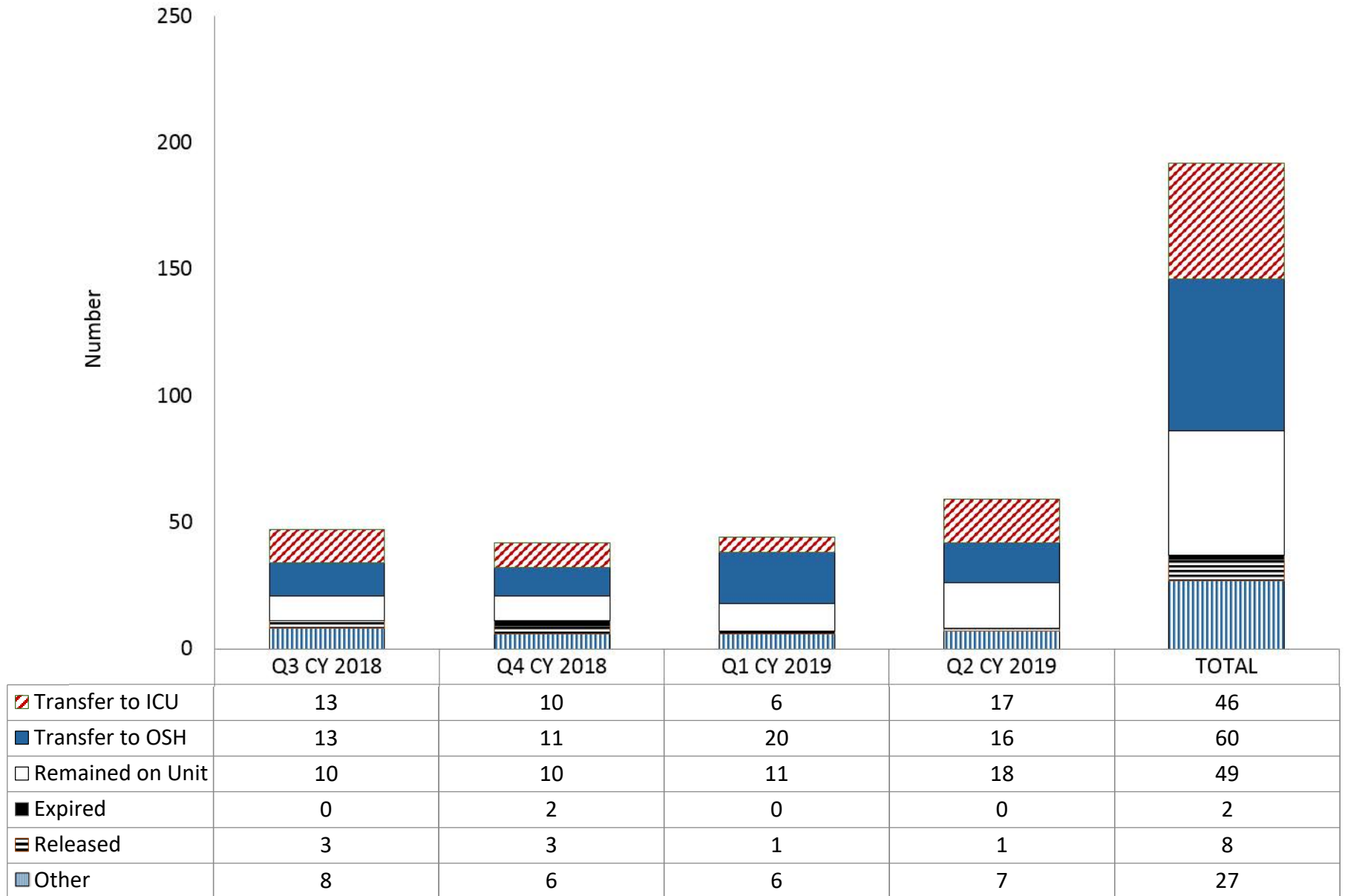
Code Blue Response: Types of "Patients"



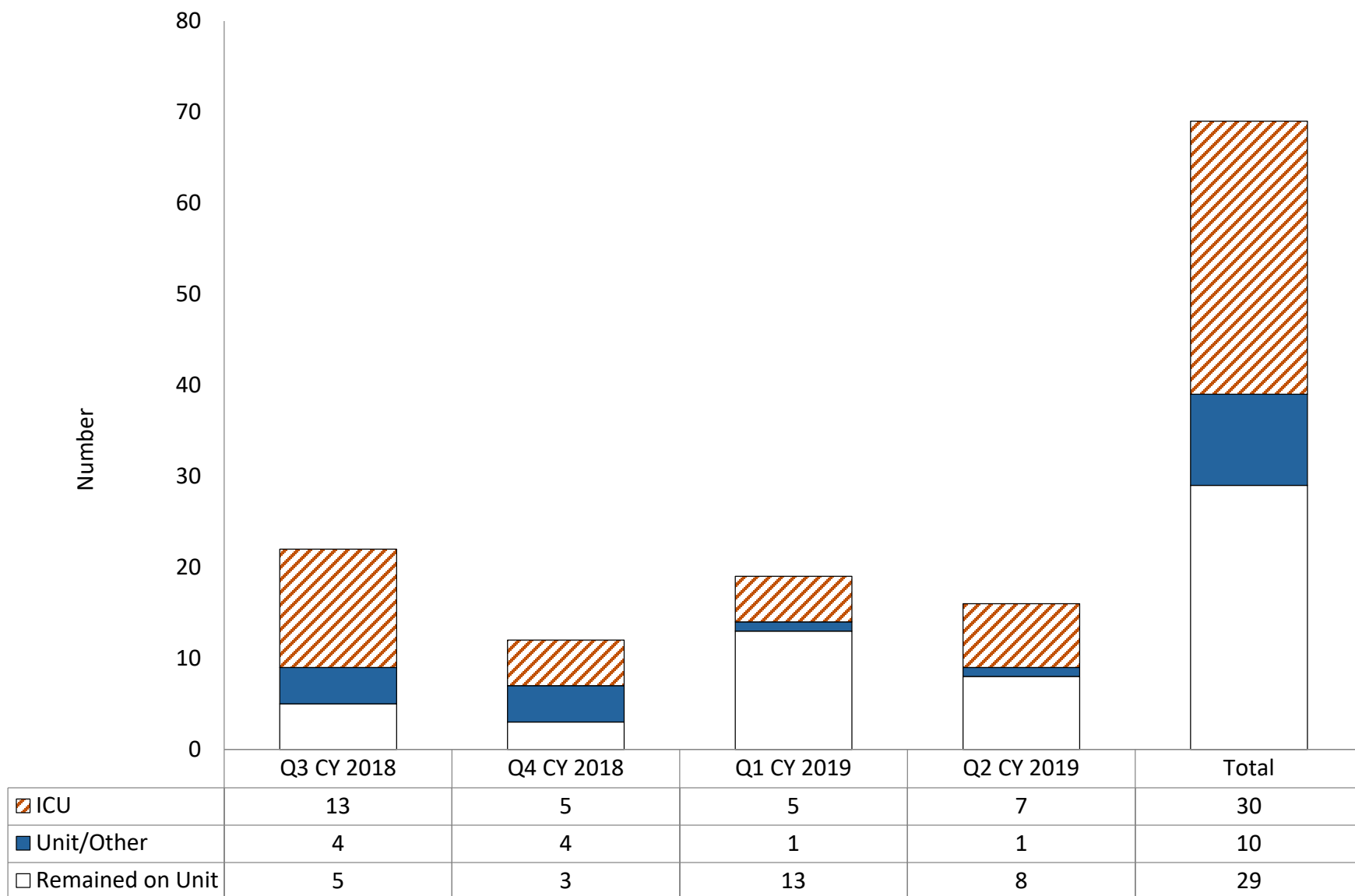
Code Blue Response: Type of Event



Code Blue Response: Patient Disposition



Rapid Response Team: Patient Disposition

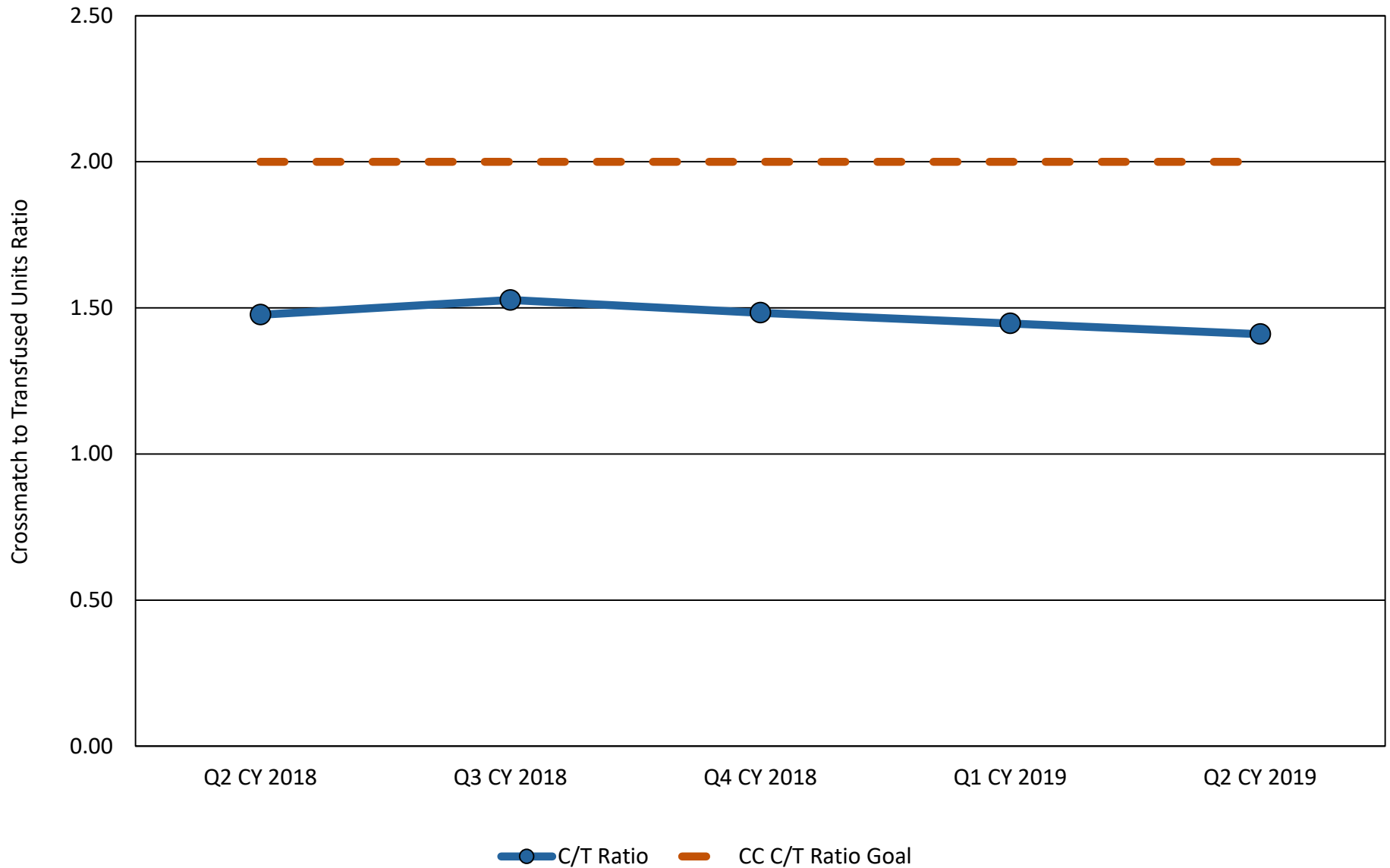


Blood and Blood Product Use

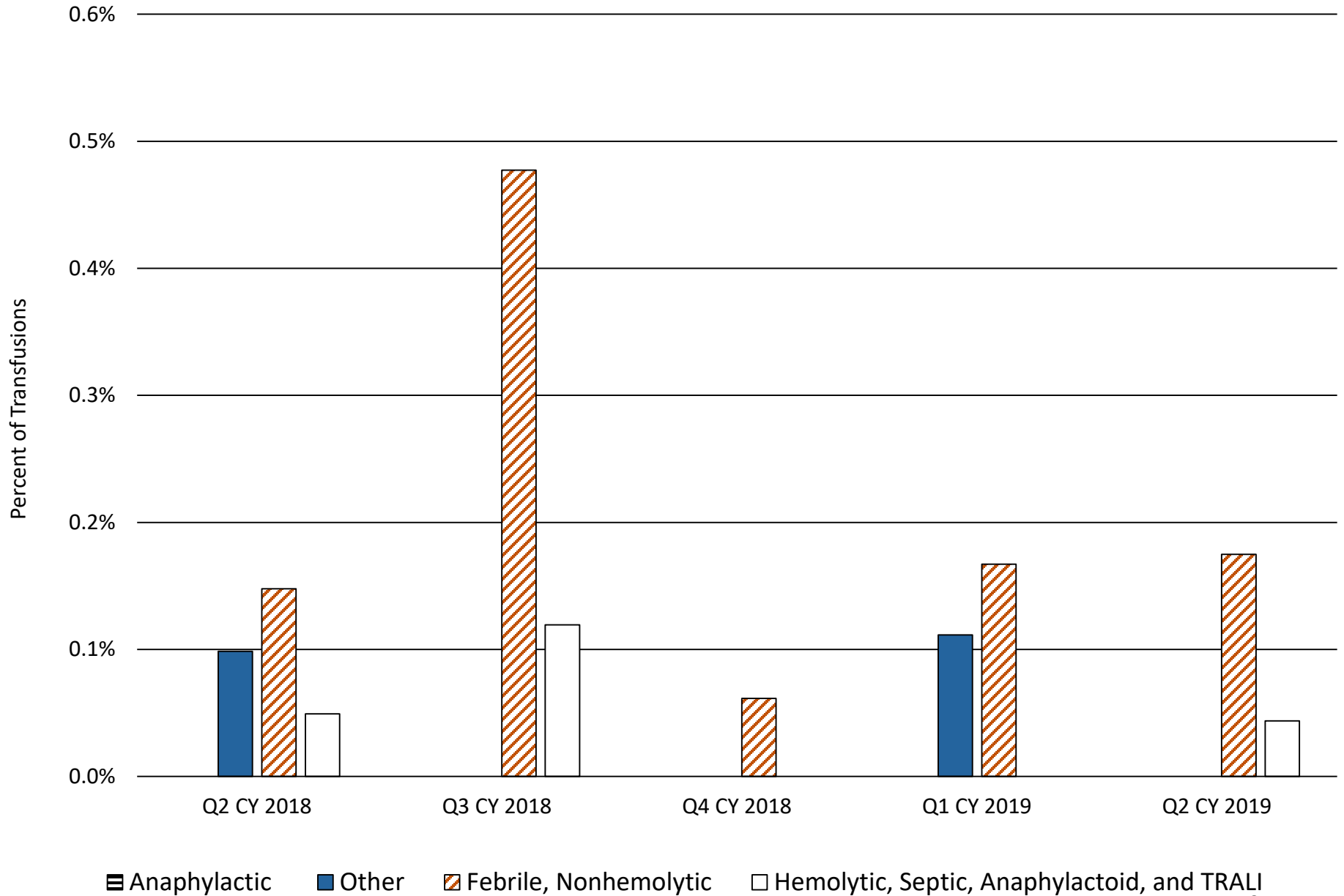
- Crossmatch to Transfusion (C:T) Ratio
- Transfusion Reaction by Class
- Unacceptable Blood Bank Specimens

Crossmatch to Transfusion (C/T) Ratio

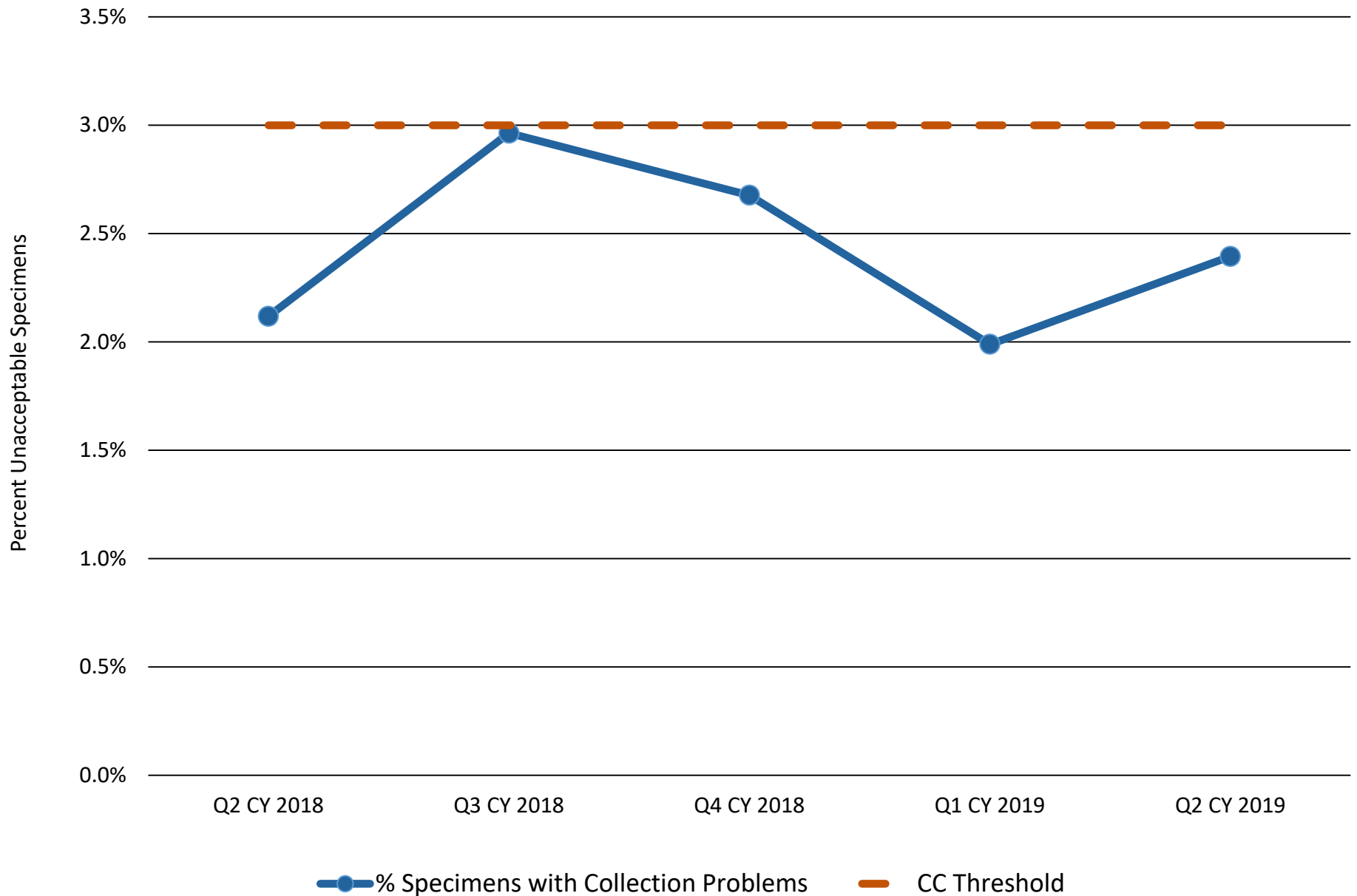
(The NIH CC goal is to have a C:T ratio of 2.0 or less. Monitoring this metric ensures that blood is not held unused in reserve when it could be available for another patient.)



Transfusion Reactions by Class



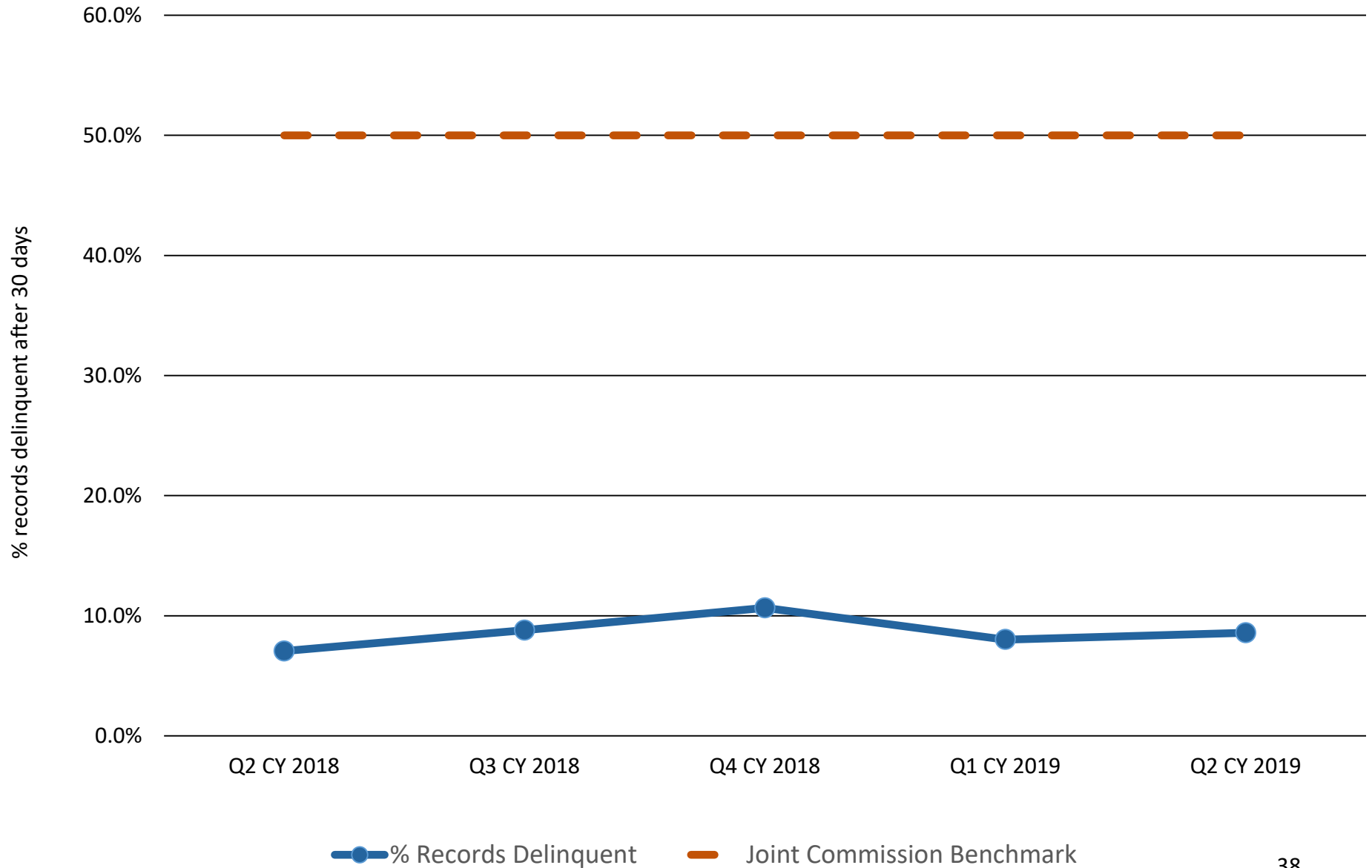
Unacceptable Blood Bank Specimens



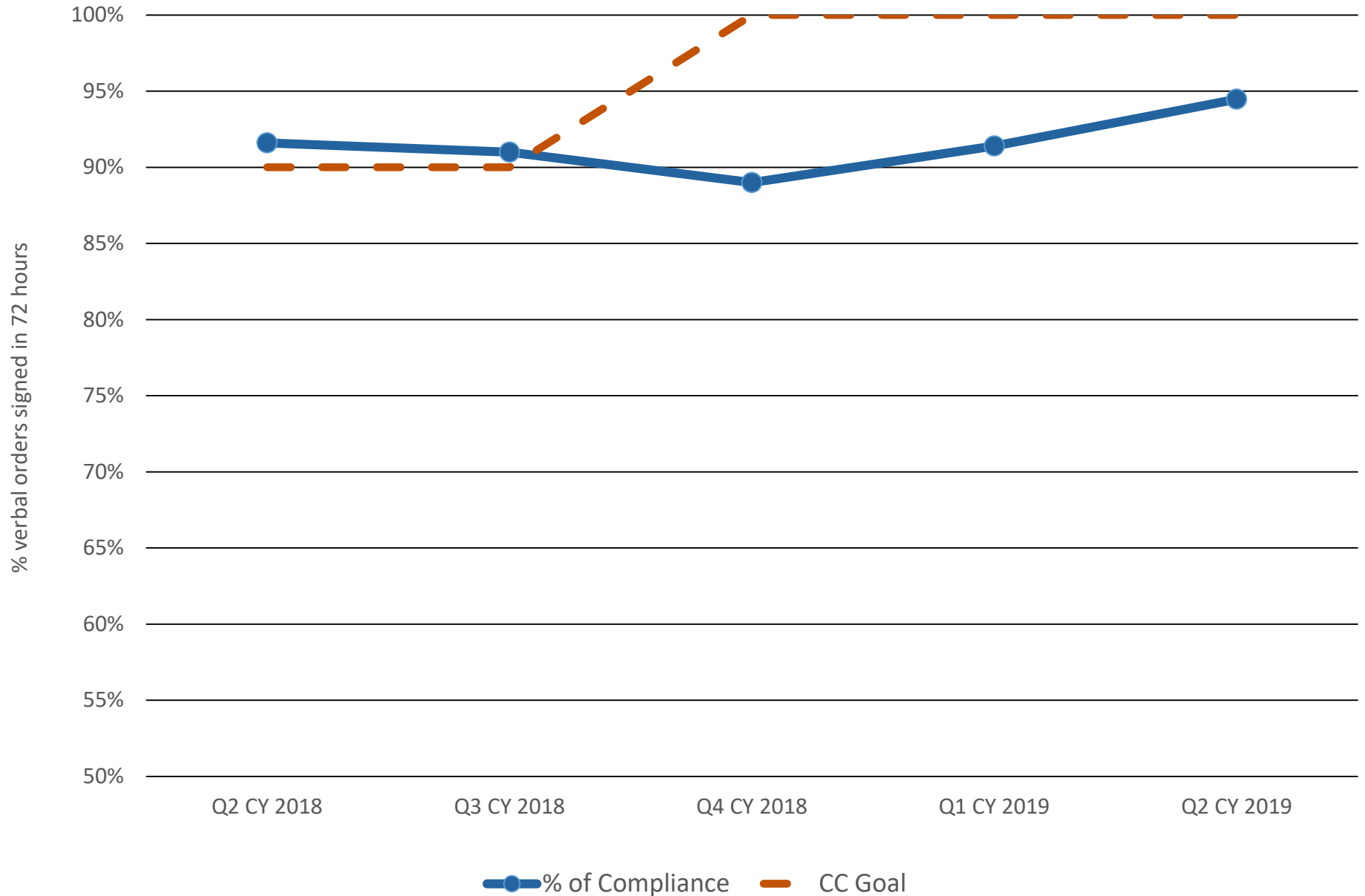
Clinical Documentation

- Medical Record Completeness
 - Delinquent Records
 - “Agent for” Countersignature Adherence
 - Unacceptable Abbreviation Use
- Accuracy of Coding

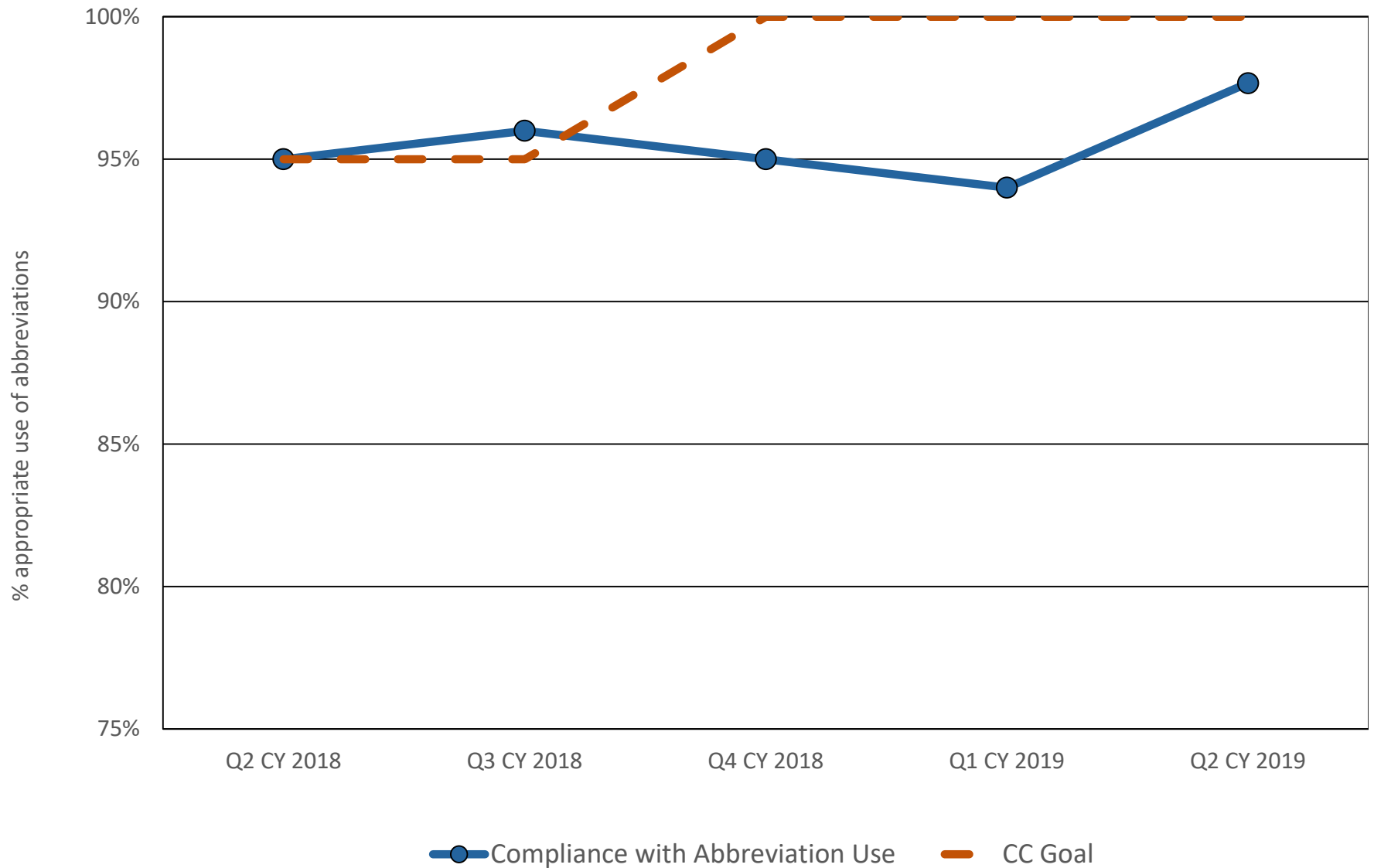
Delinquent Records (>30 days post discharge)



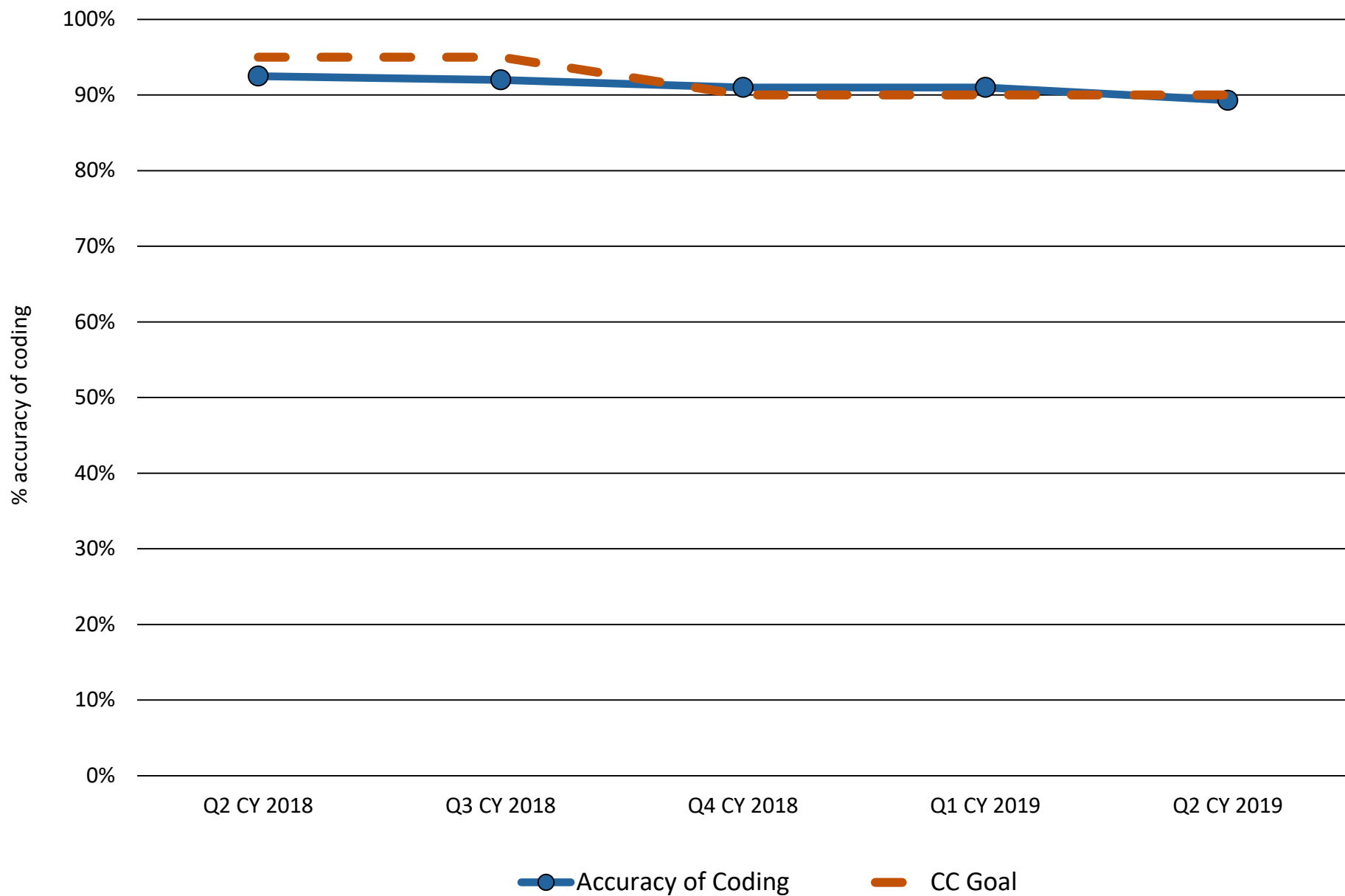
"Agent for" Orders Countersignature Compliance



"Do Not Use" Abbreviation Adherence



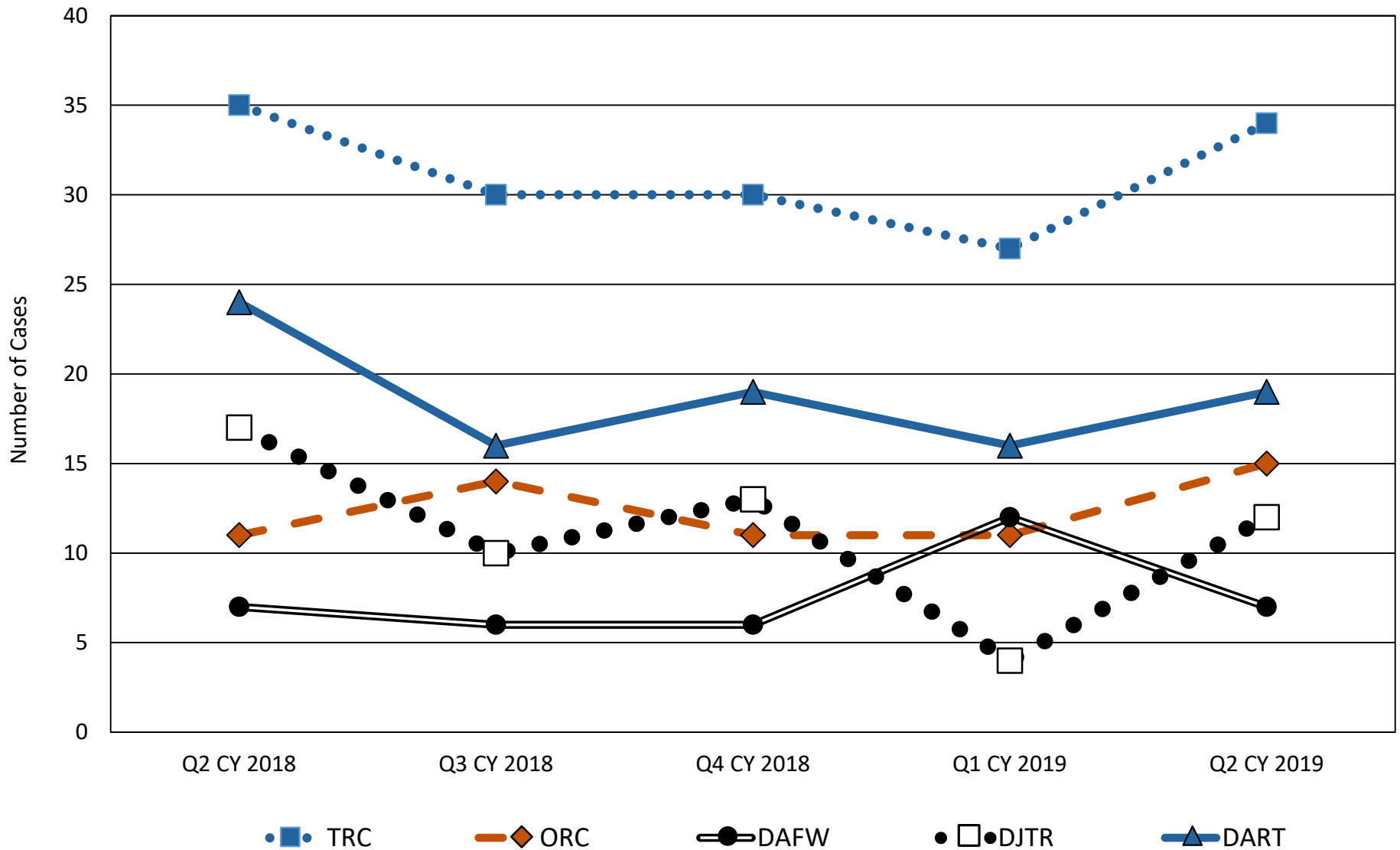
Accuracy of Record Coding



Employee Safety

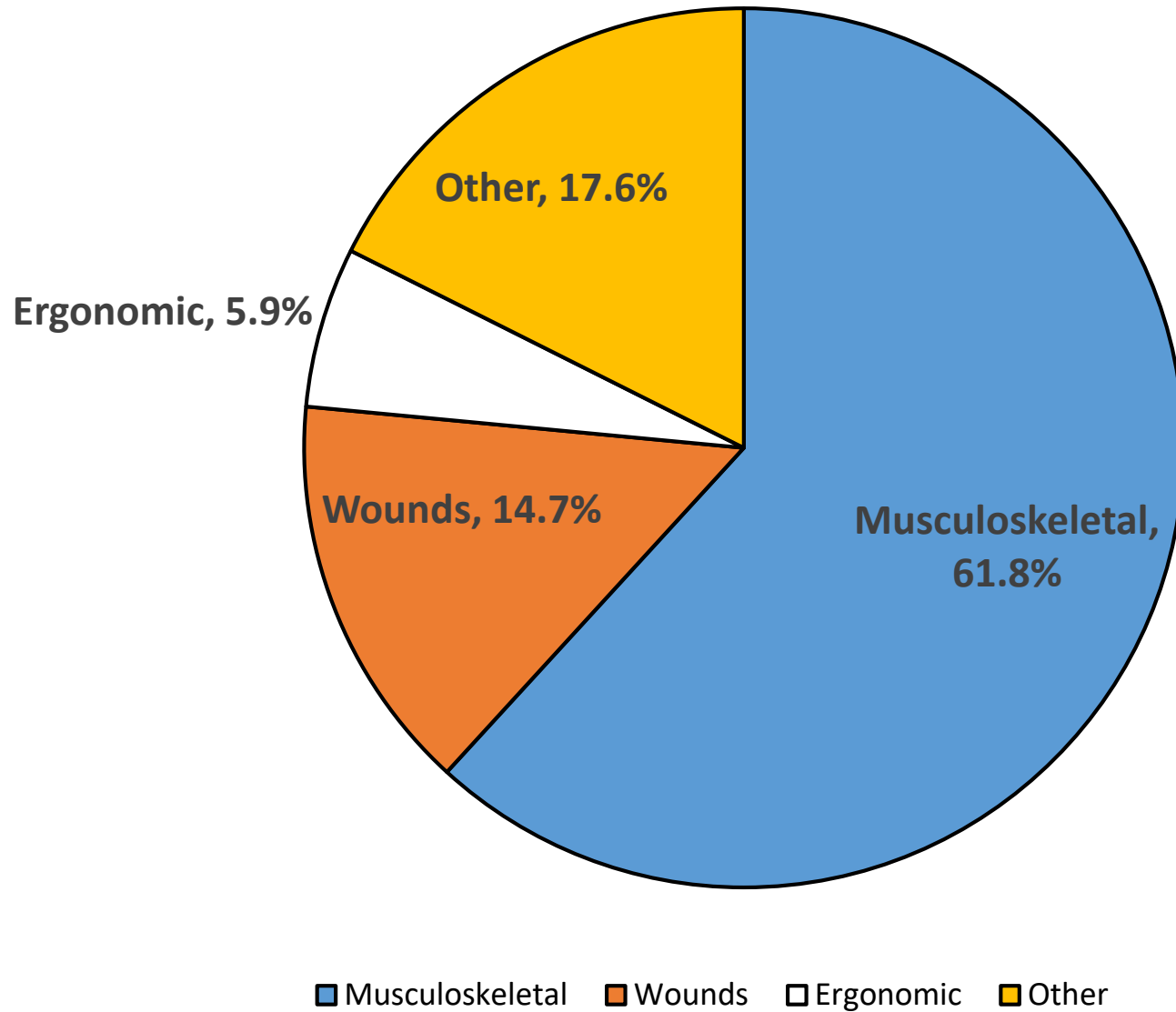
- Occupational Injury and Illness

Occupational Injuries and Illnesses for CC Employees



TRC: Total Recordable Cases; **ORC:** Other Recordable Cases; **DAFW:** Days Away From Work; **DJTR:** Days Job Transfer, Restriction; **DART:** Days Away, Restricted or Transferred (DAFW + DJTR)

Percent of Occupational Injuries and Illnesses
April 1, 2019 - June 30, 2019 n= 34



Join America's "House of Hope": The Clinical Center at NIH

