

# *Patient Safety and Clinical Quality Update*



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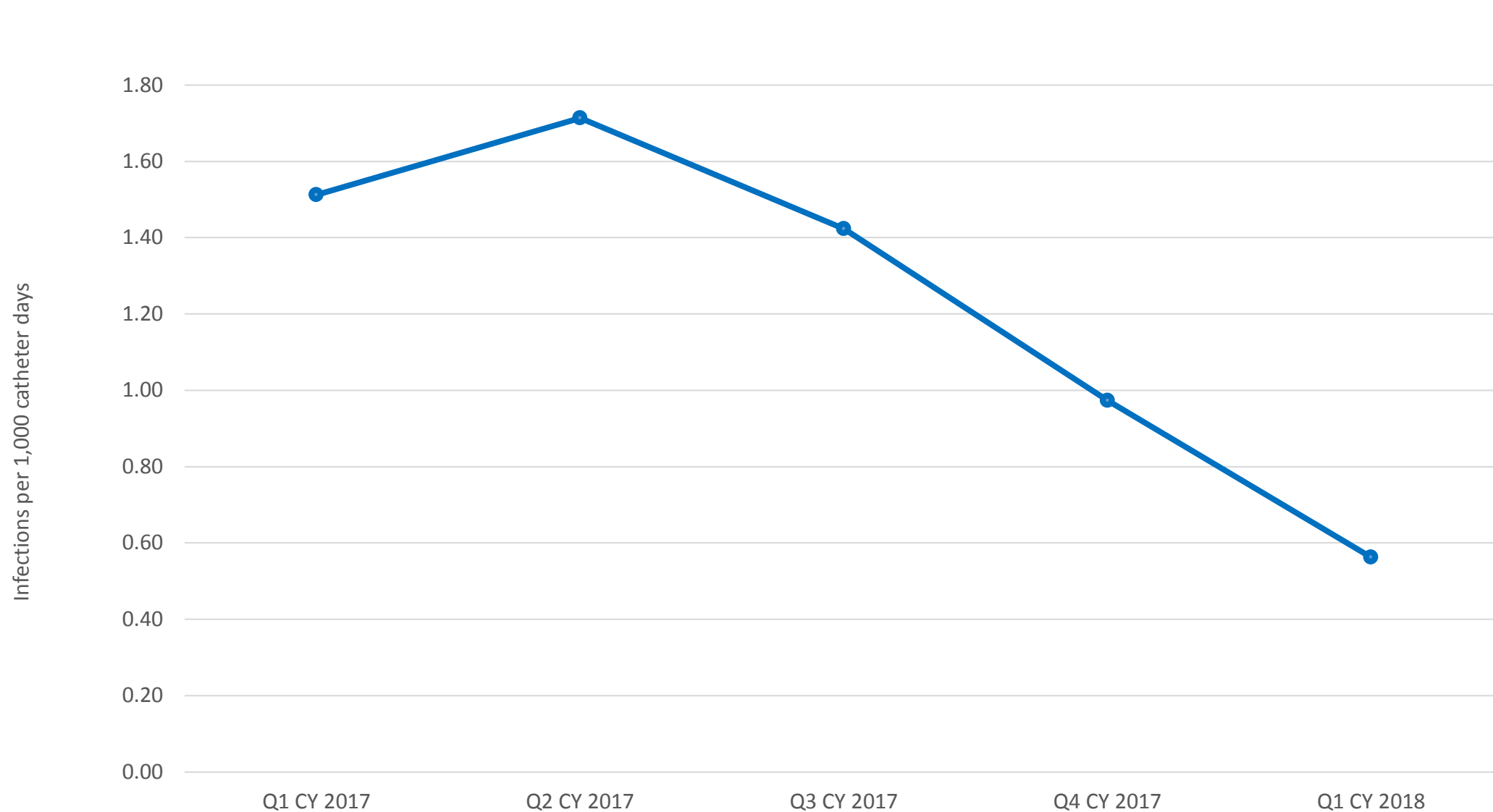
July 20, 2018

# Agenda

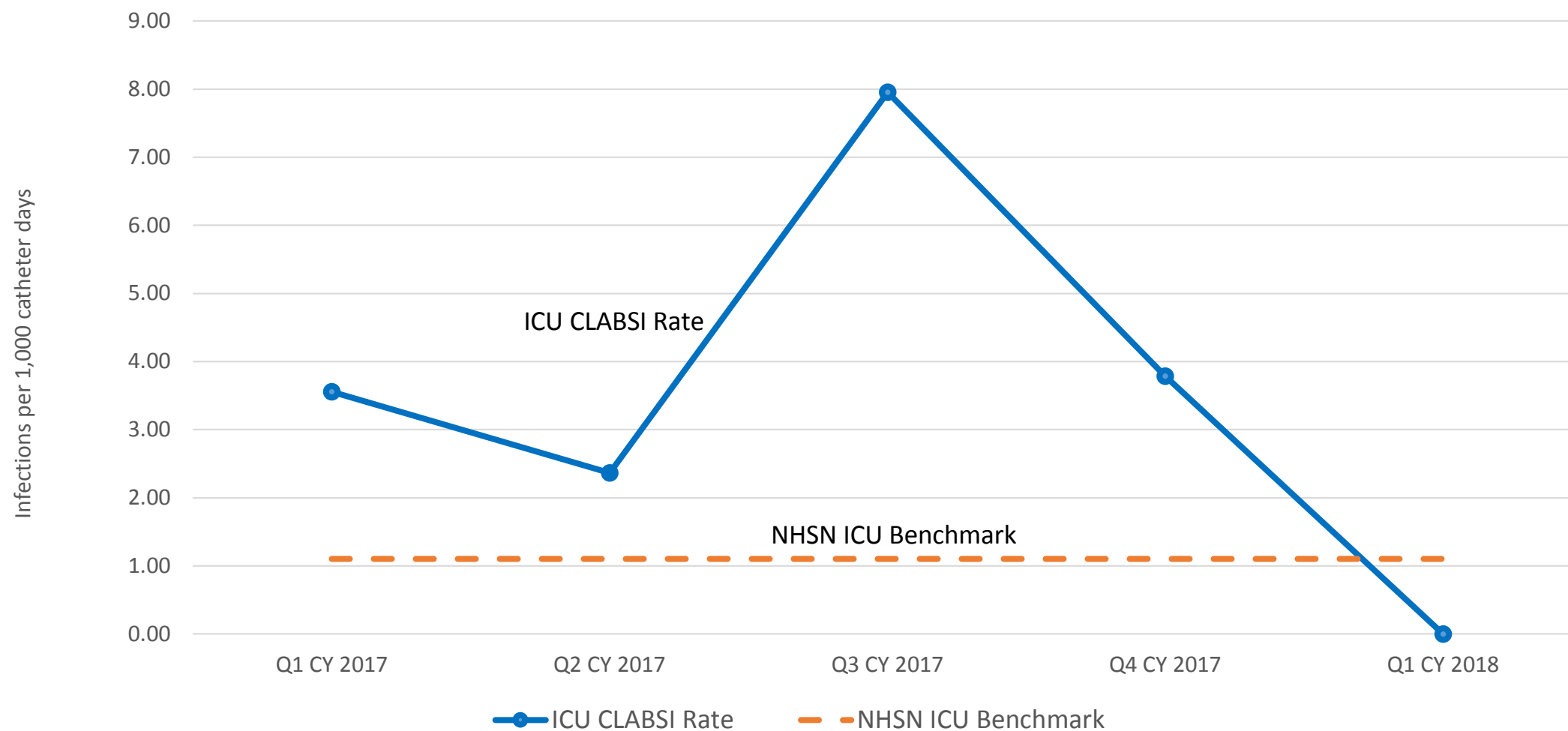
- Safety and Quality Performance Metrics
- Accreditation Readiness
- Future Opportunities

# *Safety and Quality Performance Metrics*

# Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate

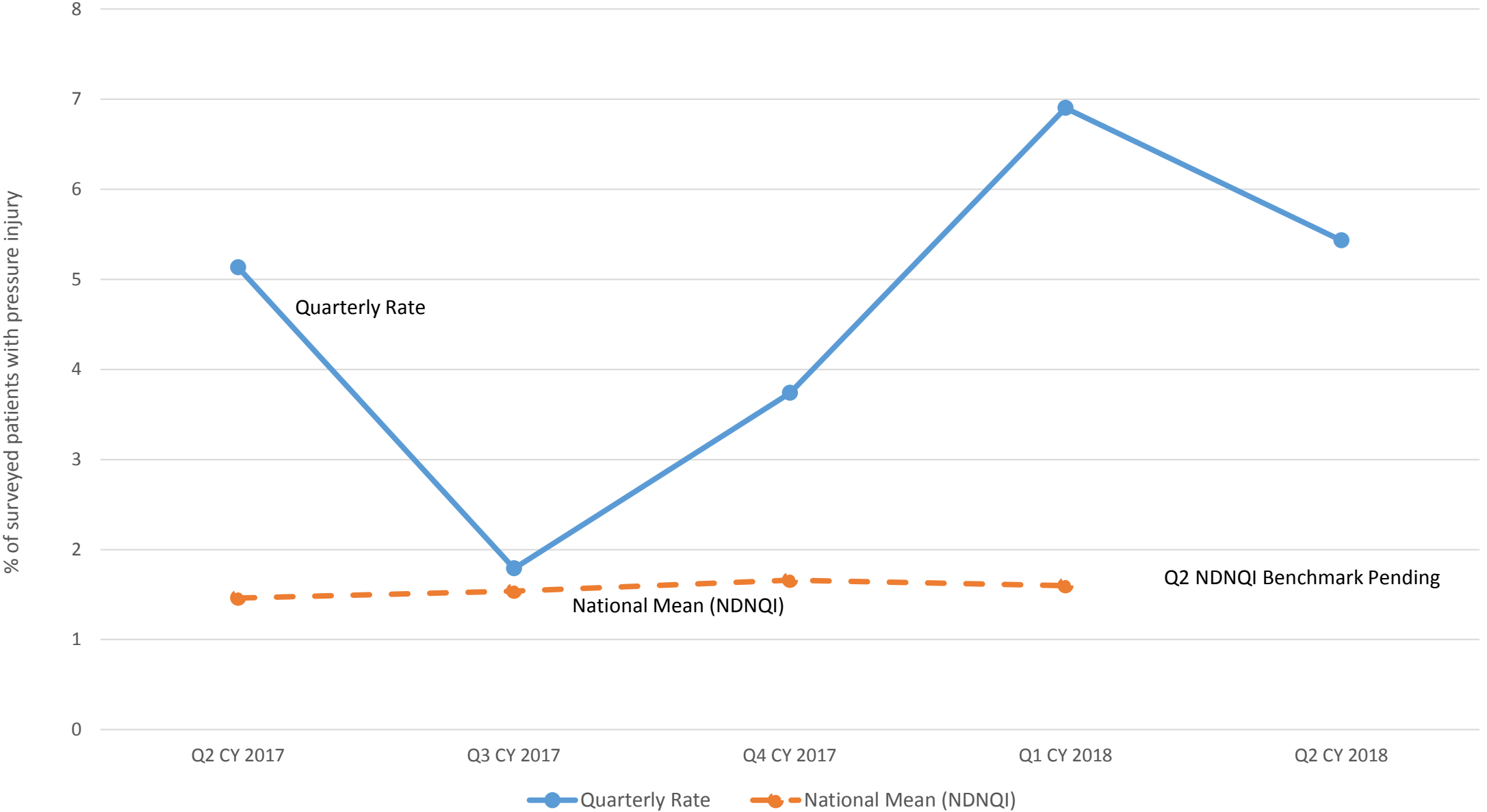


# ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate



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

# Pressure Injury Prevalence



# Hand Hygiene Compliance



# *Accreditation Readiness*



# Key Risk Points

## Ligature risks

- Suicide assessment tool; 1:1 monitors
- Significant structural changes

## High Level Disinfection/Sterilization

- External review
- 10 sites to 3 sites
- Policies and procedures standardized
- Next phase = structural changes

## Sterile Compounding

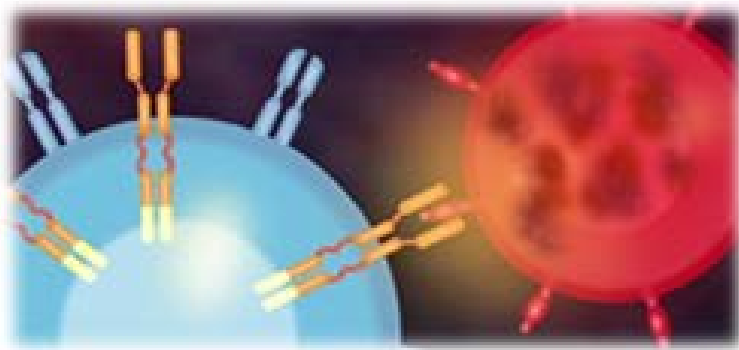
- Facilities improvements
- Policies and procedures developed
- Improved staffing



# *Future Opportunities*

# *NIH CC Systems-based Morbidity and Mortality Rounds*

## ***Cellular Therapy: The Risks Associated with a Novel Cure***



Thursday June 7<sup>th</sup>, 2018

12:00pm-1:00pm

Masur Auditorium

**Richard Sherry, MD**

*"Past and Present Therapy"*

Staff Clinician, Surgery Branch, CCR, NCI

**Nirali Shah, MD**

*"Case Presentation"*

Associate Research Physician, Pediatric Oncology Branch, CCR, NCI

**James Gilman, MD**

*"Managing Risk and Assuring Patient Safety"*

Chief Executive Officer, NIH Clinical Center

# Adoptive T-cell Therapy at NIH

## **Two institutes**

- NCI (Surgery, Pediatric Oncology, Experimental Transplantation and Immunology)
- NHLBI

## **Seven Principal Investigators**

## **23 active protocols recruiting patients**

## **Three Patient Care Units**

- 3NE, 3NW, 1NW

## **One ICU** (all patients with high-grade toxicity end up here!)

## **Extensive clinical support staff**

- Nurses (CC and IC), pharmacy, laboratory medicine, transfusion medicine, consult services, nutrition, social workers, respiratory therapy, housekeeping, infection control, administrators, rehabilitation medicine, bioethics, etc.

# High Reliability: Mitigating Risk

**Accept that inherent risks** (expected/unexpected)

**“Preoccupation with Failure”** - cannot expect/prevent all complications but must be vigilant

- Wide differential for clinical changes, watch out for infections, etc.
- Education all care staff

**Contingency planning** - have available the highest quality supportive care

- Close monitoring for, and management of, Cytokine Release Syndrome
- Have a plan in place for deterioration (fluids, steroids, escalation of issues)
- Processes to assure flawless communication (especially contingencies)
- Availability of imaging studies needed for acute decision making
- Availability of key consult services (neurology, infectious diseases, psychiatry)

**Unexpected complications are addressed** meticulously by the research team via their own regulatory bodies (IRB, FDA, etc)

**Sharing knowledge** about care/complications among investigators & clinical staff improves future care

# Busting the Silos: Collaborating across Programs

- Establish a “Cellular Therapy Consortium”
- Consider prospective protocol reviews with peer cell therapy investigators
- Establish forum to discuss case outcomes, grade 3 or 4+ toxicities
- Collaborative care
- Conduct surveillance and/or treatment algorithms to assure consistent and prompt recognition and intervention

*Questions? Comments?*

