

# *Patient Safety and Clinical Quality Update*



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# *Agenda*

- Joint Commission Accreditation Survey Results
- Sustaining Patient Safety and Quality Performance

# *Joint Commission Accreditation*

# *Joint Commission Accreditation Survey*

- Four Days
- Three surveyors: Physician (lead), Nurse, Life Safety Engineer
- Keen focus on:
  - Ligature risk
  - High level disinfections
  - Operative venue
  - Performance improvement/data analytics
  - Environment of care
  - Provision of care



# **“18 Exceptional Leading Practices”**

**Handling surgical instruments/sterilization**

**Streamlining disinfection sites from 11 to ultimately 1**

**Exceptional organization around life safety**

**Facilities management outstanding**

**High level staff performance**

**Excellence in standards of care/documentation, especially anesthesia**

**Good medication management**

**Use of distress tool for patient assessment**

**Use of brain code**

**STAT antibiotics process**

**Pain management**

**Evaluation of patients for emergencies**

**Very well-kept hospital, cleanliness spectacular**

**Performance evaluation for LIPs**

**Imaging guidelines and high level of confidence in radiology**

**Best infection control plans; excellent HES, major improvements hand hygiene, staff vaccinations**

**ProjectSEARCH**

**Excellent emergency management programs for disasters**

Immediate Threat to Life Safety																						
High		Ligature risk (all BH units)***																				
Moderate	Eyewash station in dialysis Flammable clutter in hallways near labs Fire extinguisher monthly inspections lapses Lack of labeling of electrical panels in interstitial Lack of labeling of O <sub>2</sub> staging racks EKG electrodes storage, no expiration date Lapse in MD documentation of conscious sedation Time out did not include all staff Time out conducted for multiple procedures	Emergency power shut off mounted externally*** Housekeeping (vents, ice machines, clutter under sinks) Laryngoscope storage; wire racks without protective shelf Fire door propped open Fire wall penetrations																				
	Visual only fire pull test conducted Main drain testing – alternative process used*** Power strips in OR not configured appropriately Egress blocked (desks and boxes) Sprinklers used as supports Unlocked anesthesia cart Patient supplied food stored without labels	Fire drills schedule too predictable Specimen refrigerator temp not monitored Documentation lapses re: annual fuel quality testing Lack of documentation of time frames related to goals Lack of documentation of patient’s progress to goals																				
Low		HLD/Sterilization (ultrasound probes; transport of)																				
		<table><tr><th>Likelihood to Harm/Scope</th><th></th></tr><tr><td>ITL (Immediate Threat to Life)</td><td>0</td></tr><tr><td>High/Widespread</td><td>1</td></tr><tr><td>Moderate/Limited</td><td>9</td></tr><tr><td>Moderate/Pattern</td><td>5</td></tr><tr><td>Moderate/Widespread</td><td>1</td></tr><tr><td>Low/Limited</td><td>7</td></tr><tr><td>Low/Pattern</td><td>5</td></tr><tr><td>Low/Widespread</td><td>0</td></tr><tr><td>TOTAL # Standards Cited</td><td>28</td></tr></table>	Likelihood to Harm/Scope		ITL (Immediate Threat to Life)	0	High/Widespread	1	Moderate/Limited	9	Moderate/Pattern	5	Moderate/Widespread	1	Low/Limited	7	Low/Pattern	5	Low/Widespread	0	TOTAL # Standards Cited	28
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Limited		Pattern																				
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# *Focus on Ligature Risk: Findings*

- High Risk/Widespread
- Centerpiece of risk mitigation: “Organizational Risk Assessment” document
- NIH CC Findings:
  - “Ligature resistant” beds
  - Bathroom doors
  - Door handles in common spaces
  - Dresser and desk drawers
  - Closet/armoire doors



# *Focus on Ligature Risk: Context is Key*

## **Unique Patient Population and Care Management**

- Chronic versus acute population
- Planned admissions; strict eligibility requirements
- Rigorous assessment and intervention practices
  - One to One Monitoring
- Nurse:Patient staffing ratio is 3:1

## **Patient Dignity and Study Participation**



# *Focus on Ligature Risk: Post Survey*

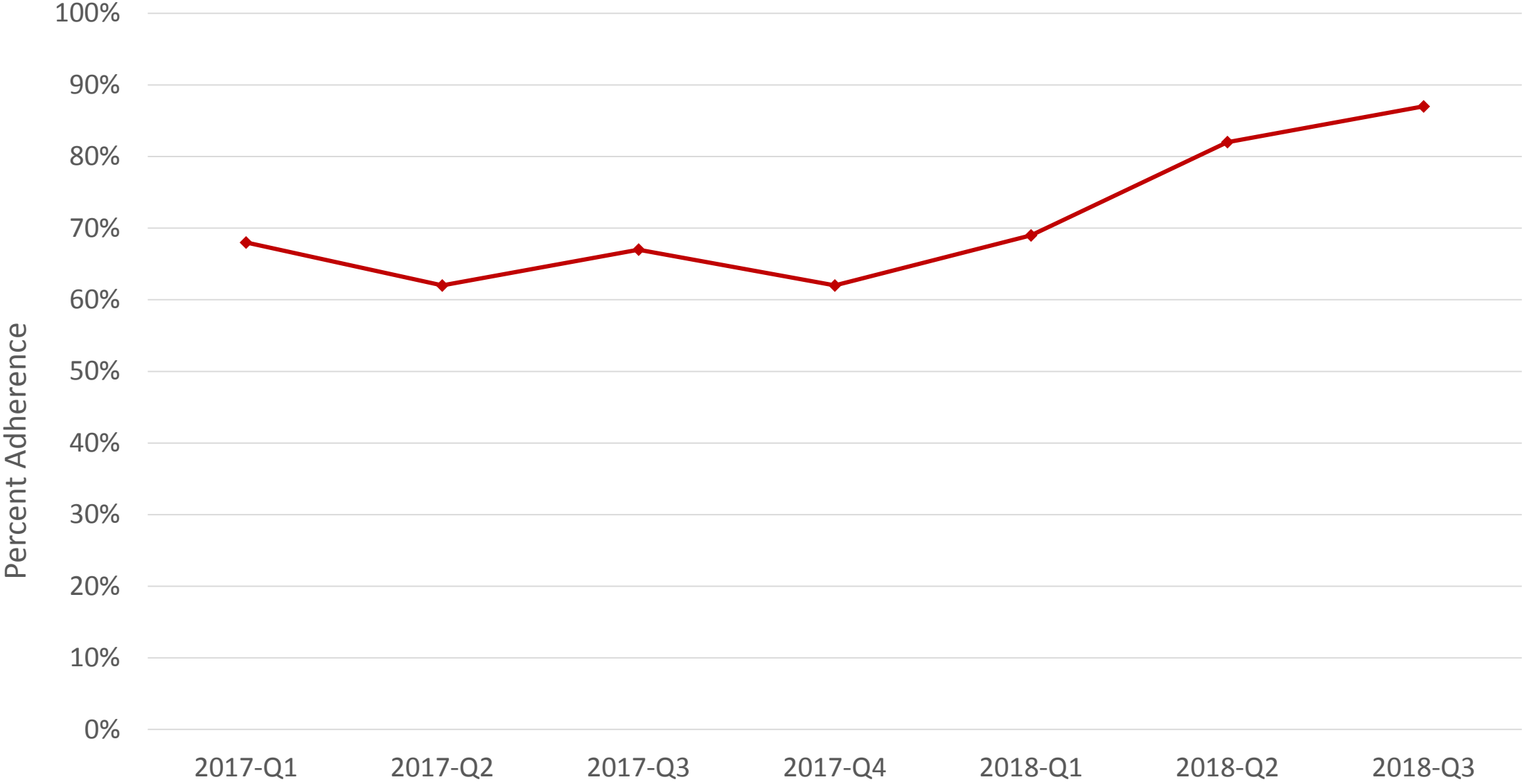
- Engaged the Joint Commission leadership early
- Presented a cogent plan for risk mitigation
  - Includes a strong monitoring plan
- Joint Commission accepted our plan; will continue forward with furniture renovations and fixture replacements
- On-going performance monitoring will be rigorous

*Focus on Sustaining Performance.....*

# *Hand Hygiene Adherence*



# Hand Hygiene Adherence



## Clinical Center Hand Hygiene Campaign 2018

# THE POWER OF CLEAN HANDS

- All staff are engaged in training and compliance
- Saying **TOP10** reminds us all to do hand hygiene
- Patients are partners in hand hygiene



NIH Clinical Center

Hospital Epidemiology S

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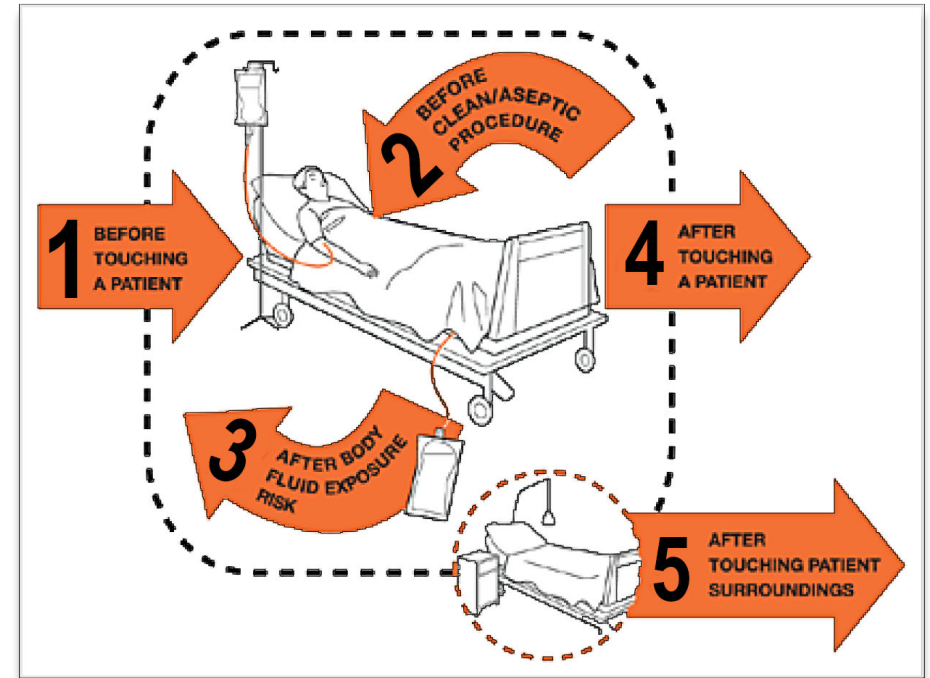


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Hospital Servicio de Epidemiología 301-496-2209

## Awareness Raising

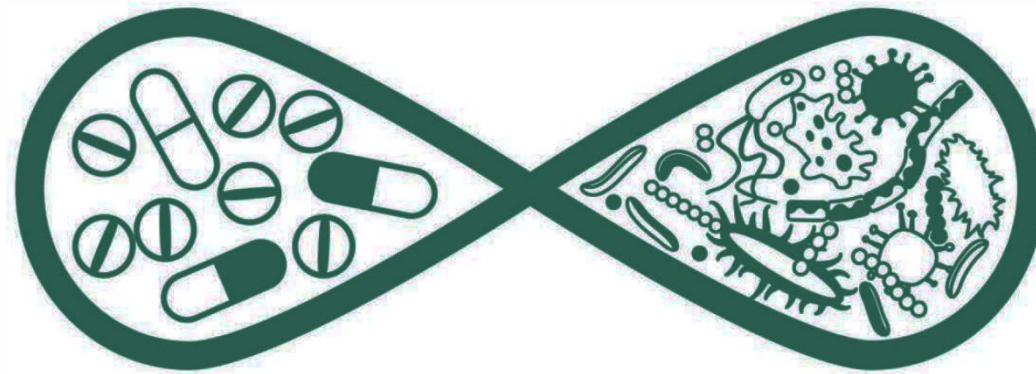
## Training/ Competence



## Staff Observations



# *Improving On-Time Administration of STAT Antibiotics*

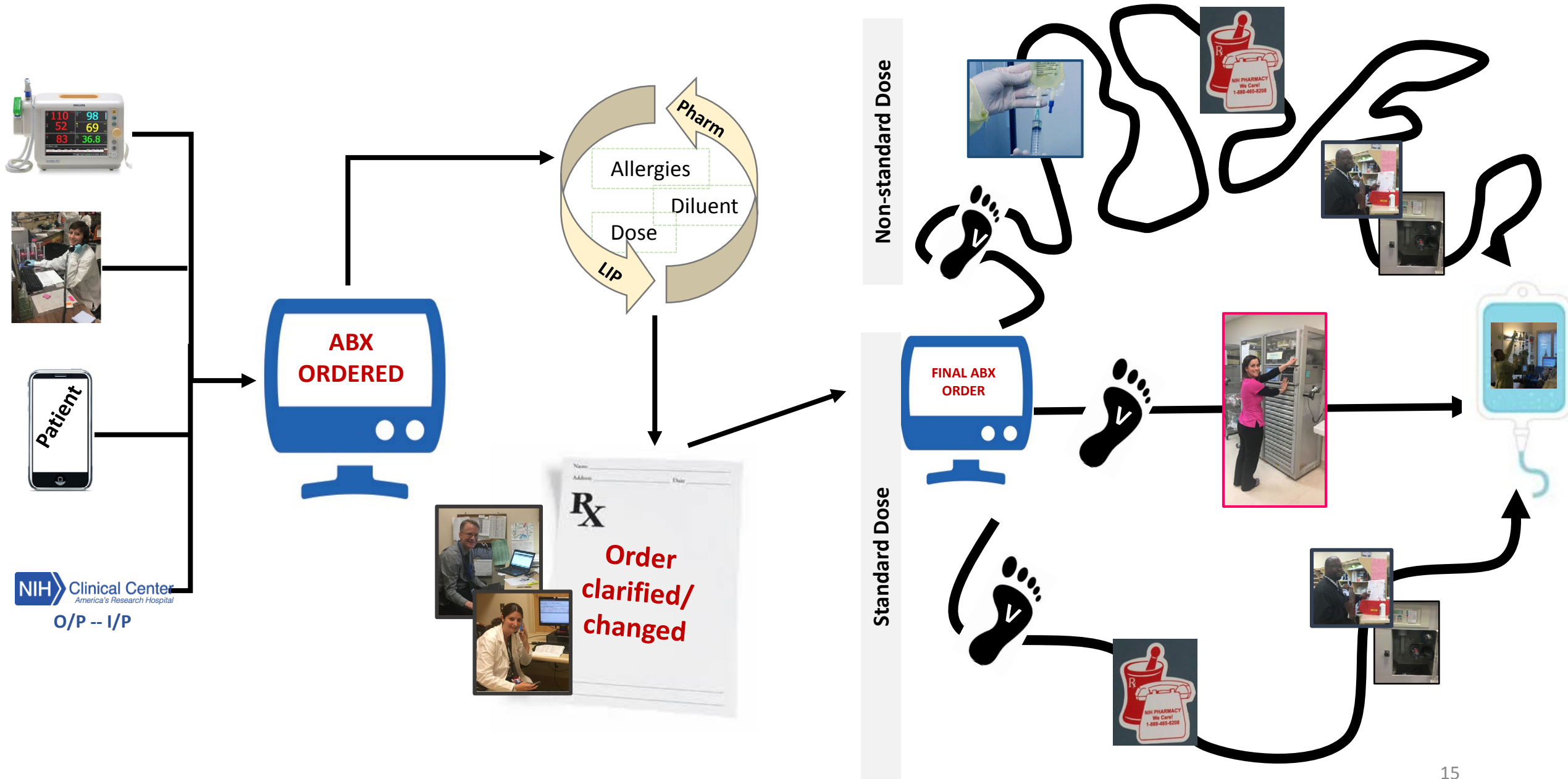




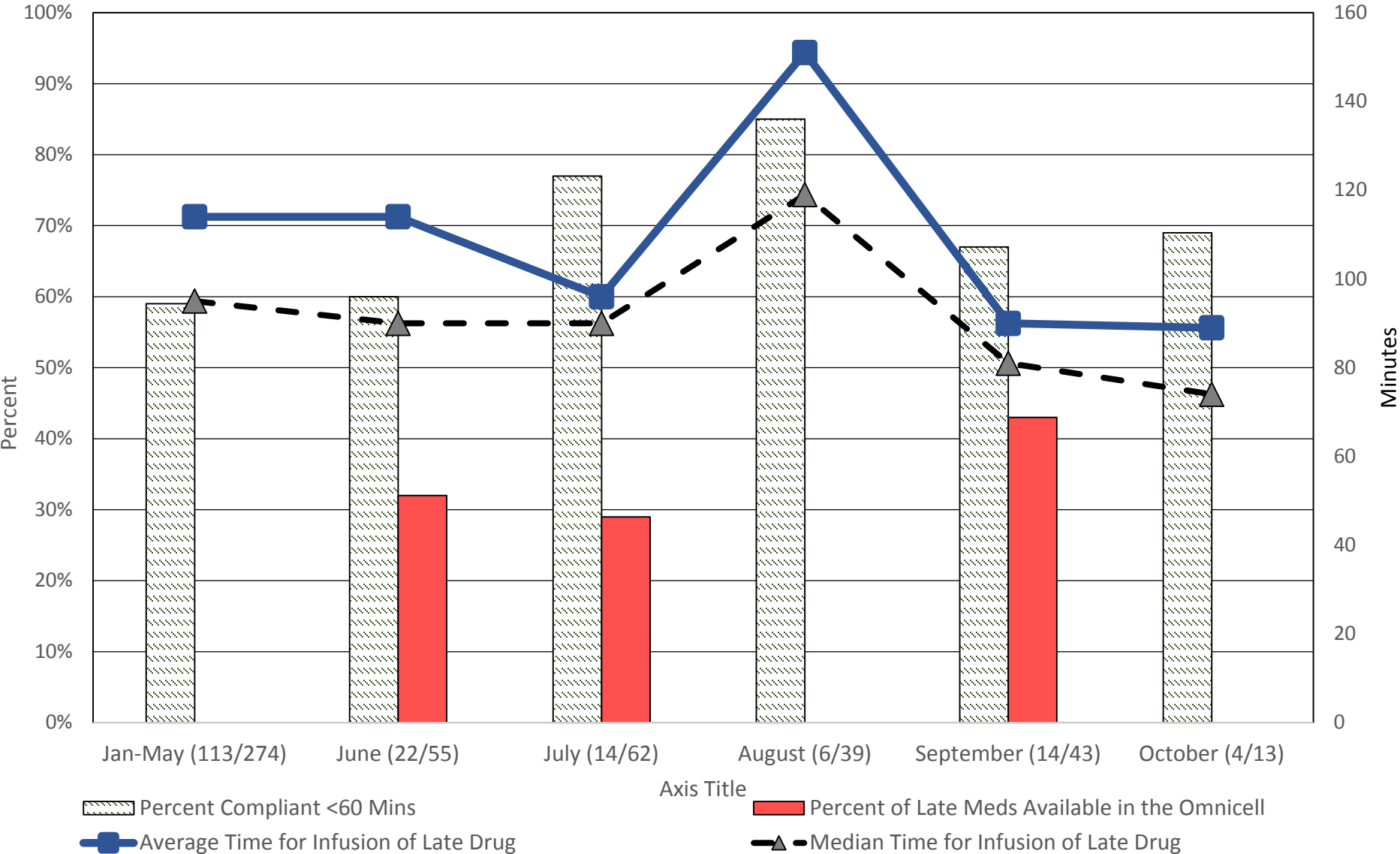
## (A) Recognition to Initial Order

## (B) Initial to Final Order Entry

## (C) Final Order Entry to Administration



# STAT Antibiotic Administration





# Focused Analysis Process

- Each overdue antibiotic is analyzed by a Patient Safety Specialist in real-time
- Weekly meeting with key stakeholders to review all instances of non-adherence
- Able to identify recurring/on-going systems issues
- Real-time problem-solving and intervention deployment

Drug	Dose	Pt Name	Order Unit	Order Entered	Time To Verify	Timing	Time of drug administration	Elapsed Time	> 60	Reason for delay charted by nursing	Comments
Avibactam-ceftazidime powder for injection 0.5 g-2 g - NF	1 dose(s)	XXX	CRC-5SE-N	07/02/2018 22:38	2	Late	07/03/2018 00:26	108	TRUE	medication not available	Delivered @ 23:54 per pharmacy
Ceftaroline powder for injection 600 mg - NF	1 dose(s)	XXX	CRC-5SE-N	07/02/2018 22:44	1	Late	07/03/2018 00:06	82	TRUE	not available	Delivered @ 23:54 per pharmacy
Vancomycin Infusion	1000 mg	XXX	CRC-3SW-S	07/02/2018 09:22	11	Late	07/02/2018 12:00	158	TRUE	Limited IV access	blank
Piperacillin/Tazobactam Infusion	3830 mg piperacillin	XXX	CRC-1NW	07/05/2018 09:14	43	Late	07/05/2018 10:20	66	TRUE	Not available	
Piperacillin/Tazobactam Infusion	3.375 gram(s)	XXX	CRC-3NW	07/10/2018 19:44	1	Late	07/10/2018 21:00	75	TRUE	cris downtime	E-mail sent to 3NW 7/11 ? If just charted late, CRIS was down
Ceftriaxone Infusion		XXX	CC-OP-12	07/11/2018 14:43	9	Late	07/11/2018 16:01	78	TRUE	Nursing care being done	Email sent 7/12 to OP12 and DH

# *Contributing Factors*

- MD – RN communication
- RN – RN communication
- “Non-standard” doses
- Preparation/delivery
  - (non-formulary, prep time, IVAU capacity, transport)
- IV access
- Patient care issues
  - (testing, patient off unit, ↑acuity)
- Peri-Procedure prophylaxis
- Omnicell availability

# Risk Mitigation Strategies

Time Frame	Risk Mitigation Strategy
Near Term	Assure consistency in nursing practice/knowledge re: medication compatibility and timing
	Actively engage prescribers re: antibiotic selection/dosing and use of STAT (on-going)
Mid-Term	Improve communication among team members (on-going)
Mid-Term	Improve medication delivery processes
Mid-Term	Deploy Vancomycin in Omnicells
Mid-Term	Expand formulary
Mid-Term	Standardize dosing options, as appropriate
Long Term	Expand IVAU production capacity

