Patient Safety and Clinical Quality Update

STARS Status
Patient Safety and Clinical Quality Initiatives
Culture of Patient Safety

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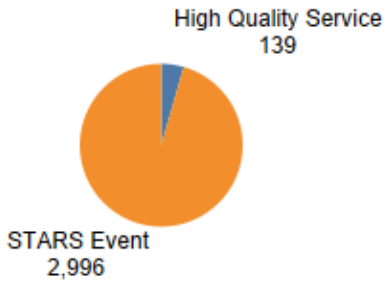
October 20, 2017
NIH Clinical Center Research Hospital Board

S.T.A.R.S.

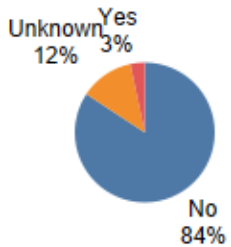
Safety Tracking and Reporting System

Total EventsEntered

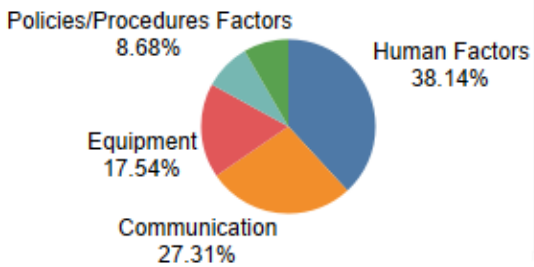
3,135



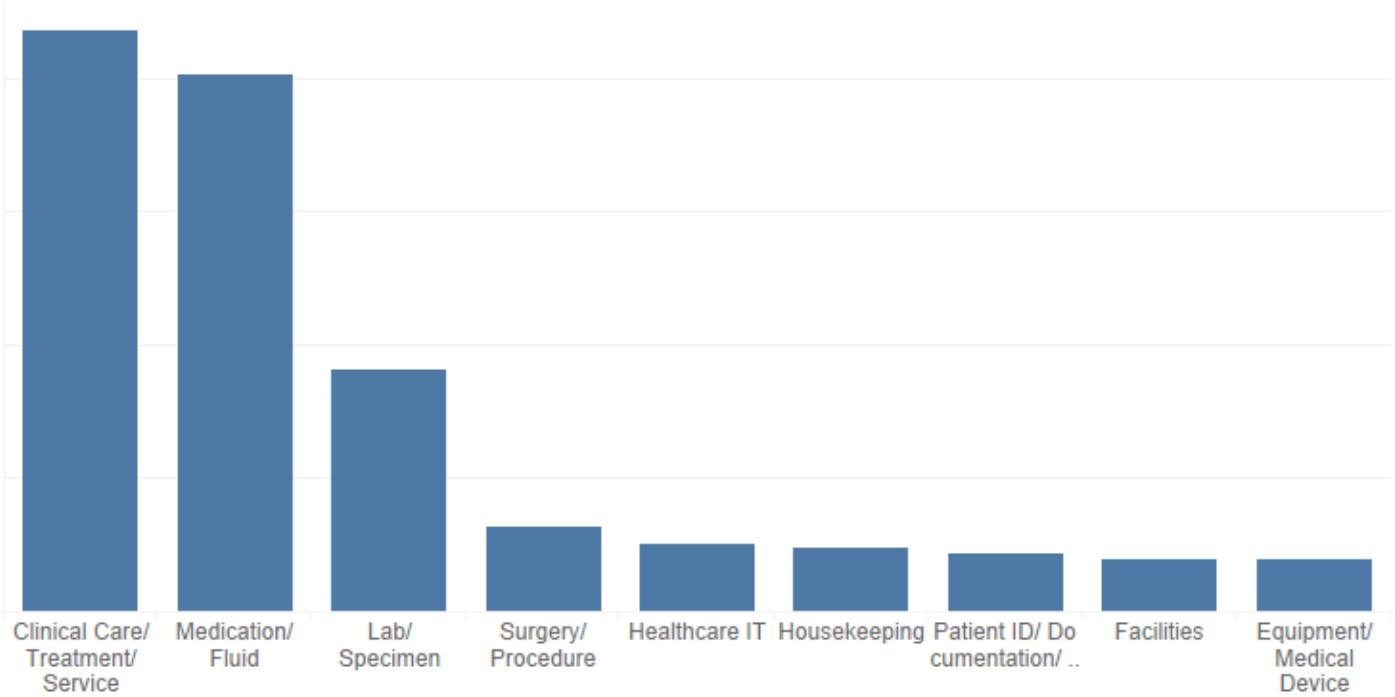
Injury Incurred?



Top 5 Contributing Factors

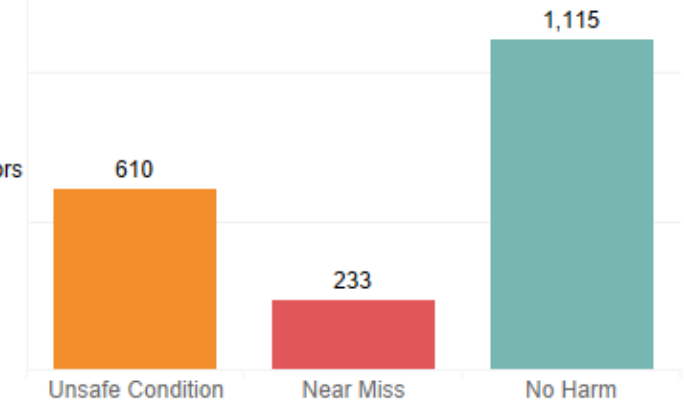


Top 10 General Event Types

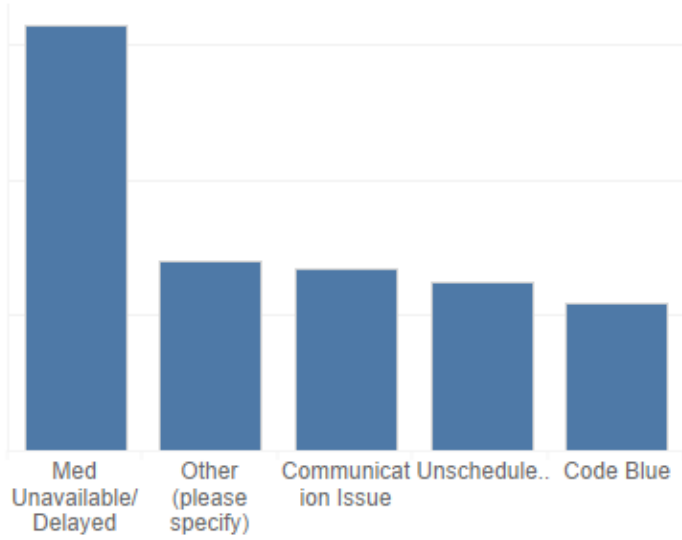


Near Miss, No Harm, Unsafe Conditions

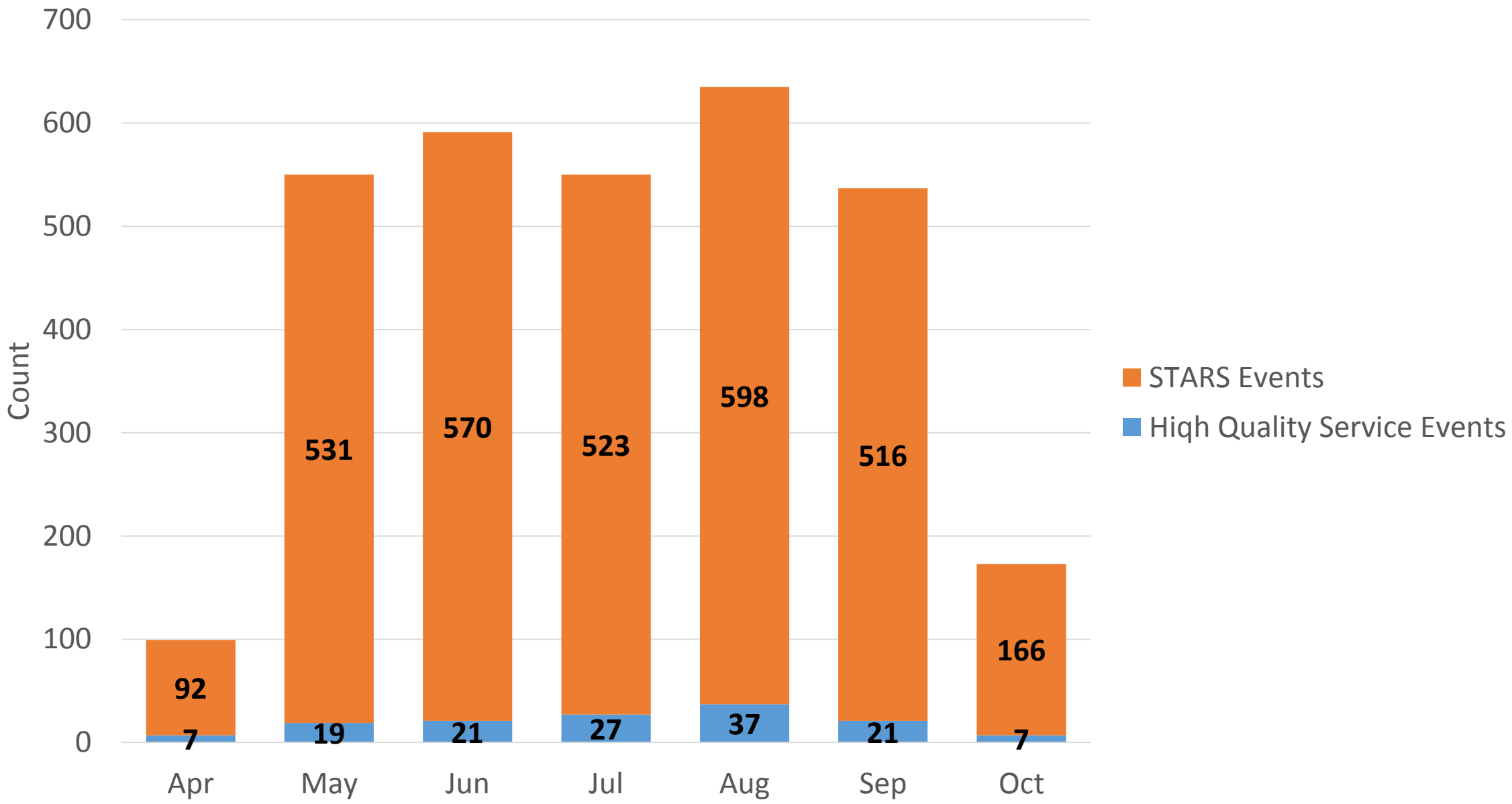
Closed Events



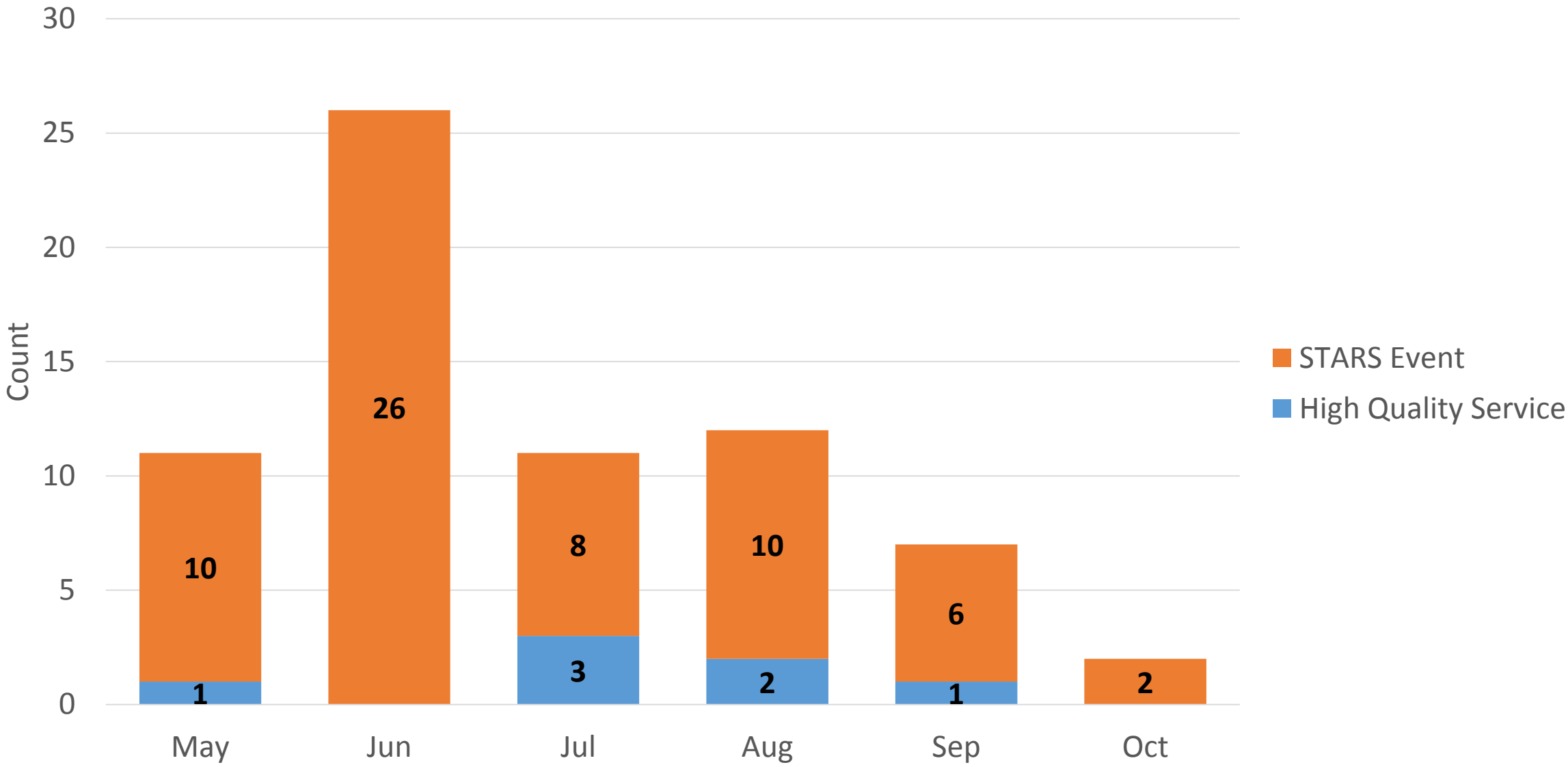
Top 5 Specific Event Types



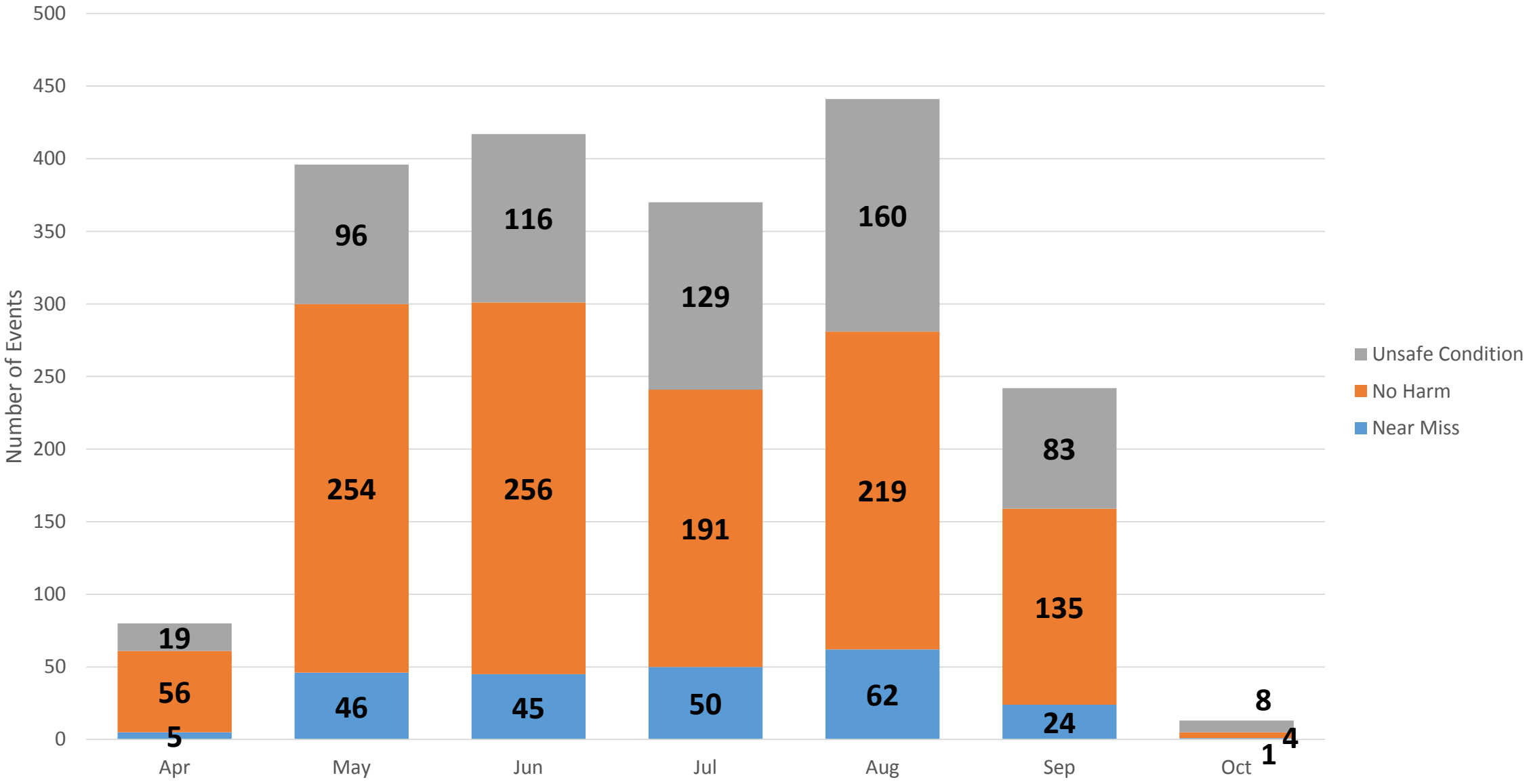
Events by Month (*n=3,135*)



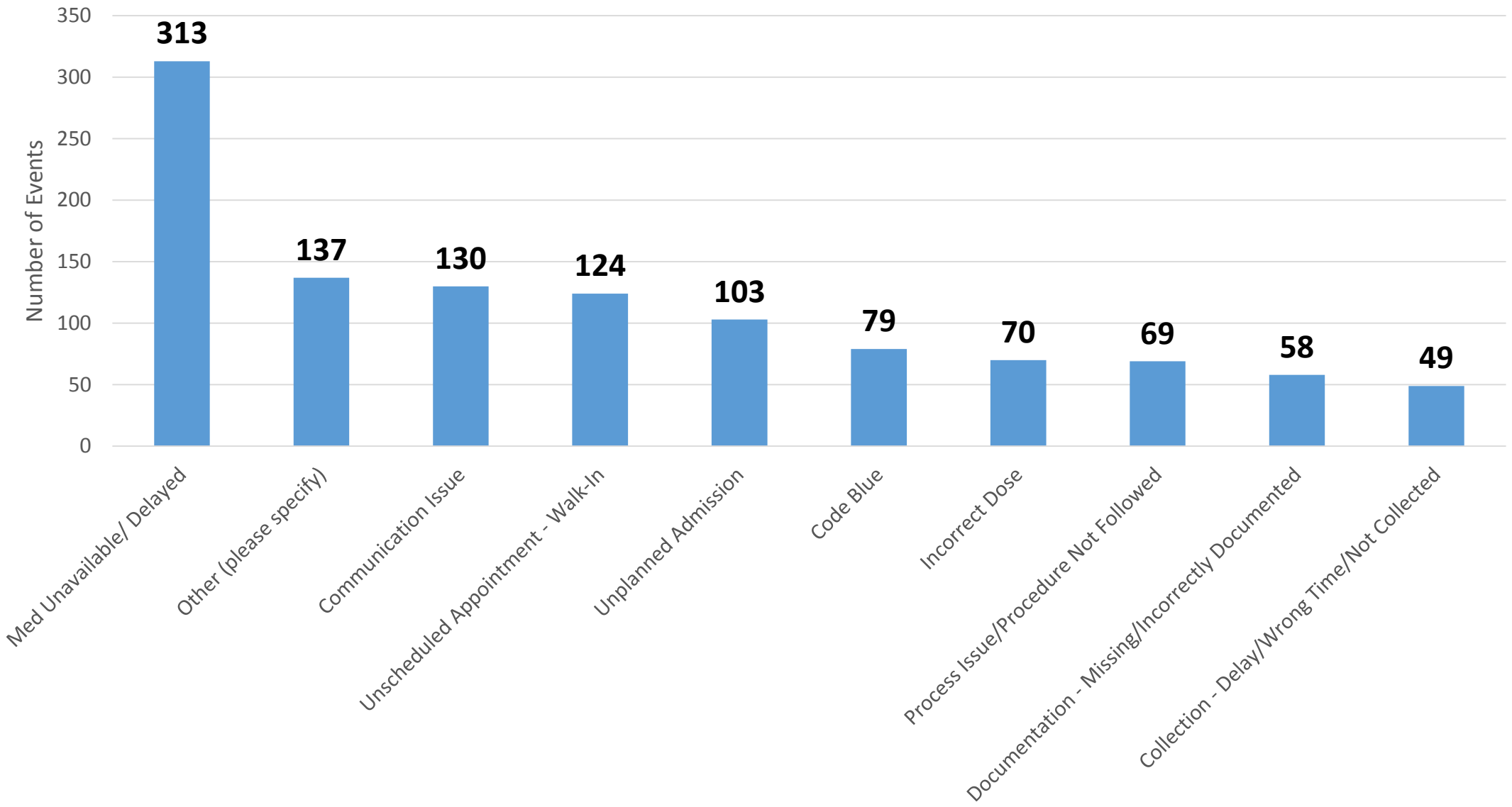
Anonymous Submissions by Month *(n=69)*



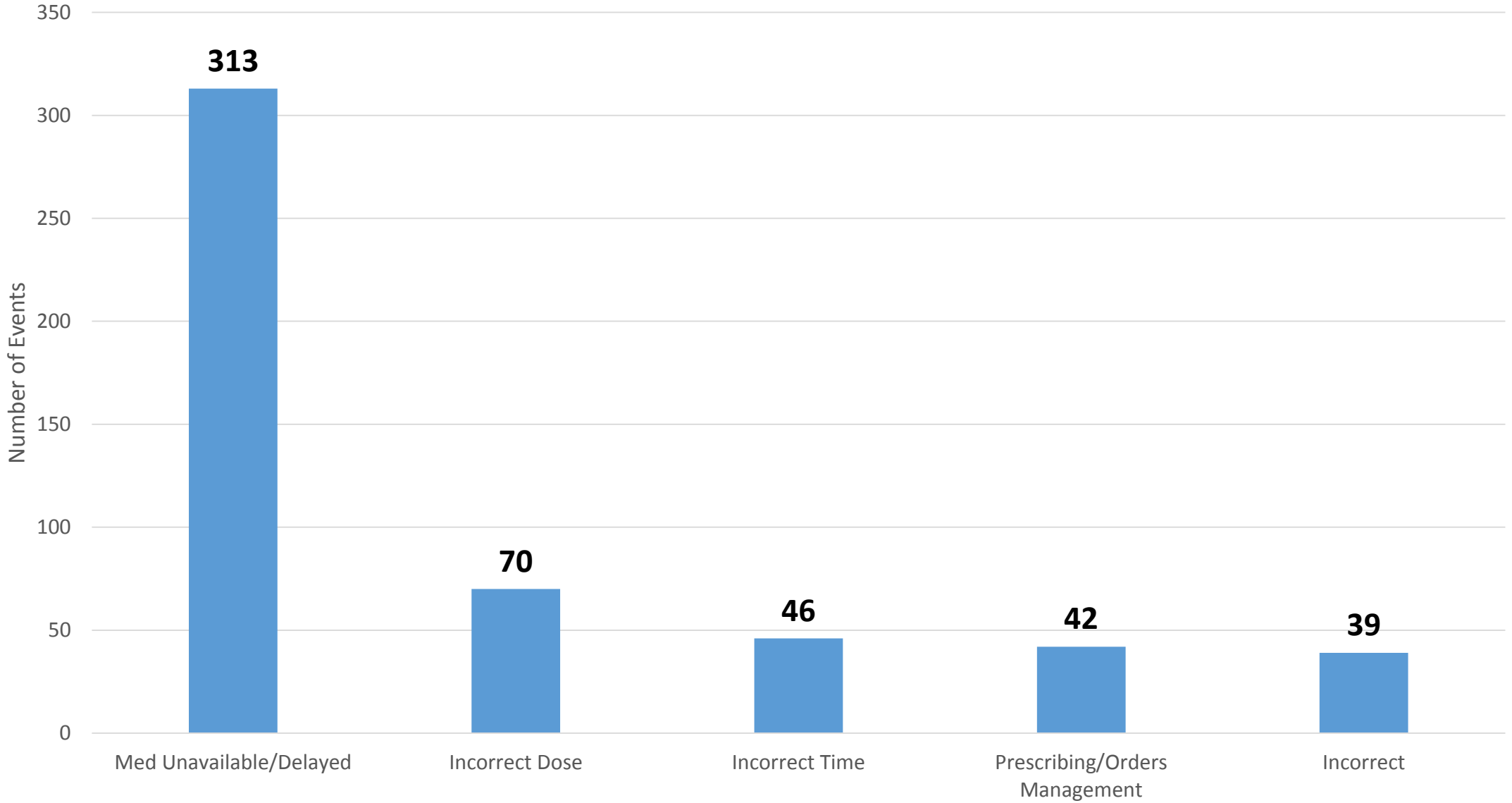
Near Miss, Unsafe Condition, No Harm Events *(n=1959)*



Top 10 Specific Event Types

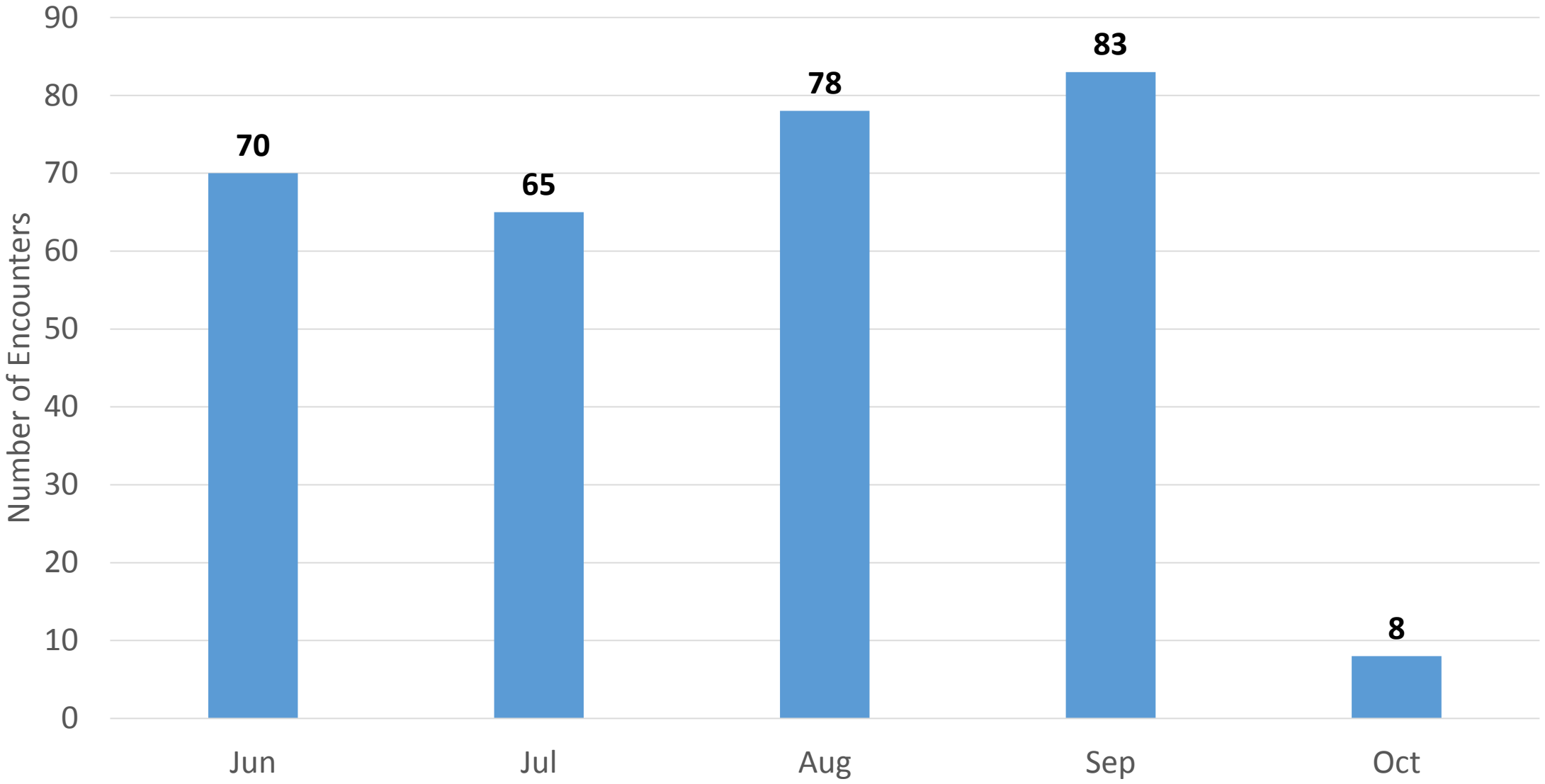


Top 5 Medication/Fluid Specific Event Types

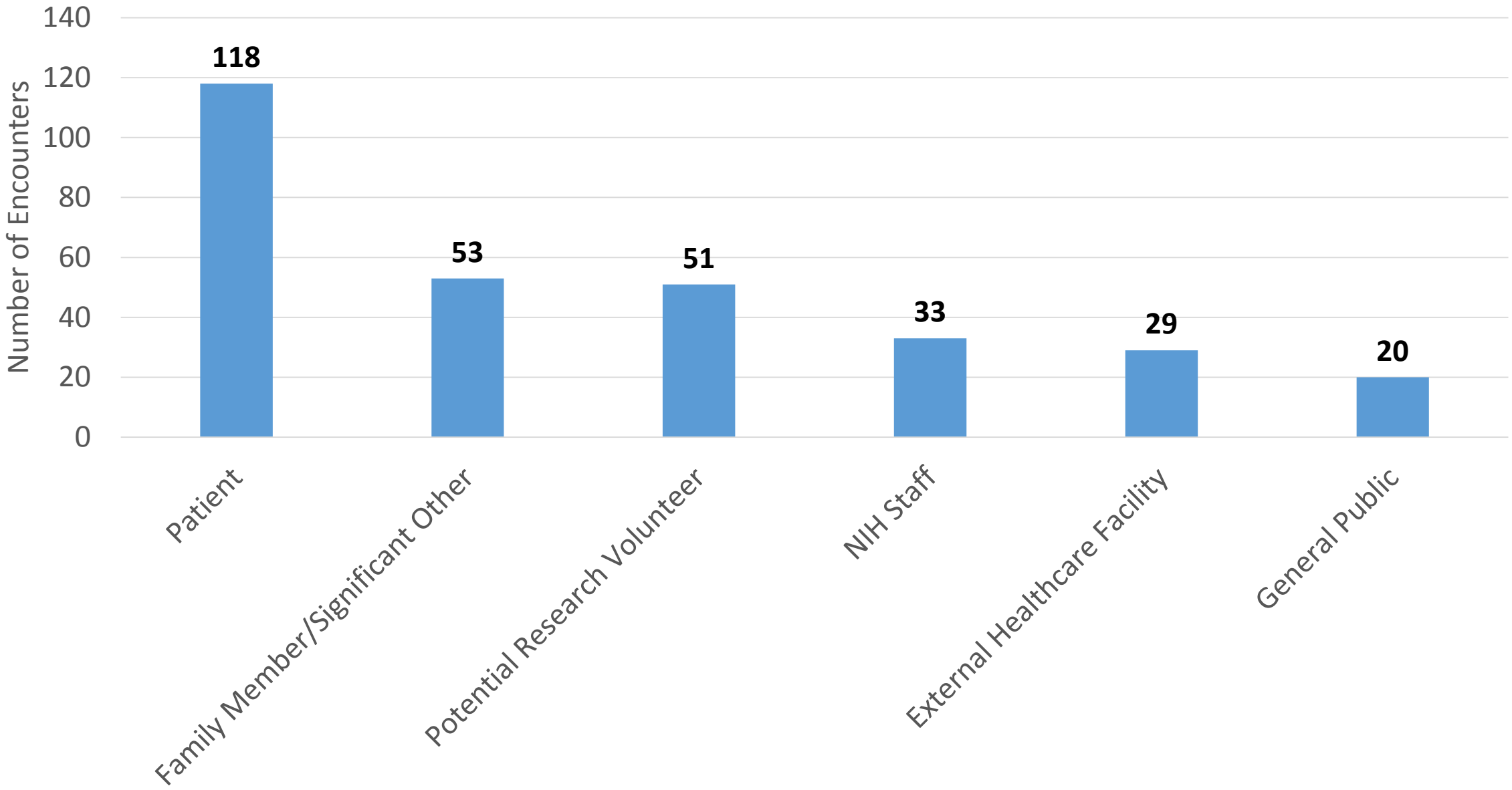


Patient Representative Data

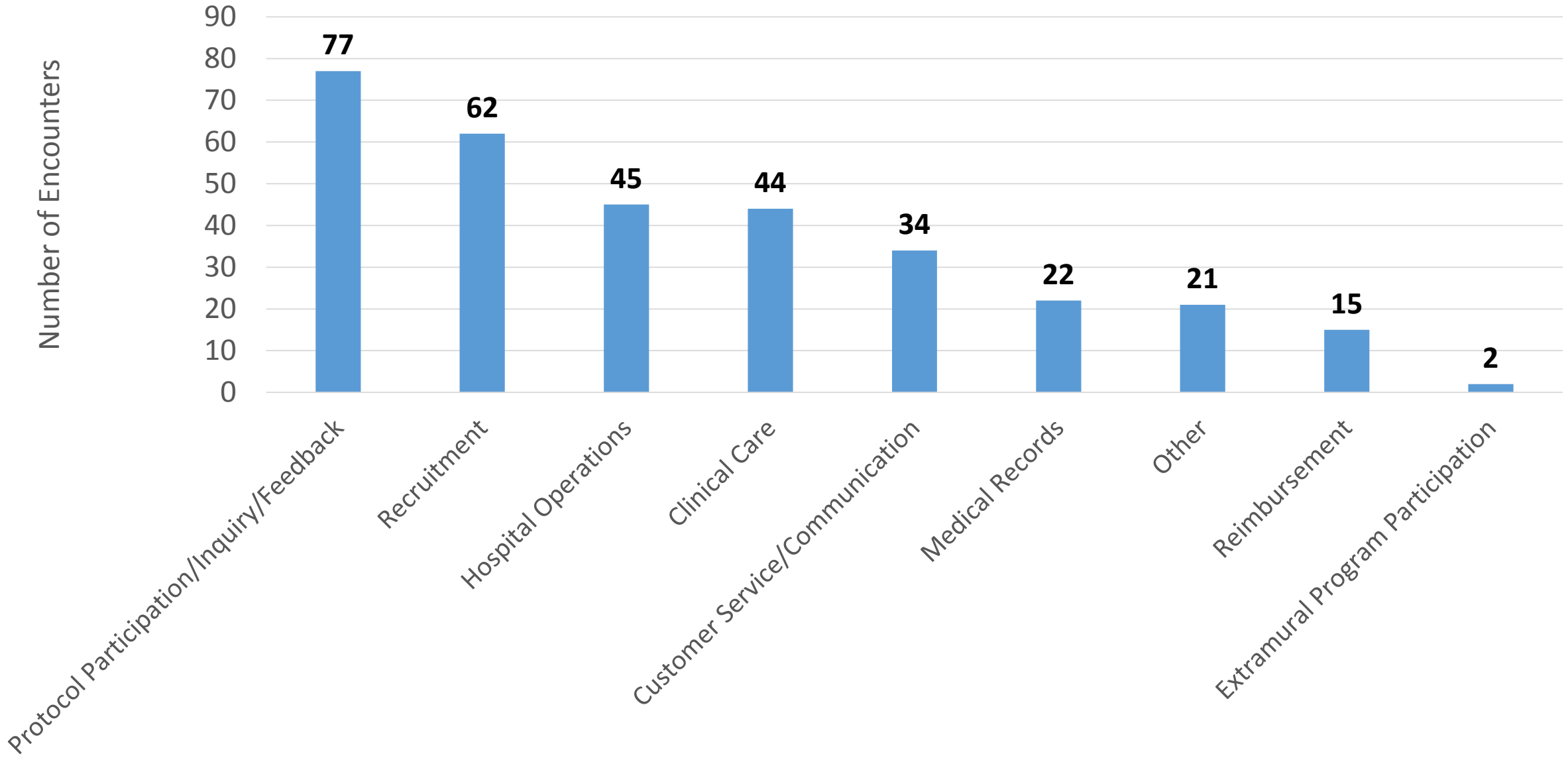
Encounters by Month *(n=304)*



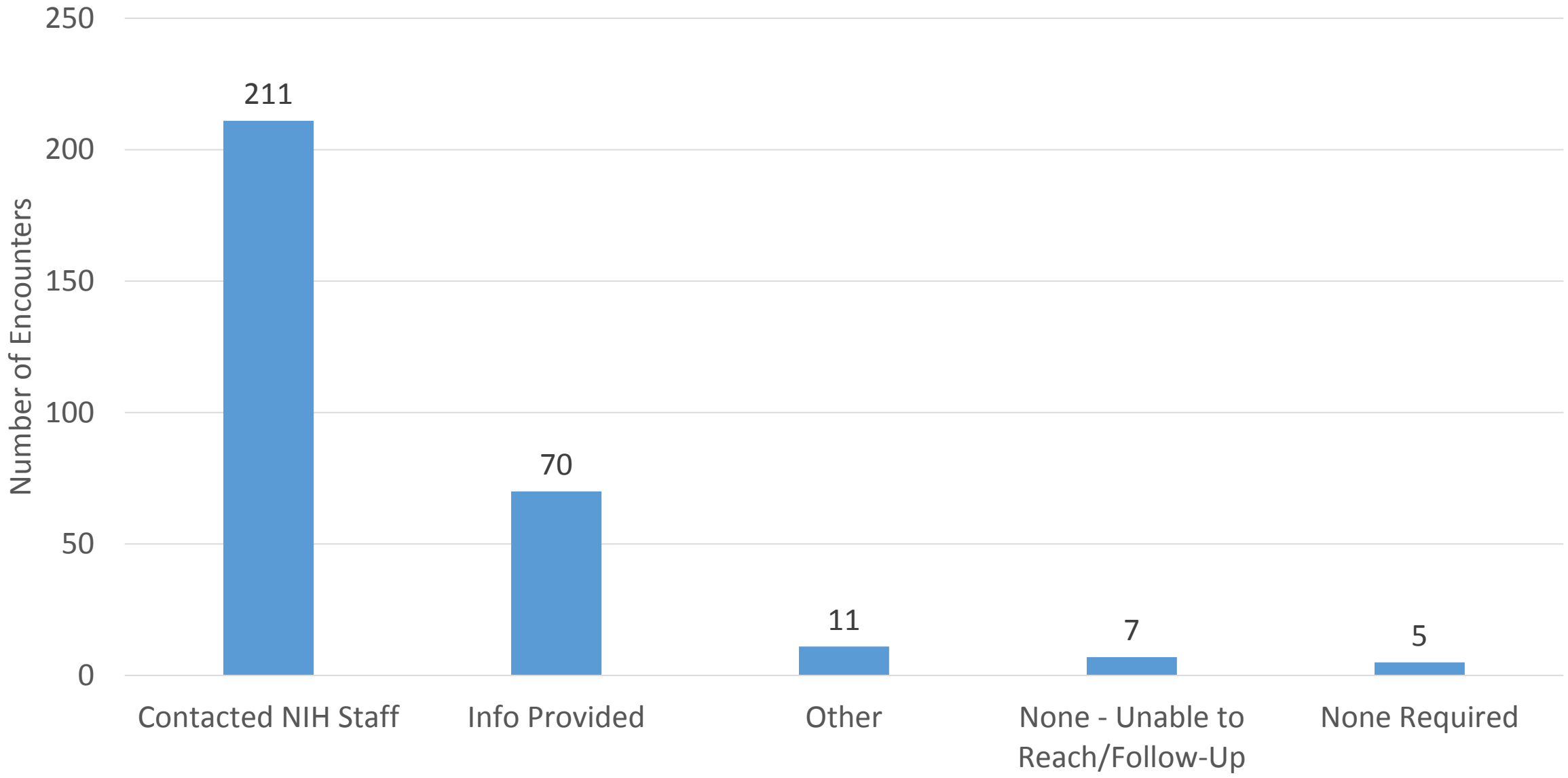
Encounters by Source *(n=304)*



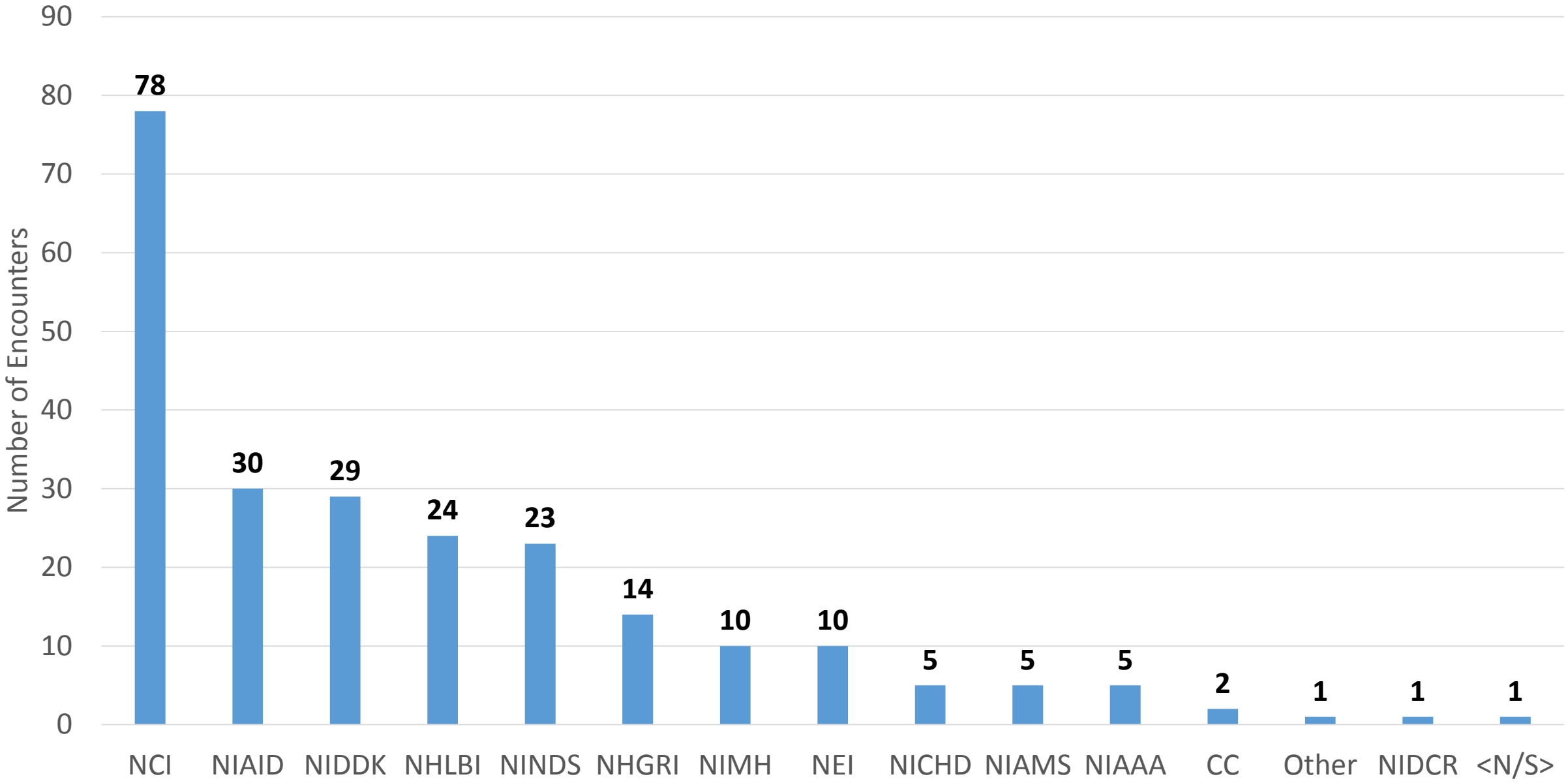
Encounters by Category *(n=322)*



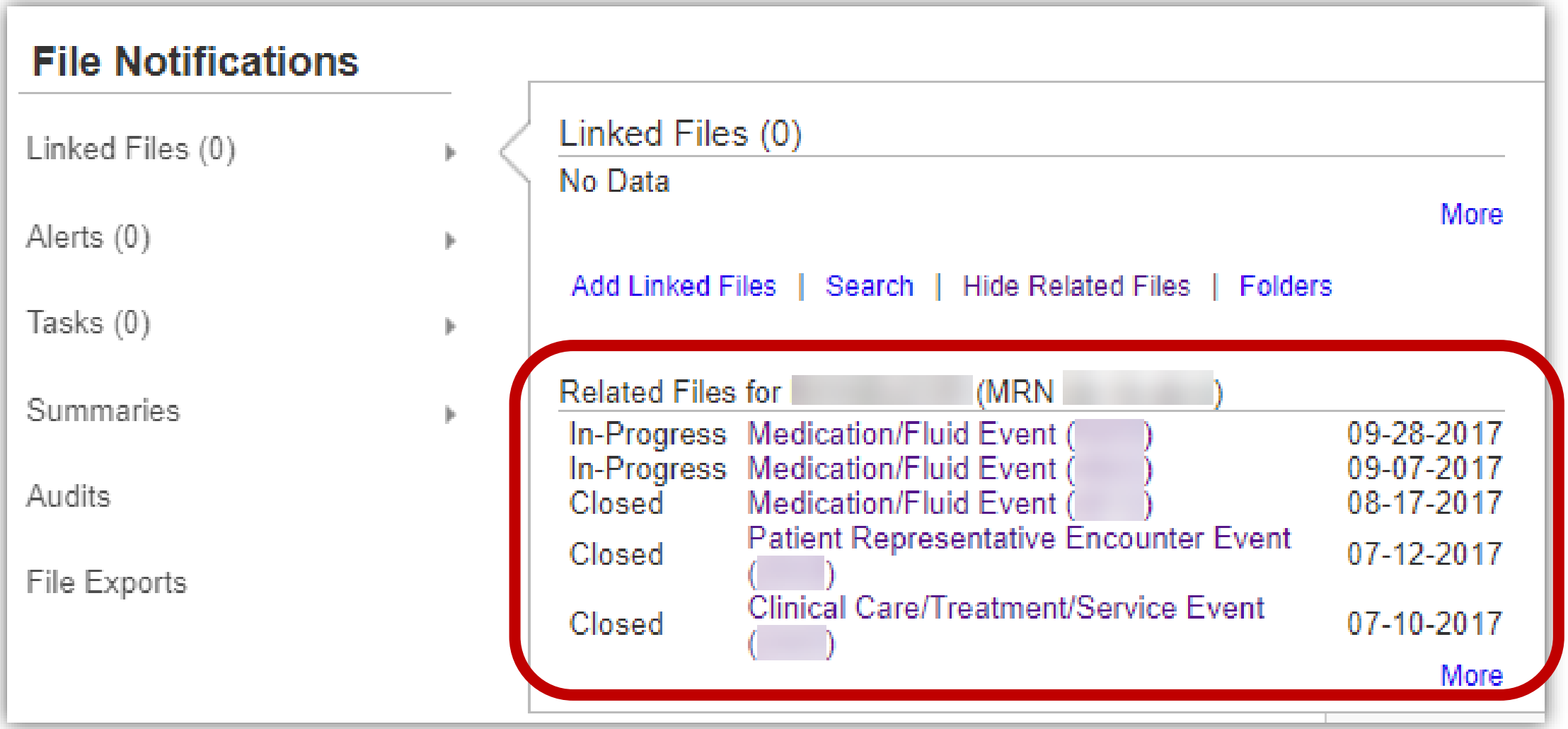
Encounters by Disposition *(n=304)*



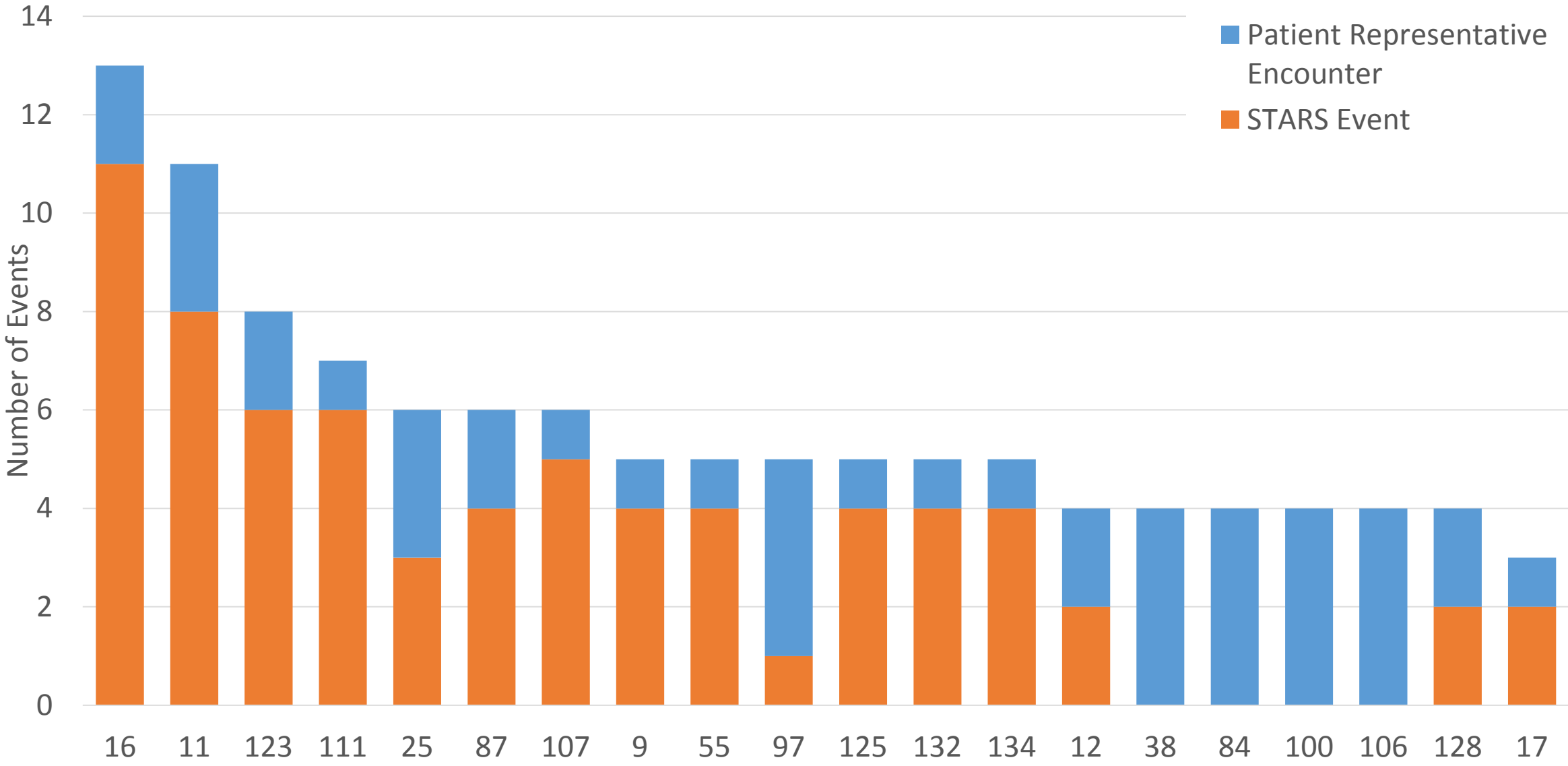
Encounters by Institute *(n=238)*

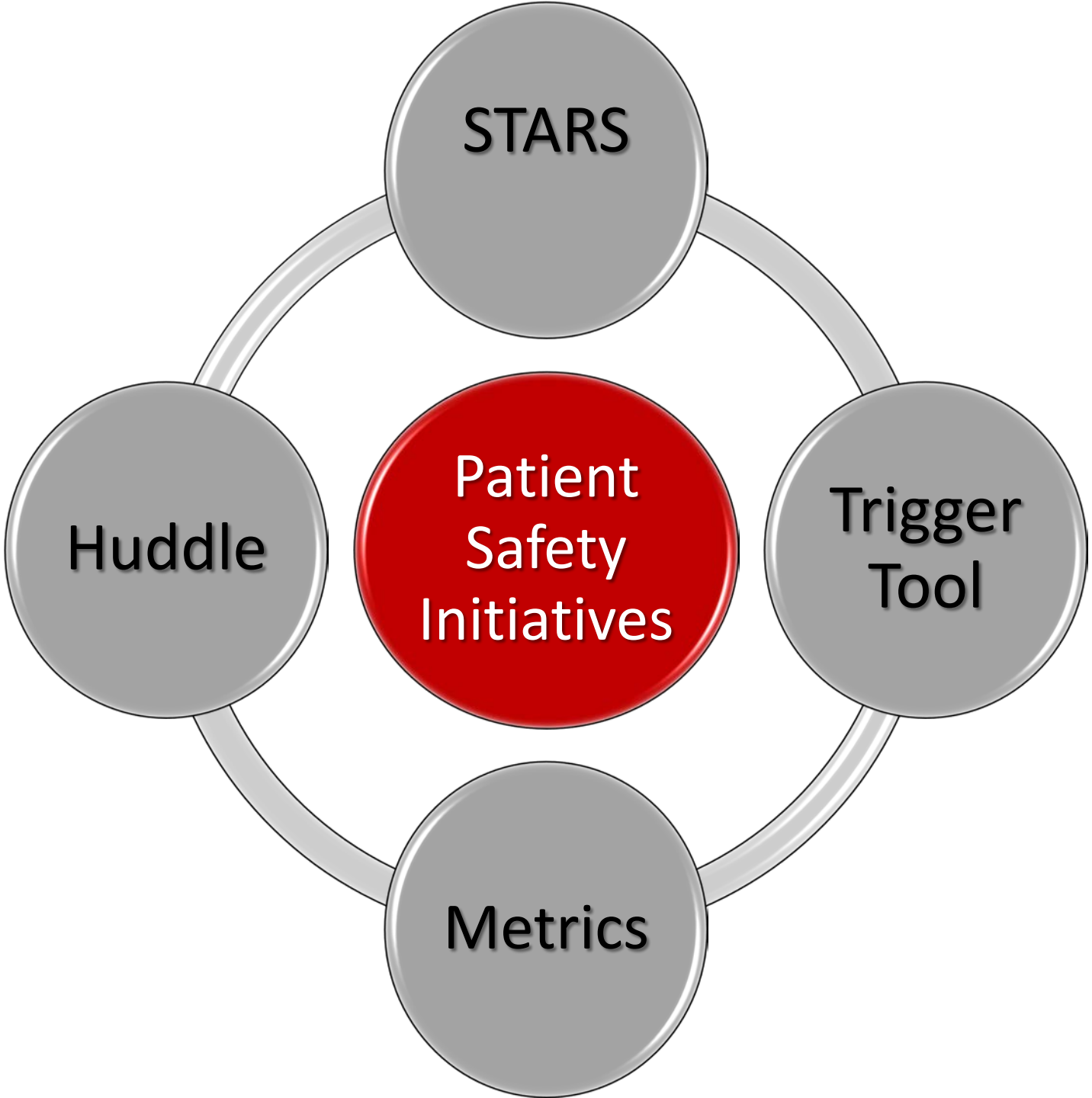


Ease of Access to Related Files



Top 20 Linked Patient Events




STARS
Huddle
Patient Safety Initiatives
Trigger Tool
Metrics

(another) Burning Platform

Febrile Neutropenia

1. The pharmacy
   - New facilities
   - New staff
   - New processes and procedures
   - Making significant progress but getting it to all work quickly when it needs to is the key.

2. Global impact is antibiotic resistance
   - Our patients have numerous encounters with health care systems and arrive with MDROs
   - Empiric antibiotic coverage must be tailored to the organisms brought to the CC
   - May require new antibiotics that we don't have much experience with or old antibiotics that we have not used in a long time.

3. Progress of efforts in cellular therapy
   - We can and do expect to take care of more febrile neutropenic patients in the future

We HAVE to get better at getting the right antibiotics quickly into these patients than we are right now.

We have to be good at this at night and on weekends,
not just Monday through Friday and during the normal workday.

"Countdown to Zero"

On being a Hospital…. *24/7*

"As the census has improved a bit and as we gear up for more very complex patients and as we move full steam ahead into cellular engineering, one of the shifts that needs to take place is that we need to be thinking about full 24 hour, 7 day a week operations.

The NIH seems to operate in a 4 day per week mode much of the time.
That might work for…some jobs within the [hospital] but it seems to have become a little more embedded in [hospital] culture than is healthy."

High quality and experienced staff on EVERY shift – CC and IC staff

Expanded role of the Nursing Administrative Coordinator (AC)

Active hand-off communication between AC s & Hospital Administrators on call

Clinical Emergencies

Managing Clinical Emergencies

Febrile neutropenia/Sepsis

Cytokine storm

Difficult airway

MI/Cardiac Events

Peri-op hemorrhage (intra and post-op)

Unplanned admissions

Post-op neck surgery

Neuro Code (stroke, spinal cord)

Severe electrolyte abnormalities

In-hospital suicide attempt (inpt/outpt)

Prioritizing Risk *(frequency X severity X readiness)*

QI Path **NIH Clinical Center**
Laura Lee - SA DDCC

User Guide **Home** Logout

Clinical Emergencies

Prioritized Failure Modes

Quintile Hazard Floor (Top 20%): 48 Baseline Hazard Score:

FM ID	Failure Mode	Causes	Actions	Sev	Occ	Det	HAZ
1a.1	Febrile Neutropenia/Sepsis	-	-	5	5	3	75
2a.1	Peri-op hemorrhage (includes intra- and post-operative hemorrhage)	-	-	4	4	3	48
6a.1	Cytokine Storm (includes CAR-T, TIL, others)	-	-	4	4	3	48
10a.1	Unplanned Admissions	-	-	4	4	2	32
8a.1	Difficult airway	-	-	5	2	3	30
4a.1	Post-operative neck surgery (wet neck)	-	-	4	2	3	24
7a.1	Myocardial Infarction/Cardiac Events (includes acute management and transport)	-	-	4	2	3	24
3a.1	Neuro Code (includes stroke, spinal cord compression)	-	-	5	2	2	20
5a.1	In-hospital suicide attempt (includes inpatient and outpatient venues)	-	-	5	1	4	20
9a.1	Electrolyte abnormalities	-	-	3	4	1	12

Culture of Patient Safety Assessment

Culture of Patient Safety Survey

Designed by AHRQ to evaluate the culture of patient safety

- Communication/Hand-offs
- Teamwork
- Non-punitive response to errors
- Reporting
- Organizational learning
- Leadership support

Survey last fielded in 2012 (over 620 hospitals participated in 2011-2012)

Clinical Center 2012 survey results

- 704 participants
- 82% have direct patient contact
- Average department/unit/institute response rate: 34%
- Range of response rates: 3% - 84%

Culture of Patient Safety Survey

NIH CC scored at or slightly below national average in 2009 and 2012

Multiple opportunities for improvement

- Organizational learning
- Transitions of care/Hand-offs
- Teamwork
- Non-punitive response to errors
- Communication/Openness

Fielding in October

Initiatives, Training, and Educational Opportunities

September 27, 2017 NIH Clinical Center Grand Rounds
Lipsett Amphitheater, 12:00 noon – 1:00 pm

Human Factors Engineering and the Science of Safety in Healthcare

Rollin J. (Terry) Fairbanks, MD, MS, Founding Director,
National Center for Human Factors in Healthcare,
MedStar Institute for Innovation,
Assistant Vice President Ambulatory Quality & Safety,
MedStar Health, Co-Director,
MedStar Telehealth Innovation Center,
MedStar Institute for Innovation
Associate Professor of Emergency Medicine,
Georgetown University

MEDICAL M&M

October 19 from 2:30-3:30pm in Masur Auditorium

Timeliness of STAT Antibiotics

Communication Lapses and Patient Harm

IPASS LAUNCH

Standardized Communication Initiative

Kick-off in October!

High Reliability Training

Lean/Six Sigma Training

Coming in Fall/Winter 2017

Culture of Patient Safety Survey

October 2017