

NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER ENGAGEMENT PROJECT UPDATE TO THE CCRHB

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Overview

Purpose:

- Learn from stakeholders (e.g., Intramural Research Program (“IRP”) staff and Clinical Center (“CC”) staff) how to enhance quality of care at the CC.
- Provide CC and IRP staff with an opportunity to be heard on concerns they have about the Clinical Center.

Progress:

- Number of Focus Group registrants to date = 571
- Number of Focus Group sessions to date = 30
- CC and IRP staff who have participated in Focus Group Sessions to date = >300

Overview (Continued)

Structure:

- Sessions with 20 or fewer participants
- Participation of one or two members of the Clinical Center Engagement Working Group at each session
- Notes taken, but specific concerns and recommendation not attributed
- Sessions last approximately 60 minutes.

Focus Group Session Statistics:

- 27 general sessions with CC and IRP staff (e.g., Nurses, Physicians, Fellows, Allied Professionals, Administration, Support)
- Two sessions with CC Department Heads
- One session with CC Patient Advisory Group

Additional Focus Group Sessions Group:

- Off-hour sessions for specific role groups (e.g., housekeeping, nutrition, hospitality staffs)
- One more sessions with CC Department Heads
- Specific sessions for CC and IRP support functions (e.g., NIH Legal Adviser Staff)

Primary Questions to Focus Groups

- What is great about the Clinical Center—what brought you here, what keeps you here?
- What tensions do you observe between patient care and clinical research?
- How, if at all, does the unusual (for a hospital) organizational structure of the Clinical Center affect patient care?

Probe Questions

- What, if any, concerns related to patient safety weigh on you?
- If you could change one thing about the Clinical Center, what, if anything, would you change?

Emerging Themes

- Clinical Center is a fragmented enterprise, not one hospital, but 17.
- Clinical Center Director and staff control only a portion of what occurs at the hospital—Institutes have more responsibility for clinical care than CC director and staff.
- Holding CC and IRP staff accountable is made very difficult by fragmented structure.
- There is insufficient consistency in patient care practices and procedures at the Clinical Center.
- Communications lapses are commonplace and impact patient care.
- Clinical Center is not a full-service hospital—standard of care excursions occur when capabilities are needed that are not resident at the CC.

Emerging Themes (Continued)

- Insufficient transparency related to misadventures or unexpected events at CC.
- Insufficient resources, capabilities and expertise resident at Clinical Center for pediatric patients.
- No clear pattern for how Occurrence Reporting System (ORS) submissions are adjudicated and addressed.
- Improvements are necessary to present approach to resourcing protocols—insufficient attention is given to complications and outcomes that are adjacent to the protocol.
- Clinical Center facilities are maintained like others buildings on the NIH campus and not specifically as a hospital—this may lead to patient safety/quality of care issues at the CC.
- Non-tenure track staff (e.g., staff clinicians) feel that they are not valued to the same degree as tenured or tenure track staff.

Interim Recommendations/Confidence Building

- Establish a risk management mechanism to develop and enforce CC-wide mandatory polices/procedures related to high-risk patients (e.g., pediatric patients)/protocols.
- Establish a clinical care and standards mechanism to review on a monthly basis deaths, misadventures and unusual occurrences at the CC.
- Institute Monthly Morbidity and Mortality Conferences (medical, surgical, etc.) for the CC .
- Establish a Mandatory ListServ including all CC and IRP staff with patient care responsibilities, broadly defined, to communicate important information from the CC Director/CEO.
- Recognize and tangibly reward staff clinicians, nurse practitioners and other non-tenured staff for excellence in clinical care.

Next Steps

- Facilitate another 30 Focus Group sessions, but prepared to facilitate more if demand warrants.
- Following final session, meet with the CC Engagement Working Group, chaired by Dr. Griffith, to draft Summary of Themes, Recommendations and Conclusions.
- Brief the CC Medical Executive Committee (“MEC”) on the Summary of Themes, Recommendations and Conclusions adopted by the CC Engagement Working Group.
- Following the MEC Briefing, submit the Summary of Themes, Recommendations and Conclusions adopted by the CC Engagement Working Group to the Steering Committee, chaired by Dr. Gottesman.