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

Stewart Simonson
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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.