

Attachment I

CLINICAL CENTER CLINICAL QUALITY COMMITTEE ANNUAL REPORT TO THE MEDICAL EXECUTIVE COMMITTEE

FY 2003

Purpose of the Clinical Quality Committee:

The Clinical Quality Committee (CQC) is the principal forum for the management of the Clinical Center's performance improvement and patient safety program. It provides direction to, and liaison with, the Medical Executive Committee, the Clinical Center clinical and service departments, the Institutes, and the hospital's administration in matters pertaining to the quality, safety, and appropriateness of patient care. The committee is advisory to the Medical Executive Committee (MEC) and to the Director, CC.

Functions of the Clinical Quality Committee:

- (a) Discusses issues related to all aspects of the quality, safety, and appropriateness of care identified by members or subcommittees of the Medical Executive Committee, by CC Departments, and by individuals with performance improvement responsibilities; makes recommendations concerning the management of these issues to the Medical Executive Committee.
- (b) Serves as a conduit for information for the Medical Executive Committee, CC Administration and Departments, and Institutes of activities, and/or actions taken or contemplated, relating to the quality, safety, and appropriateness of patient care by one or the other.
- (c) Advises the Medical Executive Committee, the Director, CC and the Deputy Director for Clinical Care on all matters related to performance improvement and patient safety.
- (d) Coordinates performance improvement and patient safety activities and tracks identified problems to ensure appropriate resolutions.
- (e) Serves as the focus of the hospital-wide performance improvement and patient safety activities.
- (f) Collates the reports submitted by its membership and, upon Committee approval, transmits them to the Medical Executive Committee.
- (g) Evaluates the CC's Clinical Quality Program annually.

Membership of the Clinical Quality Committee:

The Committee's membership includes the Chairs of standing committees of the Medical Executive Committee, representatives of CC Administration and Departments, representatives of Institute clinical services, and other *ad hoc* individuals as indicated.

Major Accomplishments – 2003:

Communication of Key Clinical Quality Initiatives to Committee Membership:

The status of key clinical research and patient care initiatives were communicated on a regular basis to committee membership to assure consistent and timely exchange of information about major institutional projects that have a direct impact on the CQC membership. These key initiatives included:

- Patient safety
- SARS
- Obesity Initiative
- Expansion of Radiation Oncology Research Program
- Intraoperative Imaging
- Departmental Performance Measurement Activities/Data
- Patient and Employee Perception Surveys
- Pediatric Consultation Services
- Veterinary Support
- Staffing effectiveness
- Clinical Research Information System
- Clinical Research Center activation
- Process Redesign Projects
 - Outpatient Surgery
 - Informed Consent
 - Interdisciplinary Care Management

Clinical Quality Improvement Activities:

The Clinical Quality Committee addressed a wide variety of clinical care, patient safety and clinical research issues that required departmental and Institute collaboration. The primary performance improvement activities and policy issues addressed by the membership of the CQC are provided below:

National Patient Safety Goals

Issue Champion(s)	Deputy Director for Clinical Care
Issue Summary	In July 2002, JCAHO approved its first set of six National Patient Safety Goals, with 11 related specific recommendations, for improving the safety of patient care in health care organizations. To assure alignment with these goals, the Clinical Center assessed current patient care and safety practices and revised existing, or developed new, policies, procedures and practices.
Action/Disposition	The Clinical Center has successfully implemented appropriate policies and procedures to assure alignment with the National Patient Safety Goals. Staff and patients have been educated about the principles of patient safety. Performance monitoring systems are in place to continuously monitor the organization's performance regarding the National Patient Safety Goals.

Orders Management

Issue Champion(s)	Department of Clinical Research Informatics Deputy Director for Clinical Care
Issue Summary	In 2002, the Medical Executive Committee supported the recommendation to implement 100% (+/- 10%) computerized practitioner order entry (CPOE) as part of the implementation of the new Clinical Research Information System (CRIS). In an effort to assure that the necessary organizational infrastructure was in place prior to implementation of CPOE, the MEC and CQC charged a workgroup with assessing current ordering practices, identifying barriers and drivers to CPOE, and develop appropriate policies and procedures to guide the smooth implementation CPOE.
Action/Disposition	The workgroup developed a preliminary catalogue of policies, procedures and infrastructure requirements that must be developed and implemented/disseminated prior to successful implementation of CPOE. The workgroup (comprised of medical staff from the Institutes, nurse practitioners, nurses, physician assistants, information systems personnel and administrative staff) is currently waiting for the CRIS functionality to be precisely determined.

Patient Controlled Analgesia

Issue Champion(s)	Pharmacy Nursing Anesthesia
Issue Summary	Driven by occurrence reporting and pharmacy intervention data related to near misses, delays in therapy, and feedback from staff, practices associated with patient controlled analgesia (PCA) were reviewed and enhancements proposed. Key participants included pharmacy, nursing, pain and palliative care, medical staff, and anesthesia staff.
Action/Disposition	Critical process changes recommended by the team and implemented included: 1) education of medical and nursing staff about pain management, PCA therapy and equianalgesia; 2) designing and implementing substantial changes to the MIS screens; 3) assuring (through MIS changes) that all required order information is available to nursing and pharmacy staff in one location; 4) revised the PCA medical record documentation worksheet to facilitate the staff's ability to assess the adequacy of the patient's pain management.

Hand Antiseptic Product

Issue Champion(s)	Hospital Epidemiology Service
Issue Summary	The Clinical Center proactively (prior to issuance of the Centers for Disease Control and Prevention's hand hygiene guidelines) initiated a plan to assure that the all Clinical Center staff consistently have access to antiseptic hand hygiene products and know how to appropriately use these products.

Hand Antiseptic Product (cont.)

Action/Disposition The Clinical Center Standardization Committee selected a single hand antiseptic product for use in the Clinical Center. This product is available hospital-wide and staff have been instructed regarding the importance of hand hygiene, in general, and in the use of the hand antiseptic hygiene products available throughout the Clinical Center.

Automatic External Defibrillators

Issue Champion(s) CPR Committee

Issue Summary In response to recommendations from the American Heart Association, the Clinical Center CPR Committee, in collaboration with the Clinical Center Materials Management Department, assessed the feasibility of providing access to AEDs in patient care areas of the Clinical Center.

Action/Disposition A workgroup consisting of medical and nursing staff and representative from the Materials Management Department conducted a feasibility study of the appropriateness of placing AEDs in specific patient care areas in the Clinical Center. Guided by criteria developed by the workgroup, sites for placement of the AEDs in the Clinical Center were identified and approved by the Clinical Center. Staff education was conducted and the program was successfully implemented.

Intravenous Infusion Pumps

Issue Champion(s) Nursing
Material Management

Issue Summary To assure that patients receive the highest quality of care using state-of-the art technology, and in response of a Sentinel Event Alert in 2000, the Clinical Center began the process of replacing existing IV infusion pumps.

Action/Disposition The Standardization Committee conducted an extensive product search and testing program as part of the pump acquisition process. The Alaris[®] pump with Guardrails[®] technology was selected. A comprehensive staff education program was developed and implemented. The new pumps were introduced to the Clinical Center in January 2003

Emergency Management Plan

Issue Champion(s) Deputy Director for Clinical Care

Issue Summary In response to potential threats associated with bioterrorism and increased security on the NIH campus, the Clinical Quality Committee took an active role in the design and implementation of a revised and expanded emergency management plan. The emergency plan was revised based on national guidelines for incident command structures in collaboration with the NIH emergency response program staff

Emergency Management Plan (cont.)

Action/Disposition The Clinical Center Emergency Management Plan was revised to address preparedness and response issues associated with disasters involving bioterrorism, staff education was implemented and practice drills were conducted.

Special Respiratory Isolation Precautions Failure Mode and Effects Analysis

Issue Champion(s) Deputy Director for Clinical Care
Issue Summary In an effort to proactively identify risks and vulnerabilities associated with managing patients admitted to Clinical Center approved SARS protocols; a FMEA was conducted on the process of transporting SARS patients to, and within, the Clinical Center
Action/Disposition A multidisciplinary group developed a detailed flowchart of the processes involved with transporting a patient to, and within, the Clinical Center. Failure modes were identified and appropriate actions to avert risk associated with the failure modes were recommended to the DDCC and CQC for consideration and implementation.

Pain Assessment Tool

Issue Champion(s) Pain and Palliative Care Service
Issue Summary In an effort to assure that Clinical Center patient's are consistently and appropriate assessed for pain and the effectiveness of intervention to alleviate pain, the Clinical Quality Committee charged a workgroup with selecting appropriate pain assessment tool(s) to be used to guide pain assessment practices in the Clinical Center.
Action/Disposition The workgroup selected six pain assessment tools for use in the Clinical Center. Clinical care staff received education about the use of each tool. Wallet size cards were designed, produced and provided to all staff for quick reference. The assessment tools were made widely available via the Clinical Center website.

Error Disclosure Policy

Issue Champion(s) Deputy Director for Clinical Care
Issue Summary As part of the Clinical Center's patient safety program, the CQC charged a workgroup to develop a policy to provide guidance to practitioners about disclosing information to patients and families about unanticipated adverse outcomes associated with care provided in the Clinical Center.
Action/Disposition An error disclosure policy was developed by the CQC and approved by the MEC.

Patient and Staff Risk Assessments

Issue Champion(s)	Deputy Director for Clinical Care
Issue Summary	As part of the Clinical Center's patient safety program, the CQC initiated the conduct of unit-and department-based risk assessments. These assessments, to be conducted annually, are designed to identify real and potential risks in every patient care areas in the Clinical Center proactively.
Action/Disposition	All patient care units and clinical departments were assessed. Data were analyzed for trends/common themes. Recommendations for education and other improvement strategies were presented at the CQC and appropriate organizational actions taken.

Needlestick Safety and Prevention Act

Issue Champion(s)	Materials Management Nursing Hospital Epidemiology, Deputy Director for Clinical Care
Issue Summary	As a part of the Clinical Center's focus on employee safety and to assure compliance with the Needlestick Safety Prevention Act (April 2001), protected needles were introduced into the facility.
Action/ Disposition	New products were selected by the Standardization Committee. A rigorous pilot test was conducted in high volume areas. Training was provided to appropriate areas and health care workers to ensure accurate use of the new products. During the initial roll out of the product line, a reassessment of one product (butterfly needles) was required due failure of the product to adequately ensure the safety of the health care worker.

Review of Ongoing Departmental Performance Measurement and Improvement Programs

The Clinical Quality Committee reviews the performance measurement programs of Clinical Center departments regularly. Data from these programs are presented to the CQC members. Departmental performance improvement activities are summarized and improvement strategies are discussed with the committee membership.

Occurrence Reporting System Data

Each month significant occurrences are analyzed by the CQC membership. Aggregate Occurrence Reporting System data are presented to the membership and trends in select occurrence categories are reviewed, improvement opportunities are identified and project teams initiated (see Attachment I).