

Patient Safety & Quality at the CC

Report from the Medical Executive Committee and NIDCD Perspectives

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Functions of Medical Executive Committee

- Assesses quality and safety of patient care
- Develops policies for medical practice and clinical care
- Recommends medical staff appointments, clinical privileges
- Establishes standards of health care delivery
- Recommends allocation of resources
- Provides oversight for consultation services
- Recommends clinical research policy

Assessment of Quality and Safety of Patient Care

- Patient census, utilization, occurrence and outcomes data
 - Infection control
 - Safety of blood products (Transfusion Subcommittee)
 - Medical record compliance and quality (Clinical Information Management Subcommittee)
 - Medication management (Pharmacy and Therapeutics Subcommittee)
 - Code Blue and Rapid Response (CPR Subcommittee)
 - Bioethical issues (Ethics Subcommittee)
- Patient perception and surveys of care and services

Clinical Issues Addressed in 2017

- Launch of the PSCPQ Committee
- Role of the Clinical Director and MEC in credentialing - review of metrics, OPPE/peer review, privileging
- Care of pediatric patients
- Neurologic emergency algorithm
- Rapid transport of patients to area hospitals
- Accuracy of patient-provider information in CRIS
- Hospice beds
- Fluid shortages/medication standardization
- 24/7 hospital operations support

2017 Credentialing-Privileging Summary

<i>Credentialing Actions</i>	<i>Count</i>
Initial appointments	418
Reappointments	569
Temporary appointments (5- or 45-day)	521
Mid-appointment actions	44
Total	1552

<i>Privileging Actions for Existing Staff</i>	<i>Count</i>
Addition of new privileges	59
Modifications to existing privileges	36
Reductions in privileges (all voluntary)	66
Suspension of privileges - "On Hold" Status (e.g., awaiting CPR renewal, completion of administrative tasks associated with credentialing)	36 (20 reinstated, 16 departed from medical staff)
Revocation of privileges	0
Total	197

Clinical Research Related Issues Addressed

- Centralization of clinical research support services
- Launch of Office of Research Support and Compliance
- Timely reporting of clinical research-related events
- Changes to informed consent
- Scientific review process
- Protocol prioritization

MEC Goals for Continuing Improvement 2018

- Develop metrics for evaluating clinical competence and outcomes
- Translate recommendations of PSCPQ Committee for peer review to improve OPPE, privileging
- Improve the quality of clinical documentation
- Improve support for protocol development, review and implementation
- Sustain timely reporting of events
- Enhance Institute Patient Safety and Quality

Perceptions of Patient Safety and Quality

- Patient safety huddle has enhanced awareness re: clinical and safety issues & provides opportunity for real-time problem-solving
- Medical and surgical M&Ms have raised awareness about patient safety issues and has started to “build community” around safety and quality
- Increased focus on prospective risk assessments (FMEA) versus reactive response to risk
- More programs are using outside expertise to supplement their clinical programs (ENT surgeons, hospitalists for Medical Oncology Branch)

NIDCD Activities for Continued Improvement

- Johns Hopkins University contract and Walter Reed MOU to enhance otolaryngology subspecialty clinic and surgical expertise, patient care, education, and research
- Expansion of research support staff for protocols
- Weekly staff meeting, patient care conferences and walk rounds to assess quality, improve care and ensure timely reporting
- Monthly quality and patient safety meeting with review of quality metrics and 30 day outcomes
- Hospital wide tracheotomy consult service rounds 3x/week to improve tracheotomy education, patient safety and care
- Inclusion of patient safety, documentation quality in OPPE and performance plans

