

# NATIONAL INSTITUTES OF HEALTH

CLINICAL CENTER ENGAGEMENT PROJECT

REPORT TO THE CLINICAL CENTER RESEARCH HOSPITAL BOARD

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**July 14, 2017**



Clinical Center

# Project Status—Complete

The CC Engagement Project Report is complete and was submitted to Dr. Collins, Dr. Tabak and Dr. Gilman earlier today.

An email from Dr. Tabak will be sent today to all Intramural Research Program staff informing them that the report has been submitted and providing a link where the report can be accessed.

# Project Objectives

The Focus Group Engagement Project had essentially two objectives:

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

# Project Process

Seventy (70) Focus Groups sessions were held between September 6, 2016 and January 3, 2017—supplemented by numerous meetings and small group discussions (with the final ones occurring on July 7, 2017).

Focus Groups were organized around five (5) questions:

- What is great about the CC—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 CC affect patient care?
- What, if any, concerns related to patient safety weigh on you?
- If you could change one thing about the CC to improve patient safety, what, if anything, would you change?

# Project Process (Continued)

Focus Group sessions consisted entirely of self-selected—not randomly sampled—participants.

Drafting of this report began immediately after the final Focus Group session in January.

I sought to distill the discussions and comments from the seventy (70) Focus Group sessions into themes.

I then sought to synthesize recommendations that addressed or were otherwise responsive to these themes.

# Project Process (Continued)

Consulted with the CC Engagement Working Group about themes that emerged in sessions and then on several occasions during the drafting of this report.

There have been a number of drafts of this report and broad consultations on these drafts.

The CC Engagement Working Group has been given several opportunities to comment prior to this. They received a copy of the final draft on Monday.

NIH and CC leadership were given opportunities to review comment on drafts of this report, including the final draft.

# Demographics

## Breakdown of Focus Group Sessions:

- General Sessions (49)
- Physician Groups (6)
- Department Heads (2)
- Nutrition (2)
- Housekeeping (1)
- Staff Clinicians/Fellows (1)
- Patient Advisory Group (1)
- NIH Legal Advisor (1)
- Bioethics (1)
- Office of Research Facilities (1)
- Office of Human Subject Research Protection (1)
- Protocol Navigation Group (1)
- Vendors (1)
- CC Engagement Working Group (1)
- Scientific Directors (1)

# Demographics (Continued)

## Breakdown of Focus Group Participants:

- Nurses (195)
- Physicians (184)
- PhD Scientists (30)
- Bioethicists (14)
- Pharmacists (9)
- Social Workers (8)
- Laboratory Technicians (6)
- Dieticians (5)
- Dentists (2)
- Physical Therapists (2)
- Other (166) (includes, Administration, Food Service, Consultants, Lawyers, Epidemiologists, Chaplain, Genetic Counselors, Patient Advisory Group, Protocol Navigators, Office of Research Facilities (ORF))

# Themes

The initial question evoked a strong response throughout the Focus Group process. Participants expressed their dedication to the CC's patients and their commitment to the CC's mission. They spoke of the genuine connection they feel to patients and their families. And in every session, participants described—in one way or another—the privilege and honor of working at hospital that literally has no peer.

Five (5) themes emerged in response to the remaining questions:

- Governance, Administration and Accountability
- Quality of Care and Clinical Research
- Communications and Engagement
- Organizational Development and Human Resources
- Clinical Center Facilities, Equipment and Systems

# Themes *(Continued)*

## Governance, Administration and Accountability

- The CC is a fragmented, stove-piped institution without a comprehensive strategic plan
- The CC CEO's has only limited authority over NIH OD and Institute activity in the CC.
- Better representation of staff involved in day-to-day patient care is needed on CC Medical Executive Committee

## Quality of Care and Clinical Research

- The CC is not a general hospital and thus there are real limitations on its capabilities in some clinical areas.
- There is sometimes tension at the CC between the applicable standard of care and the research protocol.
- Support to clinical investigators is uneven and, in some cases, suboptimal.

## Communications and Engagement

- There is uneven and suboptimal information sharing at the CC
- Engagement of staff has been uneven and suboptimal.
- Identification of and communication with the the responsible Medical provider is sometimes problematic at the CC.

# Themes (Continued)

## Organizational Development and Human Resources

- Succession planning is inconsistent and underdeveloped.
- Non-tenure track staff feel undervalued.
- The HR process is slow and unresponsive.

## Clinical Center Facilities, Equipment and Systems

- The older parts of the Building 10 complex are showing their age and in need of renovation or replacement.
- Likewise essential equipment is showing its age and in need of replacement.
- Support functions at the CC (e.g., housekeeping) have insufficient management information systems.

# Recommendations

## Governance, Administration and Accountability

- Develop a comprehensive, multi-year strategic plan for the CC
- Delegate to the CC CEO authority over activity at the CC impacting clinical care, whether performed by NIH OD or Institute staff.
- Obtain formal input from the CC CEO for the annual performance assessments of Institute Directors with programs at the CC and certain NIH OD staff.
- Review organization and membership of the MEC to give better representation to staff involved in day-to-day patient care.

## Quality of Care and Clinical Research

- Commit funding to enhance services at the CC provided by Institutes (e.g., hospitalists).
- Develop a CC-wide process to address differences of opinion when the applicable standard of care conflicts with or does not align with the research protocol.
- Commit funding for enhanced and uniform support to clinical researchers.

## Communications and Engagement

- Consult with staff to develop a comprehensive communications plan for the CC.
- Hold quarterly town hall meetings and quarterly morbidity and mortality conferences.
- Develop and fund unified telecommunications systems, policies and processes for all patient care staff in Building 10.

# Recommendations (Continued)

## Organizational Development and Human Resources

- Establish and fund professional development and succession plan for key positions and functions at the CC. Undertake an assessment of human capital requirements for the CC.
- Establish and fund a mechanism to recognize and reward non-tenure track staff.
- Intervene at the highest levels of HHS and OPM to improve HR support for the CC.

## Clinical Center Facilities, Equipment and Systems

- Address immediate and urgent facilities needs for DPM, DTM, DLM, PET and RADIS.
- Undertake a review of essential equipment vulnerabilities and replace equipment past its useful life.
- Undertake a review of management information needs for CC support functions and invest accordingly in systems for these functions.

# Progress

This project began nearly one year ago and during that time I have briefed NIH and CC leadership on Focus Group themes as they emerged and clarified. As a result, a number of concerns and challenges raised in Focus Groups have been—or are in the process of being—addressed. For example:

- Essential facilities are being repaired/renovated or are scheduled for repair/renovation.
- Quarterly Town Hall meetings and M&M conferences have begun.
- ORS has been replaced by an enhanced system called STARS.
- A process to improve succession planning is being developed.
- Investments are planned for the Material Management and Environmental Services Department.
- A new system to better track research blood draws and research imaging is in the works.

# Conclusion

The message of the report is that the CC is a great research hospital, but, like any human enterprise, the CC is not perfect and there are areas where it can be improved. In the CC Engagement Project, I listened to participants and learned from them about what needed to be improved in Building 10. I took this information, supplemented it with a broad spectrum of meetings and discussions, and developed recommendations that I believe can make the CC better.

I leave this project with a sense of real optimism about the CC—indeed, it is the very optimism with which I began. It has been an honor to be a part of the important work to improve an already great research hospital.