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CC Grand Rounds lecture focuses on empowered staff, safe patients

CC CEO, international safety expert discuss preventing medical errors, quality medical care

The NIH Clinical Center's CEO and an internationally renowned safety expert discussed enhancing patient safety and delivering high quality care in a Grand Rounds lecture at the Clinical Center on March 22.

Dr. James Gilman, CEO of the NIH Clinical Center, presented a case study on how organizations can react when medical errors happen. This was his first Grand Rounds presentation.

Gilman outlined an incident in 2009 at a previous medical center he oversaw while in the U.S. Army. He emphasized the application of the just culture concept in responding to medical errors that potentially impact large groups of patients.

In this incident, insulin pens were used to treat patients, but instead of discarding the equipment after each use, staff re-used a portion of the insulin pen with new patients. This was contrary to the manufacturer's specifications and meant patients were potentially exposed to epithelial or red blood cells from other patients.

Staff from the medical center contacted over 2,000 patients and set up a call center to respond to patient inquiries and schedule follow up care. Hospital staff also reached out to other hospitals and administrators, all the way up to the Army Surgeon General. This helped identify and change a similar practice at another hospital. The Food and Drug Administration was also notified and issued guidelines clarifying how to use the insulin pens.

In addition to the outreach, hospital leadership had to manage the internal response to this incident. Staff were re-trained to follow best practices. But the hospital's leaders also had to determine if they would react to this error by punishing the staff involved or focus on learning from the experience and improving.



Dr. Peter Pronovost, senior vice president of Patient Safety and Quality at Johns Hopkins Medicine, and director of the Johns Hopkins Armstrong Institute for Patient Safety and Quality, speaks about "Working Toward High Reliability" at the March 22 Grand Rounds.

Either course of action would convey a significant message to the community at the medical center. Ultimately, the hospital leadership focused on training and accountability over punishing those involved in the error.

Gilman applied the lessons learned from this case to a strategic model for the Clinical Center. This guideline helps assess whether errors are due to intentional, unintentional or systemic failures in the hospital and helps with developing the best response.

Dr. Peter Pronovost, the senior vice president for Patient Safety and Quality at Johns Hopkins Medicine and director of the Johns Hopkins Armstrong Institute for Patient Safety and Quality, spoke about strategies to reduce infection rates in hospitals. Pronovost is renowned for developing a checklist protocol to reduce infections associated with central line catheters. His approach has been credited with saving 1,500 lives and \$100 million annually and has been implemented across the United States.

Pronovost addressed the topic "Working Toward High Reliability" and opened his remarks by focusing on "improvement science." He suggested that like engineering, it is possible in medicine to set an end goal and build systems to achieve that goal. He emphasized that when basic and applied research collaborate there are often great advances in knowledge.

Pronovost felt many people viewed harm as an inevitable by-product of medical treatment and saw safety as the responsibility of a "heroic" clinician, unit or department rather than being achieved through systemic design.

However, he insisted harm is preventable. He cited his hospital's goal to reduce catheter infections by implementing and refining

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Price makes first NIH visit as Health and Human Services Secretary



Dr. James Gilman (right), CEO of the NIH Clinical Center, describes the layout of the hospital to the new Secretary of the Department of Health and Human Services Dr. Thomas E. Price (middle) with NIH Director Dr. Francis Collins during the secretary's visit to the NIH campus Feb. 21. This was Price's first visit to the campus as the new Health and Human Services secretary. Price was on campus for a brief tour of the Clinical Research Center and to talk with several NIH leaders.



Price (center) speaks with Judy Perkins (left), patient in the Clinical Center, after a discussion of her case with Dr. Steven A. Rosenberg, chief of surgery at the National Cancer Institute.

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improvement plans. Working toward this goal helped his medical team dramatically reduce infections and replicate those results at other hospitals throughout the United States.

Pronovost was emphatic that this design, replicated throughout the nation, was making a difference.

"Catheter infection rates in the United States have dropped 80% [since 1999]," he said.

He emphasized that high-reliability organizations standardize work wherever possible but also need to build resiliency. This resiliency helps organizations recover from unanticipated challenges.

Pronovost suggested that high-reliability organizations also create a culture with two conditions – respect by all employees for the culture of safety and a desire to learn and improve for every employee from custodian to CEO. He suggested these strategies lead to empowered employees who approach their work with an attitude of, "I can do something about this."

Pronovost wrapped up with guidelines for organizations looking to integrate zero harm, or any other goal, into all aspects of a hospital's management.

- Determine what purpose you are trying to achieve and assess whether everyone knows this is a common goal.
- Define the core principles.
- Assess what integrated management system you need to achieve your purpose.
- Build governance and management structures that foster trust and learning.
- Ensure shared accountability.
- Create new structures and a culture that aligns with the goal.

Pronovost suggested the best way to assess if an organization was serious about safety was looking at how it measures its progress.

"Safety systems need to be managed with the same rigor as [an organization's] financial systems," he said.

This Grand Rounds lecture is available online at: <https://go.usa.gov/x59SR>

Staff encouraged to participate in FEVS

The U.S. Office of Personnel Management (OPM) will launch its annual Federal Employee Viewpoint Survey (FEVS) May 8 to provide government employees with the opportunity to candidly share their perceptions of their work experiences, their agencies and their leaders.

The survey provides valuable insights that can help each agency to realize its mission and to develop effective strategies and tools for guiding improvement.

"The FEVS complements several employee communication strategies already underway to help improve the Clinical Center," said Dr. James Gilman, the NIH Clinical Center's CEO.

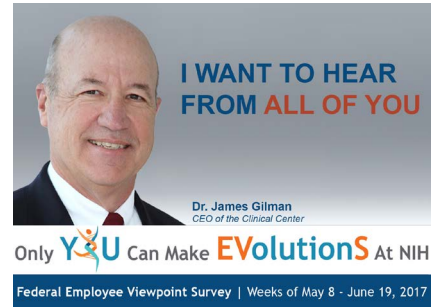
"Every employee can make an important contribution to the Clinical Center by engaging management in honest and constructive feedback," Gilman said. "Last year, we heard from 40 percent of you. This year, we want to hear from all of you to help us make informed management, operational and workplace quality changes and move the Clinical Center towards performance excellence in all areas."

Hillary Fitisil, the deputy chief operating officer of the Clinical Center and chief of the Office of Workforce Management and Development, added, "The ultimate goal of the FEVS is to provide management with the information that we need to build on the Clinical Center's strengths and improve challenge areas."

All full and part-time permanent employees and non-seasonal employees, including Title 42 and Commissioned Corps employees, who were on-board as of Oct. 30, 2016, are invited to participate and will be sent unique links via email from OPM to take the survey. The FEVS takes about 20 minutes to complete and employees will have six weeks from the time the survey is launched to submit it.

Periodically, from May 8 to June 18, employees will receive reminders to complete the survey via email with the subject line, "2017 Federal Employee Viewpoint Survey."

For more information on the FEVS, visit: <https://go.usa.gov/xXHvB>.



Circus clowns bring fun, laughter to patients



A surprise visit from Ringling Bros. and Barnum & Bailey Circus clowns restores the wonder of childhood to three long-term pediatric patients at the NIH Clinical Center March 29. The visit was a precursor to the 20th annual Children's Premiere Night put on by the circus the next evening in Washington DC.

Read more online! Scan the barcode or visit www.cc.nih.gov/about/news/newsletter.html



- Volunteers needed for trial looking at stomach cancer
- NIMH researchers discuss noninvasive neuromodulation treatments at Grand Rounds lecture

Use a downloaded app on a smartphone or tablet to scan the Quick Response (QR) barcode. You will be directed to the CC News online.

Clinical Center News

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Clinical Center

“Emperor of All Maladies” author talks genes at NIH Big Read



Dr. Siddhartha Mukherjee (right), Pulitzer Prize-winning author of “Emperor of All Maladies”, visits the National Institutes of Health April 17 to give a presentation based on his new book “The Gene: An Intimate History.” He led the audience through a history of genetic medicine, including the early findings and assumptions of genetics’ founding fathers, how eugenics emerged as an area of study and its devastating costs to society and how genetic information is used in present day practice. Following his lecture, Dr. Francis Collins, director of the NIH, and Mukherjee discussed the important issues and ethical questions around the use of germline manipulation technologies such as gene editing and what the opportunities and consequences of such technology can be for the human race.

Clinical Center IPPCR course brings research training to war zone

For medical staff and students here, attending an NIH Clinical Center course might mean facing challenges like bad weather, metro breakdowns or heavy traffic. But medical students and physicians in Syria have to brave a war zone to attend an educational program offered by the NIH Clinical Center.

The Clinical Center’s Introduction to the Principles and Practice of Clinical Research (IPPCR) course is designed to train participants on how to effectively and safely conduct clinical research by focusing on research best practices. With over 5,000 participants worldwide, the course is viewed in 40 different countries from 237 registered remote sites. Two of those sites are located in Syria at Damascus University in the Syrian capital of Damascus and at the University of Tishreen in the Syrian city of Latakia.

According to the U.S. State Department, Syria has been in an armed conflict since 2011 when the Syrian government responded with force to peaceful demonstrators. The toll has been devastating, with an estimated 400,000 people killed, 4.8 million fleeing the country and 6.5 million people being internally displaced.

“Due to the unfortunate circumstances in Syria, online education has become Syrian students’ main source of obtaining wider knowledge and learning opportunities,” explained Ibrahim Hanafi and Tarek Turk, two sixth-year medical students at Damascus University.

For the 2016-2017 course, there are over 60 registered participants at Damascus University, some from massively damaged cities such as Aleppo, Syria. As life for students in Syria is becoming increasingly difficult, the IPPCR course has been a lifeline to the outside world.

Hanafi outlined why the IPPCR was so important. “In Syria, students are rarely exposed to research in their years of study. We have had very few scientists and researchers, most of them fled the war, which left us with no one to teach us anything or even to mentor our work.”

At the University of Tishreen, 69 participants, mostly medical students along with a few residents and physicians, have registered in the IPPCR class. Some students have been so inspired by their coursework that they have already started designing their own

research projects such as a large-scale quality improvement research aimed at boosting hand hygiene.

Although enthusiasm is high, Syrian students face many challenges. Due to the war, overcrowded living spaces and economic difficulties have become real problems, along with frequent power outages which make online learning very difficult.

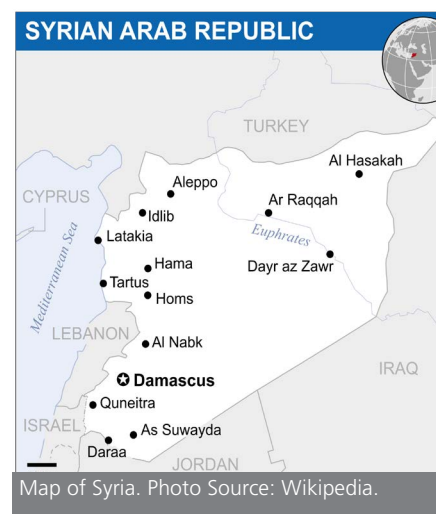
Despite the challenges, participants at the University of Tishreen persevere by holding group discussions to help understand the course materials. The students also gather at places with generators so they can continue their online studies during power outages.

For this academic year, the IPPCR course began in September 2016 and closes in May 2017. The program is self-paced, and local sites set their own schedules for watching the lectures.

There will be a final examination given online during April. Those who score 75% or higher will receive a certificate indicating they successfully completed the course and passed the final examination. For the students in Syria, this is just one small part of what they are hoping to accomplish.

“Every time we leave our homes to learn, to work, we know we might not come back. However, despite the destruction, we have made the decision not to submit to our circumstances and to keep fighting for our future,” said Hanafi of Damascus University.

The IPPCR course (<https://go.usa.gov/x59zk>) is developed and administered by the Clinical Center’s Office of Clinical Research Training and Medical Education (<https://go.usa.gov/x59z5>).



Map of Syria. Photo Source: Wikipedia.

Upcoming Events

View lectures online: <http://videocast.nih.gov>

Clinical Center Grand Rounds Lecture Strategies for the Development of Rational Therapeutic Approaches in Multiple Sclerosis; New Magnetic Resonance Imaging (MRI)-based Diagnostic Approaches to Multiple Sclerosis

May 24, 2017, Noon – 1:00 p.m.

Lipsett Amphitheater

Presented by Daniel S. Reich, MD, PhD, NINDS and Peter Calabresi, MD, Johns Hopkins University School of Medicine.

Clinical Center Grand Rounds Lecture Clinicopathologic Grand Rounds: Clinical Cases from the NIH Clinical Center Targeting the Genetic and Metabolic Basis of Fumarate Hydratase-Deficient Kidney Cancer: Hereditary Leiomyomatosis and Renal Cell Carcinoma

May 31, 2017, Noon – 1:00 p.m.

Lipsett Amphitheater

Presented by Ashkan Malayeri, MD, CC, Maria J. Merino, MD, NCI, and W. Marston Linehan, MD, NCI.

Volunteers recount positive experiences



Yogesh Kalotra (left), Deborah Crawford (center) and Natalia Sampaio Moura volunteer with the NIH Clinical Center's Volunteer Program.

The NIH Clinical Center's Volunteer Program, with 114 volunteers currently participating, enriches the patient care experience. Volunteers work at various locations and perform many functions throughout the Clinical Center and The Edmond J. Safra Family Lodge.

"Volunteers are unique individuals who have the ability to enhance the patient-care experience for the people we serve by being able to spend a little more time and perhaps energy on the things that employees aren't able to get to during their hectic day," said Nicole Pascua, Clinical Center volunteer coordinator who recently took over managing the program.

"Volunteers lend that extra helping hand or additional customer service to our patients and allow staff a little more flexibility to perform the essential duties that are required of them at the hospital," said Pascua.

Yasmin Rheubottom-Morch, who manages the lodge, said her volunteer contributes immensely by helping with supplies as well as providing administrative support.

Everyone should find time to volunteer at least once a week to give back to the community, said Yogesh Kalotra who has been volunteering here since October of 2015. He believes that volunteering at NIH "comes from the heart."

One of the newer volunteers at the Clinical Center is also one of the most active. Deborah Crawford's husband works at NIH, and she started making the trip with him to ease his commute.

In November 2016, she began volunteering one day a week to help the staff at the front desk in Outpatient Phlebotomy. She said she found the experience so rewarding that she now also volunteers in the Operating Room (OR) family waiting room.

OR family waiting room volunteers provide a vital communications link between staff and families who are waiting for loved ones to return from surgery. Crawford said she enjoys volunteering there, greeting patients and family members and providing them with refreshments.

Crawford remembered once when she sat with the husband of a patient while he was waiting for his wife to come out of surgery. When the surgery was over, he was so relieved that he hugged her, she said.

Volunteers here are passionate, motivated and dedicated individuals who care about the Clinical Center's patients and the mission of NIH, said Pascua.

For more information about volunteer opportunities at the Clinical Center, please contact Pascua at 301-451-9868 or email: ClinicalCenterVolunteerProgram@mail.nih.gov.

New screensavers promote hand hygiene



Clinical Center patient Kayla Mills demonstrates the proper hand hygiene routine inside her hospi-

tal room on one of the new screensavers added to the Clinical Center's computers in early April. Other hand hygiene screen savers feature Clinical Center staff and leadership, including CEO Dr. James Gilman, demonstrating the importance of hand hygiene. The screen savers are intended to remind staff, patients and visitors that thoroughly washing hands makes a difference in reducing the spread of disease. For information on when and how to clean hands, the importance of using soap and water and what to do if soap and running water are not available, visit the Centers for Disease Control website: <https://www.cdc.gov/handwashing/>. See the additional Clinical Center screen savers: <https://cc.nih.gov/about/news/newsletter/index.html>.

Gilman addresses CC staff at town halls



Dr. James Gilman speaks to staff at a town hall on April 4. He discussed the federal hiring freeze, the recent focus groups, improvements to hospital services and the focus on patient safety and clinical quality. Additionally, he outlined developing initiatives at the hospital such as the expansion of cell processing capabilities, the upcoming Federal Employee Viewpoint Survey and the centralization of research support.



Dr. Leighton Chan, the chief of the Rehabilitation Medicine Department, stands to ask a question of Gilman during the town hall meeting.