Quality and Patient Safety
Children’s National Health System 2016
zero in on zero harm
Children’s National Health System Honors

These achievements reflect our ability to give every child the best possible care.

**U.S. NEWS & WORLD REPORT**
Children’s National is one of only four pediatric hospitals nationwide to rank in the top 20 in all 10 specialties in the *U.S. News & World Report 2016-17 Best Children’s Hospital survey*. We are the only children’s hospital in the entire region of Maryland, the District of Columbia, and Virginia to earn this distinction.

**THE LEAPFROG GROUP**
The Leapfrog Group designated Children’s National a 2016 Top Hospital. We are the only children’s hospital in the Northeast United States named to this prestigious list and the only hospital so recognized in the District of Columbia. We are one of only nine pediatric facilities nationally to be awarded a Top Children’s Hospital designation. In the 11 years that Leapfrog has been recognizing hospitals, Children’s National is one of only two pediatric hospitals to have received this honor eight times.
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At Children’s National Health System, we work to provide the best possible care for every patient, every time. Along with our passion for caring for kids, we are dedicated to improving outcomes and safety in all aspects of what we do.

With hard work and persistent commitment, we have continually set and raised the bar for quality and safety across our organization. We have earned a reputation for high quality care and national recognition among our most competitive peers.

Over the years, we have built strong expertise in quality improvement science and in patient safety—and we’ve worked to make safe choices part of every decision, every day.

In this publication, we offer highlights of some of the innovations, evidence-based methods, collaborations, and successes that have helped Children’s National establish a strong quality and safety culture.

Our hope is that by sharing lessons, stories, and best practices, the community of pediatric care providers can work together to help all children grow up stronger.

Kurt Newman, MD
President and CEO
We are pleased to share the 2016 Quality and Patient Safety Report for Children's National Health System. What began as a report to meet regulatory requirements has evolved into a summary of our innovation and achievements in quality and safety and upcoming focus areas.

Children's National continues to invest in a culture of safety and to see progress in the increase in utilization of our internal safety reporting tool and strong engagement in our safety culture survey. We have been able to drive to new frontiers in improved quality metrics and reduced harm for patients, working always toward zero harm. Our progress has received impressive external recognition and, most importantly, we have improved the safety and quality of care delivered to the patients in our health system.

We look forward to continuing partnerships and discovering exciting innovations to drive these outcomes even further in the coming year.

Rahul Shah, MD, MBA
Vice President, Chief Quality and Safety Officer
FOSTERING A CULTURE OF SAFETY

Culture can be described as “how we do things,” and the way our staff behaves and works together affects our patients and their families every day. In very real ways, our culture of safety impacts patient outcomes.

At Children’s National, we conduct a survey on this topic every 18 to 24 months to gauge employee perceptions of our culture. Sharing this feedback and using it to make improvements is essential to foster a culture of safety. Yet our organization was displaying survey fatigue, and strategic follow-up was lacking. We saw a need to better define the value of a safety culture, to differentiate this tool from “just another survey,” and to connect the survey with improvement plans.

We trained leaders to interpret the results and to create interventions. We also educated neutral facilitators to conduct feedback sessions. We met one-on-one with leadership council members to review each area’s results and themes from the survey.

We are now implementing improvements at the department level and organization-wide in advance of our next survey in May 2017.

### Safety Culture Survey Response

- 3,022 employees responded to the survey
- 50 neutral facilitators trained
- 165 feedback sessions conducted
- 1,500+ employees participated in feedback sessions

### Response Rate

<table>
<thead>
<tr>
<th>2013</th>
<th>2015</th>
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<tbody>
<tr>
<td>41%</td>
<td>69%</td>
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### Departments that Held Feedback Sessions

100%

### 57 Departments Submitted Improvement Plans
IMPROVING APPARENT CAUSE ANALYSIS RELIABILITY

Apparent Cause Analysis (ACA) is a limited review of an event that allows us to identify system weaknesses when an error occurs. We use this knowledge to implement changes to prevent similar events and to collect information about organizational trends, helping us build stronger systems.

A baseline assessment of completed ACAs revealed unreliable action plans and limited spread—which can contribute to patient harm. Using the Model for Improvement, we focused on the key drivers of education, process, and culture. To measure action plan reliability, we created a toolkit that links each action item or intervention to a specific level and is used to score each plan. We set a goal of increasing the reliability on all ACAs from 86 percent to 95 percent by December 2016 and to sustain that level for at least six months.
**ERROR PREVENTION TRAINING**

Error prevention training has been part of the Children’s National “Power of One” orientation for all new hires for nearly a decade. Our organization believes that every individual plays a vital part in keeping our patients safe and aims to equip all employees with techniques, tools, and resources to do just that. In 2016, we updated the training to meet today’s challenges and new team members’ needs. After researching best practices for adult learning, we expanded the training. It now includes clinical and non-clinical examples, videos, a two-trainer model, and an interactive portion where students demonstrate what they learned. Since the redesign, many employees have commented on its effectiveness.

“**THE BEST THING ABOUT THE CLASS**
was the group portion, where we acted out the techniques.”

“I AM A RETURNING EMPLOYEE—
I like how interactive the new training is.”

Top: Demonstrating error prevention technique for the class. Above: Discussing error prevention technique example.
SAFETY IN NUMBERS

Today’s safety journey in healthcare aims to reach high reliability and consistent excellence for every patient, every time. This goal requires a culture that recognizes and embraces improvement opportunities. Increasing safety event reporting is a tangible step on the road to reliability that applies to all healthcare organizations.

In a culture of safety, employees voluntarily report concerns and observations, facilitating improvements as well as mitigation of events.

This year our Safety in Numbers Committee identified and implemented interventions to affect the key drivers of culture, system accessibility, and report follow-up. Through these efforts, data were transparently shared and used, staff were engaged and recognized, and reports resulted in positive changes. Our target was to double the number of safety event submissions over three years, and we have been consistently ahead of our goal.

A safety event report is a powerful tool for implementing change and improving care. A Children’s National MRI team member shared in a safety event report that an ostomy bag failed MRI metal screening, generating a cascade of actions: we changed to an MRI-safe ostomy bag, notified the manufacturer of the issue, and shared what we learned with other children’s hospitals nationwide, creating a safer environment for children.
Improving patient care and outcomes involves all of us at Children’s National. We collaborate within units and across departments. We use evidence-based methods and metrics to create solutions, find new ways to overcome barriers, track progress, and identify new goals. We are proud of our progress yet committed to continuing this work. In this section, we highlight our efforts to prevent codes outside the ICU, reduce hospital-acquired conditions, fight to eliminate sepsis, and create a welcoming and healing environment for all our young patients.

2016 ZERO HARM INDEX

Our belief that we must “Zero in on Zero Harm” inspires our efforts to eliminate patient harm. Even one child affected by a preventable issue is one too many.

As Children’s National puts this belief into action, our Zero Harm Index helps us keep a laser focus on events that drive harm rates. The index is a visual tool that succinctly reflects key points from large data sets. We update it in near real-time and revise as needed—for instance:

- After improvements in three categories (Adverse Drug Events, Falls, and Ventilator-Associated Pneumonia), we replaced them with a new focus, Codes outside the ICU (Codes)
- In July 2016, we focused our Venous Thromboembolism (VTE) work on immobility-related VTE to better address causation

We have greatly improved in Catheter-Associated Urinary Tract Infections (CAUTI), Codes outside the ICU, and Serious Safety Events (SSE), but achieving zero harm in all areas is our goal.
CALENDAR YEAR 2016

- No SSEs
- Decrease Codes Outside ICU: 72%
- Decrease CAUTI: 82%
- Decrease PI: 53%
- Decrease CLABSI: 35%
- Decrease UE: 29%
- No High-Harm ADEs

SSE: Serious Safety Event | ICU: Intensive Care Unit | CAUTI: Catheter-Associated Urinary Tract Infection | PI: Pressure Injury (Stage 3, 4, and Unstageable)

CAUTI, CLABSI, PI and UE metrics are changes in rates. * PI: Stage 3, 4, and Unstageable
DECREASING LATE RESCUES AND ELIMINATING CODES OUTSIDE THE ICU

Identifying early signs of clinical deterioration and decreasing late rescues are essential to preventing codes outside the ICU and ensuring that patients receive care in the setting best suited to their needs.

In a multi-year process, we first improved the accuracy of our assessments to measure deterioration. This year we engaged unit workgroups to develop patient-specific, measurable rescue plans, and we cultivated situational awareness with earlier, more effective escalation of warning signs.

We improved resident-to-attending communication prior to rapid-response team activation by addressing key drivers: role clarity, resident autonomy, staffing, process efficiency, and communication expectations. Our goal was to increase residents’ escalation of patient care concerns from 20 percent to 70 percent in the four hours prior to activating a rapid-response team—a goal we exceeded, enabling better and more timely guidance from attendings.

To help eliminate late rescues, we tracked their frequency and created clearer definitions of deterioration. Our teams can now categorize deterioration with meaningful metrics, using electronic health records and other tools, to better identify improvement opportunities and prevent these serious safety events.

Eliminating Codes

<table>
<thead>
<tr>
<th>Year</th>
<th>Codes Outside the ICU</th>
</tr>
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<tbody>
<tr>
<td>2015</td>
<td>18 Codes</td>
</tr>
<tr>
<td>2016</td>
<td>5 Codes</td>
</tr>
</tbody>
</table>

Decrease Codes Outside ICU

72%
PREVENTING HOSPITAL-ACQUIRED CONDITIONS

Hospital-acquired conditions (HACs) result from care intended to cure. We can prevent some of these by following proven care standards, but for others we are still developing new solutions.

Reinvigorating Harm Reduction Teams
To reinvigorate our harm reduction teams, each team recruited new members—physicians, nurses, infection control practitioners, performance improvement consultants, and frontline staff—to collect and analyze data to guide their work. Combined with improved data management strategies, our resources for eliminating harm are now much stronger.

Catheter-Associated Urinary Tract Infection (CAUTI)
The key driver to eliminate CAUTI is urinary catheter use only if necessary, a shift that requires culture change and infrastructure support. Our Pediatric Intensive Care Unit (PICU) now assesses necessity daily. Our Post-Anesthesia Care Unit (PACU) introduced an evaluation algorithm, reducing the number of patients who left the PACU with a catheter in place. We developed evidence-based insertion and maintenance guidelines and a kit to make it easier to follow standard practice.

Pressure Injury (PI)
Medical devices are the most common cause of pediatric PIs, creating a dilemma: how to protect patients from pressure caused by devices essential to their treatment. We created processes to prevent this harm: careful, regular skin assessments and protection, as well as monthly prevalence studies to monitor our effectiveness.

* PI: Stage 3, 4, and Unstageable
Central Line-Associated Blood Stream Infections (CLABSI)
To ensure that our CLABSI prevention practices are based on current evidence, our team updated our guidelines and standardized our practices across inpatient units. We ensured that materials aligned with practice expectations, updated environmental cleaning processes, and tailored education for specific needs. When a CLABSI does occur, the unit involved conducts a review and uses those learnings to build solutions.

Unplanned Extubation (UE)
A breathing tube allows air and oxygen from a ventilator to flow into the lungs. However, the tube can easily become dislodged, creating a potentially life-threatening emergency. Children’s National helped lead the recognition of UE as a pediatric harm event. Since March 2016, our team has focused on securing tubes, maintaining situational risk awareness, stakeholder knowledge of UE cause, and tube removal as soon as the patient is ready.
Dear Editor:

For those on the front lines of patient care, preventing and recognizing sepsis can mean the difference between life and death [“Sepsis: Easy to overlook, deadly when missed,” Health & Science, Aug. 30]. Sepsis is a leading cause of death in children. Each year, more than 40,000 cases and 4,500 sepsis-related deaths in children are reported in the United States. Of pediatric cases, nearly 40 percent of survivors sustain a lifelong disability.

The medical community has made strides in the diagnosis and treatment of sepsis. However, what works for adults is not always effective or appropriate for pediatric patients, and gaps in evidence-based care remain.

Children’s National Health System is part of a nationwide collaborative of more than 35 children’s hospitals working together through Children’s Hospital Association to refine evidence-based best practices for diagnosing and treating sepsis in children. The goal is to reduce the number of deaths and hospital onset of severe sepsis in children by 75 percent nationally. Together we will prevent sepsis from harming our kids.

Kurt Newman, MD, Washington

The writer is president and chief executive officer of Children’s National Health System.
SUCCESS IN THE FIGHT AGAINST SEPSIS
Children’s National set out to reduce sepsis mortality in the Emergency Department (ED), increase early recognition of this serious condition, and improve time to initial therapy, including antibiotics and first fluid bolus.

Since May 2015, we have had zero cases of sepsis mortality in the ED and greatly improved our time to initial therapy.

With support from the American Academy of Pediatrics (AAP) Section on Emergency Medicine, we used improvement science to launch a series of interventions:

- Education module
- Introducing guidelines into clinical practice
- Simulation in situational awareness
- Automated trigger tool
- Electronic health record alert
- Care bundle of evidence-based practices
- Sepsis multidisciplinary team collaboration

Decrease Median Time from Arrival to Antibiotics in ED

85%

Decrease Median Time from Arrival to First Fluid Bolus in ED

78%

Improving Pediatric Sepsis Outcomes (IPSO)

In fall 2016 when the AAP collaborative concluded, we joined the Children’s Hospital Association’s Improving Pediatric Sepsis Outcomes (IPSO) collaborative. IPSO works to reduce hospital-onset severe sepsis and associated deaths in the ED, ICU, Hematology-Oncology, and acute care units. This collaborative provides training and resources such as rigorous methodologies, standardized bundles, and data sets of process and outcome metrics. Its “all teach, all learn” model helps us mobilize teams, implement plans, and track progress to ultimately adapt these methods hospital-wide.
MANAGING AGITATED BEHAVIOR

Children’s National is committed to creating an environment that is safe for patients, families, and our staff. Violent behavior in healthcare settings is a threat to that commitment and is a growing concern that poses risks to employees, patients, and families. A primary driver of aggression in healthcare facilities is the increasing number of patients with behavioral health issues. Such cases are on the rise nationally due to drug and alcohol abuse, mental health issues, cyber-bullying, and other factors.

At Children’s National, our aim is to provide care safely and effectively by focusing on employee and patient safety alike. Using best practices and Lean analysis, we are strengthening education and competency for staff members, enhancing coordination for patients across the care continuum, and modifying some hospital rooms to ensure we have the safest facilities possible. An inter-professional, collaborative team approach prioritizes efforts around staff de-escalation skills training, Grand Rounds on drivers of agitation, and response strategies.

In the community, our leadership is identifying stakeholders and partners, such as the local health department and other area healthcare facilities, for learning and collaboration. Addressing this issue is an important part of our role as advocates and care providers for children.
SAFE PASSAGES FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

Patients with autism and related behavioral and/or communication challenges may have trouble adapting to medical treatment plans.

This concern sparked creation of an Autism Awareness Team at Children’s National to help families manage challenges in providing ambulatory care to their children. The team drew on advances in autism-specific care to create strategies to develop and improve individualized care plans, giving care teams the tools to put these patients at ease.

This initiative changed the vision of care for this patient population, creating comfort zones and allowing Children’s National to be an autism-friendly hospital.

The team’s results led to its growth into the Autism Behavioral Communications (ABC) support team. This team pairs each child’s needs with what the child will experience during care to create a personalized plan of resources and strategies for families. This plan is linked with the electronic health record, so all care team members can accommodate the patient’s needs.

Through the Safe Passages program, Children’s National is creating a system to improve how care is delivered, bringing special-needs patients the best possible care.

High-Risk Behaviors Requiring Safe Passage Plan

- Self-injurious behaviors
- Hitting, kicking, biting, thrashing
- Throwing items
- Damaging property, environment
- Touching self or others inappropriately
- Running away
- Pulling/removing tubes, lines, drains, etc.

"EVERYONE WAS WELL PREPARED and sensitive to (my child’s) needs, and he responded accordingly. ... It made a world of difference for us."

"WE’VE SEEN A DRASTIC CHANGE over the past few years. Today (she) actually asks if we can go play at Children’s National. She loves coming and trusts her care team."

"EVERYONE WAS WELL PREPARED and sensitive to (my child’s) needs, and he responded accordingly. ... It made a world of difference for us."
**BOOSTING FLU VACCINATION RATES**

Influenza can be fatal to children with chronic health problems, so vaccination is critical. Ambulatory specialty clinic visits are an ideal chance to protect these patients, so we developed a new process to administer flu vaccines during their appointments. The process involved minimal cost and workflow disruption, and patients did not need to make a separate appointment with their primary care provider. In addition, the no-cost Vaccines for Children program was made available to patients through a wait-free referral process. In 2016, we vaccinated 790 high-risk ambulatory clinic patients—a substantial increase from 2015.

**Increase in Patient Flu Vaccination 2015-2016**

- **2015**: 271 Children Received Flu Shots
- **2016**: 790 Children Received Flu Shots

**VACCINATED WORKFORCE = HEALTHIER PATIENTS**

Children’s National is committed to protecting patients from flu. Our workforce is the first layer of protection, so we ensure that employees are vaccinated. Those unable to take the vaccine always wear face masks during flu season.

**192%**

Increase in Employee Flu Shot Compliance for 4 Years
Making the Right Work Easier to Do

**IMPROVING LAB PROCESSING TIME**

To improve our specimen processing and reduce time from collection to result availability, we held a weeklong Lean event for frontline staff to redesign their workflow. Of 44 identified opportunities, we implemented 14 in a few weeks—with significant improvement. As a result, physicians receive lab results faster, and patients receive treatment more promptly.

<table>
<thead>
<tr>
<th>Reduction in Routine Time to Results</th>
<th>Reduction in STAT Time to Results</th>
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<tbody>
<tr>
<td>84%</td>
<td>46%</td>
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</table>

**Improving Oncology Lab Processing**

Oncology outpatient bloodwork must be completed before administration of medication. Any delay in obtaining results prolongs the patient’s visit unnecessarily. After a separate Lean exercise, we substantially reduced oncology lab turnaround time, bringing much greater convenience to these patients.

<table>
<thead>
<tr>
<th>Reduction in Routine Time to Results</th>
<th>Reduction in STAT Time to Results</th>
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<tbody>
<tr>
<td>138 Minutes to 60 Minutes</td>
<td>49 Minutes to 22 Minutes</td>
</tr>
<tr>
<td>56%</td>
<td>55%</td>
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IMPROVING CARE THROUGH A RED BADGE

Fever with neutropenia is a high-risk condition requiring immediate treatment. A multidisciplinary Children’s National team (Registration, Security, the referral intake center, and nurses and doctors from the ED and Oncology) used Lean methodology to improve our process for administering antibiotics to febrile patients with suspected neutropenia or post-bone marrow transplant patients. As part of the process, they devised a special Red Badge ID holder for these families to wear at Children’s National so they may be identified quickly by our teams and bypass triage for faster treatment.

The result has been a dramatic improvement in timeliness of antibiotic administration for Red Badge patients.

Components of the new process include:

1. Oncology checklist to review key points with parents by phone
2. Provider-to-provider notification
3. Notifying the clinical team of the patient’s estimated arrival time
4. Registering the patient and ordering medications prior to arrival
5. Identifying a patient room prior to arrival
6. Bypassing triage process using a special identifier—the RED BADGE

Decrease in Median Time to Antibiotics

49%

Increase in Patients Treated 60 Minutes from Triage

42%
FREEING STAFF TO FOCUS ON PATIENT CARE

To improve staff productivity and thus improve the patient experience at Children’s National, we developed a single, integrated program—Bear Support—that automates and standardizes staff requests for patient support services. Our existing system used multiple phone numbers and had limited ability to track equipment and preventive maintenance or to assign, monitor, and follow-up on requests.

We conceived of a streamlined service that combined a mobile application for end users and technicians using handheld devices, a web application, and centralized call center. A multidisciplinary team identified shared goals, resources, and a software vendor and then integrated Lean principles into workflow design and implementation.

We launched Bear Support in FY 2016 for Biomedical Engineering, Linen Services, and Communications. In FY 2017, it will expand to Facilities, Environmental Services, and Nutrition. The best result is that our staff now has more time to focus on patient care and quality.
Children’s National is committed to raising the bar for quality and safety. Achieving that goal requires assessing, redesigning, integrating, and becoming more efficient in all we do.

Our Clinical and Operational Effectiveness Committee evaluates care pathways, processes, and models across our system to find ways to improve effectiveness, streamline our work, and improve care quality.

**CREATING DISCHARGE EFFICIENCY FOR FRACTURE PATIENTS**

Fractures above the elbow are common in children and present an ideal opportunity for better care standardization. We identified criteria for patients to discharge on weekends from our Post-Anesthesia Recovery Unit (PACU) instead of transferring to an inpatient unit. In six months, we increased discharges from the PACU from 26 percent to 76 percent. This change allowed children to go home sooner and allowed beds to be freed up for other patients in need of hospitalization.

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**Our Clinical & Operational Effectiveness goals include:**

- Reducing variation through standardization
- Evaluating our care models to ensure the right provider, at the right time, for the right patient in the right location
- Redesigning our systems using Lean principles and technology
- Measuring quality and cost outcomes of our processes
- Aligned payer strategy to support our care model

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**Eligible Patients Discharged Increased from 26% to 76%**
IMPROVING SAFE USE OF FEEDING TUBES
Feeding tubes are common for patients unable to eat sufficiently by mouth, but insertion carries risk of misplacement. Potential patient harm can be prevented with pH testing. We created processes to manage testing materials, train staff, document care, and standardize our test result responses. These changes helped staff identify the need for further assessment, allowing us to ensure correct tube placement prior to use.

DECREASING THE BURDEN OF ASTHMA CARE
For acute asthma care, inhalers can be more effective than nebulizers, requiring less time to administer and reducing inpatient treatment costs. We made inhalers readily available on our short-stay unit, increased their ease-of-use for staff, and made staff aware of clinical guidelines. After this intervention, nebulizer use declined, reducing costs and freeing respiratory therapists to treat other patients.

CREATING EFFICIENCY AND EFFECTIVENESS FOR VENTILATOR PATIENTS
For patients on ventilators, we introduced standard work and clinical supports to help after discharge— redesigning their emergency tracheostomy bags, attaching a card to their ventilator listing correct settings, conducting standard family teaching, and scheduling follow-up appointments before discharge. Since initiating these changes, our ventilator patients have avoided readmissions and ED visits within 30 days after discharge, freeing up ICU beds.
CREATING IMPROVEMENT SCIENCE EXPERTISE
Children’s National is committed to growing a workforce expert in delivering improvements in processes and outcomes using many modalities. We offer Lean technique training. Our Process Improvement Consultants provide one-to-one coaching. Medical and nursing fellows’ curricula both include improvement science. Our external collaborations also offer learning opportunities. Leaders can attend Quality Improvement Essentials, a project-based curriculum in partnership with Nationwide Children’s Hospital in Columbus, Ohio. These initiatives form a system to educate and assist our care teams in building improvement science expertise.

BUILDING SKILLS FOR O.R. EVACUATIONS
Evacuation simulations are important to our emergency preparedness capacity, so we can ensure patient and staff safety. These exercises are essential to maintaining teams’ comfort and familiarity with these critical procedures. A vertical OR evacuation, up or down stairs, is one option to move non-ambulatory patients in an emergency. It requires planning, equipment, and resources for procedures such as use of a MedSled, stair-chair, and blanket-carry. Our Emergency Management and Surgery teams collaborated, identified, and addressed potential vulnerabilities for a vertical evacuation. The resulting simulation succeeded in helping our teams become accustomed to this procedure while providing continued care.
RESUSCITATION SIMULATIONS FOR AMBULATORY SETTINGS
As in-hospital therapies shift to outpatient settings, ambulatory care clinicians increasingly face complex and acute medical situations. To build our capacity, an ambulatory clinical team worked with our Simulation Program to create and lead a simulation curriculum on resuscitation events such as respiratory distress and anaphylaxis. Afterward, participants reported greater competence in medical emergencies—including a smooth, actual resuscitation of an epileptic infant. We are now extending this curriculum to our full ambulatory network.

BUILDING PATIENT SAFETY CAPACITY THROUGH SIMULATION
Our Simulation Program developed and conducted widespread team training: 1,420 people in 250 sessions. The goals included increasing use of core safety concepts and behaviors across inter-professional teams, as well as creating common expectations across disciplines, units, and departments. Clinicians completed modules on Patient Safety Fundamentals, attended an inter-professional simulation, and participated in ad hoc team simulations. Response to the course was positive, with a usefulness rating of 4.69 (out of 5).
CARE PROVIDER ROLES: IN THE CARDS

Patient satisfaction surveys and anecdotal feedback showed confusion about our care provider roles. To ensure that each family knows who is the primary decision-maker for their child’s care, we piloted a printed “baseball card” for each care provider in one inpatient unit. Each card has the provider’s photo, a few personal insights, and a definition of their role so the family sees how we coordinate care. From this pilot, we saw positive patient responses.

Patient Satisfaction Scores

![Bar chart showing patient satisfaction scores before and after cards.]

NICU SATISFACTION RATINGS

Our goal at Children’s National is to achieve a ranking of the 75th percentile or higher in service areas where patient satisfaction is measured and benchmarked nationally. We are proud that our NICU has a mean patient satisfaction score in the 90th percentile as of December 2016.
POSTING PROVIDER RATINGS
To make provider decisions, many families visit our webpages as well as sites such as HealthGrades and Vitals. Yet public ratings sites may share the views of only a few families. In 2015, we became the first freestanding pediatric hospital to share provider satisfaction ratings on our “Find a Provider” webpages as part of our commitment to transparency, patient satisfaction, and clinical outcomes. We use the mean score of a crucial metric from our specialty clinic patient satisfaction surveys—likelihood of recommending care provider—to calculate a star rating (0 to 5, allowing fractions). We limit satisfaction profiles to providers with 30 or more ratings in 12 months for reliable, balanced data.

This allows us to offer families more objective, meaningful perspectives into experiences with our specialty providers, and we now share 75 satisfaction profiles.

LAUNCHING DINING ON CALL
Appetizing, nourishing, safe, and timely meals are key to a positive hospital experience. Yet our dining service offered limited variety and delivery times. To offer higher quality fare at convenient times for patients, we introduced Dining on Call (DOC). DOC interfaces with electronic health records, optimizing nutrition, eliminating allergens, and presenting menu items per diet orders and medical nutrition therapy. The system updates with admissions, discharges, transfers, and diet order changes. DOC has increased meal provision efficiency and, more importantly, patient satisfaction.

“I LOVE THE NEW MENU!
You can call (for) your meal when your child is hungry.”

“FOOD WAS EXCELLENT.”

“For all of us the experience HAS BEEN GREAT.”
zero in on zero harm

2016 REDUCING HARM HEROES

Reducing Harm Heroes are found throughout Children’s National Health System. They are employees who have taken extraordinary measures to prevent harm.

Clarissa Chan Salcedo, RN, Nursing Informatics, provided expertise to performance improvement teams, helping create IT solutions for ordering consults, medication reconciliation, and paging that better support workflow and improve safety and quality of care.

Betsy Wise, RN, Hematology/Oncology, noticed central line cap change kits were missing a chlorhexidine gluconate (CHG) pad. She escalated the issue and achieved a quick resolution, preserving patient safety and reducing Hospital-Acquired Infections/Conditions.

Marceletta Mendoza, RN, OR, redesigned the OR’s SBAR (Situation, Background, Assessment, Recommendation) tool to eliminate harm and help nurses provide optimal care in the perioperative service unit, improving our culture of safety.

Nathan Dean, MD, Critical Care Medicine and Late Rescue Collaborative, consistently prioritizes quality and safety, never avoiding an opportunity for improvement.

Tatiana Paulino, RN, NICU, a new nursing graduate, noticed a medication error—the label was correct but the capsule was not. She contacted Pharmacy quickly, and the correct medicine was given, on time.

Eliana Maldonado, RN, Surgical Care Unit, questioned changes in the parameters of new monitors—and had them corrected that day. She is also a leader in reducing peripheral IV infiltrations/extravasations, educating, and introducing interventions to eliminate harm.

Caroll Vazquez Colon, MD, Anesthesia, identified a patient’s hyperthyroid condition that had gone undetected in the ED, Cardiology, and multiple lab and imaging tests.

Jamie Cinotti, RN, Global Services, noticed a medication dose that seemed too high, validated the correct amount, intercepted the medication, and ensured that the patient received the correct dose.

Janae Haug, RN, Surgical Care Unit, consistently showed a questioning attitude and willingness to speak up, no matter how uncomfortable the situation—a true role model for our culture of safety.

Neschelle Adao; Rich Bosco, MD; Sharita Brailsford, RN; Randall Burd, MD; Rose Marie Cloughley, RN; Mary Giron; Nicole Hobart, RN; Nikeisha Jordan; Maha Khalil; Tiffany Lowe, RN; Tamara Nims; Beth Siever, NP; and Mara Zaiderman, NP—our Montgomery County Regional Outpatient Center clinical/administrative team—handled the recognition, initial resuscitation/stabilization, and transport of an infant, in a model of best practices for handling codes.
POWER OF ONE AWARD WINNERS

Children’s National recognizes one employee each month for going above and beyond in ways that decrease harm, improve safety, show service excellence, or advocate for patients and their families.

JANUARY
Colonial Services
Parking Attendants

FEBRUARY
Judy Ross
Child Life Specialist

MARCH
Matthew Rasberry, RD, CSNC
Clinical Dietician
Andrey Ostrovsky, MD
Hospitalist

APRIL
Heather Harrell, MSW
Family Services

MAY
Chef Mike
Food & Nutrition Services

JUNE
Josh Hatch
Paramedic

Ed Connell
Transport Medicine

JULY
Regina Summers
Environmental Services

AUGUST
Julie Albert, CPNP-PC
Nurse Practitioner

SEPTEMBER
Jacqueline Carver-Pecku, RN, CCM
Case Manager

OCTOBER
Elizabeth Anderson
Child Life Specialist

NOVEMBER
Rev. Eliezer Oliveira
Chaplain

DECEMBER
Center for Cancer and Blood Disorders Clinic

Presented by Children’s National Patient Family Advisory Council

Emily Graf, PA-C, a physician assistant in the Bone and Marrow Transplant Unit, cares for high-risk leukemia patients, building strong relationships that last through their treatment and beyond. She works tirelessly to ensure that families and patients feel free to ask questions and voice concerns and see her as an advocate for their care.
AMERICAN COLLEGE OF SURGEONS ACCREDITATION
The American College of Surgeons accredited The Joseph E. Robert, Jr. Center for Surgical Care's adolescent bariatric service as a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, following a rigorous review process of physical and human resources and practice standards.

DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION 2016 PATIENT SAFETY AWARD
On behalf of our Cardiac Intensive Care Unit and the Bear Institute for Health Innovation, Brian Jacobs, MD, Children’s National Vice President and Chief Medical Information Officer, accepted the 2016 Patient Safety Award from the District of Columbia Hospital Association. The award recognized the development and introduction of Quality and Safety Boards—large digital monitors that list quality measures and preventive actions by care teams.
About Children’s National Health System

Children’s National Health System, based in Washington, DC, has been serving the nation’s children since 1870. We have created an environment in which care, education, and research work together seamlessly, simultaneously, and synergistically. Recognized for our expertise and innovation in pediatric care, Children’s National serves as a strong voice for children through advocacy at the local, regional, and national levels.

FAST FACTS (FY 2015)

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<thead>
<tr>
<th>15,000+</th>
<th>17,000</th>
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<tbody>
<tr>
<td>inpatient visits</td>
<td>surgical procedures</td>
<td>outpatient visits</td>
</tr>
<tr>
<td>17,000</td>
<td>220,000</td>
<td>220,000</td>
</tr>
<tr>
<td>unique patients</td>
<td>unique patients</td>
<td>unique patients</td>
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Our Facilities
- 313-bed acute care hospital with 54-bassinet Level IV Neonatal Care Unit
- 2 pediatric emergency departments
- Level I trauma center
- Critical care transport program
- Community-based primary care network
- Private practice primary care offices in the District of Columbia and Maryland
- 7 regional outpatient centers
- 1 ambulatory surgery center