



# Patient safety: Applying the first domain of quality during a pandemic

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- Linda Ohler, MSN, RN, CCTC, FAST, FAAN
- Associate Director, Quality, Regulatory and Education
  - New York University Transplant Institute

# Objectives

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- 1 Describe 5 strategies to maintain patient safety during the pandemic
- 2 Analyze lessons learned with the application of patient safety during the pandemic
- 3 Discuss quality and safety planning in preparation for a resurgence

## Great design or Scary design?

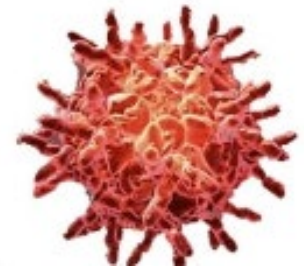
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Seasonal  
flu



Corona  
virus



# What are the 6 Domains of Healthcare Quality

- Six Domains

- Safe: Avoid harm to patients from care that is intended to help them
- Effective: Providing services based on Scientific Knowledge
- Patient-centered: Providing care that is respectful of and responsive to patient preferences
- Timely: Reducing waits and sometimes harmful delays
- Efficient: Avoiding waste
- Equitable: Providing care that does not vary in quality re gender, ethnicity, socioeconomic status



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**Describe 5 strategies to maintain patient safety during the pandemic**

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# **Describe 5 strategies to maintain patient safety during the pandemic....and beyond!**

1. Identify and maintain a COVID Free Unit for immunocompromised patients
2. Implement telehealth
  - a. Ensure staff have computers with visual and audio component
  - b. Educate patients with zoom and one on one instruction
3. Provide zoom educational programs for patients
  - a. Telehealth
  - b. Staying safe
  - c. Education about transplantation or donation
4. Establish home phlebotomy programs
  - a. Provide transportation for phlebotomists
5. Cell-Free DNA and Gene Expression testing to avoid in hospital biopsies

# How do you identify patient needs during the pandemic?

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### Communication

- “The best way to clearly identify the needs of your patient during this time, is to directly communicate and talk with them!” Nikki Lawson, RN, pre transplant coordinator NYU
- Explaining inactive status
  - Kidney patients asked “am I losing my place on the list?” “Are you taking me off the list?”

## Communication

- Explaining COVID-19
  - Strict handwashing
  - Avoiding crowds
  - Avoiding mass transit
  - Symptoms to report to us
- How to use technology
  - Telehealth education My Chart
  - Voice over power point slides
  - ZOOM education



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# Analyze lessons learned with the application of patient safety during the pandemic

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# Statewide Sharing of Patient Safety Initiatives: Command Center

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- Led by:
  - Samantha Delair
    - New York Center for Liver Transplantation
    - New York Thoracic Consortium
  - Carrie Lindower
    - NY Kidney
- No Road Maps/no protocols

# Participants in New York Statewide Communications during COVID-19 crisis

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- OPOs
  - Center for Donation and Transplantation
  - Connect Life
  - Finger Lakes Donor Recovery Network
  - LiveOnNY
- Consortia
  - New York Center for Liver Transplant
  - New York Cardiothoracic Consortium
  - NYKidney, Inc
- Transplant Centers
  - Downstate Medical Center
  - Erie County Medical Center
  - James J. Peters VA Medical Center
  - Montefiore Medical Center
  - Mount Sinai Hospital
  - New York Presbyterian
    - Columbia University
    - Cornell University
  - New York University Langone Health
  - Northwell Health Hospital
  - StonyBrook University
  - SUNY Upstate Medical University Hospital
  - University of Rochester Medical Center
  - Westchester Medical Center

# Role of the Transplant Consortia

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In the war on COVID, the consortia served as “command central” for:

## – Communication

- Moderating thrice weekly calls – share best practices in constantly changing environment

## – Data collection and sharing

- Post-transplant COVID+ patient volumes
- Hospitalization and intubation volumes
- Discharges and deaths
- Provider redeployment/illness

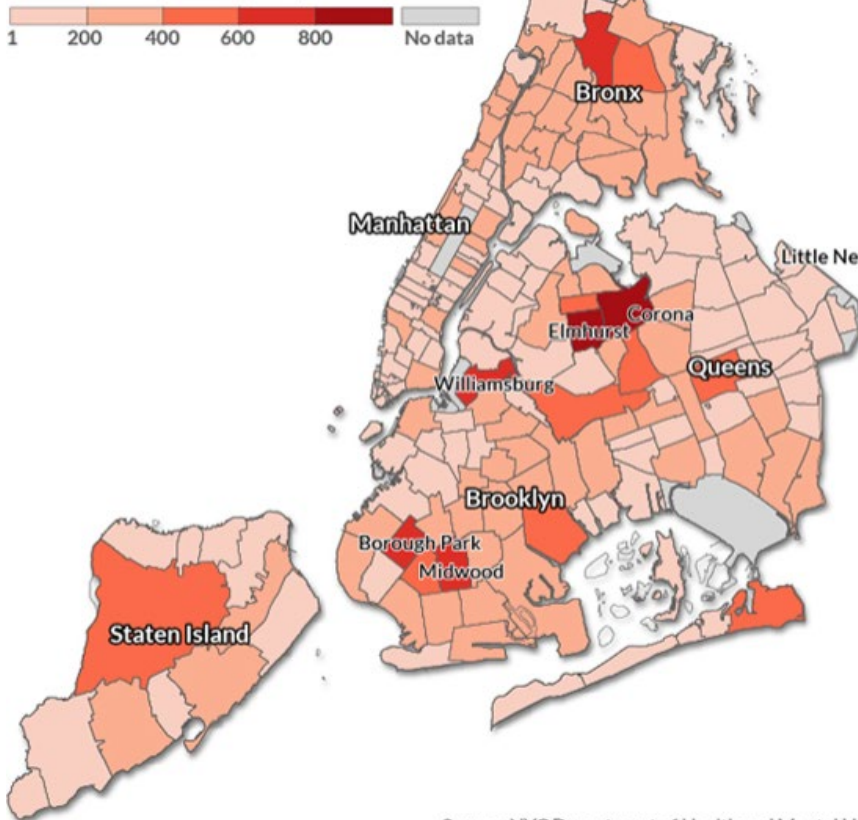
## – Information Dissemination

- Strategies for patient safety discussed
  - Maintaining COVID free units
  - Lab tests
- OPOs began COVID testing of all Donors

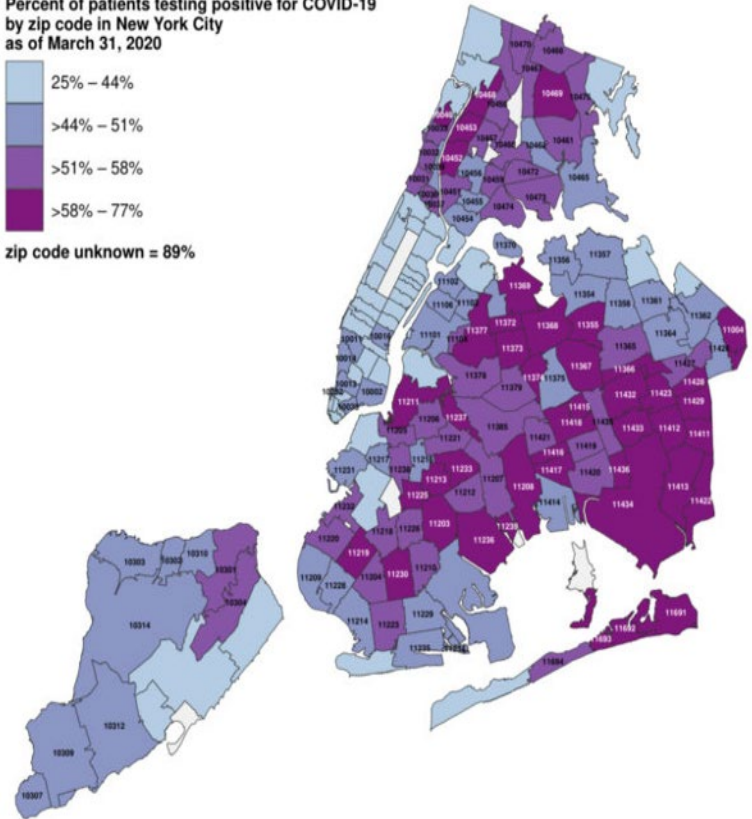
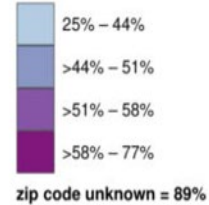
# Capture Zip Codes

## Coronavirus cases in New York City

A ZIP Code by ZIP Code look at which neighborhoods have the most cases of COVID-19, as of April 1, 2020



Percent of patients testing positive for COVID-19 by zip code in New York City as of March 31, 2020



Source: NYC Department of Health and Mental H

N = 38936 total cases as of March 31, 2020

# Analyze lessons learned about patient safety during a pandemic

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- Collaboration with state OPOs and Transplant Centers
- Use of noninvasive molecular monitoring of blood reduced biopsies and saves money
- Check in with patients more frequently with telemedicine and reduced frequency of post-transplant labs and increased compliance with meds
- Use Redcap e-consents for clinical and research
- Visitor restrictions and screening – impact on living donation
- Integrated into hospital Emergency Plan (including VAD for JC)
- Planning for possible Second Wave –
  - Transplant Surge Manual
  - Playbook
    - Priority: Maintain non-COVID pathway for new transplants

# Meeting The Reality of COVID-19

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- COVID-19
  - Challenged many health care systems
    - Need to reorganize overnight
    - Little time to reflect on roles assigned to Patient Safety and Quality experts
      - May be deemed non essential and sent to work from home
      - No QAPI meetings
        - Clinicians were deployed to work in ICU or on units
        - Assigned to collect data on COVID for NYU, NY State and UW Registry



# **Discuss quality and safety planning in preparation for a resurgence: A Role for us**

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# I'm What??????

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- Quality and Data teams were sent home
- My first time being called Non Essential Personnel!!!!
- Just finished CITI training for research... deployed to work with Infectious Disease collecting data





# Suggested 5 step strategy for PI and QA

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- 1. Strengthen the system: Assess readiness, gather evidence to support staff, support patients, promote staff safety
- 2. Engage with community, patients and families about prevention
- 3. Flash workshops on clinical decision support
- 4. Reduce harm by managing risk to COVID-19 and non COVID patients
- 5. Capture improvement opportunities

Staines, Amalberti, Berwick et al COVID-19 patient safety and quality improvement skills to deploy during the surge. International Journal for Quality in Health Care, 2020; p. 1-3; <https://doi-org.ezproxy.med.nyu.edu/10.1093/intqhc/mzaa050>

# Strengthen the System: Roles for Patient Safety and QA staff

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Gather evidence (adverse events, ethical issues)

Promote staff safety (not monitors but reminders!)

Bolster peer support

- Provide psychological support
  - coverage for breaks, for lunch
  - Rooms for relaxation
  - Social workers or psychologists available

Provide just in time training briefs (use 1-2 minute huddles)

- Things being learned about the disease
- How the units are being disinfected
- For non clinical staff
  - Putting on and taking off PPE

**Advise and support leadership**

- Provide feedback from the front lines (adverse events, ethical issues, psychosocial)

Develop readiness checklists

# Assess readiness, gather evidence to support staff, support patients, promote staff safety

- Develop readiness checklists and assess the system

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility has an IPC focal person in place					
Facility has an emergency response plan for COVID-19 or other viral respiratory pathogens in place				Ask to see a copy of the plan	
Facility has an emergency committee that meets at least every week to discuss planning for and/or response to COVID-19				Ask to see a copy of the last meeting's minutes	
Representative(s) from IPC participate in emergency committee meetings				Ask to see a copy of the last meeting's minutes	

## Preparing for a surge of patients with COVID-19

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility knows its maximum capacity in the event of a surge (to be based on availability of physical space, human resources, intensive care capabilities, ventilator support, etc.)				Review plans for increasing capacity in a surge situation	
Facility has developed a plan to stop non-essential services (e.g., elective or non-urgent procedures) in the event of a surge				Should be done in coordination with national, sub-national, and/or local authorities	
Facility has identified additional space that can be used to expand the number of patients that can be treated (assuming adequate human resources, supplies, etc. are available)					
Facility has developed a plan to move non-critical patients elsewhere (e.g., home, long-term care facilities) to increase capacity in the event of a surge				Should be done in coordination with national, sub-national, and/or local authorities	
Facility has estimated consumption rates for critical supplies, including PPE, in the context of a surge scenario					

# Readiness checklist

## Supplies

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility is able to estimate its consumption rate (supply used per week) for critical supplies, including PPE, hand hygiene supplies, and disinfection materials				Ask facility to provide consumption rate estimates	
Facility performs an inventory of PPE supply at least once a month				Ask facility to provide results of most recent inventory	
A person responsible for managing the supply chain for critical IPC supplies has been identified				Ask facility to identify IPC supply chain point of contact	
Facility leadership knows how to request additional supplies from national or sub-national authorities				Ask about procurement chain	
<b>Additional considerations for supplies in locations with community transmission:</b>					
Facility has performed an inventory of PPE supplies in the past 7 days				Ask facility to provide results of most recent inventory	
Facility has the following supplies in stock in any amount at the time of the assessment:				Note any items in low supply in comments	
Non-sterile gloves					
Gowns					
Aprons					
Eye protection (face shields or goggles)					
Face masks					
N95, FFP2, or equivalent respirators				For aerosol generating procedures	
Alcohol-based hand rub					
Soap					
Veronica buckets				If functional sinks are not available in registration or respiratory waiting areas	
Hospital-grade disinfectants (e.g., sodium hypochlorite)				WHO recommends 0.1% chlorine for disinfecting surfaces and 0.5% chlorine	

# Support patient, family, and community engagement

- Identify community partners
  - Develop educational programs
    - Prevention
    - Physical distancing
    - Appropriately wearing masks
  - Optimize family support
    - Provide electronic tablets for video calls
    - Daily updates by phone to family members
    - Obtain translations of tools
- Identify, develop and disseminate patient self management tools
  - Develop education and management tools for patients unable to seek care
    - Diabetes
    - Chronic illness
  - Establish patient partnerships
    - Those who have recovered with those recently exposed

# Reduce Harm

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- Based on evidence gathered
  - Just in time audits
    - Hand washing
    - PPE
- Identify risks
  - Work with staff to identify risks being encountered
  - Develop risk reduction strategies
  - Assess vulnerabilities in new areas
    - Conference rooms are now medical surgical units
    - New ICU beds/nurses
    - Staff from out of state
- Prevention/patient safety
  - Pressure injuries
    - ECMO
    - Proning vent patients
      - Skin lesions
      - vent tape

# Boost the learning system

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- Capture crisis related incidents
  - Identify any adverse events occurring
- Identify and notify of positive improvement activities
- Capture interventions that are working
  - Provide bedside learning
- Contribute to data analysis
  - Modeling the outbreak
  - Setting up and updating pandemic dashboard
  - Creating charts

# Improve Clinical Care

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- Design dedicated pandemic units
- Change to telehealth wherever possible
- Provide just in time teamwork training briefs
  - Short brief huddles with updated policies and procedures
  - Tips for best practice
  - Updates on the situation to support vertical and horizontal communication



# Remember! There is no Patient Safety without Staff Safety!

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## References

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- 1. Six Domains of Healthcare Quality <https://www.ahrq.gov/talkingquality/measures/six-domains.html> accessed September 7, 2020
- 2. Staines A, Amalberti R, Berwick DM et al. COVID-19 patient safety and quality improvement skills to deploy during the surge. International Journal for Quality in Health Care, 2020; p. 1-3; <https://doi-org.ezproxy.med.nyu.edu/10.1093/intqhc/mzaa050>
- 3. COVID-19 readiness checklist <https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facility-readiness-assessment.pdf> accessed September 7, 2020

**Thank You!**

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