

Spotlight on Success

THE PRIVATE DIAGNOSTIC CLINIC TAKES A GRASSROOTS APPROACH TO PATIENT SAFETY IN AMBULATORY HEALTH CARE

The Private Diagnostic Clinic, PLLC (PDC), headquartered in Durham, North Carolina, is a multispecialty physician practice accredited under the Joint Commission Ambulatory Health Care Program. In 2018 the PDC's 1,754-member physicians and 309 advanced practice providers had 1.7 million patient visits at 111 primary and specialty clinics.



Over the last three years the PDC has experienced significant growth and has designed an innovative program to achieve and maintain high patient safety levels. This article takes a close look at the PDC's unique approach to building and sustaining a patient safety program that has led to standardized improvement and staff empowerment across all of its clinics.

Why Make a Change?

First accredited by The Joint Commission in 2000, the PDC followed the standard top-down management approach when communicating patient safety information. Before its last Joint Commission survey in 2016, the PDC Quality and Safety Office recognized that frontline clinic staff were not engaged in safety initiatives.

"Mandatory monthly safety meetings included only clinic leadership, and they were poorly attended," said Angela Stephens, MHA, MS, CPPS, PHR, health center administrator.

Information from the meetings was not filtering to the frontline staff. Throughout the organization, staff lacked a standardized set of knowledge, training, skills, and tools to support continuous improvement. As a result, patient safety practices varied significantly across the organization. The PDC recognized the need for improvement in many areas, and the organization's journey led to a sustainable, grassroots patient safety program.

"Prior to the implementation of our new program, we realized that many of our clinics had improvement programs that did not align with the organization's priorities, goals, or The Joint Commission's National Patient Safety Goals[®]," explains Dariele Cooper, RN, CGRN, CPPS, health center administrator. "We needed to standardize our improvement processes."

The number of individual clinic locations was another factor driving change. The organization experienced rapid growth; many new clinics and practitioners were added to the PDC system in a relatively short time period. The PDC realized that the size of the quality and safety team was insufficient to support the organization's rapid growth.

Restructuring the Program

The PDC quality and safety team began by completely restructuring its approach to quality and safety to engage, educate, and empower staff at all organizational levels. The team shifted from a top-down approach to a bottom-up, grassroots system that employed a then new framework known as complexity science. This framework empowers all organizational team members to be change management leaders for patient and employee safety initiatives.

Role of Patient Safety Liaisons

At the heart of the revamped safety program are the patient safety liaisons (PSLs). These representatives are recruited from each PDC clinic and include RNs, LPNs, medical assistant-certified, patient service associate (PSA) health center administrators, nurse managers, and others. The PSLs' job is to relay information related to current accreditation topics and key patient safety initiatives between frontline staff at their base clinics and the organization's quality and safety leadership. The goal is to ensure that patient and employee safety is the number one priority in every clinic.



Photo courtesy of the Private Diagnostic Clinic, PLLC.

The PDC patient safety liaisons.

PSLs attend monthly safety meetings to review ongoing patient safety initiatives, key topics from The Joint Commission to remain compliant, and other issues. The group discusses opportunities to improve safety, patient care, the patient experience, and the clinic environment. PSLs take information they learn in these monthly meetings to their base clinics to share with the remaining staff. PSLs also use these meetings to provide feedback from their clinic staff to the organization's quality and safety leadership. For example, when a clinic needs additional tools or resources to achieve safety goals, the PSL can share that need with leadership in the monthly safety meetings. Then organizational leadership can determine if the need should be addressed systemwide. These face-to-face meetings are attended by the PSLs. The company found that virtual meetings did not achieve the same results. The meetings are led by various members of the quality and safety team, surveyor team, Infection Control, Environment of Care, Security, and other areas pertaining to patient and employee safety.

Survey Team Members Act as Mentors

PSLs also prepare for and participate in biannual mock surveys of their base clinics. The PSL group uses a mock survey based on the latest Joint Commission standards to perform individual clinic surveys. When completed, the mock surveys are uploaded to the PDC Clinic Profile Database, which is then accessed by the PDC surveyor team assigned to a specific clinic to perform its official mock survey. These surveys are an educational opportunity for the PSLs and the surveyor team to provide the best experience to ensure compliance. To help with this effort, the PDC recruited staff (including clinical directors, regional directors/administrators, nursing program managers, nurse managers, and health center administrators) to serve as a primary survey team. These surveyors are chosen for their leadership experience, undergo extensive training that is renewed annually, and are expected to successfully complete the Certified Professional in Patient Safety (CPPS) certification. Each primary survey team member is an expert and educator in one of The Joint Commission's accreditation chapters—or a “chapter champion.” They are assigned specific clinics and act as liaisons, mentors, and resources for information, guidance, and support.

The primary surveyor team trains a secondary surveyor team. They support the primary surveyors during the biannual mock surveys. These surveyors are nurse managers, operations managers, program managers, regional administrators, and health center administrators. They represent another layer of involvement and patient safety support.



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The PDC Primary Survey Team (left to right): Krista Wilson, MHA, RN, Director, Clinical Operations, OB-GYN; Sherry Peel, MHA, BSN, RN, Health Center Administrator; Dariele Cooper, RN, CGRN, CPPS, Director, GI Endoscopy, Rheumatology, and Infusion Centers; Kimberly Denty, MSN, RN, Chief Quality Officer; Angela Stephens, MHA, MS, CPPS, CSSGB, SHRM-CP, PHR, Health Center Administrator, Duke Children Services; Linda Peacock, RN, Nurse Manager, OB-GYN; Karen Woodard, RN, Nurse Manager, Family and Sports Medicine; Heidi Campbell, COT, Director, Duke Ambulatory Eye Centers.

Targeted Support

Additional safety teams grew from the PSL group: infection prevention liaisons (IPLs) and falls champions. Like the PSLs, these team members are recruited from different PDC clinics. They relay information about their specific component of patient safety (that is, infection control and falls) between the clinic staff and the organization's quality and safety department. The IPLs are expected to attend classes specific to infection prevention programs such as high-level disinfection, sterilization, hand hygiene, and so on. The PDC falls champions perform monthly environmental rounds and report any safety-related concerns that may pose a falls hazard to their clinic leadership to prevent harm. In addition, the falls champions help to ensure that information about the falls program is relayed to their respective clinic staff and providers.

“Our Frontline for Safety Program engages our front desk team members, who understand that safety for our patients and visitors begin with them,” says Krista Wilson, MHA, RN-BC, CPPS, clinical operations director. “They are the ones who first encounter the patients and who can initiate safety protocols right away.” For example, Wilson continues, the front desk team can identify if a patient using a cane for walking may be an increased falls risk. The team member can direct the patient to a chair where the patient can sit while completing paperwork; or, the staff member may ask the patient if a wheelchair would be helpful.

Cooper adds, “We empower individuals at each clinic to take action to improve safety. That’s one of the most critical components of our success.” If check-in staff notice a patient has obvious signs of contagious disease, the staff member can take the sick patient directly to an exam or treatment room, separate from other well patients, to wait for the health care team.

Heidi Campbell, COT, and Dee Cherry, RN, developed the PDC falls champion program based on the success of the PSL program. The falls champion program provides standardization for training and education in how to manage falls in ambulatory health care. The PDC falls program was also recognized by The Joint Commission as a best practice during the PDC’s 2016 survey.

Standardization Leads to Organizationwide Success

Standardization is critical in a large ambulatory specialty-care organization such as the PDC because of the diversity of services, practitioners, and locations. The safety improvement team standardized many processes that have helped contribute to the organization’s success.

One example of this standardization is the performance improvement process itself. The PDC created a Black–Green Belt team that works to align every clinic’s improvement efforts. Rather than using multiple improvement tools, the organization moved to a standardized define, measure, analyze, improve, and control (DMAIC) process. Further, they centralized improvement efforts through the new patient safety program structure. If a clinic identifies an area to target for improvement, the project is submitted to the organization’s quality and safety office. The department reviews the project for consistency and alignment with organizational goals and processes. All performance improvement initiatives must be approved before a clinic begins a project.

Uniform Training, Tools, and Resources

Another standardization example is the safety training provided to every employee. According to Cooper, new employees are educated on patient safety issues and related Joint Commission standards within 60 days of hire. Training includes how to use the DMAIC process for improvement. In addition to orientation training, the DMAIC team offers quarterly classes for staff to learn how to use the Six Sigma DMAIC methodology and to assist team members to understand the importance of using a scientific method to collect data, measure, and analyze to demonstrate improvement. Examples of the PDC's DMAIC projects include tracking sample medications, improving communication of test results, and TeamSTEPPS® in ambulatory health care, to name a few.

One notable successful project was to address noncompliance with policies related to patient identification. “More than 10% of safety incidents reported did not use the required two patient identifiers,” Stephens explains. As a result, the organization took a close look at how to improve patient identification accuracy. Using DMAIC methodology, the issue was measured and analyzed. Improvements were made through annual mandatory training, frontline scripting, and post-event huddles. To date, error rates in patient identification have been reduced to 4%. Prior to the engagement of the Black–Green Belt team, there was no structured methodology for improvement across the organization. It is now a part of the PDC's culture to engage in continuous improvement.

In addition, according to Sherry Peel, MHA, BSN, RN-BC, health center administrator, having everyone use the same tools when performing the mock surveys supports a reliably consistent analysis of the outcomes. “We review and update the tools regularly,” says Peel. “This helps us keep up with changes in quality standards and best practices.”

Engage, Educate, and Empower

“The grassroots nature of this program is the key to its success,” says Kim Denty, MSN, RN, CPPS, associate vice president, Quality and Safety. Denty stresses that getting frontline team members engaged, educated, and empowered leads to great safety and quality outcomes.

“You need to excite team members that are involved in the day-to-day patient care to make it sustainable,” Denty says. “All team members are integral in protecting patients, themselves, and fellow staff from harm.”

Denty goes on to say, “The PDC recognizes the impact and efforts of the PSLs and surveyor group through lunches, dinners, certificates, gifts, and awards for their work to prevent harm.” Recently, Duke Eye Center PSL, Stacey Stewart, COT, won the PDC's Annual Patient Safety Award for engaging her fellow team members to submit a video to commemorate Patient Safety Month that included many corporate patient safety programs. The video was shared with the entire organization to show the great work of Stewart and her team. A surprise lunch to present the award to Stewart was attended by senior leadership, including the chair, vice chair, medical director, senior administrative leaders, and the entire quality

and safety team. This recognition showcased how a PSL can be empowered to engage and educate her clinic team members and the entire organization.

This grassroots approach works particularly well at large, diverse ambulatory health care organizations such as the PDC because it provides a framework to implement organizationwide safety initiatives at any time, in a way that is effective, efficient, and sustainable.

Denty adds, “The PDC has a strong team culture that is dedicated to continuous improvement through the proactive identification of patient safety issues. Our organization has benefited greatly from the engagement, education, and empowerment of the Surveyor team, PSLs, IPLs, and falls champions, who are the key in sustaining this strong culture across all clinics as the organization continues to experience growth.” 