



DIRECTORATE FOR QUALITY

The Directorate for Quality has the responsibility for enhancing safe, high-quality care through diverse expertise in patient and staff safety, process improvement, patient and staff experience, accreditation and compliance, risk management, infection prevention and control, and medical staff services.

Our team of specialists support Ready Reliable Care and directly contribute to maintaining our Ready Medical Force through our credentialing and privileging processes, our monitoring and oversight of staff well-being and staff safety from infection and other environmental risks, and through other enabling expertise and services to improve processes across the organization.

I am honored to have led this team of experts and am incredibly proud of their steadfast commitment to support the delivery of safe, high-quality care with numerous accomplishments throughout 2024. My heartfelt appreciation goes out to our Quality Team for their enduring commitment to our mission, to each other, and to our collective resilience!"

*Felicia F. Pehrson, MD
Director for Quality*

Our directorate's top accomplishments in 2024 include the following: Facilitated activities that led to achieving a Leapfrog Safety Grade "A" in both spring and fall 2024, one of only a handful of military medical treatment facilities; led a highly successful Joint Commission survey in July 2024, resulting in full reaccreditation for the Hospital, Primary Care Medical Home, and Behavioral Health Care and Human Services; rolled out our fourth SCORE culture survey (Safety, Culture, Operational Risk, Resilience/Burnout and Engagement) in October 2024, achieving a remarkable 67% participation rate with actionable data for 169 out of 179 work-settings across Walter Reed National Military Medical Center (WRNMMC); our Chief Experience Officer (CXO) designed and facilitated a new course called Human Experience Re-imagined (HXR) which is the first-of-its-kind within the Military Health System (MHS) focusing on improving both the experiences of health care workers and beneficiaries; and WRNMMC Quality Council fully incorporated patients as members and active participants on the council for review and discussion of public-facing quality and safety data.

This year, our Clinical Quality Management program excelled during a rigorous inspection by the Office of the Inspector General in August 2024, demonstrating numerous actions that support advancing WRNMMC's journey to high reliability. High reliability is a single-minded focus by the entire workforce to identify potential problems and high-risk situations before they lead to an adverse event. Ready Reliable Care (RRC) is the Defense Health Agency's (DHA) approach to increasing high reliability across the MHS. Key activities at WRNMMC in support of high reliability are described below.

High Reliability Organization (HRO)/Ready Reliable Care

The DHA published a procedural instruction in 2022 that provided guidance for implementation and sustainment of six evidence-based practices known as the Safety Communication Bundle (SCB). These six SCB practices lay the foundation for Ready Reliable Care to advance high reliability principles and practices across the MHS. Over the past two years, the Quality Directorate at WRNMMC has led the educational roll-out, implementation, and advancement of the six SCB practices: **Leader Daily Safety Brief (LDSB)**; **Unit-Based Huddles (UBH)**; **Safety Leadership Rounds (SLR)**; **I-PASS** hand-off communication tool; **Briefs and Debriefs**; and the **Universal Protocol**. In 2024, the Quality Directorate continued to lead, shape, and monitor the SCB practices, as well as educate hundreds of newcomers and leaders across the organization:

- **Leader Daily Safety Brief / Tiered Unit-Based Huddles** are daily huddles where significant safety, quality, and operational concerns from the previous 24 hours, as well as high risk, out-of-the-norm activities or issues anticipated in the next 24 hours are presented among leaders at all levels of the organization to provide a shared understanding of events and risk in order to mitigate risk and harm. When unable to address issues at the unit level, issues get elevated to the next higher tier. Safety Huddles are now performed at all tiers of leadership, increasing situational awareness and sensitivity to operations to leaders across the organization.

- **Safety Leadership Rounds** during which directorate leaders visit the front lines of care to identify concerns, process issues, and opportunities for improvement. Safety Leadership Rounds continued to be a key practice in 2024 to help leaders gain sensitivity to front-line operations, build trust, and promote a culture of safety.
- **Briefs/Debriefs:** The Surgical Brief is a short team planning session prior to the start of an invasive procedure to discuss the plan and team formation, assign roles and responsibilities, establish expectations and climate, and anticipate outcomes and likely contingencies. The Surgical Debrief is a peer review and information exchange session, required after all procedures conducted in the operating room. It is designed to improve team performance and effectiveness through identifying and analyzing lessons learned, followed by recognizing and reinforcing positive behavior. WRNMMC's Directorate for Surgical Services has adopted these safety practices and tools for improvement.
- **Universal Protocol (UP)** is a standardized procedure for conducting pre-operative/pre-procedure verification, marking the operative/procedural site, and conducting a time-out immediately before starting the procedure. WRNMMC has adopted the standardized UP processes as outlined in the DHA Procedural Instruction.

The following are few additional activities led by the Quality Directorate in support of Ready Reliable Care:

- **Just Culture Pilot.** The WRNMMC Quality team developed and implemented a Just Culture Algorithm (JCA) and implementation guide in 2022-2023. In 2024, the Quality Directorate has been working with DHA to expand implementation of just culture at other military treatment facilities (MTF) across the DHA. Just Culture is an organizational culture of trust, learning, and accountability. It takes into account that individuals are human, fallible, and capable of mistakes. It fosters balanced accountability for individuals and organizations responsible for designing and improving systems in the workplace; and it empowers staff to report safety events, due to leadership's commitment to process and system changes. In 2024, the Quality team trained over 1000 staff on Just Culture. The JCA has been successfully implemented and believed to be an essential tool for advancing fair and just culture.
- **Clinical Quality Management (CQM) Onboarding Pilot.** WRNMMC has rolled out DHA's first comprehensive onboarding pilot for Clinical Quality Management and Ready Reliable Care. WRNMMC is one of the first and largest MTFs in the pilot and has contributed significantly to its development and ongoing refinement. The Quality team continues to train 75-100 new staff every month with excellent reviews.

Patient Safety (PS) continues to develop and refine directorate specific Patient Safety Report (PSR) dashboards that are delivered to leaders via email on a daily, weekly, or monthly schedule. Patient Safety PSR dashboards tracking the top patient safety priorities in 2024 have provided the Performance Improvement teams with trends in patient safety events to assist in identifying improvement opportunities. There are currently 48 scheduled PSR dashboard

reports and 16 individual patient safety reports provided to directorates.

More than 150 patient safety advisors (PSAs) are embedded throughout the organization to investigate patient safety events in a timely manner and support the effort to maintain the overall PSR closure rate of 80% or greater. This hard work supported an average monthly closure rate of 84.7%. In 2024, the Patient Safety team and the PSAs reviewed 2105 PSRs, an 8% increase from 2023. In addition, the Patient Safety team performed 26 comprehensive systematic/root cause analyses (CSA/RCA) and conducted 18 focused event reviews (SWARMS). Lessons learned from these reviews help drive organizational improvement, and safer, high-quality care.

During Patient Safety Awareness week in March 2024, the Patient Safety team recognized 13 staff members for their commitment and support of the Patient Safety Program. An additional 16 staff members have been recognized for achievements in patient safety work.

Performance/Process Improvement (PI) aggregates data, identifies areas for quality improvement, and facilitates development of sustainable improvement practices. The team provided A3 (eight-step practical problem-solving methodology) coaching/mentoring for WRNMMC's top patient safety priorities, achieving progress across many efforts. The PI team supports leaders with developing Quality Council and Board of Director's briefs regarding WRNMMC's top patient safety priorities. The PI Specialists have coached over 15 ongoing A3, Lean Leader, and Lean Six Sigma Green Belt projects. WRNMMC is the only MTF in the NCR providing face-to-face A3 Yellow Belt training, 53 staff have received training in PI methodologies this year. The PI Specialists helped develop five project A3's in support of WRNMMC's FY23-25 Quadruple Aim Performance Process (QPP) cycle. Additionally, the Reduction of Hospital Acquired Pressure Injuries was selected as RRC HRO award winner. The PI team delivered A3 fundamentals training and TeamSTEPPS awareness concepts to dozens of mid-level leaders participating in the Leadership Academy program.

The department has trained 890 staff in TeamSTEPPS Fundamentals and 13 additional staff to become TeamSTEPPS trainers. Our Data Analyst collaborated with the NCR RRC Champion to develop a Learning ENGagement System (LENS) Implementation Roadmap for the market, completing a successful four-unit pilot. The PI team facilitated improvement on four Leapfrog Hospital Survey measures, demonstrating commitment to transparency, high reliability, and safe patient care. Staff were able to reduce surgical consent errors by 65% through implementation of working groups to develop standard operating procedure and Relias training modules.

PI supports a hospital wide Healthcare Effectiveness Data and Information Set (HEDIS) Clinical Advisory Committee of multidisciplinary subject matter experts committed to measuring, validating, and improving patient outcomes and clinical processes. PI developed and successfully piloted an electronic Rainbow sheet for Sterile Processing to track instruments being used in the outpatient clinic setting. Analysts established a Command Duty Officer (CDO) database that enables tracking of 16 different codes including Cardiac Arrest (Code Blue) and Rapid Response Team (RRT) calls to the CDO desk and daily pager tests. Also, a tracking

program was developed to monitor the new Broselow Crash Carts.

Leapfrog: PI Team led WRNMMC's Leapfrog Hospital Survey efforts resulting in a laudable Leapfrog Safety Grade "A" in both spring and fall 2024. This significant recognition places it among the top tier of hospitals for maintaining the strictest safety standards and demonstrating excellence in protecting patients from harm and providing safe health care. Participation in Leapfrog's evaluation process is a testament to WRNMMC's dedication to external transparency and continuous improvement. Such engagement confirms the medical center's advancement as a HRO within the health care system, where a patient-first approach is not just aspirational but operational.

Infection Prevention and Control program (IPC) provides expert knowledge and recommendations for improvement to staff on strategies that prevent healthcare associated infections (HAIs) and transmission of communicable diseases; thereby protecting patients, staff, volunteers, and visitors. IPC provides regular education to inpatient and outpatient Infection Control (IC) Officers, the high-level disinfection (HLD) working group and all new nursing orientees.

Over 200 direct care staff are assigned as an IC Officers. They assist with IPC efforts to prevent HAI, monitor and collect hand hygiene observations, educate their peers on Isolation Precautions/Personal Protective Equipment (PPE), perform surveillance within their environment for joint commission readiness, follow the point of use protocols for environmental cleaning, and reprocessing of medical equipment. The trained IC officers have an important role in The Joint Commission readiness plan as they serve as the "eyes" of their own unit and performed over 100 Environment of Care tracers in 2024.

IPC surveyed over 60 patient care areas (inpatient and outpatient). Some of those areas were subjected to repeated visits as IPC prepped the hospital and clinics for the Triennial Joint Commission survey visit. Following the successful Joint Commission Survey in July 2024, IPC designed a new SOP regarding the proper two-step cleaning and disinfection process.

The IPC collaborated with the Emergency Department (ED) and Emergency Management (EM) to update the Ebola PPE donning and doffing plans as well as the type of PPE that is needed for a rule out or rule in an Ebola patient. IPC supported Leapfrog hand hygiene and celebrated WRNMMC's first 4-bar hand hygiene score achievement. In a brand-new opportunity, one of the IPC nurses traveled with the infectious disease team from Walter Reed Institute of Infectious Disease (WRAIR) to a North Atlantic Treaty Organization (NATO) military hospital in Europe. There, they taught an infection prevention course and performed surveillance for multi-drug resistant organisms (MDRO). The team was able to offer suggestions for improvement within the patient care areas, as well as with isolation protocols and microbiology testing. The IPC department is looking forward to the physical move next year (2025) into the new multi-use building, "MCAA South" (Medical Center Additions and Alterations). This new location will offer private spaces for patient care prior to surgery, a new Neonatal ICU model with each baby assigned their own room, as well as adding more operating rooms and new HLD/Sterilization spaces.

The Accreditation and Compliance (A&C) Office leverages a systematic approach to ensure that our compliance with accreditation standards is continuously assessed and sustained. In concert with all directorate leadership and frontline staff, the A&C team ensures that the hospital maintains sustained compliance with benchmarks for quality and patient safety. In February 2024, the A&C office coordinated a mock accreditation survey, supported by consultants in collaboration with all departments and subject matter experts. Areas of excellence were celebrated and opportunities for improvement were identified and addressed with action plans, demonstrating WRNMMC's commitment to maintaining the highest standards of care and continuous improvement. The A&C team supported numerous "Just Do It" self-assessments, Environment of Care assessments, and Command tracers, in addition to other ongoing survey readiness assessment and improvement activities across the organization to include our Leapfrog initiatives. In July 2024, The Joint Commission (TJC) conducted its triennial survey to assess WRNMMC's commitment to providing high-quality, safe, and effective care for our unique patient population. TJC's rigorous standards helped identify additional areas of excellence and opportunities for improvement, inspiring ongoing excellence in healthcare. Thanks to the Quality team's efforts in preparing all staff, WRNMMC was awarded re-accreditation for the Hospital, Primary Care Medical Home, and Behavioral Health Care and Human Services for three years. WRNMMC's A&C and Directorate for Quality committed to support ongoing activities to strengthen and sustain patient safety and high-quality care.

Occupational Safety (OS) is instrumental in optimizing health, safety, and readiness for WRNMMC staff and beneficiaries through a proactive, adaptive, and relevant approach in addressing all occupational safety matters. Occupational Safety Specialists completed Occupational Safety and Health Administration (OSHA) required annual inspections of all WRNMMC work areas culminating in over 160 annual safety inspections. They investigated reported staff injury and illnesses, reported unsafe/unhealthful work environments and reported near-misses. The Occupational Safety team enhanced staff readiness in training over 220 Safety Representatives, over 4,500 staff members in summer safety, and 4,300 staff members in winter safety. Occupational Safety planned and executed the 2024 WRNMMC Safety Day where over 20 agencies provided up-to-date safety education to over 350 staff members.

Patient and Staff Experience Office established the Human Experience Reimagined (HXR) Program for the WRNMMC Medical Support Assistants (MSAs). HXR is based on an emerging trend where former customer service concepts are replaced by a broader focus on the importance of a positive human interaction. WRNMMC's target population for this effort includes beneficiaries and team members. When participants (learners) come to HXR, they get the opportunity to connect with one another and experience empathy so they can bring that back to the clinical areas where they interact with our beneficiaries and other team members, enhancing the experience for both.

It is the goal of HXR to inspire and reconnect everyone to why they choose to come to WRNMMC every day and how they can bring joy back to their individual experience, both at work and at home. Participants leave with a sense of hope and trust that the ideas they share in class will lead to positive change for themselves, the organization, and beyond.

This industry bench-marking curriculum draws from familiar concepts in patient and staff experience, while also designing and creating new content iteratively using feedback obtained from participants. The first nine modules for the inaugural cohort were delivered from January to November 2024. Early Measures of Effectiveness were observed through increased Joint Outpatient Experience Survey (JOES) satisfaction scores in courtesy, respect, and the helpfulness of front desk staff.

WRNMMC Organization Day: The CXO's team conducted the first annual Organization Day (Org Day) at WRNMMC since 2017. In April 2024, the CXO was asked to plan and execute the hospital-wide Org Day. The Director's goal for this event was to boost staff morale, build resilience, and reduce burnout. The event was scheduled for Friday, September 13, 2024, with a "Spooky Carnival" theme to add fun and excitement. This date was chosen to mark the anniversary of the merging of two major military medical centers into Walter Reed National Military Medical Center in accordance with the Base Realignment and Closure Act (BRAC), and to celebrate MAJ Walter Reed's birthday. This was the first Org Day since the COVID pandemic, providing a much-needed boost to promote staff well-being. Over 2,000 staff members attended with active participation in the scheduled activities. Feedback from both staff was overwhelmingly positive, praising the event, food, and entertainment.

Patient and Family Partnership Council (PFPC): The PFPC met 9 times in 2024. A PFPC member was appointed to take over as co-chair for the council. The council continued to work on access issues, advocating for patient's to be able to get appointments and referrals, use of the Patient Portal and ability to communicate with providers, and streamlining check-in processes and wait times.

Resiliency and Staff Well-Being the CXO team supporting the hospital's monthly well-being challenges, including Kindness, Gratitude, Well-being, and Mindfulness. In addition, the Resiliency team hosts Walking Wednesdays, Turkey Trot, Fall into Resiliency, and rounding through departments with candy and flyers to raise awareness of relevant command initiatives, such as SCORE survey. The Resiliency team also participated as faculty for HXR, TeamSTEPPS, RELATIONS in Healthcare Transformation (formerly Patient Centered Caring Communication Initiative (PCCCI)), and recently got certified as Outward Mindset trainers.

Facility Dog Program consists of 8 facility dogs and 15 trained handlers. Highlights from 2024 include Animal Assisted Therapy sessions with inpatients, pediatric specialty physical therapy, and the Partial Hospitalization Program. The team supported many other visits to the inpatient wards, MICU/SICU/PICU, outpatient, and staff areas, as well as numerous wellness events for new Interns/Safety Day/Judge Advocate General (JAG) officers/Pediatric Specialty Clinics/Radiology/Graduate Medical Education/Radiology/Resiliency/Amputee Clinic. Our furry friends were featured in several articles published in 2024: the *Journal of General Dentistry* (July/August 2024) – *The Effects of Therapy Dog Intervention on Dental Fear and Anxiety in Adult Patients Undergoing Dental Procedures*; *AXIOS* (January 2024) – *D.C.'s most Distinguished and Hardest Working Dogs*; and *The Washingtonian* (March 2024) – *Cool Jobs Edition*. Additionally, in July 2024, the **American Kennel Club (AKC)** highlighted WRNMMC's Facility Dog Program in a television episode of *Good Dog TV*.

Healthcare Risk Management (HRM) supports organizational risk identification and assessment, and the development of prioritized, systematic risk reduction strategies and process improvement activities to provide safe, high-quality patient care.

The HRM team remains committed to delivering high-quality healthcare and maintaining patient safety through the development, refinement, and alignment of processes with DHA guidance, including areas such as: Adverse and no-harm event management and potentially compensable event (PCE) processes to include PCE review of all legal claims, DOD reportable events, patient complaints, Active-Duty deaths, and disabilities related to healthcare events. HRM has provided extensive training on the risk management process to hundreds of medical and nursing staff and works closely with Patient Safety and the Office of General Council to align risk management strategies with broader organizational goals. The HRM welcomed an additional member this year, bringing the total to two experienced nurses, enhancing our capacity for thorough reviews. As we look forward to 2025, HRM aims to streamline Standard of Care determination procedures to align with evolving standards and to expand our training programs. We remain committed to reducing risk, safeguarding patient safety, and fostering a culture of accountability and continuous improvement. HRM stands dedicated to these principles and remains steadfast in supporting the organization's strategic objectives.

Medical Staff Services Office (MSSO) manages all privileging and medical staff appointment processes for nearly 2,000 licensed independent providers as well as the credentialing process of over 2,000 clinical support staff. MSSO serves as a point of contact to privileged staff during initial application for medical staff appointment with clinical privileges and for biennial re-appointments. Activities include thoroughly investigating and verifying all healthcare provider presented credentials. The MSSO processes clinical privilege applications for all active duty, DoD civil service & contract providers reporting to WRNMMC; Naval Health Clinic Patuxent River and Naval Post Graduate Dental School, managing and updating documents of evidence contained in the provider electronic credentials file relevant to education, experience, licensure, certification, registration, and training to ensure accuracy and currency of information; and completing primary source verifications of provider credentials; use their expertise in areas such as medical staff organization, regulatory compliance, and provider relations in their role as gatekeepers of patient safety; responsible for the administration of the Clinical Adverse Action program and the Impaired Healthcare Provider Program. Provides daily affiliation verification responses to a multitude of various MTF's and other medical facilities throughout the US.

The Health Equity Committee has led the hospital's efforts in helping to ensure all patients have the opportunity to reach the best health outcomes by reducing barriers to care and challenges in Health-Related Social Needs (HRSN). While not a department under the Quality Directorate, the Health Equity Committee leads efforts to meet Joint Commission, Leapfrog, and Clinical Learning Environment Review (CLER) standards in Health Equity and has drafted a Health Equity Policy signed by the Hospital Director. The team has been involved in educating the staff in Health Equity by partnering with USU (Uniformed Services University of the Health Sciences) in seminars on Health Equity Rounds, providing consultations to our provider community, and will hold a Health Equity Symposium in the spring.