Executive Summary

Your organization’s survey resulted in Requirements for Improvement that require follow-up to the Joint Commission. A completed Evidence of Standards Compliance (ESC) is due in three (3) months from the day results are posted to your organization’s extranet site. Successful completion of the ESC will result in Accreditation and unsuccessful completion of the ESC will result in Provisional Accreditation. We congratulate you on your efforts to provide high quality care for those you serve.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Assessment and Care/Services

Standard: PC.2.120
Program: HAP

Standard Text: The hospital defines in writing the time frame(s) for conducting the initial assessment(s).

Secondary Priority Focus Information Management
Element(s) of Performance

7. Some of these elements may have been completed ahead of time, but must meet the following criteria, updates to the patient’s condition since the assessment(s) are recorded at the time of admission.

Surveyor Findings

One surgical record contained an H&P that was not updated at the time of admission for surgery.

Standard: PC.5.50
Program: HAP

Standard Text: Care, treatment, and services are provided in an interdisciplinary, collaborative manner.

Secondary Priority Focus Communication

Element(s) of Performance

1. Care, treatment, and services are provided in an interdisciplinary, collaborative manner as appropriate to the needs of the patient and the hospital’s scope of services.

Surveyor Findings

Three of six inpatients traced did not have a complete nursing plan of care or written evidence of a coordinated interdisciplinary plan of care. The components lacking included co-morbidities and lack of incorporation of referrals into the on-going nursing plan.

Standard: PC.8.10
Program: HAP

Standard Text: Pain is assessed in all patients.

Secondary Priority Focus Information Management

Element(s) of Performance

1. A comprehensive pain assessment is conducted as appropriate to the patient’s condition and the scope of care, treatment, and services provided.

3. Regular reassessment and follow-up occur according to criteria developed by the hospital.

Surveyor Findings

Pain assessments were not documented in two out of three Physical Therapy records reviewed at the Sports Medicine Center.
A long term quadriplegic trauma patient had pain rated but not a complete pain assessment. There was no notation in 3 recent entries as to the location or the site of the pain or alternatives that were tried before narcotics were given.

Pain was assessed every two hours for postpartum patients. A C-section patient received medication for pain three times without an intensity documented at the time of medication administration. All previous reassessments prior to the medication indicated zero pain. There was no documentation in the medical record indicating the reasons for the pain medication to be given.

A patient in the bone marrow transplant unit received Morphine 2 mg IV at 1 AM. The last pain assessment recorded at midnight was zero. There was no documentation as to the reasons or effects of the medication being administered.

**Standard:** PC.11.40  
**Program:** HAP

**Standard Text:** Any use of restraint (to which these standards apply) is initiated pursuant to either an individual order (standard PC.11.50) or an approved protocol (standard PC.11.60), the use of which is authorized by an individual order.

**Secondary Priority Focus** N/A

**Element(s) of Performance**

7. Such renewal or new order is issued no less often than once each calendar day and is based on the licensed independent practitioner’s examination of the patient.

**Surveyor Findings**

During tracer activity it was noted that daily renewal orders were not obtained when patients in the MICU are placed in restraints for medical reasons. This was noted in one medical record and interviews with the staff revealed that this is the common practice.

**Requirement(s) for Improvement**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

**Equipment Use**

**Standard:** EC.5.40  
**Program:** HAP
The hospital maintains fire-safety equipment and building features.

Secondary Priority Focus: N/A

Element(s) of Performance

12. Documentation is available that all portable fire extinguishers are clearly identified, inspected at least monthly, and maintained at least annually.

Note: For additional guidance, see NFPA 10-1998 edition (sections 1-6, 4-3, and 4-4).

Surveyor Findings

Approximately 1/3 of the portable fire extinguishers inspected lacked evidence of a monthly extinguisher inspection. Specific examples include extinguisher # CW151-949, # AV494339, # FU929159, # KR29421, # BD955199 (this extinguisher was also not secured to the wall, the helipad vestibule as well as other areas).

Approximately 1/5 of the portable fire extinguishers inspected lacked evidence of an annual extinguisher service. Specific locations include Talmadge elevator penthouse, Sydensticker penthouse, Prison Unit, Helipad vestibule, etc.

The portable fire extinguishers housed within corridor recessed cabinets within the Children’s Unit were not readily visible.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Information Management

Standard: IM.6.30

Program: HAP

Standard Text: The medical record thoroughly documents operative or other procedures and the use of moderate or deep sedation or anesthesia.

Secondary Priority Focus: N/A

Element(s) of Performance

3. Operative reports dictated or written immediately after a procedure record the name of the primary surgeon and assistants, findings, procedures performed and description of the procedure, estimated blood loss, as indicated, specimens removed, and postoperative
diagnosis.

Surveyor Findings

In two (2) instances in one medical record operate reports were not dictated immediately after the surgical procedure. The policy has been to allow 24 hours for dictation. Another record contained a dictated operative report that was not recorded until the 5th postoperative day.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Medication Management

<table>
<thead>
<tr>
<th>Standard:</th>
<th>MM.3.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td>HAP</td>
</tr>
<tr>
<td>Standard Text:</td>
<td>Medication orders are written clearly and transcribed accurately.</td>
</tr>
</tbody>
</table>

Secondary Priority Focus Patient Safety

Element(s) of Performance

9. In addition, the hospital specifies that blanket reinstatement of previous orders for medications are not acceptable.

Surveyor Findings

During an individual tracer, two unclarified blanket orders (“resume previous orders” & “resume all trauma service orders”) were noted on one postoperative record reviewed.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Patient Safety

| Standard: | PC.13.20 |
Program: HAP

Standard Text: Operative or other procedures and/or the administration of moderate or deep sedation or anesthesia are planned.

Secondary Priority Focus Assessment and Care/Services, Communication

Element(s) of Performance

9. This site, procedure, and patient are accurately identified and clearly communicated, using active communication techniques, during a final verification process, such as a time out, prior to the start of any surgical or invasive procedure.

Surveyor Findings

A final verification process for invasive procedures done in areas other than the operating room has only recently been implemented. The policy was outlined three months prior to the survey and finally approved just prior to the survey.

Standard: IM.6.40

Program: HAP

Standard Text: For patient receiving continuing ambulatory care services, the medical record contains a summary list of all significant diagnosis, procedures, drug allergies, and medications.

Secondary Priority Focus Information Management

Element(s) of Performance

2. The list is always stored in the same location to help practitioners access needed information quickly and easily.

3. The list contains the following information:

- Known significant medical diagnosis and conditions
- Known significant operative and invasive procedures
- Known adverse and allergic drug reactions
- Known long-term medication, including current prescriptions, over-the-counter drugs, and herbal preparations

Note: “Known” refers to information gathered during ambulatory care assessment and treatment.

Surveyor Findings
The problem summary list when used is varying places in each ambulatory department record. It is a paper list in pediatrics, it is an electronic record in geriatrics and it is not available in dermatology, plastic surgery or the comprehensive cancer center.

Four of six active ambulatory records lacked a complete summary list of all significant diagnoses, procedures, drug allergies and medications. Only geriatrics, family health center, infectious disease and general pediatrics clinics maintained summary lists.

**Requirement(s) for Improvements**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

**Physical Environment**

**Standard:** EC.1.10

**Program:** HAP

**Standard Text:** The hospital manages safety risks.

**Secondary Priority Focus** Patient Safety

**Element(s) of Performance**

1. The hospital develops and maintains a written management plan describing the processes it implements to effectively manage the environmental safety of patients, staff, and other people coming to the hospital’s facilities.

4. The hospital conducts proactive risk assessments that evaluates the potential adverse impact of buildings, grounds, equipment, occupants, and internal physical systems on the safety and health of patients, staff, and other people coming to the hospital’s facilities.

5. The hospital uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming to the hospital’s facilities.

**Surveyor Findings**

The Main Kitchen freezer door lacked an emergency door release handle on the inside of the freezer to prevent staff entrapment in the freezer.

Unsecured compressed gas cylinders were noted within the Maintenance Shop (that was corrected during the survey) & the Respiratory Services Department.
No mechanism was provided to “lock out” the trash compactor from unauthorized use when staff was not in the immediate area.

Several emergency stairwell doors were locked on the stairwell side into the building; however no “Door Locked- No Entry” signage was posted on the stairwell side of the door.

A metal portable fire extinguisher was housed in the corridor recessed cabinet immediately outside the MRI Unit that could be mistakenly used to combat a fire within the MRI Unit. Additionally, neither of the two non-ferrous fire extinguishers present within the MRI Unit were identified as being “MRI compatible” thereby authorizing their use in combating an MRI Unit fire. This was corrected during the survey.

Sprayed on fire proofing was delaminating in several locations within the Sydensticker building elevator penthouse.

Cleaning chemicals were stored on top of the housekeeping cart within the corridor of 4 Children’s permitting unauthorized patient access to chemicals while the Housekeeping maid was busy within the patient’s room.

The wall mounted electric switch box within the McDonald’s Unit contained several open and unprotected switch slots.

Not all of the staff members in the adult psychiatric unit had keys to the locked fire extinguisher cabinets. During the survey, keys for the fire extinguisher cabinets were given were given to all members of the staff.

There was a five gallon white bucket found in the labor and delivery utility room that contained several glass test tubes, glass bottles and a test tube of blood. There was no cover or signage on the bucket. There were appropriate sharps containers available in the room but were not being used.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Physical Environment

Standard: EC.5.20
Program: HAP

Standard Text: Newly constructed and existing environments are designed and maintained to comply with the Life Safety Codes.
Secondary Priority Focus  Patient Safety

Element(s) of Performance

1. Each building in which patients are housed or receive care, treatment, and services complies with the LSC, NFPA 101 2000; OR

Each building in which patients are housed or receive care, treatment, and services does not comply with the LSC, but the resolution of all deficiencies is evidenced through the following:

An equivalency approved by the Joint Commission; OR

Continued progress on completing an acceptable Plan for Improvement (Statement of Conditions, Part 4)

Surveyor Findings

Although your Plan for Improvement (PFI) was determined acceptable, additional Life Safety Code (LSC) findings were identified by the survey at the time of survey. Please update Part 4- PFI of the Statement of Conditions (SOC) to include all supplemental recommendations identified in your official accreditation report. The updated PFI does not need to be sent to the Joint Commission, however it remains your responsibility to continue to maintain and update the PFI for review at future surveys. Should you need further assistance in completing the SOC, please contact Plant and Technology Management.

Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section VI- Operating Features

Requirement:  EC.A.6B.4

Phrase:  Existing Health Care Occupancies: For other than limited area sprinkler systems in accordance with 7.7.1.1.2, approved automatic sprinkler systems include: a clear space at least 18 inches below the sprinkler heads. (EC.A.6B)(EC.A.6B.4)

Surveyor Findings:

Storage encroached into the required clear space beneath the pendant sprinkler heads in the Main Kitchen Storeroom.

Requirement:  EC.A.6J.2.a

Phrase:  Existing Health Care Occupancies: An organization may choose to establish a Building Maintenance Program to resolve the following LSC deficiency types in
lieu of identifying their location to create a PFI for their resolution. When an organization has ongoing and effective Building Inspection Programs: Line/trash chute inlet and outlet doors have properly functioning position latching devices. (EC.A.6J)(EC.A.6J.2)(EC.A.6J.2.a)

**Surveyor Findings:**

The Sydenstricker Linen Chute Discharge outlet door was not positively latching & the Talmadge linen chute (N 164) discharge door was blocked from automatic closure by a linen cart stored beneath the chute.

**Supplemental Findings**

These are the Supplemental Findings related to the Primary Priority Focus Area of:

**Assessment and Care/Services**

**Standard:** PC.2.20

**Program:** HAP

**Standard Text:** The hospital defines in writing the data and information gathered during assessment and reassessment.

**Secondary Priority Focus** Communication

**Element(s) of Performance**

4. The information defined by the hospital to be gathered during the initial assessment includes the following, as relevant to the care, treatment, and services:

Physical assessment, as appropriate

Psychological assessment, as appropriate

Social assessment, as appropriate

Each patient’s nutrition and hydration status, as appropriate

Each patient’s functional status, as appropriate

For patients receiving end-of-life care, the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the patient, family members, or significant others.
Surveyor Findings

A patient in the neuroscience unit did not receive a nutritional assessment as indicated by the initial screen and according to the hospital policy for nutritional assessments.

A patient in the bone marrow transplant unit did not receive a nutritional assessment within the time frame identified in the hospital policy.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Infection Control

Standard: IC.4.10
Program: HAP

Standard Text: The hospital takes action to prevent or reduce the risk of nosocomial infections in patients, staff, and those who come into the organization.

Secondary Priority Focus Patient Safety

Element(s) of Performance

1. The organization implements strategies to reduce the risks and prevent transmission of nosocomial infections in patients, staff, and those who come into the organization.

Surveyor Findings

During the tour of the adult psychiatric unit seclusion room observations were made of the walls of the room. There was moisture causing a mold like appearance and crumbling the plaster on the wall.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Medication Management
**Standard:** MM.2.20

**Program:** HAP

**Standard Text:** Medications are properly and safely stored throughout the organization.

**Secondary Priority Focus** Patient Safety

**Element(s) of Performance**

6. Medications that are easy to confuse (for example, sound-alike and look-alike drugs or reagents and chemicals that may be mistaken for medications) are segregated.

**Surveyor Findings**

There were sound-alike and look-alike medications stored in a bin together in the labor and delivery medication area. There was sterile water, 1% lidocaine, heparin flush and sodium chloride all stored together.