

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050534	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2008
NAME OF PROVIDER OR SUPPLIER JOHN F. KENNEDY MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 47-111 MONROE STREET, INDIO, CA 92201 RIVERSIDE COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 1</p> <p>required to submit a plan of correction, the department may assess the licensee an administrative penalty in an amount not to exceed twenty-five thousand dollars (\$25,000) per violation.</p> <p>A 014 1280.1 (c) HSC Section 1280</p> <p>For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.</p> <p>T22 DIV5 CH1 ART3-70214 (a) (C) Nursing Staff Development</p> <p>(a) There shall be a written, organized in-service education program for all patient care personnel, including temporary staff as described in subsection 70217 (m). The program shall include, but shall not be limited to, orientation and the process of competency validation as described in subsection 70213 (c).</p> <p>(2) All patient care personnel, including temporary staff as described in subsection 70217(m), shall be subject to the process of competency validation for their assigned patient care unit or units. Prior to the completion of validation of the competency standards for a patient care unit, patient care assignments shall be subject to the following restrictions:</p> <p>(C) Registered nurses shall not be assigned total responsibility for patient care, including the duties</p>	<p>Tag: A:014</p> <p>Policy & Procedures: Policy and procedure review and revision started in August 2008 to reflect current standards of care and nursing practice. Included in the review process were the Director of Emergency Department, DCQI, Interim Chief Nursing Officer and Interim Emergency Department Director. All new and revised Emergency Room policies and procedures were reviewed by the Director of the Emergency Department and approved by the Department of Emergency Services, the Medicine Executive Committee and the Governing Board in December 2008.</p> <p>The revised policies and procedures included:</p> <ul style="list-style-type: none"> Standards of Care in the Emergency Department to ensure the most current standards were in place and applicable to the patient population of JFK; Assessment of the Emergency Department Patient to include frequency of assessment and reassessment based on the patient's symptoms and diagnosis; Emergency Department "Triage to Bed" defining placement of the patient following triage; Expectations of Care Delivery outlining nursing responsibilities and functions in the provision of patient care and services; Pediatric Emergencies to ensure the policy reflected national standards and guidelines, including guidelines for administration of medication and fluids; Pediatric Medication revised in conjunction with Pharmacy to include current medications and nursing responsibilities for monitoring pediatric patients. 	<p>8/08</p> <p>09 SEP 29 PM 4:16 CALIFORNIA DEPT OF PUBLIC HEALTH</p> <p>12/08</p> <p>12/08</p> <p>12/08</p> <p>12/08</p> <p>12/08</p> <p>12/08</p>	

Event ID:96D811

9/16/2009

6:54:19PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	<p>Continued From page 2</p> <p>and responsibilities described in subsections 70215 (a) and 70217 (h) (3), until all the standards of competency for that unit have been validated.</p> <p>Based on interview and record review, the facility failed to ensure the ED nursing staff possessed the knowledge and skills required to meet the needs Patient 4 who presented for emergency care. This failure caused lack of monitoring and assessment of Patient 4, and the potential for injury and death for all patients seen in the ED.</p> <p>Findings:</p> <p>The record for Patient 4 was reviewed on August 4 and 11, 2008. Patient 4, a five month old infant, presented to the ED on June 30, 2008, at 11:30 p.m., with her parents, who reported she had fever. The triage note, completed on June 30, 2008, at 11:32 p.m., by RN 10, indicated Patient 4 had a rectal temperature of 40.8° C (105.4° F), a heart rate of 230 beats per minute, and an oxygen saturation of 93 % (normal 98% or >). A hand written note on the triage form indicated the patient was given Tylenol at 11:40 p.m.</p> <p>The facility's policy titled, "Vital Signs, Procedure, and Normal Range for Pediatric Patients," was reviewed on August 4 and 11, 2008. The policy indicated a normal rectal temperature was 37.5° C (99.5° F), but could be a degree higher or lower and still be considered normal. The policy also indicated the heart rate for an infant, 4 to 12 months old, should be 120-130.</p>		<p>The Director of the Laboratory developed and implemented a policy and procedure on critical lab values that included specific Emergency Room tests and values. The Interim Director of the Emergency Department and the Chief Nursing Officer developed the Results Reporting policy and procedure outlining the steps for staff in notifying physicians of the results of lab and diagnostic studies.</p> <p>The Chief Nursing Officer and the Director of Education adapted the textbook <u>Emergency Nursing Core Curriculum: 5th Edition, 2005 Jean Puell</u> in the development of the core curriculum for nursing in the Emergency Department.</p> <p>The National Patient Safety Goal Team reviewed, revised, and approved the Hospital-wide Critical Tests and Critical Values/Results policy and procedure on November 20, 2008. The revised policy states that if the staff is unable to contact the physician or his/her designee within 30 minutes upon receipt of the critical value, the hospital Chain of Command policy will be followed.</p> <p>The Chief Nursing Officer, the Director of laboratory reviewed and revised the nursing Chain of Command policy to make it a hospital wide policy. The policy includes the chain of command for nursing leadership, physician leadership and resource persons within the hospital available for consultation. The revised policies were approved by the Medical Executive Committee and the Governing Board during their regularly scheduled meetings in January 2009.</p>	<p>8/08</p> <p>11/20/08</p> <p>12/17/08</p> <p>1/6/09 1/15/09</p>
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	<p>Continued From page 3</p> <p>According to Lippincott's Manual of Nursing Practice Eighth Edition, prolonged fever increases metabolic rate and energy requirements by the brain which may lead to hypoxemia and brain damage.</p> <p>The triage form indicated the patient was placed in bed 12, at 3:19 a.m. (3 hours and 40 minutes after arriving in the ED) and assigned to RN 11.</p> <p>Nurse's notes written by RN 11 indicated the following:</p> <p>a. At 3:19 a.m., the infant's temperature was 97.4° F. There was no documentation the patient's heart rate, respiratory rate, or oxygen saturation were reassessed (to determine the presence of increased metabolic rate and hypoxemia);</p> <p>b. At 5:05 a.m. the infant's temperature was 97° F. There was no documentation the patient's heart rate, respiratory rate, or oxygen saturation were reassessed;</p> <p>c. At 7 a.m., the infant's temperature was 106.2° F. There was no documentation the patient's heart rate, respiratory rate, or oxygen saturation were reassessed; and,</p> <p>d. A complete set of vital signs including temperature, pulse, respirations and oxygen saturation was not taken until 7:30 a.m., (8 hours after the patient's arrival to the ED), when RN 12 was assigned to Patient 4.</p>		<p>Training:</p> <p>A qualified, competent Emergency Room Registered Nurse from a sister hospital was assigned to the Emergency Department to act as a resource, provide education, monitor care and documentation until all JFK Emergency Department nursing staff completed a comprehensive eight hour education that was developed by the ED leadership staff from the sister hospital. This RN did not take patient assignments, but rather observed care and reviewed all documentation for compliance with policy and to educate nursing staff on quality, safe and appropriate care of the patient who presents to the ED.</p> <p>Five qualified, competent RN's in care of the Emergency Department patient, from the sister hospital, conducted classes and observed competencies developed for the JFK ED nursing staff beginning on the evening of August 8, 2008. The training classes were eight hours long including didactic training and hands on learning. This training included re-education on the revised policies and procedures in nursing assessment, reassessment, informed consent, medication administration and universal protocol.</p> <p>All nursing staff in the ED was trained on the nursing process focusing on the assessment and reassessment of patients, use of waived testing equipment, use of restraints and hands-on training for commonly used pieces of equipment. Re-education included the use of scenarios and questions in the following areas:</p> <ul style="list-style-type: none"> • Restraint and seclusion • Moderate and deep sedation • Procedure sedation/pediatric population • Age specific appropriate care • Arrhythmia recognition • Pain management • IV admixture 	<p>8/08</p> <p>09 SEP 29 PM 4:14</p> <p>8/08</p> <p>DEPT MICHELE</p>
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	<p>Continued From page 4</p> <p>Patient 4 required admission to the pediatric unit of the facility.</p> <p>During an interview with RN 12 (who was performing triage duties) on August 11, 2008, at 2:30 p.m., the RN stated a patient with a rectal temperature of 105.4° F should be placed in an ED bed immediately. RN 12 stated if a bed was not available, the patient could be placed in a, "hallway bed." RN 12 also stated if the patient could not be taken to an ED bed, the patient should be within sight of the triage nurse and monitored every 30 minutes to one hour.</p> <p>The facility's policy titled, "Triage Nurse Guidelines," was reviewed on August 11, 2008. The policy indicated responsibilities of the triage nurse included monitoring and reassessing all patients in the waiting area as their conditions warranted. RN 10 did not reassess Patient 4 during the time she was in the lobby.</p> <p>The employee file for RN 10 was reviewed on August 11, 2008. The file indicated RN 10 was a traveling nurse contracted to work at the facility through an agency. RN 10's first contract with the facility was from April 7, 2008 through July 17, 2008. RN 10 was currently working on his second contract that started July 18, 2008. There were no clinical competencies in RN 10's file.</p> <p>On August 11, 2008, the facility's policy titled, "Assessment of the Emergency Department Patient," was reviewed. The policy indicated initial vital signs would be obtained on arrival to the ED,</p>		<ul style="list-style-type: none"> • Blood transfusions • Emergency severity index • Infant tests • Pediatric tests • Critical drugs/Infusion tests <p>The Director of the Emergency Department educated all clinical staff in the ED on the hospital policy on Chain of Command and all new staff hired at the hospital will be required to take the course during the orientation period.</p> <p>The Director of the Emergency Department and qualified staff from the sister hospital measured the effectiveness of the training through the use of a written test given during the didactic session to identify additional learning needs that were addressed in the eight hour course.</p> <p>The effectiveness of the training was evaluated through the use of a web based education program and a written test 60 days after the completion of the first round of training. 100% of the staff (excluding staff on medical and maternity leave) passed with a score of 90% or better. Staff returning from medical or maternity leave will be required to complete the competencies and pass a written test with a score of 90% prior to working in the Emergency Department.</p> <p>This information has been incorporated into new Emergency Department RN orientation and re-orientation. The Chairman of the National Patient Safety Goal Team, who is a member of the Quality Management Department, created a critical test/value poster and distributed it to department directors/managers for posting in their respective departments. The Department Directors/Managers will educate all staff on the revised policy. Upon arrival of the new Emergency Department Director,</p>	<p>8/08</p> <p>8/08</p> <p>11/08</p> <p>1/30/09</p>
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	<p>Continued From page 5</p> <p>and additional vital signs would be obtained depending on the patient's condition. The policy described instances where vital signs should be obtained more frequently, including patients with unstable vital signs, critical patients, and then indicated, "all other patients every 2 hours."</p> <p>RN 11 failed to obtain vital signs on Patient 4 according to the facility policy.</p> <p>The employee file for RN 11 was reviewed on August 11, 2008. The file indicated RN 11 was a new RN graduate hired by the facility on February 4, 2008. The file indicated RN 11 had a BLS certificate, but had not obtained ACLS or PALS certificates. There were no clinical competencies in RN 11's file.</p> <p>The employee files for seven random additional ED nurses (including the ED Director) were reviewed on August 8, 2008. The files indicated there was no validation of ED clinical competencies for any of these nurses.</p> <p>During an interview with the nurse educator on August 8, 2008, at 11:20 a.m., the educator stated the facility had general nursing competencies, and in addition all departments, except the ED, had department specific competencies. He stated all nursing areas, except the ED, had competencies that included the types of patients the unit cared for, the types of disease processes they took care of, the types of procedures they did, and the types of equipment they used. The educator stated he did not know why the department specific</p>		<p>the Interim Director for the ED , competent and qualified in emergency medicine, will remain in place for 90 days to mentor and train the new Director for a period of 90 days. The Interim Director will then assume the roles and responsibilities of the nurse educator for the ED and ICU, and will continue to be an expert resource for the new Director.</p> <p>Monitoring: The Interim Director of the Emergency Department or qualified designee will audit 30 adult medical records and 30 pediatric medical records per month for documentation of assessment and reassessment including vital signs as defined in policy including frequency of vital signs and interpretation of cardiac rhythm strips.</p> <p>The Interim Director of the Emergency Department monitors staffing on a daily basis to ensure only qualified, competent staff are on duty.</p> <p>The Interim Director of qualified designee review the results of the audits with the Emergency Department staff as they are being done to rectify any issues immediately and to re-enforce the education provided to the staff. The monitoring will continue until four successive months of 100% compliance has been reached. Once the goals have been achieved, the data will be validated with an additional audit by the Director of Clinical Quality Improvement or qualified designee. Future medical record review will be conducted randomly on a quarterly basis by the Director of the ED or their designee.</p> <p>The Interim Director of the ED aggregates the data and reports the information to the Quality Council, the Medical Executive Committee and the Governing Board at their regularly scheduled meetings for review and action as required.</p>	<p>12/18/08</p> <p>11/08</p>

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	<p>Continued From page 6 competencies were not done in the ED.</p> <p>During an interview with the ED Director on August 8, 2008, at 12:10 a.m., the Director stated she had only been doing "core" competencies for the ED nurses, which included general nursing practices. The ED Director stated she had not been validating department specific competencies for the ED nurses in the past, but she had recently developed a tool to do so. She stated the nurses were "working on" their competencies, but none of them had been completed.</p> <p>The CEO, COO, and DQI were notified Immediate Jeopardy was identified on August 8, 2008, at 12:38 p.m. The Immediate Jeopardy was identified due to the facility's failure to ensure competency of the nursing staff in the ED, resulting in the lack of monitoring and assessment of Patient 4, and potential for injury and death in all patients seen in the ED.</p> <p>The facility provided an immediate plan of correction to address the immediate jeopardy on August 11, 2008, that included:</p> <p>a. Floating a RN from their local sister facility every shift who had documented competencies specific to the ED to serve as a clinical resource nurse and monitor the nursing care provided in the ED. This would occur until all ED nurses working in the facility had verification of competencies specific to the ED;</p> <p>b. Development of nursing competencies specific to</p>		<p>The National Patient Safety Goal chairman revised the current critical test/audit sheet for nursing to include a monitor if the Chain of Command policy needed to be utilized in the event the physician did not call back within 30 minutes. The results of the audits are submitted to the Quality Management Department monthly and included in the hospital-wide National Patient Safety Goal data report. The report is presented to the Quality Council, Medical Executive Committee and the Governing Board for review and action as required.</p> <p>The Interim Director of Emergency Services or designee conducted chart reviews on 100% of patients who presented to the Emergency Room with an allergic reaction for the appropriate care. The chart review will occur for 90 days. If issues are identified, one on one counseling will occur with the employee. After 90 days, if compliance has not been reached a mandatory class will be conducted by the medical Director of Emergency Services and monitoring will continue until compliance has been sustained. The Interim Director of the Emergency Department will report results of the chart review to the Quality Council, the Medical Executive Committee and the Governing Board for review and action as required.</p> <p>Other Corrective Actions: The Chief Executive Officer and the Director of Human Resources approved a national recruitment effort to fill the opening left when the former Director of the Emergency Department resigned. The position has been filled by a qualified, competent Critical Care RN with leadership experience who began his role of the Director of ED/ICU in January 2009</p>	<p>12/08</p> <p>12/18/08</p> <p>1/09</p>
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	<p>Continued From page 7</p> <p>the ED;</p> <p>c. An eight hour course including didactic training and hands on learning with the equipment used in the ED, with validation of competencies for 100% of the ED nursing staff by August 30, 2008;</p> <p>d. Employment of an ED nurse consultant to assess the effectiveness of the ED leadership and recommend changes;</p> <p>e. Employment of a clinical nurse educator for the ED and ICU; and,</p> <p>f. Formal training and assessment of competency of all future ED nurses, with no nurse being assigned to care for a patient without prior verification of competency.</p> <p>After implementation of the plan of correction was verified, the DQI and CEO were notified the Immediate Jeopardy was abated on August 11, 2008, at 12:40 p.m.</p>		<p>Addendum:</p> <p>An experienced, qualified, competent RN was hired as the clinical manager of the Emergency Department.</p> <p>The Interim Director for the Emergency Department is qualified and competent to provide direction to the Emergency Department until the new Director arrived in January 2009. The Interim Director will resume the role of the Clinical Nurse Educator for the ED/ICU.</p> <p>The Chairman of the National Patient safety Goal Team, who is a member of the Quality Management Department, created a critical test/value poster and distributed it to the Directors for posting in their units.</p> <p>Responsible Person(s): Chief Nursing Officer Director Emergency Department Interim Director Emergency Department Director of Education Chief Executive Officer Director Human Resources Director of Laboratory</p> <p>Disciplinary Action: Non-compliance with corrective action by hospital staff will result in immediate remediation and appropriate disciplinary action in accordance with the hospital's Human Resources policies and procedures.</p> <p>Medical Staff members demonstrating non-compliance with corrective action will be referred for peer review in accordance with Medical Staff bylaws, as appropriate.</p>	5/26/09	12/08

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