

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2009
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NAME OF PROVIDER OR SUPPLIER SCRIPPS GREEN HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10666 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037 SAN DIEGO COUNTY
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(X4) IO 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
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The following reflects the findings of the California Department of Public Health during an Entity Reported Incident investigation

Complaint No: CA 00187039
Category: State Monitoring - Retention of Foreign Object in Patient

Representing the California Department of Public Health: [REDACTED], HFES and [REDACTED], Medical Consultant

1280.1 (c) For purpose 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

Title 22 - 70703 Organized Medical Staff (b)
(b) The medical staff, by vote of the members and with the approval of the governing body, shall adopt written by-laws which provide formal procedures for evaluation of staff applications and credentials, appointments, reappointments, assignment of clinical privileges, appeals mechanisms and such other subjects or conditions which the medical staff and governing body deem appropriate. The medical staff shall abide by and establish a means of enforcement of its by-laws. Medical staff by-laws, rules and regulations shall not deny or restrict within the scope of their licensure the voting right of staff members or assign staff members to any special class or category of staff membership based upon whether such staff members hold an

RECEIVED
CALIFORNIA DEPT OF PUBLIC HEALTH

DEC 11 2009

LICENSING REGISTRATION
SAN DIEGO NORTH DISTRICT OFFICE

Event ID: E9YS11 11/25/2009 9 31.41AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Catherine M. Fay</i>	TITLE Admin Dir Quality/PI	(X6) DATE 12/8/09
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Continued From page 2</p> <p>correction included the following elements</p> <ol style="list-style-type: none"> 1. Effective immediately the facility would not schedule or perform any procedures that might require a lumbar drain placement until appropriate credentialing and in-service training process is developed. 2. Implement immediately a new process with surgery schedulers to ensure appropriate detail is translated to schedule for all cases and verify appropriate credentialing by physician. 3. Review all case scheduled for surgery on 5/22/09 to verify appropriate detail is on schedule and confirm appropriate credentialing. 4. Review all future cases to ensure appropriate detail and credentialing. Cancel any cases not in compliance with new process. 5. Enhance core privileges to ensure all applicable specialty procedures. List already revised by Chairman and to be approved during emergency Credentialing Committee and MEC 6. Develop in-service training/proctoring program for lumbar drain placement and new kids. 7. Work with Anesthesiology leadership to ensure appropriate existing items are being in-serviced with physicians as well as staff. Implement process to cover all new items in OR. 8. Through PI/Risk Management complete monthly audit for full year to determine compliance with all steps above. <p>Findings:</p> <p>Patient A was admitted to the facility on 4/28/09</p>		

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Catherine M. Jay *Admin Dir Quality / PI*

12/08/09

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with diagnosis that included expanding thoracic aneurysm, status post thoracic stent per the discharge summary. On 4/29/09 the patient underwent a thoracic endovascular stent repair. The patient was discharged from the facility on 5/1/09. The patient was re-admitted to the facility on 5/10/09 with symptoms of headache, rule out post spinal drainage headache, and rule out local CSF [cerebral spinal fluid] leak. On 5/19/09 Patient A was transferred to a skilled nursing facility with discharge diagnoses that included aseptic meningitis, malnutrition, and cardiomyopathy per the transfer summary.

On 5/21/09 at 3:00 P.M., the health care provider [MD 1] that inserted the lumbar drain into Patient A immediately prior to surgery on 4/29/09 was interviewed. MD 1 said that he had been putting in lumbar cerebrospinal fluid drains, "on and off" for more than 30 years. MD 1 estimated that he has performed about 15 of these procedures in the last thirty years; the last time being about two years ago, when he, "helped with" the procedure. MD 1 was asked to describe what happened in the O.R. [operating room] at the time of the event [4/29/09]. MD 1 said that just prior to starting the surgery, the surgeon asked MD 1 to insert a lumbar drain in Patient A. The lumbar drain tray was set out on a stand in the operating room. MD 1 said that he had never seen this type of catheter drain before. MD 1 further stated that because he had not used this particular device before, he took about 10 minutes to go through the brochure. The catheter had a pigmented [darkened] end that he assumed was the end to be inserted, since this is how other

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Catherine M. Key, Administrator

12/8/09

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	<p>Continued From page 4</p> <p>types of catheters are used. He noted that there were small holes in the pigmented end, as he expected of the distal end of a drainage catheter. He did not notice that the other end of the catheter also had holes. MD 1 then inserted the pigmented end of the catheter, thru the trocar, into the spinal column of Patient A. MD 1 then realized that he had inserted the catheter backwards when he noticed that the other end of the catheter also had drainage holes. He then realized what had happened and tried to remove catheter drain, but the tip of the catheter drain sheared off (approximately 3.5 centimeters) and remained inside the patient. MD 1 mentioned that one of his partners had made the same mistake with this type of catheter but had been successful in removing it without breakage.</p> <p>Joint review of Patient A's medical record was conducted with MD 1. Patient A was discharged from the facility on 5/1/09, and then re-admitted on 5/10/09 with "generalized weakness, lethargy...minor headache" per the history and physical. Per a consultation report, Patient A was evaluated to, "Rule out meningitis." On 5/13/09 at 11:00 P.M., a CT [computerized tomography] of the lumbar spine with the use of a contrast material was performed. Per the radiologist's report, the CT showed, "tiny 2 mm opaque foreign body consistent with catheter tip marker just beneath the lamina just distal to the plane of the L3 - L4 disc." In the interview with MD1 on 5/21/09 at 3:00 P.M., MD 1 said that the retained tip of the lumbar drain catheter was held in position by the ligaments, and that there would be no attempt to remove the</p>			

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Adm Dir Quality/PE

12/8/09

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MD 1. The facility's Bylaws stated that, "A member providing independent clinical services at this hospital shall be entitled to exercise only those clinical privileges specifically granted." The facility failed to develop a formal procedure to evaluate medical staff assignment of clinical privileges related to the insertion of a lumbar CSF [cerebral spinal fluid] catheter

The facility's failure to ensure that health providers were familiar with medical devices prior to the use of the device in surgery is a deficiency that has caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code section 1280.1 (c)

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