

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2017
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NAME OF PROVIDER OR SUPPLIER Mercy Medical Center Redding	STREET ADDRESS, CITY, STATE, ZIP CODE 2175 Rosaline Ave, Redding, CA 96001-2509 SHASTA COUNTY
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	<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: CA00563555 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 1989, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.3(g): 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>1279.1 (c) Health and Safety Code Section</p> <p>The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.</p> <p>The CDPH verified that the facility informed the patient or the party responsible for the patient of the adverse event by the time the report was made.</p> <p>1279.1 (b) HSC Section 1279</p>			

Event ID:GBJ511

7/12/2018

12:26:47PM

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

AWILSON MCHUGH CNEO

TITLE

7/27/18

(X6) DATE

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 10

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>(b) For purposes of this section, "adverse event" includes any of the following:</p> <p>Health & Safety Code 1279.1 - 1279.1(b)(7)</p> <p>(b) For purposes of this section, "adverse event" includes any of the following: (7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor.</p> <p>T22 DIV5 CH1 ART3-70215(b) Planning and Implementing Patient Care.</p> <p>(b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission.</p> <p>The facility failed to adequately deliver patient care when Patient 4 did not have a bowel movement for 10 days. Patient 4 was prescribed numerous opioids known for causing constipation, yet, the facility waited 8 days after Patient 4's last bowel movement to respond to her constipation symptoms. The facility failed to develop a post-operative plan of care that included bowel care. It failed to implement</p>			

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	<p>Patient 4's care plan requiring assessment of pain medication side effects. It also failed to recognize a nursing diagnosis of severe constipation and intervene by promptly notifying the physician.</p> <p>As a result, Patient 4 suffered constipation and obstipation (severe constipation where a person cannot pass stool) that required 6 enemas and an additional surgery to resolve.</p> <p>Findings:</p> <p>1. On 12/6/17 starting at 2:05 p.m., Patient 4's record was reviewed with Clinical Informatacist Nurse (CI) 4 who confirmed the following information. Patient 4 was a 71 year old who was admitted to the hospital on 11/20/17 for lung surgery. A pre-operative (before surgery) note stated her last bowel movement was on 11/18/17. Post-operatively (after surgery) Patient 4 was administered numerous opioid narcotic pain medications.</p> <p>On 11/20/17, Patient 4 was post-operatively prescribed Dilaudid (narcotic medication) PCA (patient controlled analgesia) pump, until 11/24/17 at 2:30 a.m. when it was discontinued.</p> <p>On 11/24/17, Patient 4 received the following narcotics: Morphine 2 milligrams (mg) intravenous (IV) at 2:31 a.m. and 8:33 a.m., Norco 10/325 mg one tablet at 1:26 p.m., Percocet one tablet at 3:55 p.m. and 4:15 p.m. and two tablets at 8:43 p.m.</p>				

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	<p>On 11/25/17, Patient 4 received Percocet two tablets at 2:51 a.m., 7:39 a.m., 1:02 p.m., and 10:48 p.m., and Morphine 2 mg IV at 4:26 p.m., and 10:27 p.m.</p> <p>On 11/26/17, Patient 4 received Percocet two tablets at 9:34 a.m., 1:43 p.m., and 6:23 p.m., and Morphine 2 mg IV at 3:59 p.m.</p> <p>On 11/27/17, Patient 4 received Percocet two tablets at 2:02 a.m., 12:31 p.m., 5:42 p.m., and 10:02 p.m., and Morphine 2 mg IV at 12:57 a.m. and 8:49 p.m.</p> <p>On 11/28/17 Patient 4 received Morphine 2 mg IV at 4:31 a.m. and 7:03 a.m., 4 mg IV at 9:33 a.m., Dilaudid 0.5 mg IV at 1:27 a.m., 5:06 a.m., and 11:21 a.m.; Percocet two tablets at 11:59 a.m., 4:25 p.m. and 9 p.m.</p> <p>On 11/29/17 Patient 4 received Percocet two tablets at 8:56 a.m. and 5:41 p.m., Morphine 4 mg IV at 2:56 a.m., 7:40 a.m., 2:34 p.m. and 10:38 p.m. Patient 4 returned to surgery at 11:30 p.m. on 11/29/17.</p> <p>CI 4 confirmed, although there was a space on the flowsheet for the nurses to chart the last bowel movement, the date of the last bowel movement on 11/18/17, was not charted until 11/26/17. CI 4 stated if the nurse was unsure of the date of the prior bowel movement she could scroll through the daily nursing flowsheets or view the preoperative assessment to find the</p>				

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	<p>date.</p> <p>Further review of Patient 4's record with CI 4, indicated the physician ordered a stool softener and milk of magnesia (laxative) twice per day, on 11/26/17 when the RN contacted the physician. This was the first time a physician had ordered a laxative or was notified of Patient 4's bowel status. Since these orders were written after 9 a.m. the medications automatically defaulted to a 9 p.m. start time. Therefore it was 12 hours later before they were started. On 11/28/17, a nurse noted that Patient 4's abdomen was tender throughout, with no bowel sounds and was not passing gas, and last bowel movement was still noted as 11/18/17. A physician's order for a fleets enema (given per rectum) PRN (as needed) was dated 11/28/17 at 3:17 a.m. and administered to Patient 4 on 11/28/17 at 7:42 a.m. A second physician's order for a fleets enema was dated 11/28/17 at 11:45 a.m. (a one-time order) and given at 1:00 p.m. An order for magnesium citrate was also dated 11/28/17 at 11:45 a.m. and also administered at 1:00 p.m. on 11/28/17. Lactulose (laxative) was first administered on 1/28/17 at 9:52 p.m. A 500 milliliters (ml, approximately half a quart) soap suds enema (given per rectum) was given on 11/28/17 at 10 p.m., 11 pm, 12 p.m., and on 11/29/17 at 1 a.m., and 3 a.m. at which time Patient 4 had a medium sized bowel movement. The soap suds enema was repeated again at 5 am with no results.</p>			

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	<p>A physician progress note dated 11/29/17 at 4:20 p.m. indicated that "the patient started developing significant abdominal pain. She has not had a bowel movement in over a week" with physician assessment of "severe constipation resulting in severe abdominal pain."</p> <p>A physician progress note dated 11/29/17 at 8:40 p.m. indicated the plan may require laparotomy (surgery) if unable to evacuate (empty) colon (of feces). According to the Operative Report dated 11/30/17 at 2:02 a.m., Patient 4 returned to surgery on 11/29/17 at 11:30 p.m. to evacuate the colon, where it was discovered she had toxic megacolon (an acute form of colonic distension characterized by a very dilated colon) with areas of ischemia (inadequate blood supply). The indication for the operation was ".....developed persistent ileus (painful bowel blockage), which led to obstipation (severe constipation). The patient was started on multiple bowel care medications without significant improvement. The patient underwent multiple enemas followed by a Gastrografin enema (x-ray of the bowel) this a.m., and then tried to attempt to try to decompress the bowel (removal of contents of the intestinal tract by use of suction through a tube), all of which was unsuccessful. White count (blood cells that show infection) progressively rose and follow up CT scan (type of x-ray) revealed persistent cecal dilatation (enlarged bowel). The patient had acute abdomen (sudden and severe abdomen pain) on examination and is taken to surgery for</p>				

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	<p>laparotomy (surgically cutting the abdomen open).</p> <p>During an interview on 12/6/17 at 4:15 p.m., the Director of Pharmacy (DOP) said the most serious concern for patients taking opioid narcotics was respiratory depression, but constipation was a common side effect, but it takes a while before it becomes life threatening. She stated the facility uses Lexi-comp as a pharmaceutical reference guide.</p> <p>A review of Lexi-comp online indicated the following under "Geriatric Considerations" for Dilaudid: "The elderly may be particularly susceptible to the CNS (central nervous system) depressant action and constipating effects of opioids. Prophylactic use of a laxative should be considered."</p> <p>A review of Lexi-comp online indicated the following under "Geriatric Considerations" for Morphine: "The elderly may be particularly susceptible to the CNS depressant action and constipating effects of opioids. Prophylactic use of a laxative should be considered."</p> <p>A review of Lexi-comp online indicated the following under "Geriatric Considerations" for Norco: "The elderly may be particularly susceptible to the CNS depressant action and constipating effects of opioids. Prophylactic use of a laxative should be considered."</p> <p>A review of Lexi-comp online indicated the</p>			
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	<p>following under "Geriatric Considerations" for Percocet: "Elderly may be particularly susceptible to the CNS depressant action (sedation, confusion) and constipating effects of opioids."</p> <p>During an interview on 12/7/17 at 10 a.m., Clinical Informatacist Pharmacist (CI) 5 explained the post-operative physician's order set came with an order for Docusate Sodium (a stool softener) and Senna (a laxative) which the physician could check as an order. CI 5 also stated a physician could order any laxatives as a one-time order or make a specific laxative order as part of his specific order set and save it. CI 5 confirmed there were no initial post-operative physician orders for laxatives for Patient 4.</p> <p>During an interview on 12/6/17 at 5:30 p.m., the Director of Risk and Safety (DRS) stated there was no elimination (bowel or bladder) care plan for Patient 4 and the pain management care plan did not include constipation or bowel elimination.</p> <p>During a concurrent record review and interview on 12/7/17 at 3:05 p.m., the Director of Acute Services (DACS) reviewed the pain management care plan for Patient 4. Although the care plan did not include constipation, under interventions it included, "assess medication side effects." Despite Patient 4 having no bowel movement until 11/28/17, and constipation being a well-known common side</p>			

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	<p>effect, the nurses charted "met" on a daily basis. DACS confirmed there was no policy and procedure for bowel care but it was a nursing standard of care and her expectation for the nurses was to notify the physician if a patient has not had a bowel movement after three days.</p> <p>During an interview on 12/7/17 at 11:40 a.m., the Telemetry Manager (TM) stated Patient 4 was transferred from the intensive care unit to the telemetry floor on 11/22/17. Patient 4 had three rapid responses (a situation where a patient has had a serious decline but before an actual cardiac or respiratory arrest) called within a short period of time, was on cardiac medications IV, had chest tubes, and was not eating well. TM said she spoke to a couple of nurses and they both said how ill Patient 4 was and how they were focused on her respiratory and cardiac issues, not her bowel movements. TM stated information regarding bowel movements should be passed on from nurse to nurse during the change of shift handoff between nurses.</p> <p>In an interview on 4/16/18 at 11:10 a.m. with the Director of Risk/Safety, she stated that Patient 4's bowel surgery on 11/29/17 was required as a result of the mega colon and she was taken into surgery emergently. She further stated that the nurses had not charted the date of Patient 4's last bowel movement.</p> <p>Therefore, the facility failed to deliver patient</p>			
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	<p>care when Patient 4 did not have a bowel movement for 10 days. Patient 4 was prescribed numerous opioids known for causing constipation, yet, the facility waited 8 days after Patient 4's last bowel movement to respond to her constipation symptoms. The facility failed to develop a post-operative plan of care that included bowel care. It failed to implement Patient 4's care plan requiring assessment of pain medication side effects. It also failed to recognize a nursing diagnosis of severe constipation and intervene by promptly notifying the physician.</p> <p>As a result, Patient 4 suffered constipation and obstipation (severe constipation where a person cannot pass stool) that required 6 enemas and an additional surgery to resolve.</p> <p>This facility failed to prevent the deficiency(ies) as described above that 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 1280.3(g).</p>				

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CORRECTIVE ACTION PLAN
Penalty 230013715

A. Immediate Actions

1. The Patient Safety Officer met with those staff members involved with the care of the patient. Participants determined that it was necessary to focus on initiation of a plan of care relative to the post-surgical patient bowel care, need to recognize severe constipation, and contacting the physician when constipation is apparent.
12/8/2017
2. The Director Acute Care Services developed staff education to include: a plan of care relative to the post-surgical patient bowel care, recognition of signs of severe constipation and physician notification.
12/13/2017
3. The Director Acute Care Services distributed education to Registered Nurses (RNs) via workshift huddles for the Telemetry Unit staff outlining the care in this patient case to heighten staff awareness related to bowel motility status post-surgery.
12/13/2017

B/ C. Deficient Practice/Corrective Action/Measures & Systemic Changes

1. The Director Acute Care Services, in collaboration with Education Department, created a case study to share key learnings related to bowel motility status post-surgery
12/14/2017
2. The Director Acute Care Services in-serviced the Telemetry Unit RNs with particular focus on the documentation of bowel movements and sounds in accordance with the Electronic Health Record Telemetry Nursing Documentation Guideline.
1/12/2018
3. The Director Acute Care Services met with the Clinical Informatics team and requested that bowel care be added to surgical post-operative physician/surgeon order sets and that nursing bowel care activities be added to post-operative plan of care templates in the Cerner Electronic Health Record system.
1/17/2018
4. Mandatory Telemetry staff meetings were scheduled to provide the problem-solving case study as targeted education to RNs. The topics included: requirements for documentation of bowel motility, individualized plan of care initiation and updates, how to recognize and anticipate constipation and interdisciplinary communication including physician notification as needed. Those staff members not in attendance will receive minutes of the meeting with the expectation to acknowledge the information by signing the minutes and returned to the Director Acute Care Services.
2/21/2018

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Mercy Medical Center Redding
2175 Rosaline Avenue, Clairmont Heights
Redding, CA 96001
CA230000010

CORRECTIVE ACTION PLAN
Penalty 230013715

D. Monitor

1. Responsible Party: Director of Acute Care Services

Indicator Description: Forty (40) post-surgical medical records audited monthly for documentation of bowel motility and bowel care plan initiated per the documentation expectations in the Electronic Health Record Telemetry Nursing Guideline.

Monthly reporting of results continues until 100% compliance is sustained for 3 consecutive months.

Numerator: Total number of surgical patient records reviewed that have documentation for:

- a.) plan of care for bowel care was initiated
- b.) bowel movements were documented, an
- c.) if patient constipation noted, then physician was notified.

Denominator: Total number of surgical patient records reviewed

Results of audit are reported to the QA&I Committee, Medical Executive Committee and Governing Board.

2/1/2018 & ongoing

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