

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050567	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2011
NAME OF PROVIDER OR SUPPLIER Mission Hospital Regional Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27700 Medical Center Rd, Mission Viejo, CA 92691-6426 ORANGE 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: CA00263331 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 06793, 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 1280.1(c): 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>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>T22 DIV 5 CH1 ART3 - 70213 (a). Nursing Service Policies and Procedures. (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.</p> <p>The above regulation was NOT met as evidenced by:</p> <p>Based on medical record review, staff interview, and review of the hospital's policies and procedures (P&P), the hospital failed to ensure implementation</p>		<p>CDPH Survey Date: 6/15/11 Penalty #060010039 CA#00263331</p> <p>A. CORRECTIVE ACTIONS – TEMPORARY AND PERMANENT</p> <p><u>Contracted Clinical Agencies:</u> All of the nursing agencies that provide RNs in response to requests for staffing needs at Mission Hospital have their own specific check lists and/or assessments of their nursing staff.</p> <ul style="list-style-type: none"> Each of these nursing agencies were contacted by Director of Nursing Administration (designee) to specifically determine whether or not the self-assessment skill sheet documents included specific language around the management and removal of central lines, including internal jugular lines. A list was made and it was noted whether or not that agency was compliant with the requirements for competency in management of central lines. If there was a need for additional clarification and/or validation of the central line indicator, then the agency was instructed to either amend their current check list – OR – provide an addendum that would attest to the competency of the nurse related to management and removal of central lines.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Director Patient Safety Quality Improvement* TITLE (X6) DATE

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 5
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>of P&P addressing central line catheters, specifically internal jugular catheters for Patient 1. RN 1 who was not competent in removing the internal jugular catheter had removed Patient 1's internal jugular catheter improperly resulting in a cardiac arrest, respiratory failure, and intubation.</p> <p>Findings:</p> <p>1. The hospital's P&P addressing care and maintenance procedures for intravascular devices and central lines showed initial competency in removing central lines [a catheter placed into a large vein in the neck (internal jugular vein), chest (subclavian vein or axillary vein) or groin (femoral vein) to administer medication or fluids and obtain blood] was required for the registered nurse (RN).</p> <p>Review of RN 1's competency checklist showed no documented evidence the RN was competent in removal of the central lines including internal jugular catheters.</p> <p>2. Review of the hospital's P&P addressing care and maintenance procedures for intravascular devices and central lines revealed instructions to be followed when a central line was to be removed included the following:</p> <ul style="list-style-type: none"> - The patient would be placed supine (lying on the back with face upward) in a slight Trendelenburg's position (the body is laid flat on the back with the feet higher than the head by 15-30 degrees) or flat if Trendelenburg's position was contraindicated. - If removing an internal jugular or subclavian catheter, have the patient turn his or her head away 		<ul style="list-style-type: none"> • Prior to the agency nurse being assigned to the Cardiac Telemetry unit, the competency check list will be verified by the Nursing Administration Director (designee) before allowing the nurse to manage or remove central lines. • The contract agreements between the agencies and Mission Hospital already ensures that each agency shall certify to the hospital that each agency employee has met all screening criteria prior to placement within a specific unit. During the next round of contract renewal with these agencies (occurring in June 2011), a cover letter will be sent by the Director of Nursing Administration along with the contract that outlines the specific requirements related to the management of Central Lines prior to assignment of those nurses in the Cardiac Telemetry Unit. <p>Cardiac Telemetry Unit: The Charge Nurse will verify with each agency nurse, - prior to patient assignment, - that there is validation of competency and will determine any exclusion criteria prior to assignment of patients.</p> <ul style="list-style-type: none"> • Registry staff nurses will be oriented by the Charge Nurse with validation of past experience and patient assignments. <ul style="list-style-type: none"> ○ The "Outside Registry Orientation Book", kept in the nurses' station, has been updated to include: "Cardiac Telemetry Basic Guidelines and Quick Reference Guide for Nurses". This includes a reference relating to the requirements established surrounding central line management. 	

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	<p>from the catheter site, instruct the patient on Valsalva maneuver (inhale, hold breath or bear down) or if Valsalva maneuver is contraindicated or the patient cannot cooperate, remove the catheter during exhalation, and then instruct the patient to remain in supine position for 30 minutes. Valsalva may prevent the occurrence of air embolism. Air embolism is an air bubble in the blood vessel leading to the heart, caused by gas bubbles in the vascular system such as in the bloodstream, forming clots, traveling, lodging in the brain, and precipitating stroke or thrombosis (formation of a blood clot inside a blood vessel obstructing the flow of blood through the circulatory system). A venous air embolism is a known cause of severe cardiovascular conditions such as pulseless electrical activity (PEA).</p> <p>During an interview on 6/15/11, staff 1 stated the procedures for removal of central lines including internal jugular catheters in the Lippincott Manual, Fifth Edition was also followed by the hospital. Review of the procedures in the Lippincott manual showed the procedures also required the patient to be placed in a supine position to prevent an air embolism, have the patient perform Valsalva's maneuver as the catheter is withdrawn, inspect the catheter tip, and measure the length of the catheter to ensure the catheter has been completely removed.</p> <p>Medical record review showed Patient 1 was admitted to the hospital on [REDACTED] 11. Patient 1 had an internal jugular catheter to the left neck.</p>		<ul style="list-style-type: none"> • Education and expectations of this policy have been provided to the Charge Nurses by the Cardiac Telemetry Nurse Manager during their staff meeting (see attached document "Charge Nurse Guidelines for Utilization of outside Registry Nurses on Cardiac Telemetry"). These guidelines are kept in the Charge Nurse Manual at the nurses' station. <ul style="list-style-type: none"> ○ A recommendation from the Charge Nurse Team members was to include Central Line discontinuation competency verification as part of Cardiac Telemetry "skills station" training. This was completed on May 13th and May 31st, 2011. <p>B. TITLE OF RESPONSIBLE PERSONS</p> <ul style="list-style-type: none"> • The Director of Nursing Administration is responsible for immediate actions taken with regard to corrective actions required from the Contracted Nursing Agencies. • The assigned House Supervisor is responsible to ensure validation of competency of any agency nurse PRIOR to being assigned to Cardiac Telemetry Unit. • The assigned Charge Nurse for the Cardiac Telemetry unit is responsible to ensure the appropriate patient assignments for all

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	<p>The medical record contained RN 1's nursing documentation dated [REDACTED] 11, that the patient was awake, alert, and oriented to time, place, and person. The nurse documented the following: "Prior to discharge home, internal jugular discontinued from left neck, intact, immediate pressure dressing applied and sutures remains removed completely off the skin. Patient feeling weak and nausea and collapses. Code blue (alert staff to attend to a patient medical emergency) called...patient transferred to cicu (critical intensive care unit, a higher level of medical care)."</p> <p>The Cardiology Progress report dated [REDACTED] 11, the physician documented Patient 1 had gone into "PEA (an electrical activity in the heart without enough blood being pumped to create a pulse) after removal of right IJ (internal jugular) catheter in sitting position!!!" The physician documented a code blue was called, and Patient 1 was resuscitated. The physician also documented when Patient 1 came back from a CT scan (computed tomography, a medical imaging procedure utilizing computer-processed x-rays to produce tomographic images of specific areas of the body) of the head, the patient went into respiratory failure, required intubation, and was placed on medications to maintain adequate blood pressures.</p> <p>Medical record review for Patient 1 revealed the physician's discharge summary dated [REDACTED] 11, in which the physician documented on the day of discharge, Patient 1 had suffered a cardiac arrest and was successfully resuscitated. The physician added Patient 1 had some problems with</p>		<p>agency nurses based on competency and skill set.</p> <ul style="list-style-type: none"> The Nurse Manager of the Cardiac Telemetry Unit is responsible to ensure oversight for the actions of the Charge Nurse in patient/nurse assignments. <p>C. MONITORING</p> <ul style="list-style-type: none"> The House Supervisor(s) is responsible to ensure that prior to assigning a contracted agency nurse to the Cardiac Telemetry Unit, competency will be validated to ensure appropriateness of assignment to the unit based on experience and skill set as dictated by patient acuity. This will be done 100% of the time each time a contracted agency is assigned to Cardiac Telemetry. The Charge Nurse(s) is responsible to ensure that each contracted agency nurse (100%) assigned to the Cardiac Telemetry Unit is oriented to the unit and appropriately assigned to patients based on their acuity and needs. Any "high-risk" tasks (those tasks that require special competency and are listed in the Charge Nurse Guideline Book) will be assigned to core (regular) Cardiac Telemetry nurses. All Nursing Core competencies are validated on an annual basis and the Nurse Manager of each unit is responsible to ensure adjustments in nurse assignment until competency has been verified and documented. 		
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	<p>confusion, but at the time of discharge, his mental status was markedly improved.</p> <p>During an interview on 6/15/11, Staff 1 disclosed RN 1 who had removed Patient 1's internal jugular catheter was an RN from the hospital's contract agency. Staff 1 further stated RN had failed to seek consults with the hospital's charge nurse or other staff nurses for the implementation of the hospital's P&P on removal of the internal jugular catheter properly. RN 1 reported that Patient 1 was in a hurry to go home, so she had pulled the internal jugular catheter out while Patient 1 was sitting upright in a chair.</p> <p>RN 1 who was not competent in removal of the internal jugular catheters had removed Patient 1's internal jugular catheter improperly by not following the hospital's P&P, resulting in Patient 1 having a cardiac arrest, respiratory failure, and intubation.</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 1280.1(c).</p>		<p>D. DATE(S) OF COMPLETION:</p> <ul style="list-style-type: none"> Initial communication (and required competency validation concerns related to central line management) with the contracted nursing agencies was completed on June 25, 2011. House Supervisors were all notified of the expectations surrounding agency nurse competency validation PRIOR to assignment to CarTel on May 1, 2011. Charge Nurse policy communication was completed in March and April 2011. 	6-25-11	

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