

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2012
NAME OF PROVIDER OR SUPPLIER Memorial Medical Center		STREET ADDRESS CITY, STATE, ZIP CODE 1700 Coffee Rd, Modesto, CA 95355-2803 STANISLAUS 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>related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility</p> <p>Deficiency Constitutes Immediate Jeopardy</p> <p>Title 22 70213 Nursing Service Policies and Procedures (d) Policies and procedures that require consistency and continuity in patient care, incorporating the nursing process and the medical treatment plan, shall be developed and implemented in cooperation with the medical staff</p> <p>Based on staff interview, clinical record and administrative document review, the hospital failed to implement its newborn nursery policy and procedure on notifying physicians immediately when the infant had a very low blood glucose (sugar) level of 12 milligrams per deciliter (mg/dl - a method of measurement) (normal blood glucose in the newborn is above 40 mg/dl).</p> <p>This failure resulted in the infant suffering a series of hypoglycemic (low blood glucose levels) events. The infant suffered a tonic-clonic (alternately contracting and relaxing) seizure (excessive and abnormal electrical brain activity) An EEG (electroencephalogram - a specialized brain study measuring brain waves) following the infant's seizures was interpreted by a pediatric neurologist (physician specializing in neurologic diseases of the infant and child) as abnormal. The EEG indicated the infant was diagnosed with partial seizures due to hypoglycemia.</p>		<p>Date the immediate correction was accomplished: ██████/2011</p> <p>How other patients having the potential to be affected by the same practice will be identified, and what corrective actions will be taken:</p> <p>██████/2011:</p> <ul style="list-style-type: none"> Immediate action included an addendum to the "Management of Neonatal Hypoglycemia" policy and procedure by the neonatal medical staff leaders in collaboration with the unit nursing leadership. Policy changes included: <ul style="list-style-type: none"> A new 1-page visual diagram listing action steps to be taken based on symptoms and corresponding blood glucose levels. Revision of the hypoglycemic range's "low" value was raised from 20 to 40 for earlier nursing intervention. 	

Event ID:ZF5T11

2/5/2013

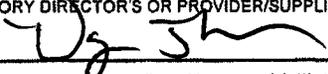
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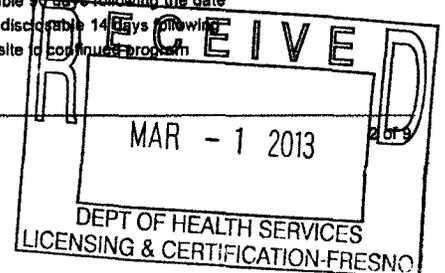


Daryn J. Kumar

Chief Executive Officer

2/27/13

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	<p>Continued From page 2</p> <p>Findings:</p> <p>On March 6, 2012, the infant's clinical record was reviewed. The infant was delivered on [redacted] 11 at 1:37 p.m. According to the well-baby admission note, the infant was designated as a "high risk" for "Lactation Assessment" (Lactation Assessment is the process of evaluating how well the newborn breast feeds) This is a breast fed infant and due to feeding poorly had glucose check done with the results being 12 mg/dl capillary via glucometer (A glucometer is a medical device that can estimate the blood glucose level by reading a drop of blood on an applicator) On [redacted] 2011 at 4:59 p.m. the infant was noted to have rhythmic right arm and eye twitching. On [redacted] 2011 at 5:05 a.m., after physician assessment the infant was transferred to ICN (Intensive Care Nursery). The physician progress note stated that the seizure activity was most likely due to hypoglycemia. EEG was ordered and done [redacted] 2011.</p> <p>The Care Team Notes indicated the infant was a poor feeder after birth. The Care Team Notes documented between [redacted] 11 at 6:49 a.m. and [redacted] 1 at 5:35 p.m. that the infant was not feeding well. The documentation indicated the infant was "too sleepy and reluctant to latch". RN 7 documented on [redacted] 12 at 5:05 p.m. "father of the baby reported infant had not nursed this afternoon." The blood sugar was checked and resulted in 12 mg/dl and the infant was bottle fed at the bedside. The Care Team Notes did not document the physician was called at this time. RN 1</p>		<ul style="list-style-type: none"> ○ The addition of timed feeding guidelines with parameters for the immediate post-birth period. ○ The inclusion of additional verification for low glucose readings by point-of-care and blood glucose testing. ○ Earlier provider notification (based on the new hypoglycemic low value of 40 or less). <ul style="list-style-type: none"> • These changes were reviewed with nursing staff individually, during daily unit rounding, and in stand-up meetings at shift change. • The changes to the "Management of Neonatal Hypoglycemia" policy and procedure were formally approved in accordance with the established hospital approval process. • The revised policy was finalized on 6/15/2012. 	

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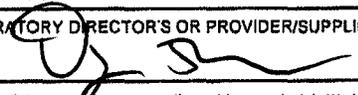
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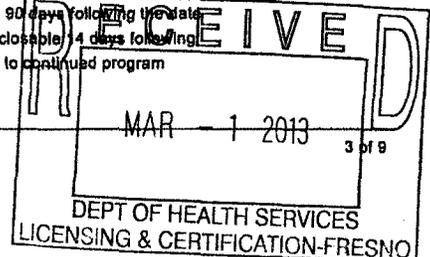


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	<p>Continued From page 4</p> <p>both upper extremities, sometimes involving just the right upper extremity, sometimes grimacing of the face that has been occurring. He (the father of the infant) had reported this to the nurses but apparently prior to today the activity was not observed by the nursing staff. Because of this history of hypoglycemia and now seizure activity this infant is being admitted to the Intensive Care Nursery for further management. The infant will be transferred to the care of the neonatologist (MD 2) later in the day."</p> <p>On 4/20/12 at 1:15 p.m. during an interview, MD 3 stated he was the pediatrician for the infant and performed a history and physical and admitted the infant to the ICN. He stated the nurse communicated the blood sugars were as low as 12 mg/dl. MD 3 stated he witnessed "tonic/clonic" seizure activity during his visit that morning. He was informed by the family the infant had several episodes of similar activity about twelve hours after birth. "This seizure activity apparently was not witnessed by nurses." The father stated to MD 3 he was told, "Sometimes babies are just jittery which is normal." MD 3 stated he was not informed about the blood sugars until after the infant was three days old and already experiencing seizure activity. MD 3 stated his expectation if a baby had a blood sugar of 12 mg/dl was that he would be called immediately. MD 3 stated, "I would like to be notified right away."</p> <p>On 4/19/12 at 3:30 p.m., during a concurrent interview, RN 4 (supervisor for the ICN) and QM (Quality Manager) discussed the care of the infant.</p>		<p>What immediate measures and systematic changes will be put into place to ensure that the practice does not recur:</p> <p>1. The following actions were taken immediately:</p> <ul style="list-style-type: none"> • The current policy regarding critical value notification was immediately reviewed with nursing staff to reinforce timeliness. • [REDACTED]/2011, specific policy changes included: <ul style="list-style-type: none"> ○ Immediate physician notification, with abnormal point of care testing per revised policy parameters. ○ Follow up verification with serum glucose when a critical point of care value indicates further testing is required. 	

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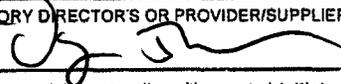
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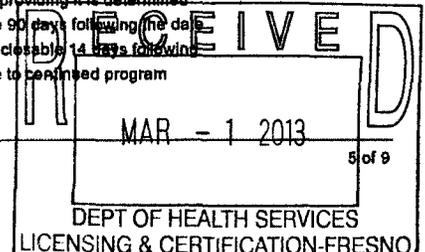
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	<p>Continued From page 5</p> <p>RN 4 and QM agreed the doctor should have been called immediately after the blood sugar of 12mg/dl was obtained RN 4 and QM stated the nursing policy and procedure at the time of the event directed staff to call the physician immediately.</p> <p>On 4/20/12 at 2:30 p.m., an interview was conducted with RN 5 who helped to admit the infant to the ICN on [REDACTED] 11 RN 5 was asked how she would have responded with low blood glucose RN 5 stated "If I had an infant with a blood sugar of 12 mg/dl, I would call the doctor right away and take the infant to ICN and start an IV (intravenous - a tube placed in the vein to provide fluids and or medications) and do a serum blood glucose. "</p> <p>On 4/20/12 at 11:40 a.m. during an interview, MD 2 (neonatologist) stated he was first notified of the infant's condition on [REDACTED] 11 at 5:05 a.m. when RN 6 notified him by phone of the "rhythmical right arm twitching and eye movement." MD 2 arrived at the hospital on [REDACTED] 1 at 5:30 a.m. to assess the infant MD 2 stated he also noted the rhythmical arm twitching and eye movement He stated at 6:00 a.m. while writing orders he noted episodes of rhythmical movements more pronounced on the right side and lasting minutes MD 2 stated, "I had concerns regarding communication" MD 2 commented that what he meant was that communication between the parents and nurses may not have been ideal He stated he asked the parents if there was any history of seizure activity. The parents told him that they had told the nurses of the twitching.</p>		<p>Date the immediate correction was accomplished: [REDACTED] 2011</p> <p>2. In addition to the immediate changes, the following systematic changes were made:</p> <ul style="list-style-type: none"> A new model integrating mother-baby care (couplet) was introduced on 5/7/2012, allowing for better oversight of mother-baby-family interactions. <p>Title/Position of person responsible for implementing the correction: Maternal Child Health Manager</p> <p>A description of the monitoring process and position of person responsible for monitoring. How the facility plans to monitor its performance to ensure corrective actions are achieved for its effectiveness, and how it will be integrated into the quality assurance system:</p> <ul style="list-style-type: none"> Communication audits to promote consistent staff hand-offs began on 03/01/12. Thirty 	

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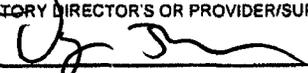
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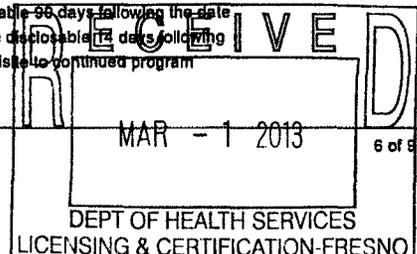
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	<p>Continued From page 6</p> <p>During this interview, MD 2 confirmed that the expectation would be for the nurses to call immediately with blood glucose of 12 mg/dl in reference to the care the infant, MD 2 stated "The doctor should have been notified immediately. The infant probably would not have had seizures if treatment had started right away. The delay could result in the baby having long term affects " MD 2 stated, "The parents alerted nurses of possible seizures, they should have followed up on the point of care blood sugar to rule out hypoglycemia The baby probably had low blood sugars hours before treatment started "</p> <p>On 4/20/12, a NICU (Neonatal Intensive Care Unit) note dated [redacted] 11 at 8:52 a.m., by MD 2 was reviewed " Impression: My impression is that her (the infant's) seizure activity was most likely due to hypoglycemia Plan: Continue treatment with seizure medication; obtain EEG Monitor blood glucose at least every 4 hours for now "</p> <p>On 4/20/12, the EEG for [redacted] /11 was reviewed and indicated under "Indications: This sleepy baby girl who reportedly has been noticed to have some right upper extremity jerking and lip smacking. Interpretation: This is an abnormal EEG because of frequent left temporal sharp activity noticed This is indicative of low threshold for partial seizures "</p> <p>On 4/20/12, the NICU report by MD 2 at 1:36 p.m. was reviewed/ Discharge Diagnoses were: 1. Hypoglycemia 2 Seizures due to hypoglycemia 3 A 41 week infant with a birth weight of 2836 grams. . 4 Neurological: . My impression is that</p>		<p>medical records are audited per month, beginning in June, 2012. The verbal and/or electronic audit includes the following SBAR elements: Feeding type, plan, and status; Mother's medical history; significant lab results, point-of-care testing and critical lab values; and, a list of planned nursing interventions for the next 24-hour time period. Monthly auditing is planned until a compliance rate of 100% for six consecutive months is achieved, followed by a quarterly assessment which must reach a compliance rate of 100% for 2 consecutive quarters before the auditing cycle is terminated.</p> <ul style="list-style-type: none"> Review and reconciliation of the daily Critical Value Report has been expanded to include a process of auditing 100% of all patients requiring point-of-care testing each month (due to a variable "n") and is planned to continue with no end date. The monthly audit includes a medical record review for the following: Any lab values reported as critical by date and 	

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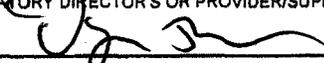
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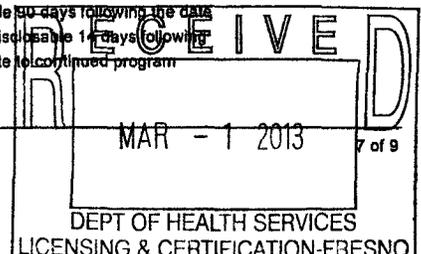


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	<p>Continued From page 7</p> <p>she had seizure activity due to hypoglycemia . "</p> <p>On 4/20/12, the policy that was in place on [REDACTED] 11, titled "Newborn hypoglycemia", with a revision date of 8/09, was reviewed. The policy indicated: " II Purpose A To provide guidance in monitoring of blood glucose levels and to identify the required interventions in the care of the neonate at risk for hypoglycemia during transition . IV . C If glucometer value (less than symbol) 20, call attending pediatrician, the ICN on-call pediatrician, or the neonatologist immediately "</p> <p>The article Neonatal Hypoglycemia (emedicine.medscape.com/article/802334-overview) indicated "Hypoglycemia is the most common metabolic problem in neonates. In children a blood glucose value of less than 40 mg/dl (2.2 mmol/l) represents hypoglycemia. A plasma glucose level of less than 30 mg/dl (1.65 mmol/L) in the first 24 hours of life and less than 45 mg/dl (2.5 mmol/L) thereafter constitutes hypoglycemia in the newborn. Patients with hypoglycemia may be asymptomatic or may present with severe central nervous system (CNS) and cardiopulmonary disturbances. The most common clinical manifestations can include altered level of consciousness, seizure, vomiting, unresponsiveness, and lethargy. Any acutely ill child should be evaluated for hypoglycemia, especially when history reveals diminished oral intake. Sustained or repetitive hypoglycemia in infants and children has a major impact on normal brain development and function."</p> <p>The hospital failed to implement the policy directing</p>		<p>time, a verification of documentation including the "read back" process of the reported value, and provider notification (if applicable per the new policy guidelines). This process began 04/01/12.</p> <p>Title/Position of person responsible for implementing the correction: Maternal Child Health Manager</p>	

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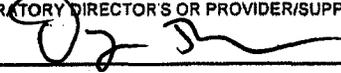
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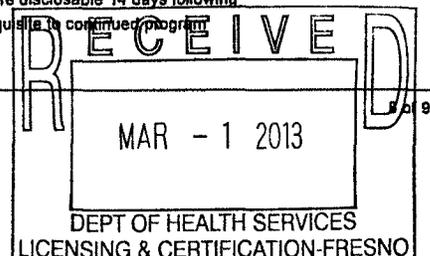
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