

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>HOAG MEMORIAL HOSPITAL PRESBYTERIAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>ONE HOAG DRIVE, NEWPORT BEACH, CA 92663 ORANGE COUNTY</b>		
(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>The following reflects the findings of the Department of Public Health during investigation of COMPLAINT # CA00173787</p> <p>The inspection was limited to the complaint(s) investigated and does not represent a full inspection of the hospital.</p> <p>Representing the Department of Public Health: [REDACTED] HFEN; Sanford Weinstein, MD</p> <p><b>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</b></p> <p>70213(d) 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>70701(a)(4) Governing Body (a) The governing body shall: (4) Provide appropriate physical resources and personnel required to meet the needs of the patients and shall participate in planning to meet the health needs of the community.</p> <p>The above regulations were NOT MET as evidence by:</p> <p>Based on interview and record review, the hospital failed to ensure that the attending</p>		<p><u>Temporary and Permanent Actions Taken:</u></p> <ol style="list-style-type: none"> <li>Staffing on the telemetry unit has been changed so that a designated Telemetry Technician/Clerical Coordinator (TT/CC) is able to maintain constant monitoring of the cardiac monitor, recognize changes, and inform the registered nurse of changes. This began on 12/30/2008.</li> <li>The volume on the cardiac monitoring system was adjusted to a clearly audible volume. This was completed on 12/31/2008.</li> </ol>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">2009 MAR 20 PM 2:42</p> <p>12/30/2008</p>

Event ID:V22111

3/12/2009

9:29:10AM

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

*Marilyn Long RN, JD Director of Patient Safety + Compliance*

TITLE

(X6) DATE

03/27/2009

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.

*Accepted 4/1/09 1700 Lucy Long HFEN*

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	<p><b>Continued From page 1</b></p> <p>physician's order for continuous cardiac monitoring was implemented as ordered, resulting in Patient A being at risk for undetected cardiac arrhythmias. Subsequently, Patient A was found to have suffered ventricular fibrillation, coded and expired.</p> <p>In addition the governing body failed to provide adequate physical resources to ensure that the monitor technician was sufficiently free of other duties to ensure Patient A, who was off the cardiac monitor for greater than 30 minutes, was observed and treated.</p> <p>Findings: On 2/4/09, Patient A's medical record was reviewed. The record showed on 12/28/08 Patient A came to the hospital ED (Emergency Department) complaining of chest pain. A review of the History and Physical report of 12/28/08 revealed the ED physician documented that Patient A had a history of Coronary Artery Disease with insertion of an intra-coronary stent. Patient A's ER electrocardiogram showed evidence of abnormal changes and the patient was diagnosed with an acute myocardial infarction. Patient A was taken directly to the cardiac catheterization laboratory for a left heart catheterization, a coronary angiography, and stent insertion.</p> <p>The Physician's Progress Notes of 12/29/08 showed the patient was monitored in the Coronary Care Unit, having episodes of</p>		<p><b>3. A wall mounted container with extra leads was placed in each patient room on the telemetry unit. This was completed on 01/31/09.</b></p> <p><b><u>Compliance and Monitoring:</u></b></p> <p><b>The Director or designee of the telemetry unit will conduct an audit of 10 patients per month for 3 months beginning March, 2009. Items to be audited include whether:</b></p> <ol style="list-style-type: none"> <li><b>1. The unit has a dedicated Telemetry Tech</b></li> <li><b>2. Extra leads are available in the patient room.</b></li> </ol> <p><b>100% of staff on the telemetry unit will be in-serviced on their roles and responsibilities related to cardiac monitoring and communication, including notification to the appropriate RN of alarms or arrhythmias. This will be completed by 04/30/2009.</b></p> <p><b>The Director or designee(s) of the telemetry unit will follow up on the audit results as applicable. The results of the audits will be tabulated and reported to the Enterprise Safety</b></p>	<p>2009 MAR 30 PM 2:42</p>

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	<p><b>Continued From page 3</b></p> <p>telemetry unit on the day following insertion of the coronary artery stent. On that same day, Patient A was "apparently off the monitor for 35 minutes and during that time suffered an arrhythmic death."</p> <p>The printed strips of the cardiac monitor for Patient A showed on 12/30/08 at 0641 hours, the monitor did not register the patient's cardiac activity, and the strip went abruptly into a flat line. The medical record for 12/30/08 revealed no monitoring from 0641 hours to 0715 hours a duration of 34 minutes.</p> <p>On 2/4/09 at 1045 hours, interview with the Director of the telemetry unit was conducted. The Director stated the telemetry technician (TT) and clerical coordinator (CC) on 12/3/08 was the same person. The day shift started at 0700 hours. Before the new shift started at approximately 0630 hours, was the busiest time of the shift. The CC had many tasks to do including answering the telephone, answering patients' call-lights then paging the nurses for response, updating and writing the unit census, picking up laboratory reports and placing them on clipboards. These duties were in addition to the telemetry duties of watching the cardiac monitors and notifying the nurses of abnormalities. The TT assigned to watch the monitor on 12/30/08 was on his second night of working in the unit. The TT did not notify the patient's nurse or PCA when Patient A's cardiac monitor was not registering a rhythm. The alarm for the cardiac monitoring system</p>			2009 MAR 30 PM 2:12
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	<p><b>Continued From page 4</b></p> <p>was not set on the highest volume.</p> <p>On 2/4/09 at 1100 hours during an interview, the PCA stated on the morning of 12/30/08, she walked into Patient A's room to check the vital signs. She found Patient A was not responding and the telemetry leads were off. She went to get a new pack of leads and came back to the patient's room. She called the Code Blue team.</p> <p>Review of hospital records showed a statement from the TT/CC that 12/29/08 night shift was the second night for the TT/CC on the telemetry unit. The TT/CC described that night as busy; there were many telemetry alarms going off. The assigned workload was 20% cardiac monitoring and 80% clerical work. The TT did not notify the nurse of when Patient A's cardiac rhythm was not registering and/or the monitor was alarming.</p> <p>The Telemetry Technician/Clerical Coordinator Job Description revealed the TT/CC should maintain constant monitoring of electrocardiogram patients throughout the entire shift, recognize changes in electrocardiograms and inform the registered nurse of changes. In addition to the above, the TT/CC worked as part of the patient care delivery team to maintain organization within the unit including:</p> <ul style="list-style-type: none"> <li>* Coordinating patient schedules with other members of the patient care delivery team</li> <li>* Managing patient charts and prioritizing; and</li> </ul>			2009 MAR 30 PM 2:42

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	<p><b>Continued From page 5</b></p> <p>transcribing orders in an accurate, timely and efficient manner</p> <p>* Perform other duties as assigned.</p> <p>The violation(s) has caused or is likely to cause serious injury or death to the patient(s).</p>			2009 MAR 30 PM 2:42

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