

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2008
NAME OF PROVIDER OR SUPPLIER GROSSMONT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 5555 GROSSMONT CENTER DRIVE, LA MESA, CA 91942 SAN DIEGO 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>The following reflects the findings of the California Department of Public Health during an Entity Reported Incident investigation.</p> <p>Complaint No: CA 145843 Category: State Monitoring, Death General</p> <p>Representing the California Department of Public Health was [REDACTED], HFEN.</p> <p>1280 1(a) HSC Section 1280 If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Sections 1250 receives a notice of deficiency constituting an immediate jeopardy to the health or safety of a patient and is required to submit a plan of correction the department may assess the licensee an administrative penalty in an amount not to exceed twenty-five thousand (\$25,000) per violation.</p> <p>1280 1 (c) HSC Section 1280 For purposes of the 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 DIV5 CH1 ART6-70617(a) Respiratory Care Service General Requirements</p> <p>(a) Written policies and procedures shall be developed and maintained by the person</p>			

Event ID:IGWW11

8/14/2008

1:56:50PM

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

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(X6) DATE

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 1</p> <p>responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate</p> <p>Based on interview and record review the facility failed to have a policy and procedure in place to ensure safe transition of care of a venitilator dependent patient from the respiratory therapist to nursing staff. This failure resulted in the death of the patient.</p> <p>Findings:</p> <p>Patient A was a 45-year-old male brought into the emergency room (ER) of the facility on 3/21/08 by the paramedics at approximately 2:48 a.m. according to the ER notes. The patient initially presented with signs and symptoms of a stroke. The paramedics reported that the patient had a syncopal (fainting) episode at home and was unable to lift his right arm. At 3:14 a.m., the nurse documented that the patient was awake and oriented x 3 (person, place, and time) speech was clear and coherent with no facial droop, no drift, or drop of any extremity, and equal grips.</p> <p>At 3:43 a.m., the patient was noted to have snoring respirations, severely slurred speech, unable to follow commands well and had an episode of vomiting per the ER nurses notes. At 3:45 a.m. Patient A was noted to have changes on his EKG (electrocardiogram). The EKG changes indicated</p>				

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	<p>Continued From page 2</p> <p>an Acute MI (myocardial infarction). At 4:00 a.m., the patient was medicated with Versed 5 mg (a narcotic) and Pavulon 5 mg (a paralytic medication use to facilitate mechanical ventilation /breathing) and an ETT (endotracheal tube) was placed. A continuous propofol (a short-acting intravenous anesthetic agent used for the induction of general anesthesia in adults) drip was started at 20 mcg(micrograms)/kg(kilogram)/min(minute). Patient A was connected to a ventilator (automatic machine that provides respiration for a patient who is physically unable to breathe or breathing insufficiently). The ventilator settings ordered were 60 % oxygen, a tidal volume of 600 and CMV (controlled mechanical ventilation) of 12 with a PEEP (peak end expiratory pressure) of 5 according to the ER nurses notes. The ER nurse assessed Patient A to have "bilateral lung sounds, skin color pink." The Propofol drip was increased to 40 mcg/kg/min at 4:41 A.M. per the ER notes.</p> <p>At 4:44 A.M., Patient A was transferred to the Cath lab via gurney with a portable transport ventilator, accompanied by the Cath lab nurse and Respiratory Technician "X" as well as the cardiologist according to the ER nurses notes.</p> <p>The Cardiac Catheterization report dated 3/21/08 by the cardiologist was reviewed. According to the report, "...The patient was brought emergently to the cardiac catheterization lab...in intubated fashion...continued to be biting on the ET (endotracheal) tube. Given this, we decided to go ahead and give the patient some vecuronium (paralyzing medication use to facilitate mechanical</p>				

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	<p>Continued From page 3</p> <p>ventilation /breathing)...the patient was being prepped and draped in the usual sterile fashion. After I retrieved my lead and came in the room, it was noted the patient was acutely bradycardic. I noticed then, as we were draping the patient, that the patient's ventilator was placed on standby. It was unclear about the duration of this event, and emergently the patient was disconnected from the mechanical ventilator and was manually ventilated with an Ambu bag. There was no pulse at this time...we then started CPR (cardiopulmonary resuscitation). I initially placed one venous sheath, as there was no pulse present, and suddenly the power went out at that moment..."</p> <p>Cardiopulmonary resuscitation was instituted but there was a failure to revive the patient. After approximately 31 minutes, according to the Code Blue Record, Patient A was pronounced dead at 5:34 a.m.</p> <p>According to an interview on 4/4/08 at 3:10 p.m. with Respiratory Technician (RT) "W," the emergency room ventilator (vent) had been taken to the Cath lab, the settings had been dialed in, and the Cath Lab vent was placed on "stand by." RT "W" stated that the "stand by" mode is much like having a car in "idle," it's ready to go but you need to push the pedal to get it moving. RT "W" stated the stand by button needs to be pushed again in order to activate the ventilator. RT "W" stated that the RT working the morning of 3/21/08 (RT "X") could not recall if he had taken the ventilator out of "stand by" mode after transferring Patient A from the portable transport vent to the Cath lab vent the</p>				

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	<p>Continued From page 4</p> <p>morning of 3/21/08. He stated that after connecting Patient A to the Cath lab vent RT "X" was called back to the ER for a pediatric code.</p> <p>RT "W" stated that there is no written policy for respiratory staff to provide a verbal report to the nursing staff regarding the care and function of the ventilator. Facility administrative staff confirmed this on 4/4/08. RT "W" stated that it is understood that RT staff must do a visual and verbal check off with the nurse before leaving the Cath lab. There was no documentation in the medical record to indicate that Patient A had been assessed after connection to the ventilator in the Cath lab, or that anyone had verified the vent was turned on.</p> <p>On 4/4/08 at 4:25 p.m., Immediate Jeopardy was called as the facility failed to have a system in place to ensure safe transition of care of patients who are receiving mechanical ventilation.</p> <p>The Immediate Jeopardy was abated on 4/4/08 at 5:10 p.m., after the Department had received an acceptable plan of correction from facility administrative staff.</p>				

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