

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050746	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2009
NAME OF PROVIDER OR SUPPLIER WESTERN MEDICAL CENTER SANTA ANA		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 NORTH TUSTIN AVENUE, SANTA ANA, CA 92705 ORANGE 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 Department of Public Health during the investigation of COMPLAINT NO: CA00182943.</p> <p>Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department of Public Health: [REDACTED]</p> <p>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>T22 DIV5 CH1 ART3- 70223 (b)(2) Surgical Service General Requirements (b) A committee of the medical staff shall be assigned responsibility for: (2) Development, maintenance and implementation of written policies and procedures 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>The above regulation was NOT MET as evidenced by:</p> <p>Based on staff interview, review of policies/procedures, review of facility records, and medical record review, the facility failed to ensure implementation of written policies and procedures addressing sponge/instrument/needle counts, resulting in a laparotomy sponge retained in the</p>			2009 JUN -5 PM 1:24

Event ID: 2N0911

5/19/2009

9:04:15AM

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

TITLE

(X6) DATE

Signature Jacqueline Herd, RN, MSN, Chief Nursing Officer 6/3/09

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.

*4/8/09
acceptable
JH*

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	<p>Continued From page 2</p> <p>The policy stated "In an extreme emergency, sponge, sharp and instrument counts may be forfeited and the physician informed. Every attempt must be made to at least count laps and needles on these cases. An x-ray will be taken in the OR suite, prior to wound closure. If the surgeon declines an x-ray, this will be noted as an MD refusal and documented. This must be documented on the intraoperative record."</p> <p>Medical record review revealed that on 3/18/09, Patient #1 had undergone an emergency cesarean section and hysterectomy with removal of the left ovary and fallopian tube.</p> <p>Review of the Intraoperative Nursing Record, dated 3/18/09, failed to show documented evidence of sponge, needle, and/or instrument counts prior to, anytime during, or after the surgical procedure.</p> <p>In written declarations obtained by the hospital, the circulating nurse and instrument technician both stated sponge counts were performed; however, the circulating nurse stated that because of the urgency of the situation she had not documented the sponge counts on the Intraoperative Nursing Record.</p> <p>During interview on 4/15/09, the circulating nurse and the instrument technician stated instruments were not counted before or after the procedure.</p> <p>During interview on 4/15/09, the instrument technician stated an initial needle count was performed, but a final needle count at the end of the</p>		<ul style="list-style-type: none"> • Tool developed, "Reminder Points for STAT C-section" to be posted in OR suites as a reference for staff. • Implement C-section drills quarterly – with critique of drills to identify opportunities to improve. First drill completed 4/16/09. Follow-up drills for July and October. • Staff counseled on proper completion of forms – completed 3/23/09. 	<p>5/13/09</p> <p>4/16/09</p>

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(X6) DATE

Jaqueline Herd
Jaqueline Herd, RN, MSN, Chief Nursing Officer 6/3/09

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	<p>Continued From page 3</p> <p>procedure was not performed.</p> <p>Review of the documentation failed to contain the rationale as to why sponge/needle and instrument counts were not performed and documented in accordance with policy and that the physician was notified. The documentation failed to show evidence that during this emergency procedure, an x-ray was taken as per policy or that the surgeon had declined the x-ray.</p> <p>Medical record review revealed that over the next several days, Patient #1 developed progressive leukocytosis, continued abdominal pain, and low grade fever. On 3/23/09 at 1620 hours, an abdominal/pelvic CT scan was performed and the report stated a "foreign body appreciated within the lower pelvis." An operative report dated 3/24/09 documented Patient #1 had undergone an exploratory laparotomy under general anesthesia with removal of a retained laparotomy sponge.</p> <p>The violation(s) has caused or is likely to cause, serious injury or death to the patient(s).</p>			2009 JUN -5 PM 1:24

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