The following reflects the findings of the Department of Public Health during the investigation of COMPLAINT NO: CA00160389

Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.

Representing the Department of Public Health:

DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY

T22 DIV5 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.

The above regulation was NOT MET as evidenced by:

Based on interview and record review, the medical staff failed to ensure implementation of a surgery sponge count policy and procedure with the result that a sponge was retained for over ten months, the patient experienced pain, and another surgery was performed.

How the correction will be accomplished, both temporarily and permanently.

The correction will be accomplished through a change in Operating Room Policy and Procedures, with education of surgeons and OR nursing personnel, and with a program of monitoring to ensure compliance. At the Operating Room Committee meeting of November 24, 2008, final approval of the revision of the policy on OR surgical counts was adopted.

On page 6 of the Policy and Procedures under Step 13, the following change was made: Step 13 had previously read "The surgeon is notified each time an intraoperative count is completed, stating the count is correct or incorrect." This was changed to read "The surgeon is notified each time an intraoperative count is completed, stating the count is correct or incorrect."

Event ID: HSOT11 12/12/2008 11:14:21AM

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

Accreditation & Licensing Administrator 12/22/08

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 patient. Except for nursing homes, the findings above are disclosed 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 disclosed 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.
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLEA IDENTIFICATION NUMBER:
050376

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
08/25/2008

NAME OF PROVIDER OR SUPPLIER
LAC/HARBOR-UCLA MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1000 WEST CARSON STREET, TORRANCE, CA 90509 LOS ANGELES COUNTY

(X4) ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDEED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION;

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
(PROVIDE THE PLAN OF CORRECTION REFERENCE TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

Incorrect and stating if there is any packing. Furthermore, the rationale/point associated with Step 13 was changed from the previous "The surgeon will actively acknowledge the report of the count," to read "The surgeon will actively acknowledge the report of the count by repeating back the count results." In addition, on page 8 under Step 14 a new paragraph was added that reads "When the circulating RN announces the count to the surgeon, he/she will say: 'count is correct with # (type) sponges packed.' The surgeon will repeat back this statement."

These changes in the Operating Room Policy and Procedures relating to surgical counts will be disseminated to all surgeons and CR nursing personnel through educational activities specifically intended for the purpose. Immediately thereafter, the procedures will be implemented for all operations conducted in the OR.

The title or position of the person responsible for the correction
Co-chairs, Operating Room Committee

A Description of the Monitoring Process
A random sample of 20% of all OR cases will be audited until 90% compliance is achieved and maintained for 3 months using the following indicators:

On 8/25/08, review of Hospital A's policy and

Event ID: h3OT11 12/12/2008 11:14:21AM

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

Title

Accreditation & Licensing Administrator 12/22/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be exempted from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are discloseable 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 discloseable 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.
Continued from page 2

procedure for "Surgical Counts," showed surgical counts are the responsibility of the circulating nurse and the scrub person responsible for the case. Additionally, the policy and procedure showed when counted items are used for packing the wound the surgical team must make the scrub and circulating RN aware of any sponges that are to intentionally remain in the patient. The number and types of sponges remaining with the patient will be documented under the packing section of the Perioperative Care Plan by the circulating nurse.

On 8/25/08, review of Patient M's medical record showed, on an operative report, the patient had abdominal surgery on 9/15/07 for removal of an infected peritoneal dialysis catheter (placed in the abdomen to remove bodily wastes) and for exploration of the abdomen. On the operative report, in the final count section, a "Correct" box was checked. Under the box were the initials "N/A" and the star with "Lap sponge x 1 abd packing." The Perioperative Care Plan showed on the line titled "Packing" a 4 inch by 4 inch lap sponge in the abdomen. Review of the post operative physician notes, postoperative physician orders, operative report, and recovery room nurses notes failed to show mention of a lap sponge in the wound. Patient M was discharged on 10/3/07 with instructions for the retention sutures to be removed during a clinic follow-up visit.

On 8/27/08 at 0900 hours, a telephone interview was conducted with RN C who was the circulating nurse in the operating room for Patient M's surgery on 9/15/07. RN C said during the surgery the

The RN notifies the surgeon of the completed count status, including any packs intentionally left in the patient's body. The surgeon actively acknowledges the count status by repeating back the count results.

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Title: Accreditation & Licensing Administrator
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State-2567
abdomen was washed out and a lap sponge was in the abdomen before the abdomen was sutured with retention sutures. According to the nurse, sometimes when they do surgeries that require a wash out of the abdomen they leave sponges in and remove them several days later and that was why she charted a sponge was in the wound. When asked if the surgeons called out they were leaving a sponge in the patient the RN said no. When asked if the surgeons were asked if they wanted to leave a sponge in by either the circulating nurse or scrub person, RN C said no.

On 10/14/08 at 1350 hours during an interview, the surgeon for Patient M's 9/15/07 surgery stated that when a sponge was to be left in for wound packing the surgeon would say out loud "we're packing the belly." The surgeon also stated no packing was used for Patient M's surgery because the fascia (connective tissue) was closed. Packing was only used if the fascia was left open.

Review of Hospital B's medical records on 8/26/08 showed an ED (Emergency Department) physician's report for Patient M dated 8/5/08. According to the physician's history Patient M presented with nausea, vomiting, and abdominal pain. According to the physician's notes a CAT scan of the abdomen showed an apparent abscess associated with a foreign body.

Further review of Patient M's medical record from Hospital B showed in the surgeon's history and physical, dated 8/5/08, the patient had the feeling of a mass in the upper abdomen since he had
surgery for removal of a peritoneal catheter at LAC/ Harbor-UCLA Medical Center.

An operative report, dated 8/6/08, showed the patient had an exploratory abdominal surgery. The operative report showed a mass was felt in the abdomen. After the surgical incision was made a cyst (an abnormal membranous sac containing a gaseous, liquid, or semisolid substance) was identified. After the cyst was opened an obvious foreign body, a laparotomy sponge was removed. The cyst contained the sponge and the cyst including the sponge was surgically removed.

The violation(s) has caused or is likely to cause, serious injury or death to the patient(s).