

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2009
NAME OF PROVIDER OR SUPPLIER HOAG MEMORIAL HOSPITAL PRESBYTERIAN		STREET ADDRESS, CITY, STATE, ZIP CODE ONE HOAG DRIVE, NEWPORT BEACH, CA 92663 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: CA00176128</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>§70253(b) Radiological Service General Requirements</p> <p>Written policies and procedures shall be developed and maintained by the person 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 the medical staff where such is appropriate. Findings:</p> <p>A review of the closed medical record for Patient A revealed that Patient A came to the emergency department of the hospital at 0845 hours, on 1-12-09, complaining of severe pain, secondary to a crush injury of the left lower extremity. Patient A was known to have advanced breast cancer, with spread of the tumor to the brain and lungs. Prior to admission to the emergency department, Patient A was in the hospital's radiology section in preparation for radiation therapy.</p>		<p>Hoag Memorial Hospital Presbyterian is submitting this plan of correction as required by California Health and Safety Code Section 1280. In submitting this plan of correction, Hoag Memorial Hospital Presbyterian is not admitting to the accuracy or validity of any of the allegations in the statement of deficiencies. Hoag Memorial Hospital Presbyterian reserves the right to dispute any allegations made by the California Department of Public Health.</p> <p><u>Permanent Actions Taken:</u></p> <p>The event was reviewed, immediate remedies were put into place, and a long term corrective action plan was established.</p> <ol style="list-style-type: none"> On 01/12/09, a sign was posted on the MRI scan room door reminding staff that they may not enter without an MRI technologist escort. All Advanced Technology Pavilion nurses were re-educated on MRI Safety, including the necessity of transferring patients to MRI compatible equipment. This was completed by 1/22/09. Radiology Department Policy #760.50 titled, "MRI Safety Protocol Pre-Procedure Assessment and Checklist," has been revised to reflect improvements in the MRI Safety process. This was completed on 02/09/09. 	01/23/09

Event ID: ZBBT11

8/3/2009

9:12:28AM

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

Marilyn Lacey RN, JD Director of Patient Safety: Regulatory Compliance 8/7/2009

TITLE

(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.

Doc approved 8/19/09 [Signature]

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	<p>Continued From page 1</p> <p>According to interviews conducted on 02/04/09 at approximately 0930 hours, with the manager for radiology and the nursing director for radiology, in preparation for the radiation treatment, Patient A was on a metal gurney device that could be manually elevated to become a wheelchair for application of an external halo device. The nursing director stated the procedure was performed in the patient preparation area for the Gamma Knife, under propofol sedation. Propofol is a medication used for anesthesia induction. The halo device was operatively fixed to the skull and scalp of the patient in preparation for calculation of the exact measurements needed for radiation treatment. The calculations were to be performed by Ph.D. #1.</p> <p>Patient A was seated upright in the gurney-chair device, after the neurosurgeon performed the halo fixation procedure. The RN, providing direct patient care, and Ph.D. #1, wheeled Patient A into the MRI room (Zone 4, the highest magnetic field associated with the MRI machine). The gurney-chair device was not meant for use inside of a MRI unit due to the metal it contained.</p> <p>The nursing director and the director of radiology stated that the Ph.D. physicist normally supervised the physics and dosimetry of the MRI set up. in preparation for the radiation therapy to the brain. The Ph.D. physicist was not permitted, to participate in direct patient care. When interviewed, Ph.D. #1 stated that he normally does not assist with patient transport.</p>		<p>4. A camera was installed on 02/26/09 for monitoring the MRI scan room door. The camera monitor is mounted in direct line of vision of the technologist at the control console.</p> <p>5. All Advanced Technology Pavilion nurses and physicists received advanced MRI Safety training that includes an educational packet, viewing of an MRI Safety DVD, and post test. This was completed by 2/29/09.</p> <p>6. An MRI "Time Out" process was initiated on 03/02/09. Before entering Zone 4 (MRI scan room), the MRI technologist conducts a final verification of the following:</p> <ol style="list-style-type: none"> Is the patient on an MRI compatible wheelchair or gurney? Does the patient have any ferromagnetic items on his/her person? Does any member of the caregiver team have any ferromagnetic items on his/her person? Is all equipment being brought in to the MRI scan room safe? <p>To document this, the MRI Safety Pre Procedure Assessment and Checklist has been revised to include a check box for "MRI Time Out completed before entering Zone 4 per hospital policy." A sign with the four MRI Time Out</p>	

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