

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050709	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER DESERT VALLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 16850 BEAR VALLEY ROAD, VICTORVILLE, CA 92395 SAN BERNARDINO COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: CA00285592 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 26881, Medical Consultant</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.1(c): For purposes of this 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>AMENDED 01/12/2012</p> <p>REGULATION VIOLATION: 70438 Cardiac Catheterization Laboratory Service Cardiac catheterization laboratory service shall be organized to perform laboratory procedures for obtaining physiologic, pathologic and angiographic data on patients with cardiovascular disease.</p> <p>70438.1 Cardiac Catheterization Laboratory Service - General Requirements The cardiac catheterization laboratory service may be approved in a general acute care</p>		<p>Upon notification of the findings, a plan of correction was developed by the CEO/Risk Manager, CNO, Performance Improvement Manager, Compliance Officer, Director of Medical Staff, Chief of Staff, Chair of Cardiovascular Sub-Committee and Director of Cardiovascular Lab.</p> <p>While licensed as a diagnostic cardiovascular catheterization lab, 100% chart review of PCI Cases shall be reviewed by an independent consultant not affiliated with Prime Healthcare. The independent reviewer shall determine if the patient met the criteria for emergent PCI and if the care provided by the interventionalist met the standard of care for interventional cardiology. For patients who did not meet the criteria for emergency PCI or who were identified as high risk, the review will determine whether appropriate and timely attempts to transfer were made prior to the intervention.</p> <p>For reviews that do not meet the criteria, the report from the independent reviewer shall be submitted to MEC for action.</p>	Nov.2011	

Event ID: 1/12/2012 3:02:10PM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Margaret R. Peterson* TITLE: CEO 02-06-12
APPROVE: ROC: 2/7/12 SOW

12 FEB 7 7:19 AM
STATE DEPT OF HEALTH
SAN BERNARDINO COUNTY

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	<p>Continued From page 1</p> <p>hospital which does not provide cardiac surgery provided the following requirements are met:</p> <p>(b) Only the following diagnostic procedures shall be performed in the catheterization laboratory:</p> <p>(1) Right heart catheterization and angiography. (2) Right and left heart catheterization and angiography. (3) Left heart catheterization and angiography. (4) Coronary angiography. (5) Electrophysiology studies. (6) Myocardial biopsy.</p> <p>Based on interview and record review the facility failed to ensure that only non-emergent cardiac diagnostic procedures were performed in the cardiac catheterization laboratory as restricted by the hospital's license. This failure had the potential to result in adverse outcomes for all patients in the cardiac catheterization laboratory (cath lab).</p> <p>FINDINGS: Patient 2, Patient 1 and Patient 3 had interventions in the cardiac cath lab although they did not meet the facility's criteria for emergency interventions. The facility cardiac catheterization laboratory is licensed to perform cardiac diagnostic procedures only, unless the patient has an emergency condition that requires immediate intervention.</p>		<p>Continued from page 1</p> <p>The Scope of Service for Cardiovascular Services was revised to reflect the changes in the AFL-11-30.</p> <p>The policy "Guidelines for Performing Cardiac Diagnostic and Emergent Coronary Interventions" was revised to clearly define what constitutes an emergency and the PCI monitoring process.</p> <p>Formal education was given to staff in the Cardiovascular Lab for the policy "Guidelines for Performing Cardiac Diagnostic and Emergent Coronary Interventions."</p> <p>The policy "Guidelines for Performing Cardiac Diagnostic and Emergent Coronary Interventions" and the Cardiovascular Lab Scope of Service was presented to the Cardiovascular Sub-Committee for approval.</p> <p>All Cardiologists shall sign an acknowledgement that states they have reviewed and understand the revised policy and procedures and Cardiovascular Lab Scope of Service.</p> <p>Responsible Parties: CNO, Director of Cardiovascular Lab, Cardiovascular Sub-Committee Chair, Medical Staff Director, and Performance Improvement Manager</p>	<p>02/02/12</p> <p>02/06/12</p> <p>02/07/12</p> <p>02/07/12</p> <p>02/07/12</p>

Event ID: 1/12/2012 3:02:10PM

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	<p>Continued From page 2</p> <p>During a review of the policy titled, "Scope of Service for the Cardiovascular Lab", revised 11/10, the policy stipulated the following, "An emergency case is a patient with an acute MI (the patient has an area of the heart that is not getting blood flow and is dying) and hemodynamically unstable (the patient's vital signs, such as heart rate and blood pressure, are not normal and the patient will die if something is not done immediately) , or with a chest pain refractory (not responding) to medical treatment."</p> <p>During a review of the facility policy, "Guidelines for Performing Coronary Interventions in the Cardiovascular Lab", review date 11/09; the policy limited patients who were candidates for coronary interventions to those who presented with chest pain suggestive of cardiac ischemia (lack of blood flow to the heart) with additional criteria.</p> <p>Patient 2 had a bilateral carotid angiography (an invasive procedure in which a tube is advanced through blood vessels from the groin to the neck, a contrast material is injected into the vessels and x ray images are taken of the area) on [redacted]/11 by MD 1. The History and Physical form dated [redacted]/11 was without a neurologic (nervous system) exam or description of any neurologic signs or symptoms. "+ (positive) carotid stenosis" was written under the section for present illness and "TIA" (transient ischemic attack, a stroke with symptoms resolving within 24 hours) was</p>		<p>Continued from page 2</p> <p>Monitoring: The data shall be monitored and reported on a quarterly basis through the Cardiovascular Sub-Committee, QAPI, MEC, and Governing Board. All data shall have a final review by the Board on an ongoing basis.</p>	Ongoing	

STATE REPORT OF HEALTH SERVICES
 12 FEB -7 AM 7:19
 LIC 60087
 SAN BERNARDINO COUNTY

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	<p>Continued From page 4</p> <p>narrowing and had testing that included a stress test that suggested an area of decreased blood flow to the heart on [REDACTED]/11. Patient 1 had intermittent chest pain. However on the morning when Patient 1 went to the cath lab, the nurse recorded 12 assessments from 8:45 AM through 9:25 AM. The documentation indicated that Patient 1 had no pain prior to MD 1 injecting the coronary artery to perform an angiogram, at which time he complained of pain level of "3" on a scale of 1-10 with "10" being the most painful for the patient. Subsequently, MD 1 performed angioplasty on two small coronary vessels. One vessel ruptured and the sac surrounding the heart filled with blood, causing Patient 1 to need medications, such as intravenous (into the vein) dopamine (emergency medication used to increase blood pressure), procedures and an emergency transfer to another hospital for cardiovascular care.</p> <p>During the ambulance transport to the other hospital, Patient 1 sustained a cardiac and respiratory arrest requiring the ambulance crew to perform emergency CPR (cardiopulmonary resuscitation). The patient arrived at the receiving hospital with CPR in progress. The receiving hospital emergency staff was able to get Patient 1's heart rhythm back by giving another dose of intravenous epinephrine (emergency medication given to stimulate the heart that was also given by the ambulance crew enroute to the receiving hospital) and they rushed the patient to the</p>				

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	<p>Continued From page 5</p> <p>operating room where he underwent emergency open heart surgery. The heart surgeon was able to repair the ruptured coronary vessel and removed approximately 1000 cc (cubic centimeters) of blood from the sac surrounding the heart.</p> <p>Patient 3 came to the facility for an outpatient coronary angiogram on [REDACTED]/10. The cath lab nursing documentation indicated that the patient was pain-free during the initial 6 assessments from 3:00 PM until 3:24 PM. The cath lab nursing notes indicated that first the left coronary artery was imaged at 3:16 PM, then the right at 3:18 PM. At 3:19 PM and at 3:24 PM the patient denied chest pain and had stable vital signs. At 3:29 PM a stent was deployed in the LAD (left anterior descending-one of the principal arteries supplying blood to the heart). Subsequently, at 3:29 PM, Patient 3 complained of chest pain, had a decrease in heart rate, then became hypotensive and was the subject of a code blue (emergency response to failure of the heart or lungs). Staff was unable to resuscitate the patient, who expired.</p> <p>During a review of the policy titled, "Scope of Service for the Cardiovascular Lab", revised 11/10, the following was stipulated, "An emergency case is a patient with an acute MI and hemodynamically unstable, or with a chest pain refractory to medical treatment."</p> <p>During a review of the facility policy,</p>		<p>It is important to note that Patient #3 was reviewed previously, incident number: CA00255116 and "no deficiencies was issued for the incident CA00255116."</p>	<p>12 FEB - 7 AM 7:00</p> <p>SAN BERNARDINO COUNTY LIC. & CCR -</p> <p>STATE DEPT. OF HEALTH SERVICES</p>
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	<p>Continued From page 6</p> <p>"Guidelines for Performing Coronary Interventions in the Cardiovascular Lab", review date 11/09, the policy limited patients who were candidates for coronary interventions to those who presented with chest pain suggestive of cardiac ischemia (lack of blood flow to the heart) with additional criteria.</p> <p>According to the medical record, Patient 2, Patient 1, and Patient 3 did not present with an acute MI or hemodynamic instability or chest pain refractory (not responding) to medical treatment prior to having an intervention in the cardiac cath lab.</p> <p>During an interview with MD 2, the director of the cath lab, he concurred that patients presenting with high grade stenosis, but without chest pain or instability, would not be eligible for emergent interventions (angioplasty or stent).</p> <p>On 11/3/11 at approximately 1:30 PM during an interview, the Manager of Quality Assurance stated, "The staff should be aware of the policy for diagnostic only cath lab, but is deferring to the MD judgment."</p> <p>This facility failed to prevent the deficiency(ies) as described above that caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code Section 1280.1(c).</p>			

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