

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2008
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NAME OF PROVIDER OR SUPPLIER MARIN GENERAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 250 BON AIR ROAD, GREENBRAE, CA 94904 MARIN COUNTY
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(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
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The following reflects the findings of the CALIFORNIA DEPARTMENT OF PUBLIC HEALTH during an Entity Reported Incident visit.

Entity Reported Incident number(s): #CA00136269.

Inspection is limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.

Representing the California Department of Public Health: [REDACTED]

T22 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.

Based on clinical record review, policy and procedure review, and staff interview, the hospital failed to ensure that the Surgical Service nursing staff implemented the policy and procedure titled "Sponge and Sharp Count," resulting in a surgical lap pad (sponge) being retained in Patient 2's abdominal cavity following surgery. Patient 2 had to undergo another surgical procedure to remove the

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of [REDACTED] executed solely because it is required by Health and Safety Code Section 1280.

In January 2008, the Peri-operative Services Department revised the sponge accounting procedure by implementing sponge counting bags. The accounting process was reviewed with staff multiple times at in-services and during shift huddles.

The process for counting additional items using a dry erase board in the operating suites was revised by placing permanent headings for sponge accounting on the boards to ensure consistency and accuracy. A dry erase board was designated exclusively for this accounting process in each OR suite.

Event ID:61GR11

12/3/2008

9:52:49AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Joan McCreedy, RN</i>	TITLE <i>Director, Quality Management Services</i>	(X6) DATE <i>12/17/2008</i>
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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 3</p> <p>On 1/2/08 at 12:45 p.m., RN A stated that she was the circulating nurse during Patient 2's surgery procedure. (A circulating nurse is responsible for patient safety during the surgical procedure. The circulating nurse coordinates care of the patient with the surgeon, scrub nurse/technician, and anesthesia provider. The circulating nurse also provides assistance to the surgical team throughout the surgical procedure). RN A stated that the laparotomy sponge (also referred to as a lap sponge or pad, is a 100% cotton cloth with a special weave and texture, designed for surgery) is banded. The lap pads are unbanded and laid out on the back table. The lap pads are counted by two (2) staff. The count is then documented on a board to ensure that there are only five (5) lap pads per band. The tally (count) is listed on the board. There is a middle count prior to the closure of the incision. The used lap pads are counted in fives. RN A stated that the scrub technician also counts the lap pads as they are being put into a plastic bag. The technician will say aloud, "I see five." In this surgical procedure four to five, packages of five (5) lap pads were used. RN A stated that she is sure that the process was followed.</p> <p>On 1/2/08 at 1:25 p.m., Scrub Technician B (ST B) (scrub nurse/technician supports the surgeon by passing instruments during the operation while also maintaining patient safety) stated that the lap pads are counted pre-op by the scrub technician and the circulating nurse prior to the patient's arrival in the OR suite. ST B stated that only two (2) packs were opened and counted and the count as written on</p>		<p>The Clinical Education Specialist, Director of Peri-operative Services, or designee' will audit a total of 20 charts every month for two months in the Main OR, Outpatient Surgery, and Women's Infants & Children's to ensure compliance with the accounting process procedure. The need for ongoing audits will be evaluated based on the audit results.</p>	<p>1/2/2009 and ongoing</p>

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