

State Standard HSC§	Patient Safety Licensing Survey Process Tool for Providers Rev 6-8-10
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<b>End-Of-Life-Care</b> AFL 08-44 Effective 1/1/09
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<p>442.5(a)</p> <p>442.5(c)</p> <p>442.5(d)</p> <p>442.7</p>	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• What comprehensive information &amp; counseling regarding end-of-life options is provided when the patient or the DPOA requests it? <ul style="list-style-type: none"> <li>▪ <i>Does this include:</i> <ul style="list-style-type: none"> <li>○ <i>Hospice care at home or in a health care setting;</i></li> <li>○ <i>A prognosis with and without the continuation of disease-targeted treatment;</i></li> <li>○ <i>The patient's right to refusal of or withdrawal from life-sustaining treatment (advanced care directive);</i></li> <li>○ <i>The patient's right to continue to pursue disease-targeted treatment, with or without concurrent palliative care;</i></li> <li>○ <i>The patient's right to comprehensive pain and symptom management at the end of life;</i></li> <li>○ <i>The patient's right to give individual health care instruction, patients/patient representatives.</i></li> </ul> </li> </ul> </li> <li>• How does the hospital ensure that requested counseling is based on the interest &amp; needs of the patient?</li> <li>• How does the hospital ensure that requested counseling is provided in a manner that the patient &amp; his/her family can easily understand?</li> <li>• What does the hospital do if the patient and/or his/her family requests information on the costs of treatment options, including the availability of insurance and eligibility for coverage?</li> <li>• If the patient's health care provider does not wish to comply with his/her patient's request for information on end-of-life options, what is the hospital's procedure for the healthcare provider to: <ul style="list-style-type: none"> <li>○ Refer/transfer the patient to another health care provider that shall provide the requested information,</li> <li>○ Provide the patient with information on procedures to transfer to another health care provider that will provide the requested information.</li> </ul> </li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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<b>Brain Death Policy and Procedures -</b> AFL 08-37 Effective 1/1/07
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<p>1254.4(a)</p> <p>1254.4(c)(1)</p> <p>1254.4(c)(2)</p>	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• What is the hospital's policy for providing a period of accommodation to the patient's family/DPOA for healthcare after a patient who is on life support measures is declared brain dead? <ul style="list-style-type: none"> <li>▪ <i>Note: A "reasonably brief period" means an amount of time afforded to gather family or next of kin at the patient's bedside.</i></li> <li>▪ <i>The Hospital's P&amp;P should ensure that, for the patient who is declared brain dead, the family/next of kin is provided with a reasonably brief period of accommodation prior to discontinuing cardiopulmonary support.</i></li> </ul> </li> <li>• After a patient who is on life support measures is declared brain dead, how does the hospital accommodate special religious or cultural requests of the family/DPOA?</li> <li>• What written information is provided for the family/DPOA on the hospital's procedures? Is there a copy of the written information provided?</li> <li>• What is the policy on continuing CPR if the family is on the way?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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<b>Hospital Services -</b> AFL 08-47 - Effective 1/1/09
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<p>1255.25 (a)(1)</p> <p>1255.25(b)(1)</p>	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• In the last 6 months, has the hospital closed, relocated, or eliminated an organized inpatient or outpatient service?</li> <li>• If YES, Did the hospital provide: <ul style="list-style-type: none"> <li>○ Public posting at the entrance to all affected facilities?</li> <li>○ Notice to the department?</li> <li>○ Notice to the board of supervisors of the county in which the health facility is</li> </ul> </li> </ul>
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1255.25(b)(2)	located?
1255.25(b)(3)	<ul style="list-style-type: none"> <li>• Did the notice include: <ul style="list-style-type: none"> <li>○ A description of the proposed closure, elimination, or relocation?</li> <li>○ A description of the three nearest available comparable services in the community?</li> <li>○ A telephone number and address for each of the following: <ul style="list-style-type: none"> <li>❖ The health facility</li> <li>❖ The parent entity, if any, or contracted company, if any, that acts as the corporate administrator of the health facility</li> <li>❖ The chief executive officer</li> </ul> </li> </ul> </li> <li>• Documentation that the Department was notified and the date of notification.</li> <li>• Documentation that the board of supervisors, of the county in which the GACH is located, was notified and the date of notification.</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>

### Patient Safety and Infection Control –

AFL 09-07, AFL 09-01, AFL 08-10, AFL 08-17, AFL 07-37, AFL 10-07

### MRSA

1255.8(b)(1)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• For which patients does the hospital require MRSA testing?</li> <li>• How does the hospital ensure that newly admitted patients who require MRSA testing are tested within 24 hours of admission?</li> <li>• When a patient tests positive for MRSA, how does the hospital ensure that the patient or patient's representative is informed by the attending physician in a timely manner? <ul style="list-style-type: none"> <li>▪ <i>Note: The definition of attending physician is per usual facility practice.</i></li> </ul> </li> <li>• When a patient tests positive for MRSA, what is the hospital's process for providing the patient or patient's representative with instructions before discharge?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
1255.8(b)(3)	
1255.8(b)(4)	
1255.8(b)(4)	

### Cleaning/Disinfection

1255.8(e)	<p><b>Surveyor Focus will include but is not limited to</b></p> <ul style="list-style-type: none"> <li>• Does the infection control policy; required per section 70739 of Title 22 include: <ul style="list-style-type: none"> <li>▪ Procedures to reduce health care associated infections?</li> <li>▪ Regular disinfection of the areas throughout the facility?</li> <li>▪ Regular removal of accumulations of body fluids and intravenous substances?</li> <li>▪ Regular cleaning and disinfection of all movable medical equipment and point of care testing devices?</li> <li>▪ Regular cleaning and disinfection of all surfaces in common areas?</li> </ul> </li> <li>• How/When do staff use the cleaning products?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
1255.8 (e)(1)	
1255.8(e)(2)	
1255.8(e)(3)	
1255.8(e)(4)	

### Infection Control Officer

1255.8(f)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• Does the GACH have a designated infection control officer? What is that person's name?</li> <li>• How does the infection control officer ensure infection control requirements for testing and reporting are implemented?</li> <li>• How does the infection control officer ensure other hospital infection control efforts (such as the requirements above) are implemented?</li> <li>• What infection control reports are provided to which committees?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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### Patient Safety Plan

1279.6	<p><b>Surveyor Focus will include but is not limited to:</b></p>
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1279.6(c)	<ul style="list-style-type: none"> <li>• Does the hospital have a patient safety plan developed for the purpose of improving the health and safety of patients and reducing preventable patient safety events? <ul style="list-style-type: none"> <li>▪ <i>Note: Patient safety events should defined by the patient safety plan and shall include, but not limited to, all adverse events or potential adverse events as described in Section 1279.1 (see Appendix C) that are determined to be preventable and health-care-associated infections (HAI) as defined in the federal CDC National Healthcare Safety Network that are determined to be preventable.</i></li> </ul> </li> <li>• Does the patient safety plan include measures to prevent adverse events associated with misconnecting: <ul style="list-style-type: none"> <li>○ Intravenous lines</li> <li>○ Enteral feeding tubes</li> <li>○ Epidural lines</li> </ul> </li> </ul>
1279.7(e)	
1279.6(b)(1)	
1279.6(b)(2)	
1279.6(b)(3)	
1279.6(b)(4)	<ul style="list-style-type: none"> <li>• What are the responsibilities of the patient safety or equivalent committee?</li> <li>• Is there a system developed for internal reporting of patient safety events?</li> <li>• What is the process for a team of facility staff to conduct analyses, including root cause analyses, of patient safety events?</li> <li>• What are some examples of patient safety concerns?</li> <li>• When would a patient safety concern be reported and to whom?</li> <li>• How would patients or visitors report a patient safety event? To whom?</li> <li>• How do you inform patients and visitors to report events?</li> <li>• What types of patient safety in-services have you attended?</li> <li>• Can you report a patient safety concern? To whom would you report it?</li> <li>• Describe patient safety training programs provided to facility personnel and healthcare practitioners?</li> <li>• How does the hospital ensure patient safety training is attended by all personnel and healthcare practitioners?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
1279.6(b)(5)	

### Hand Hygiene

1279.7(a)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• Has the hospital developed a system to implement a hand hygiene program?</li> <li>• How does the hospital ensure staff availability of resources needed to implement the hand hygiene program?</li> <li>• Does the hospital provide training on the hand hygiene program? Are there adequate resources such as sinks and hand washing supplies to implement the hand hygiene program?</li> <li>• How is the hospital's hand hygiene program incorporated into staff education/training and orientation?</li> <li>• Do staff and healthcare providers wash their hands prior to performing treatments or delivering care?</li> <li>• Do Clinical staff/Healthcare personnel implement hand hygiene measures of the hand hygiene program?</li> <li>• Is there adequate availability of hand washing resources such as sinks, soap, alcohol-based hand cleaners, etc.?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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### Reporting

1288.6(a)(1)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• What is the hospital's process for identifying, investigating, reporting and preventing the spread of infections and communicable diseases among patients and hospital personnel?</li> <li>• How does the hospital ensure that a written report that is part of the hospital's overall strategic plan and includes input from infection prevention and control professionals?</li> <li>• Reporting system of all incidents related to infections and communicable diseases, including those identified through employee health services.</li> </ul>
1288.6(a)(2)	
1288.6 (a)(3)	

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	<ul style="list-style-type: none"> <li>• Strategic Plan</li> <li>• The written report prepared within the last three years, and the annual update to the report, which includes the hospital's existing resources and evaluation of the quality and effectiveness of the hospital's infection surveillance and prevention program.</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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### Central Venous Catheters

1288.6 (b)	<p><b>Surveyor Focus will include but is not limited to</b></p> <ul style="list-style-type: none"> <li>• How are central venous catheter (CVC) associated blood stream infection rates tracked and reported in the hospital for intensive care units?</li> <li>• How are these reports directed to the appropriate medical staff committee for review?</li> <li>• What practices has the hospital adopted to prevent occurrence of bloodstream infections related to CVC use? <ul style="list-style-type: none"> <li>○ What is the hospital's CVC process to prevent Blood Stream Infections?</li> <li>○ This does not limit the evaluator in conducting a full investigation as needed.</li> </ul> </li> </ul>
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### Influenza Plan

1288.7(a)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• Are influenza vaccinations offered to employees on an annual basis? How much does it cost the employee?</li> <li>• Does the hospital have a seasonal influenza plan? Does it cover pandemics, including pandemic influenza?</li> <li>• Has the hospital instituted respiratory hygiene and cough etiquette protocols?</li> <li>• How are influenza vaccinations handled for employees?</li> <li>• Do you have the opportunity to get one here? How much does it cost?</li> <li>• What happens if you want to refuse a vaccination?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
1288.7(b)	
1288.7(c)	

### Judicious Use of Antibiotics

1288.8 (a)(3)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• How do you monitor the judicious use of antibiotics?</li> <li>• Do you have a policy and procedure on the Use of antibiotics?</li> <li>• What committees review and approve the policy on the use of antibiotics?</li> <li>• Who monitors the use of antibiotics and prepares reports on the monitoring?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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### Central Line Insertion Procedure

1288.8 (b)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• Has the hospital adopted infection prevention process measures for Central Line Insertion Practices (CLIP) using CDC guidelines? <ul style="list-style-type: none"> <li>• <i>Note: (See Reference/Appendix for CDC guidelines).</i></li> </ul> </li> <li>• How does the hospital report the results of surveillance of CLIP infection prevention process measures to the department?</li> <li>• Has the hospital developed infection prevention process measures for surgical antimicrobial prophylaxis?</li> <li>• Has the hospital enrolled in the National Healthcare Safety Network (NHSN) of the CDC?</li> <li>• Who is the NHSN administrator for the hospital?</li> <li>• Has the hospital submitted CLIP data to the Network?</li> <li>• Has the hospital joined the CDPH group within NHSN and granted CDPH permission for full access to all reporting elements of the CLIP data?</li> <li>• What forms are used for surveillance and reporting of CLIP infection prevention process measures?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
1288.8(d)	

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### Surgical Site Infections

1288.9(a)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>Does the hospital have policies and procedures developed to prevent surgical site infection (SSI)?</li> <li>Are staff trained to implement procedures to prevent surgical site infection? How are they trained?</li> <li>How does the hospital periodically evaluate compliance with policies and procedures to prevent surgical site infection? How often is compliance evaluated?</li> <li>How does the infection prevention committee monitor the results of the hospital's evaluation of compliance with policies and procedures to prevent surgical site infection? <ul style="list-style-type: none"> <li><i>Are the results of the evaluation are monitored by the infection control committee?</i></li> </ul> </li> <li>How are the results of this evaluation provided to the surgical committee of the hospital? <ul style="list-style-type: none"> <li><i>Are the results of SSI policy and procedure compliance monitoring are reported to the surgical committee of the hospital?</i></li> </ul> </li> <li>What kinds of practices and procedures are used to prevent SSIs?</li> <li>How do you monitor and report when these practices are not followed?</li> <li>What kinds of in-service education have you attended on recommended practices to help prevent SSIs?</li> <li>This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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### Ventilator Associated Pneumonia

1288.9(b) 1288.9(c)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>Has the hospital adopted guidelines and procedures to prevent ventilator associated pneumonia (VAP)?</li> <li>What practices and procedures are used to prevent VAP <ul style="list-style-type: none"> <li><i>Note: (See Reference/Appendix for CDC and IHI guidelines).</i></li> </ul> </li> <li>Observe care of patient on ventilator <ul style="list-style-type: none"> <li><i>Do hospital staff comply with existing hospital policies and procedures designed to prevent VAP?</i></li> </ul> </li> </ul> <p>This does not limit the evaluator in conducting a full investigation as needed.</p>
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### Training/Education

1288.95 (a) 1288.95(b) 1288.95 (c) 1288.95(d)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>What is the name of the physician designated as a hospital epidemiologist or infection surveillance, prevention, and control committee chairperson?</li> <li>Describe the hospital's employee and staff education program for prevention of healthcare associated infections.</li> <li>How does the hospital ensure that all staff participate in job- related required training to implement the hospital's infection control program? What is the frequency of required training?</li> <li>Describe the training that is required by the hospital for environmental services staff to implement hospital policies for hand hygiene, isolation procedures, patient hygiene, and environmental sanitation procedures.</li> <li>How are environmental services staff monitored for knowledge of and compliance with hospital infection prevention and control policies?</li> <li>This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
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### Discharge Planning - AFL 09-09

1262.5(a)	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>What is hospital's written discharge planning policy:</li> <li>How does the hospital ensure that a patient who is likely to suffer adverse health consequences upon discharge without discharge planning receives discharge planning and, if needed, counseling to prepare for continuing care requirements?</li> </ul>
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1262.5(b)	<ul style="list-style-type: none"> <li>How are patients provided with information regarding each medication dispensed, upon discharge from the hospital?</li> <li>How are patients who are at risk to suffer adverse health consequences upon discharge identified for discharge planning and/or counseling services to arrange for post-hospital care prior to discharge or transfer from the hospital?</li> <li>Describe the hospital's process, including transfer processes, for ensuring provision of ongoing treatment and services for those patients.</li> <li>For a patient who is anticipated to be in need of long-term care, what contact information resources are available to provide to the patient at the time of discharge for information or referral services to community-based long-term care options in the patient's county of residence.</li> <li>How is it determined that those contact information resources are appropriate to the needs and characteristics of the patient?</li> <li>Does the hospital have a contract with any health care service plan that prohibits or restricts the hospital's compliance with the requirements of HSC 1262.5?</li> <li>This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
1262.5 (c)	
1262.5(e)	
1262.5 (d)(1)	
1262.5(d)(2)	
1262.5(e)	
1262.5 (f)	
1262.5 (g)	

### Dietician - AFL 08-36, AFL 08-24

	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>Does the facility employ a full-time, part-time, or consulting dietician?</li> <li>If the facility employs a registered dietician less than full time, does the facility also employ a full time dietetic services supervisor?</li> <li>Does the dietetic services supervisor have an appropriate amount of training to meet the educational requirement?</li> <li>How often does the Dietetic Services Supervisor receive consultation from a qualified dietician?</li> <li>The hospital's dietician and dietetic service supervisor qualifications requirement to see if it has the required educational requirements for a dietician.</li> <li>This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
1265.4 (a)	
1265.4(b)	

### Immunizations

	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>Does the facility offer immunizations for influenza during the flu season, and for pneumococcal disease to patients aged 65 years and older prior to discharge?</li> <li>What is the patient immunization protocol?</li> <li>Does the hospital have influenza and pneumococcal vaccine on hand?</li> <li>Use of single or multiple dose vials? (If you find problems with this issue you will write a deficiency in Title 22)</li> <li>Dates of expiration? (If you find problems with this issue you will write a deficiency in Title 22)</li> <li>Stored or refrigerated at proper temperature? (If you find problems with this issue you will write a deficiency in Title 22)</li> <li>This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>
120392.9	

### Fair Pricing

	<p><b>Surveyor Focus will include but is not limited to:</b></p> <ul style="list-style-type: none"> <li>What are the policies on discount payments for financially qualified patients &amp; charity care. <ul style="list-style-type: none"> <li>The written policies must be understandable and state the process used by the hospital to determine whether a patient is eligible for charity care or discounted payment.</li> <li>The policy designates a hospital representative who the patient may contact in the event of a dispute.</li> <li>The hospital's discount payment policy must clearly state the criteria used to seek eligibility based upon income consistent with the application of the federal poverty level. The discount payment policy must include an extended payment plan that allows payment of the discounted price over time along with an option for the patient and their</li> </ul> </li> </ul>
127405(a)(1)	
127405 (b)	
127405 (c)	

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127410 (a)	<p>family to negotiate the terms of the payment plan.</p> <ul style="list-style-type: none"> <li>▪ The charity care policy must state the eligibility criteria for charity care. GACHs may consider income and monetary assets of patient when determining eligibility. Monetary assets must not include retirement or deferred compensation plans.</li> </ul>
127425 (a)	
127425(b)	<ul style="list-style-type: none"> <li>▪ The hospital must provide patients with written notice that contains eligibility and availability of the GACH's discount payment and charity care policies including eligibility and contact information of hospital employee or office from which to attain additional information. Understandable written notice shall also be given to patients who receive emergency or outpatient care that may be billed, but who were not admitted in a language spoken by the patient consistent with Section 12693.30 of the Insurance Code and applicable state and federal law.</li> </ul>
127410 (b)	
127410(a)	
127420(b)	<ul style="list-style-type: none"> <li>• Postings in the facility of the notice of the hospital's policy for financially qualified and self-pay patients.</li> </ul>
127430 (a)	<ul style="list-style-type: none"> <li>▪ The policy for financially qualified/self pay patients must be clearly and conspicuously posted in locations visible to public not limited to:</li> </ul>
127430(b)	<ul style="list-style-type: none"> <li>o Emergency Department.</li> <li>o Billing Office.</li> <li>o Admissions Office.</li> <li>o Other outpatient settings.</li> </ul>
127430(c)	
127440	<ul style="list-style-type: none"> <li>• How are patients, including patients who receive emergency or outpatient care who may be billed for that care, but who are not admitted, provided with written notice containing information of the availability of the hospital's discount payment and charity care policies?</li> <li>▪ Does this include information about eligibility, and contact information for a hospital employee or office from which the patient may obtain further information about these polices?</li> <li>• How are patients who have not provided proof of coverage by a third party provided clear and conspicuous notice of the following: <ol style="list-style-type: none"> <li>1) Statement of charges for hospital rendered services rendered by the hospital.</li> <li>2) A request that the patient inform the hospital if the patient has health insurance coverage (Medicare, Healthy Families, Medi-Cal, or other coverage)</li> <li>3) A statement that, if the patient does not have health insurance coverage, the patient may be eligible for Medicare, Healthy Families, Medi-Cal, California Children's Services Programs or charity care if no insurance coverage</li> <li>4) A statement indicating how the patient may obtain applications for Med-Cal, Healthy Families Programs and that the GACH will provide these applications. If patient does not indicate third party insurance coverage or requests a discounted price of charity care, hospital will provide an application for Med-Cal program or other governmental program prior to discharge or when receiving emergency or outpatient care.</li> <li>5) Information regarding financially qualified patient and charity care application including the following: <ol style="list-style-type: none"> <li>a. A statement that informs patients that may lack or have inadequate insurance and meets certain low to moderate income requirements, the patient may qualify for discounted payment or charity care.</li> <li>b. The name and telephone number of a hospital employee/office to contact regarding information/application for discount payment/charity care policies/assistance.</li> </ol> </li> </ol> </li> <li>• How are patients whose hospital bills require debt collection action provided with written notification by the hospital?</li> <li>• What is the hospital's process for reimbursing patients for excess amounts paid on their bills, including interest, owed by the hospital?</li> <li>• This does not limit the evaluator in conducting a full investigation as needed.</li> </ul>