

Provider Guide to The Patient Safety Licensing Survey (PSLS)

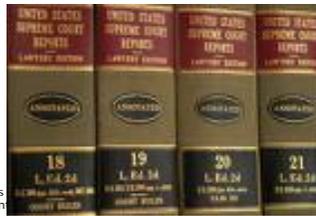


Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

So why do we have another survey type to do? The Department is tasked with ensuring facilities are compliant with recently passed laws. This survey process was developed to determine if facilities are in compliance with recently passed State Statutes – e.g. the legislators mandated it be done.

What is the PSLS?

- GACH Survey to determine compliance with Statutes enacted since 2006.
 - End of Life Care
 - Brain Death
 - Hospital Services
 - Patient Safety & Infection Control
 - Discharge Planning
 - Dietary
 - Immunizations
 - Fair Pricing



Copyright 2010 by California Department of Public Health. All rights reserved. No part of this or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

This is a focused, on site licensing survey that is looking at specific areas in order to determine compliance with Statutes enacted since 2006.

Currently covers the following areas:

- End of Life Care
- Brain Death
- Hospital Services
- Patient Safety & Infection Control
- Discharge Planning
- Dietary
- Immunizations
- Fair Pricing

As other statues are passed, more may be added.



Patient Safety Licensing Survey

- Team – usually 2 Nurse evaluators; but could be more depending on size of facility
- Anticipated to take 1.5 to 2 days; This could be more depending on the speed with which required items are provided and the size of the facility.

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Typically the team will consist of two evaluator nurses. Ideally the survey should take 1.5 to 2 days. The number of evaluators and the length of time to conduct the survey may vary slightly depending on factors such as the size of the facility.

Entrance

- Introductions
- Business Cards
- Paperwork
- Purpose



Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Once the team enters the facility they will conduct a short Entrance Conference, provide a copy of the Entrance list to the Administrative Staff, and explain the purpose of the survey.

Entrance List

GENERAL ACUTE CARE HOSPITAL
PATIENT SAFETY LICENSING SURVEY
ADMINISTRATION ENTRANCE LIST

NAME OF FACILITY	DATE	NAME OF SURVEYOR
<p>The team leader will work with the facility staff to determine which documents/items the team needs immediately and which ones are needed within a few hours. Please provide the following:</p>		
	√ Rcvd	NOTE
<p>1. Hospital Policy and Procedures:</p>		
a) Healthcare provider and hospital responsibilities for a patient who requests information and counseling on end-of-life care options (HSC §142.5)		
b) Hospital accommodation of the patient's family accommodation in the event of brain death (HSC §1254.4)		
c) Infection control policy (HSC §1255.8)		
d) Environmental Services Policies that address cleaning/disinfection (HSC §1255.8)		
e) MSDS Sheets for cleaning/disinfecting products used in the facility. (HSC §1255.8)		
f) Cleaning moveable medical equipment and point of care devices (HSC §1255.8)		
g) Methicillin-resistant Staphylococcus Aureus (MRSA) testing (HSC §1255.8(b))		
h) Patient safety plan (HSC §1279.6 & HSC §1279.7(e))		
i) Facility-wide hand hygiene program (HSC §1279.7)		
j) Central venous catheters (HSC §1288.8 (b))		
k) Immunizations/Vaccinations - staff & patient (HSC §1288.7(a) & HSC §1288.9)		
l) Respiratory hygiene and cough etiquette		
m) Judicious use of antibiotics (HSC 1288.8(a)(3))		
n) Central Line insertion (HSC §1288.8 (b))		
o) Surgical site infection prevention (HSC §1288.9(a))		
p) Care of the mechanically ventilated patient (HSC §1288.9(b))		
q) Discharge planning (HSC §1272.5)		
r) Personnel qualification for management of Nutrition/Dietary services (HSC §1265.4)		
s) Discount payment and charity care (HSC §127.405)		
t) Patient notification of debt collection referral (HSC §127.425)		
u) Reimbursement of overpayment to patient (HSC §127.441)		
<p>2. Hospital Written Reports</p>		
a) Infection surveillance & prevention program within the last 3 years, & annual update, if applicable (HSC §1288.6)		
b) Hospital strategic plan (HSC §1288.6)		
c) Disaster plan and seasonal influenza plan (HSC §1288.7 (b))		
<p>3. Evidence of:</p>		
a) Patient information and counseling resources that are available to healthcare providers to provide to patients (who have a terminal illness diagnosis) with end-of-life options.		

Full Screen
Close Full Screen

or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

The Entrance List is divided into types of items needed and has statute references. The Team Leader will work with the facility to ensure the team has documents ready to review by the time they are back from doing observations. The team leader will want some documents within an hour, while other documents can wait a few hours. The list is extensive, but is required in order to review all the required areas.



End of Life Care - 442.5

- Surveyor focus includes but is not limited to:
 - Provision of information and counseling
 - Counseling based on needs
 - Counseling is understandable
 - Treatment options costs & insurance
 - Resource availability
- Does the facility meet the requirements of the Statute?
- Refer to AFL 08-44

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

End of Life Care



Brain Death – 1254.4

- Surveyor focus includes but is not limited to:
 - Accommodating family?
 - Written information provided?
 - Are staff familiar with the process?
- Does the facility meet the requirements of the Statute?
- Refer to AFL 08-37

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

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?

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?

What written information is provided for the family/DPOA on the hospital's procedures? Is there a copy of the written information provided?



Hospital Services - 1255.25

- Surveyor focus includes but is not limited to:
 - Any Required Notices
- Does the facility meet the requirements of the Statute?
- Refer to AFL 08-47

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Has the hospital closed, relocated, or eliminated an organized inpatient or outpatient service?

If YES, Did the hospital provide:

Public posting at the entrance to all affected facilities?

Notice to the department?

Notice to the board of supervisors of the county in which the health facility is located?

Did the notice include:

A description of the proposed closure, elimination, or relocation?

A description of the three nearest available comparable services in the community?

A telephone number and address for each of the following:

The health facility

The parent entity, if any, or contracted company, if any, that acts as the corporate administrator of the health facility

The chief executive officer



Patient Safety & Infection Control

1255.8, 1279.6, 1279.7, 1279.9, 1288.6, 1288.7, 1288.8, 1288.9,

Surveyor focus includes but is not limited to:

- MRSA
- Cleaning/Disinfection
- Infection Control Officer
- Patient Safety Plan
- Hand Hygiene
- Reporting
- Central Venous Catheters
- Influenza Plan
- Judicious Use of antibiotics
- Central Line Insertion
- Surgical Site Infections
- Ventilator Associated Pneumonia
- Training & Education

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Patient Safety & Infection Control



Patient Safety & Infection Control

- Does the facility meet the requirements of the Statutes?
- Refer to AFLs:
 - 10-07
 - 09-07
 - 09-01
 - 08-10
 - 08-17
 - 07-37

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.



Discharge Planning – 1262.5

- Surveyor focus includes but is not limited to:
 - Looking at procedures and processes for post-discharge planning
 - Medication information dispensing
 - Transfer summaries
 - Referrals to community based LTC options in county of residence
- Does the facility meet the requirements of the Statute?
- Refer to AFL 09-09

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Discharge Planning



Dietician – 1265.4

- Surveyor focus includes but is not limited to:
 - Training & educational requirements
 - Full or part time Dietician?
 - Consultative Services
- Does the facility meet the requirements of the Statute?
- Refer to AFL 08-36 & 08-24

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Does the GACH employ a full-time, part-time, or consulting dietician?

If the GACH employs a registered dietician less than full time, does the GACH also employ a full time dietetic services supervisor?

Does the dietetic services supervisor have an appropriate amount of training to meet the educational requirement?

How often does the Dietetic Services Supervisor receive consultation from a qualified dietician?



Immunizations – 120392.9

- Surveyor focus includes but is not limited to:
 - Flu & Pneumococcal offered
 - Standardized procedures – CDC, CDPH
- Does the facility meet the requirements of the Statute?
- Also looking at proper storage, multi dose/single dose vials, and expiration dates

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Does the GACH offer immunizations for influenza during the flu season, and for pneumococcal disease to patients aged 65 years and older prior to discharge?

Medication storage for vaccines on hand, single or multiple dose vials, expiration dates, & temperatures.



Fair Pricing

127405, 127410, 127420, 127425, 127430, 127440

- Surveyor focus includes but is not limited to:
 - Availability of the hospital's discount payment and charity care policies
 - Notices posted with required information
 - Policies and procedures regarding debt collection
- Does the facility meet the requirements of the Statute?

Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

Reference Materials

General Acute Care Hospital Patient Safety Licensing Survey

Survey Reference Packet

Table of Contents

- Appendix A: Recommendations and Guidelines of the CDC and Institute for Healthcare Improvement
- Appendix B: California Health and Safety Code (Sections)
- Appendix C: California Regulations and Code References
- Appendix D: Related "All Facility Letters"
 - a. 07-37 – NHSN
 - b. 08-10 – NHSN & CLIP
 - c. 08-17 – Influenza Vaccination
 - d. 08-24 – Dietician
 - e. 08-36 – Dietician & Dietetic Services
 - f. 08-37 – Brain Death
 - g. 08-44 – End of Life Care
 - h. 08-47 – Close/Eliminate Services
 - i. 09-01 – Patient Safety & Tube Connections
 - j. 09-07 – Infection Control and Patient Safety
 - k. 09-09 – Hospital Discharge Policies
 - l. 10-07 – Changes in Methods of Reporting

Full Screen
Close Full Screen

The team will have a number of references with them to refer to if/when needed..

PSLS Field Notes

PATIENT SAFETY LICENSING SURVEY FIELD NOTES

DATE(S) OF SURVEY: _____

Facility License Number	Facility Name & Address (City, State, Zip)
Type of Survey:	
<input type="checkbox"/> CONCURRENT WITH FEDERAL SURVEY	
<input type="checkbox"/> Not CONCURRENT WITH FEDERAL SURVEY	
Name of Team Leader, Evaluator & Professional Title	
List Additional Evaluators & Titles	List Additional Evaluators & Titles

SURVEY TEAM COMPOSITION (indicate the number of Evaluators according to discipline) Total # of Evaluators Onsite: _____

HFEN		Infection Control Specialist
HFE		Occupational Therapist
Dietitian		Consultant
Pharmacist		
Physician		
Life Safety Code Surveyor		
Records Administrator		

~ 1 ~

Full Screen
Close Full Screen

or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

The Patient Safety Licensing Survey Field Notes is the official booklet documenting the results of the survey. The team members will use Surveyor Notes Worksheets and the booklet for documentation of the survey.

Field Notes Booklet

State Standard HSC §	Requirement	Met	Not Met	N/A	Surveyor Notes
End of Life Care					
442.5.	<p>When a health care provider makes a diagnosis that a patient has a terminal illness, the health care provider shall, upon the patient's request, provide the patient with comprehensive information and counseling regarding legal end-of-life care options pursuant to this section. When a terminally ill patient is in a health facility, as defined in Section 1250, the health care provider, or medical director of the health facility if the patient's health care provider is not available, may refer the patient to a hospice provider or private or public agencies and community-based organizations that specialize in end-of-life care, case management and consultation to receive comprehensive information and counseling regarding legal end-of-life care options.</p> <p>(a) If the patient indicates a desire to receive the information and counseling, the comprehensive information shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> (1) Hospice care at home or in a health care setting. (2) A prognosis with and without the continuation of disease-targeted treatment. (3) The patient's right to refusal of or withdrawal from life-sustaining treatment. (4) The patient's right to continue to pursue disease-targeted treatment, with or without concurrent palliative care. (5) The patient's right to comprehensive pain and symptom management at the end of life, including, but not limited to, adequate pain medication, treatment of nausea, palliative chemotherapy, relief of shortness of breath and fatigue, and other clinical treatments useful when a patient is actively dying. (6) The patient's right to give individual health care instruction pursuant to Section 4670 of the Probate Code, which provides the means by which a patient may provide written health care instruction, such as an advance health care directive, and the patient's right to appoint a legally recognized health care decision maker. <p>(b) The information described in subdivision (a) may, but is not required to, be in writing. Health care providers may utilize information from organizations specializing in end-of-life care that provide information on faxesheets and Internet Web sites to convey the information described in subdivision (a).</p> <p>(c) Counseling may include, but is not limited to, discussions about the outcomes for the patient and his or her family, based on the interest of the patient. Information and counseling, as described in subdivision (a), may occur over a series of meetings with the health care provider or others who may be providing the information and counseling based on the patient's needs.</p> <p>(d) The information and counseling sessions may include a discussion of treatment options in a manner that the patient and his or her family can easily understand. If the patient requests information on the costs of treatment options, including the availability of insurance and eligibility of the patient for coverage, the patient shall be referred to the appropriate entity for that information.</p>				
Patient Safety Survey Field Notes rev 03-23-10 ~ 2 ~					

this publication is strictly prohibited.

The booklet is color coded and has the actual text of the statute. There are columns for Met, Not Met and Not applicable. There is also a column for Surveyor Notes.

Exit Conference



Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

After completing the survey the team will conduct an exit conference, informing the facility of the issues/deficient practices found.

California Statement of Deficiencies State 2567



Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

The team will take the findings back to the office for supervisor review. They will write the deficient practices and the facility will receive a State 2567 with the results of the survey. The facility is expected to prepare an acceptable plan of correction and submit it to the Department.

Questions?

www.cdph.ca.gov



Copyright 2010 by California Department of Public Health. All rights reserved. No part of this publication may be reproduced, scanned, or distributed in any printed or electronic form without permission of the California Department of Public Health. The commercial use of this publication is strictly prohibited.

A Q&A document has been developed and is available. Hopefully this will have answers to any questions you may have. If you have other questions please contact your district office.

Thank You for everything you do for the citizens of California. We understand that this is one more survey for you. We all have the same purpose and that is to protect the health a safety of the citizens of California.