

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2009
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NAME OF PROVIDER OR SUPPLIER SCRIPPS GREEN HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10666 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037 SAN DIEGO 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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	<p>Continued From page 1</p> <p>and administrative responsibility for the services rendered. The outside resource, when acting as a consultant, shall apprise the administrator of recommendations, plans for implementation and continuing assessment through dated and signed reports which shall be retained by the administrator for follow-up action and evaluation of performance.</p> <p>Findings: The facility failed to ensure that staff were aware that a specialized surgical instrument required disassembly before cleaning, processing and prior to use of the instrument. An outside contractor was responsible for training staff regarding use and cleaning of the instrument and was on site at the time the debris was discovered on the specialized instrument. Between 8/1/08 and 7/31/09, twelve (12) patients underwent a surgical procedure where the specialized instrument was either used, or was in the instrument tray set. As a result of the facility's failure to ensure that staff had knowledge that the instrument required disassembly, prior to processing, 11 of the 12 patients were potentially exposed to blood borne pathogens.</p> <p>On 8/6/09 at 10:15 A.M., the Department was informed that, "What appeared to be red colored-debris/old blood was discovered on a self-retaining screwdriver," that was used during hip/fracture surgery on 7/31/09. Per the Administrative Director, the sheath of the specialized instrument, separated from the</p>		<p>Process Sterilization of equipment effective immediately Review of scheduled OR cases for the next 48 hours and continuing on a rolling 48 hour schedule.</p> <ul style="list-style-type: none"> - Surgical instrumentation of each case will be opened and inspected. - Removable components will be disassembled and instruments will go through the complete cleaning and sterilization process. <p>Responsible Person Admin Director, Surgical Services</p> <p>Surgical instrumentation, frequently used for emergency procedures, including add-on orthopedic procedures, will be identified.</p> <ul style="list-style-type: none"> - Surgical instrumentation will be opened and inspected. - Removable components will be disassembled and instruments will go through the complete cleaning and sterilization process. - Surgical technicians will inspect instrumentation prior to using in the operative field. <p>Responsible Person Director, SPD/Supply Chain</p> <p>Infection control consultation regarding the effectiveness of the sterilization.</p> <ul style="list-style-type: none"> - Notify patients and their physicians of the event - Offer blood borne pathogen blood testing to patients - Arrange to pay for the blood borne testing - Patient testing by non-Scripps Health laboratory services. <p>Responsible Person Manager, Epidemiology</p>	<p>Initiated on 8/6/2009</p> <p>Completed 9/4/09</p> <p>Initiated 8/6/09 Completed 9/4/09</p> <p>Initiated 6/6/09 Ongoing</p> <p>Initiated 8/6/09 Completed 8/30/09</p>
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Event ID: ML0U11	2/2/2010	9:19:13AM
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Catherine Fay</i>	TITLE Admin Dir Quality/PI	(X6) DATE 2/23/09
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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 5</p> <p>Review of facility documentation related to OR and SPD staff hire and in-service education dates reflected that 26 of 106 (24.5%) OR staff members were hired after 8/1/08, and 7 of 21 (33%) SPD staff members were hired after 8/1/08. Review of in-service education presentations for OR staff reflected 28 in-services between 8/1/08 through 7/31/09. For SPD, the facility conducted 22 in-service presentations between 8/1/08 through 7/31/09. None of the presentations given to OR and SPD staff were related to the specialized instruments used during a traumatic hip/femur fracture repair.</p> <p>The facility's failure to ensure that staff had received appropriate training from an outside contracted resource regarding the disassembly and processing of a specialized surgical instrument is a deficiency that has caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of the Health and Safety Code section 1280.1 (c).</p> <p>1 of 6</p>				

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9:19:13AM

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

Catherine Fay

Catherine M. Fay

TITLE

Admin Dir
Quality/PT

(X6) DATE

2/23/09

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