

# Strong Memorial Hospital

## Summary of Joint Commission Findings

### Survey Dates: May 16-20, 2016

#### Requirements for Improvement

#### 1. Environment of Care Goal 02.02.01: The hospital manages risks related to hazardous materials and waste.

- The hospital minimizes risks associated with selecting, storing, handling, using hazardous chemicals and using hazardous energy sources (xray).

##### What did the Joint Commission find during their review?

The Joint Commission found a generator room without an eyewash station, bleach stored on a cleaning cart that could easily accessed and an apron used to protect staff from radiation during use of xrays that should have been taken out of service.

##### Why is this Important?

It is important to reduce any risk in the environment that could result in exposure to hazardous chemicals or energy sources to provide the safest environment for patients, families and staff.

##### This is what we are doing about it:

An eyewash station was installed in the generator room. The bleach was relocated to a secure location. Protective aprons for radiation safety were inventoried to ensure all aprons available for use were in service as well as improving the preventative maintenance process.

##### What is the current status?

Plans of correction were completed by July 2016. Compliance with these new processes was monitored for 4 months and reported to the Joint Commission.

#### 2. Environment of Care Goal 02.04.03: The hospital inspects, tests, and maintains medical equipment.

- The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

##### What did the Joint Commission find during their review?

On the inpatient dialysis unit 3 bottles of testing solution were labeled with the expiration date of 5/7/16 and were accessible for staff use.

Why is this Important?

It is important to use testing solutions within the period of time the manufacturer states they are effective to ensure accuracy in testing.

This is what we are doing about it:

The 3 bottles of solution were immediately discarded and replaced with new bottles and appropriately dated. It was determined that this solution was used in a preventative maintenance process and not for patient care. The solution was removed from the clinical area and made available only to staff performing preventative maintenance.

What is the current status?

Only solution that is directly used by clinicians will be available on the unit. Leadership performed monthly audits for 4 months to assure compliance with procedures. The data was reported to the Joint Commission.

3. Environment of Care Goal 02.05.01: The hospital manages risks associated with its utility systems.

- The hospital labels utility system controls to facilitate emergency shut downs. In areas designed to control airborne contaminants, the ventilation system provides appropriate pressure relationships.

What did the Joint Commission find during their review?

The Joint Commission found three electrical circuit breaker panels that did not have a schedule label to identify the electrical circuits controlled by each breaker. They also found in Central Sterile Processing, a room had a negative air pressure differential when positive air pressure differential was required.

Why is this Important?

It is important to have electrical circuit breakers panel schedule labels posted in the event that a partial or complete emergency shutdown is required to fully understand the impact of the shutdown. Having correct air pressure differentials is necessary in areas designed to ensure control of airborne contaminants.

This is what we are doing about it:

All branch circuits breakers were surveyed and traced to determine the loads served. New panel box labels were created and installed. The air pressure differential was corrected on site with the Joint Commission surveyor verifying that a positive air pressure differential was present as required.

What is the current status?

During routine inspections of electrical closets the presence of panel box labels are being verified. The air pressure differential is evaluated daily to ensure positive differential is present as required for this area.

4. Infection Control 02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

- Cleaning and performing low-level disinfection, high-level disinfection and storing of medical equipment, devices, and supplies.

What did the Joint Commission find during their review?

At the adult sleep study unit it was identified that cleaning procedure did not match the manufacturer's recommendations. Transportation of instruments requiring high level disinfection did not occur with a rigid, non-permeable container marked biohazard. Point of use cleaning processes was not consistent across the organization. A processing log did not contain all required information.

Why is this Important?

Ensuring equipment is cleaned at the point of use removes as many contaminants as possible to assure proper high-level disinfection or sterilization. Transportation of used, contaminated equipment in a rigid, non-permeable container protects staff and others from accidental exposure. Maintaining the process logs and including all required data elements allows for proper tracking.

This is what we are doing about it:

Infection policies and processing logs were reviewed and revised as needed. Education was developed and completed for point of use preparation and transportation, and use of logs for quality control checks, high-level disinfection and sterilization.

What is the current status?

All plans of correction were implemented by June 2016. Audits were conducted to monitor compliance with policies and procedures. Audit results were reviewed by the Joint Commission during an onsite visit.

## 5. Medication Management 03.01.01: The hospital safely stores medications.

- The hospital stores all medications and biologicals, including controlled medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.

What did the Joint Commission find during their review?

On one unit an ammonia capsule (smelling salts) was taped to the outside of a cabinet door. On another unit the medication return to pharmacy box was stored on the counter of the nursing area.

Why is this Important?

Maintaining the security of medications is important for medication integrity and to minimize the risk of medication diversion.

This is what we are doing about it:

Ammonia capsules are no longer stored in unsecure areas. The medication return to pharmacy box was relocated to a secured area.

What is the current status?

All plans of correction were completed by June 2016. Random audits performed to monitor ongoing compliance with policies and procedures.

## 6. Medication Management 04.01.01: Medication orders are clear and accurate.

- The hospital has a written policy that identifies the specific types of medication orders that it deems acceptable for use. The hospital implements its policies for medication orders.

What did the Joint Commission find during their review?

The medication order for a specific medication was deemed unclear. There was instances where as needed medications had the same indication for use without and additional administration instructions.

Why is this Important?

A medication order should be clear to prevent any potential errors.

This is what we are doing about it:

The order set was changed to add additional instructions to add clarity to the order. A hospital policy was developed to address duplicate as needed medication indications and education was provided to all members of the healthcare team involved with medication administration.

What is the current status?

All plans of correction were implemented in July 2016. Random monthly audits are conducted to monitor ongoing compliance with policies and procedures.

7. Provision of Care 02.01.03: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

- Prior to providing care, treatment, and services, the hospital obtains or renews orders from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. The hospital provides care, treatment and services using the most recent patient order.

What did the Joint Commission find during their review?

Ventilator weaning was initiated based on a protocol that was not ordered and that was not present in the patient's medical record. Orders in the medical record did not perfectly match the settings on the patient's ventilator. As needed pain medication was given that did not match the indication.

Why is this Important?

Orders written for any medication or therapy should accurately reflect the care that is provided to prevent and errors.

This is what we are doing about it:

Process for writing orders was reviewed with providers responsible for order writing. Education was provided to nurses and respiratory therapists on the processes for identifying discrepancies and seeking clarification when needed.

What is the current status?

All plans of correction were completed by July 2016. Random monthly audits are conducted to monitor ongoing compliance with policy and procedure.

8. Provision of Care 02.01.11: Resuscitation services are available throughout the hospital.

- Resuscitation equipment is available for use based on the needs of the population served.

What did the Joint Commission find during their review?

In one area it was identified that emergency bags did not have break away locks as stated in their policy. EKG patches were found to be opened and not dated with a new expiration date. Documentation on one emergency cart was missing for 2 days they were not opened but there was no notation on the log and their policy stated it would be checked daily.

Why is this Important?

The integrity of emergency equipment and supplies is necessary to ensure that in the emergency all needed equipment is available and that all supplies will work as intended.

This is what we are doing about it:

Education was provided on use of breakaway locks to secure emergency bags, proper storage and adding new expiration date to EKG patches if original package opened and proper documentation on logs was implemented.

What is the current status?

All plans of correction were completed in July 2016. Random audits are conducted to monitor for ongoing compliance with policies and procedures.

9. Provision of Care 02.02.03: The hospital makes food and nutrition products available to its patients.

- The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.

What did the Joint Commission find during their review?

On food and breast milk refrigerator logs there were days that the temperature of the refrigerator was not documented.

Why is this Important?

It is important that food and breast milk are stored in refrigerators that maintain a certain temperature ranges. The logs are a way to document that we have verified that the temperature is within an appropriate range and the contents are safe to consume.

This is what we are doing about it:

Staff education on expectations of completing the refrigerator logs per policy and procedure.

What is the current status?

The staff education was completed in July 2016. Random audits are conducted to verify compliance with policy and procedures.

10. Provision of Care 03.01.07: The hospital provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.

- The postanesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff.

What did the Joint Commission find during their review?

Post-anesthesia evaluations were completed prior to the 3-48 hours dictated by New York State Health Regulations.

Why is this Important?

It is important to follow New York State Health Regulations.

This is what we are doing about it:

The Department of Anesthesia policy was amended to include the 3-48 hour time frame for post-anesthesia evaluation and the providers were educated on the change.

What is the current status?

Policy revision and education of providers was completed in June of 2016. Random audits are performed on an ongoing basis to monitor compliance with policies and procedures.

11. Transplant Safety 03.01.01: The hospital uses standardized procedures for managing tissues.

- Refrigerators, freezers, nitrogen tanks, and other storage equipment used to store tissues at a controlled temperature have functional alarms and an emergency back-up plan.

What did the Joint Commission find during their review?

A tissue refrigerator within the second floor operating room did not have an alarm that could be heard remotely when the operating room was closed.

Why is this Important?

Maintaining tissue at the proper temperature is important to preserve the integrity and usability of the tissue. A remote alarm will allow for a timely response to save contents of refrigerator if the temperature would go out of range.

This is what we are doing about it:

While the Joint Commission was still on-site an alarm was installed on the tissue refrigerator and the notification information programmed into the system.

What is the current status?

These refrigerators are monitored 24 hours a day and 7 days a week and if they go out of set temperature range a notification is received and appropriate staff is alerted to address the situation.

## 12. Universal Protocol 01.03.01: A time-out is performed before the procedure.

- Conduct a time-out immediately before starting the invasive procedure or making the incision. The time-out has the following characteristics; it is standardized, it is initiated by designated member of the team, it involves the immediate members of the procedure team.

What did the Joint Commission find during their review?

There was no documentation of time-outs for two bone marrow biopsies. During the observation of an outpatient procedure there was movement and discussion by team members during the time-out which is not allowed per hospital policy.

Why is this Important?

A time-out is important at the beginning of procedures to enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.

This is what we are doing about it:

Staff training on the required documentation for time-outs and a review of the process of time-out was completed by June 2016.

What is the current status?

Ongoing random observational audits and audits of documentation is completed to monitor compliance with policy and procedure.