

Strong Memorial Hospital

Summary of Joint Commission Findings

Survey Dates: April 1-5, 2019

Requirements for Improvement

1. National Patient Safety Goal 15.01.01: The organization identifies safety risks inherent in its patient population.

- Address the patient's immediate safety needs and most appropriate setting for treatment.

What did the Joint Commission find during their review?

The Joint Commission found a patient record where the hospital required documentation was not completed as outlined in policy for a patient that required 1:1 continuous observation.

Why is this Important?

It is important to document as outlined in policy and to document certain interventions to ensure the safety of patients.

This is what we are doing about it:

Education was developed for staff that outlined the required elements and frequency of documentation. A process was put in place to monitor and ensure ongoing compliance.

What is the current status?

Plans of correction were completed by June 2019. Compliance with these new processes will be monitored until compliance is ensured.

2. Infection Control 02.01.01: The hospital implements its infection prevention and control plan.

- The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

What did the Joint Commission find during their review?

It was observed that there was; dust on shelves, cuts in upholstery, a room with both clean equipment and items that would be considered dirty, equipment with decorative tape making it difficult to clean, an outpatient program cleaning toys with an unapproved product.

Why is this Important?

It is important to have a clean environment to reduce the risk of infection.

This is what we are doing about it:

A process was put in place to ensure that shelves get cleaned on a regular basis. Construction of a room specifically for clean equipment storage allowed for the separation of clean and dirty items. Decorative tape was removed from the equipment to allow for appropriate cleaning. Education and training for the outpatient area on products that can be used to clean toys was completed.

What is the current status?

All plans of correction were completed June 2019. Compliance with these new processes will be monitored until compliance is ensured.

3. **Environment of Care 02.06.01: The hospital establishes and maintains a safe, functional environment.**

- Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

What did the Joint Commission find during their review?

The Joint Commission found three stained ceiling tiles, a dusty vent, potential ligature risk, and lack of sleeping arrangement in a crowded area.

Why is this Important?

It is important to have a safe and suitable care environment that is clean and free from preventable risks to provide care to patients.

This is what we are doing about it:

The ceiling tiles were replaced and the comprehensive preventative maintenance inspection procedure was reinforced. The vent was cleaned and item was added to the daily task log that is used by staff who perform the cleaning. The ligature risk was eliminated. Additional sleeping arrangements were added to the area.

What is the current status?

All plans of correction were completed June 2019. Compliance with these new processes will be monitored until compliance is ensured.

4. **National Patient Safety Goal 03.04.01: Label all medications, medication container, and other solutions on and off the sterile field in perioperative and other procedural settings.**

- In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used.

What did the Joint Commission find during their review?

In Interventional Radiology there were 2 syringes that were not labeled as required and in the Obstetrical Operating Room 1 spinal anesthesia syringe was not labeled.

Why is this Important?

Labeling syringes is a risk-reduction activity that is used to prevent medication errors.

This is what we are doing about it:

Education was developed and rolled out to appropriate groups. Interventional Radiology obtained preprinted labels for medications that are commonly used to make it easier to label.

What is the current status?

All plans of correction were completed June 2019. Compliance with these new processes will be monitored until compliance is ensured.

5. 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?

The Joint Commission found 1 expired defibrillator electrode and 1 package of opened electrodes that were not labeled with revised expiration date per manufacturer's instructions for use. They also identified on 1 unit the defibrillator checks were not documented as outlined in hospital policy.

Why is this Important?

It is important for the delivery of emergent care that supplies are not expired and that equipment is working as expected.

This is what we are doing about it:

The placement of the electrodes was standardized to make it easy to check expiration dates with daily checks. A process to verify defibrillator checks are completed to developed and responsibility was clearly delineated.

What is the current status?

All plans of correction were completed June 2019. Compliance with these new processes will be monitored until compliance is ensured.