



# ***The Joint Commission: Post Full Event Survey Update***

**Chairs' Council  
April 11th, 2017**

# TJC Survey Details

- Unannounced Full Event Survey March 27–31<sup>st</sup>, 2017
- Included HFH, HFMG, CCS Dialysis, Behavioral Clinics
- 9 surveyors
  - *March 27th: Short a surveyor, so only 1 in K-Bldg and 1 out at satellites*
  - *The rest of the week, 1 in K-Bldg and 2 visiting satellites*
  - *16 sites surveyed throughout the week*

# Wins!



- No expired medications/supplies
- No multi-dose vials missing expiration dates
- No issues with malignant hyperthermia
- No deficiencies noted with suicide risk and ligature points
- No issues found with high and low dust
- No issue with air pressure relationships

# 2017 TJC Findings - Summary

- 46 Requirements for Improvements (RFI)
  - 15 of the RFIs ‘touch’ the HFMG
  - Each RFI requires a corrective action response –RFIs in the dark orange and red boxes require leadership Involvement in the action plan
  - IC.02.02.01 standard was scored as a condition level finding
    - ‘represents a severe or critical health or safety breach’ in Medicare Conditions of Participation
      - **Focused follow-up survey 35 days post full event survey**

# Immediate Threat to Life

Likelihood to Harm a Patient/Staff/Visitor

HIGH

MODERATE

LOW

**UP.01.03.01 EP2**

**PC.01.02.03 EP3**

EC.02.02.01 EP 5  
**EC.02.04.03 EP 3**  
 IC.02.01.01 EP 3  
 LD.04.01.05 EP 4  
**MM.05.01.11 EP 2**  
 PC.01.02.01 EP 1  
 PC.01.02.03 EP 6  
 PC.01.02.09 EP 4  
 PC.03.05.05 EP 4  
**PC.04.01.05 EP 7**

**EC.02.05.09 EP 6**  
**HR.01.06.01 EP 6**  
**IC.02.02.01 EP 2 \***  
 LD.01.03.01 EP 12  
 PC.01.02.07 EP 3

EC.02.02.01 EP 9  
 EC.02.03.01 EP 9  
**EC.02.05.01 EP 15**  
**EC.02.05.01 EP 16**  
 EC.02.05.05 EP 6  
 EC.02.06.01 EP 1  
 LS.01.01.01 EP 6  
**LS.02.01.30 EP 3**  
 LS.02.01.34 EP 3  
 LS.02.01.35 EP 5  
 LS.02.01.35 EP 6  
 LS.02.01.50 EP 4  
**MM.03.01.01 EP 2**  
**MS.01.01.01 EP 5**  
 PC.02.01.01 EP 15  
 PC.02.01.11 EP 2  
 RI.01.03.01 EP 13  
 RI.01.05.01 EP 5  
 WT.04.01.01 EP 4

EC.02.05.01 EP 8  
**IC.02.02.01 EP 4 \***  
 LS.02.01.10 EP 7  
 LS.02.01.20 EP 1  
 LS.02.01.35 EP 11  
 PC.01.02.13 EP 3  
 PC.01.03.01 EP 1  
 PC.01.03.01 EP 5  
 PC.02.01.03 EP 7  
**UP.01.03.01 EP 5**

LIMITED

PATTERN

WIDESPREAD

Scope

\* Condition level

# Immediate Threat to Life

Likelihood to Harm a Patient/Staff/Visitor

HIGH

**UP.01.03.01 EP2** Inadequate time out

**PC.01.02.03 EP3** Failure to reassess post Low SBG treatment

MODERATE

**EC.02.04.03 EP 3** Inadequate Medication temperature monitoring & response

**EC.02.05.09 EP 6** Unsafe storage of O2 cylinders

**MM.05.01.11 EP 2** Failure to document Fentanyl dose

**HR.01.06.01 EP 6** No competency for timeouts

**PC.04.01.05 EP 7** Post-sedation Discharge instructions - documentation and elements

**IC.02.02.01 EP 2 \*** Inadequate HLD & Sterilization

LOW

**EC.02.05.01 EP 15** Inadequate monitoring of OR temperature excursion responses

**EC.02.05.01 EP 16** Blue-cloth Sterile supplies not overwrapped in plastic

**LS.02.01.30 EP 3** Fire safety compromised when pt room converted to storage

**MM.03.01.01 EP 2** Inadequate Medication temperature monitoring & response

**MS.01.01.01 EP 5** No physical exam documented prior to procedure

**IC.02.02.01 EP 4 \*** EndoBoot placement on scope

**UP.01.03.01 EP 5** Time outs not documented

LIMITED

PATTERN

W  
I  
D

# 2017 TJC Findings – HFMG Response

HFMG TJC Findings Mar 2017					
TJC Standard # Score Page #	Content	Violation	Location	Lead	Plan/Date
EC 02.04.03 EP 3 Score 4 Page 13	Facilities, supplies and equipment must be maintained to ensure an acceptable level of safety and quality	Medication refrigerator A6 gastro not recorded correctly when out of range no documented action	Gastro A6	Kristi Anderson	<ul style="list-style-type: none"> <li>[Inventory. Roll-out of new education, logs, et al. Competency. Audits]</li> <li>Karen and Mary Jo will assist</li> </ul>
EC 02.05.01 EP 15 Score 1 Page 15	The hospital manages risks associated with its utility systems	There was no documentation of the action taken when the temperature in the ORs fell below the accepted range	Lakeside	Tim Roberts	<ul style="list-style-type: none"> <li>[Education, competency, audit] Temptrack for OR for temp and humidity. They created a new log. Need a process and protocol for monitoring and notification</li> </ul>
EC 02.05.01 EP 16 Score 1 Page 15	There must be proper ventilation, light and temperature control in pharmaceutical, food preparation and other appropriate areas	In the clean supply room blue wrapped sterile instrument trays without protective overwrap were observed. There was no evidence that temperature and humidity were monitored for this room that was being used for storage of sterile supplies	Fairlane, ENT	Jeanette Teetsch	<ul style="list-style-type: none"> <li>Going for Gold? ; competency</li> </ul>
EC 02.05.09 EP 6 Score 5 Page 17	The hospital inspects, tests, and maintains medical gas and vacuum systems. Proper transporting of cylinders; segregating full and empty, labeling empty cylinders	Unsecured oxygen cylinder H cylinder in patient room CDU. Tank secured immediately.	Fairlane, CDU	Gabby Newton	<ul style="list-style-type: none"> <li>Education / in-service. Audit. Train ANC, then complete spot audits for accountability</li> </ul>
		Oxygen cylinders that were full and empty were comingled without labels to indicate status	Pulm Funct lab HFH	Gabby Newton	<ul style="list-style-type: none"> <li></li> </ul>
HR 01.06.01 EP 6 Score 5 Page 19	Staff competency is assessed and documented once every three years or	Time out not performed correctly. Medical Assistant did not have competency related to performing these duties	Plastic clinics at HFH	Linda Harden	<ul style="list-style-type: none"> <li></li> </ul>

- Addressing all 15 RFIs with focused effort on 3 issues:
  - Infection Control (IC)** – HLD and sterilization of equipment and instruments
  - Medication Management (MM)** – Safe storage of medications - temperature
  - Universal Protocol (UP)** – Time out performed before procedures



# Critical Areas of Focus for Providers

- Date/Time on consents
  - Consent missing date/time
  - Old version of consent being used
- Completion of H&P before procedures
- “Timeout” process and documentation
- Immediate post-op note
- Disposable instruments and following HLD process

***\*Must complete any corrective action steps by  
end of May***



# IC.02.01.01: Condition-Level HLD and Instrument Re-processing

- Process of cleaning, peel-packing and sending out for sterilization is considered insufficient to meet AAMI guidelines
    - Currently working on the 67 sites that need to be fully converted over to their regional SPD
      - SPD Challenges with increasing workload (manpower and space)
    - Ideal solution is to adopt recyclable–disposable instruments as much as possible
- \*IC Standards must be corrected before end of April and ready for re-survey***

# IC.02.01.01: Condition-Level HLD and Instrument Re-processing (cont'd)

- Rapicide test strips not labeled with expiration date
- Sterilization practices did not meet AAMI guidelines
- Soiled instruments transported in a open basin, rather than closed, red transport bin
- Autoclave used and not following AAMI guidelines

***\*IC Standards must be corrected before end of  
April and ready for re-survey***

# MM.03.01.01 & EC.02.04.03

## Safe storage of medication

- Medication refrigerator/freezer not monitored appropriately for temperature excursions; documentation and subsequent actions were lacking
- Ongoing work continues to standardize
  - State-approved refrigerators and freezers
  - Thermometers and calibration requirements
  - Temperature recording devices
- Developed and standardized
  - P & P; Logs; Emergency Response Plans; Audits; Education and Competencies with –further re-education underway

***\*Corrective action expected before end of May***

# UP.01.03.01 Universal Protocol

- Insufficient “timeout” conducted – all participants were not actively engaged, allergies were not included in the “timeout” process, and documentation of the “timeout” process was missing
  - 2 TJC observations and 2/3 records reviewed did not document the “timeout” being completed

***\*Corrective action expected by end of May***

***\*P & P; Education; Competency & Audit, plus exploring EPIC hard stop for “timeout”***