

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>050710</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/14/2008</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>KAISER FOUNDATION HOSPITAL -- FRESNO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7300 NORTH FRESNO STREET, FRESNO, CA 93720 FRESNO COUNTY</b> |
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|  | <p>The following reflects the findings of the California Department of Public Health during a Full Medicare Survey Revisit (C/O # CA00129602)</p> <p>Representing the California Department of Public Health was: [REDACTED] HFEN, [REDACTED] Pharmaceutical Consultant.</p> <p>1280.1 (a) HSC Section 1280</p> <p>If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Sections 1250 receives a notice of deficiency constituting an immediate jeopardy to the health and safety of a patient and is required to submit a plan of correction, the department may assess the licensee an administrative penalty in an amount not to exceed twenty-five thousand dollars (\$25,000) per violation.</p> <p>1280.1 (c) HSC Section 1280</p> <p>For purpose of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.</p> <p>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>70263. Pharmaceutical Service General Requirements.</p> <p>(c) A pharmacy and therapeutics committee, or a committee of equivalent composition, shall be established. The committee shall consist of at least one physician, one pharmacist, the director of</p> |  |  |  |
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Event ID:KX9F12

8/14/2008

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|   | <p><b>Continued From page 1</b></p> <p>nursing service or her representative and the administrator or his representative</p> <p>(1) The committee shall develop written policies and procedures for establishment of safe and effective systems for procurement, storage, distribution, dispensing and use of drugs and chemicals. The pharmacist in consultation with other appropriate health professionals and administration shall be responsible for the development and implementation of procedures. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.</p> <p>Based on observation, staff interview, and administrative document review the hospital failed to establish safe and effective systems for the use of drugs and failed to properly implement procedures when:</p> <ol style="list-style-type: none"> <li>Three of three nurses in the Emergency Department were unable to quickly and accurately determine pediatric doses of emergency medications when patient weights were unknown.</li> <li>Policies and procedures did not clearly identify the processes for determining doses of emergency medications for neonatal and pediatric patients in the emergency department when patient weights were unknown.</li> <li>Emergency medication carts did not contain the same strength of a medication listed in the Pediatric Code Medications Dosing Guide on the cart. The Pediatric Code Medications Dosing</li> </ol> |  |   |   |

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|   | <p><b>Continued From page 2</b></p> <p>Guide was used to determine doses of emergency medications to be administered to neonatal and pediatric patients.</p> <p>The cumulative effects of these medication related violations created unsafe conditions for emergency patient care. These violations have caused or are likely to cause serious injury or death to patients. As a result, immediate jeopardy was declared at 12:25 p.m. on 7/9/08.</p> <p>Findings:</p> <p>1. a. At 10:20 a.m. on 7/8/08 Registered Nurse (RN) 1 was observed with Pharmacist (PH) 1 and Director of Pharmacy (DOP) in attendance in the Emergency Department (ED). RN 1 was asked to calculate and draw into a syringe a dose of atropine (to increase heart rate) for a theoretical pediatric patient of known height but unknown weight. She was asked to use the medications and equipment in the emergency cart for this purpose. RN 1 required seven minutes to complete the task. She used the Broselow Tape (a color coded pediatric emergency measuring tape) to determine both the patient's weight and dose. The Broselow Tape provided weights from height measurements and doses according to weight of emergency medications for patients when weights were not available. She did not ask whether the dose was to be administered intravenously (IV) or through an endotracheal tube (ET). Doses listed on the Broselow Tape were different for each route of administration.</p> |   |   |                    |   |

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|   | <p><b>Continued From page 3</b></p> <p>b. At 11:35 a.m. on 7/8/08 RN 2 was observed with PH 1 and DOP in attendance in the ED. RN 2 was asked to calculate and draw into a syringe a dose of epinephrine (to increase heart rate and blood pressure) from the emergency cart for a theoretical pediatric patient of known height but unknown weight. She required five minutes to complete this task. She used the Broselow Tape to determine both the patient's weight and dose. She did not ask whether the dose was to be administered IV or through the ET tube. She did not use the Broselow Tape correctly and subsequently determined an incorrect dose.</p> <p>c. At 3:10 p.m. on 7/8/08 RN 3 was observed with PH 1 and DOP in attendance in the ED. She was asked to calculate and draw into a syringe a dose of lidocaine (for irregular heart rhythms) from the emergency cart for a theoretical pediatric patient of known height but unknown weight. RN 3 used lidocaine, 20 milligrams (mg)/milliliter (ml) to determine the dose. She used the Broselow Tape to determine the patient's weight then used the Pediatric Code Medications Dosing Guide (PCMDG) on the top of the emergency cart to determine the dose. The PCMDG provided doses of emergency medications based on weight. However, the PCMDG listed a dose based on lidocaine, 10 mg/ml. The emergency cart did not contain lidocaine 10 mg/ml. It contained only lidocaine, 20 mg/ml. RN 3, therefore, drew up an incorrect dose which was twice as potent as required. RN 3 required seven minutes to calculate the dose.</p> |   |   |                    |   |

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|   | <p><b>Continued From page 4</b></p> <p>2. a. At 10:40 a.m. on 7/8/08 the Emergency Department Manager (EDM) was interviewed with the Director of Pharmacy (DOP) and Pharmacist (PH) 1 in attendance. She stated nurses in the Emergency Department (ED) should use the Broselow Tape to determine a neonatal or pediatric patient's weight when it was unknown and the Pediatric Code Medications Dosing Guide (PCMDG) to determine the correct dose based on the patient's weight. The Emergency Department Manager (EDM) stated the emergency department nurses were Advanced Cardiac Life Support (ACLS) and Pediatric Life Support (PALS) certified. The (DOP) stated the hospital policy was to use the PCMDG to determine doses for pediatric patients.</p> <p>b. The DOP provided on 7/8/08 the emergency response policy ("Code Blue/Resuscitation and Help Stat Policy") including addendums A - J. Page two of Addendum A ("Procedures for Code Blue Response in the Medical Center") under responsibilities for ED Registered Nurse (RN) staff was printed, "...assists with IV medication preparation and manages IV medication, sequencing and administration." Page three under responsibilities for "RN staff (all nursing units)" was printed, "If certified: Initiates ACLS." The document did not define what "Initiates ACLS" meant.</p> <p>The policy and procedures including addendums did not define how the Broselow Tape should be used to determine a neonatal or pediatric patient's weight nor the use of the PCMDG to determine the correct dose based on patient weight. Neither the Broselow Tape nor the PCMDG was included in the</p> |   |   |                    |   |

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|   | <p><b>Continued From page 5</b></p> <p>policy and procedures.</p> <p>3. On 7/8/08 at 2:30 p.m. RN 4 in the Special Care Nursery provided a policy and procedures from the "Perinatal Services Policy and Procedure Manual" titled, "Resuscitation, Neonatal." The last revision date was listed as 2007 and the DOP stated at 8:50 a.m. on 7/9/08 that it had not been approved by the Pharmacy and Therapeutics Committee.</p> <p>4. At 9:37 p.m. on 7/9/08 RN 5 on 3 East medical/surgical unit was asked to determine a dose of atropine for a theoretical adult patient with the DOP and PH 1 in attendance. She used a dosage guide which was located on the emergency medical cart. The DOP stated that the guide had not been approved by the Pharmacy and Therapeutics Committee. The process for determining an adult dose of an emergency medication using the guide was not listed in the Code Blue policy.</p> <p>The hospital submitted an acceptable Plan of Action on 7/14/08 at 3:47 p.m. and the Immediate Jeopardy was abated.</p> |   |   |                    |   |

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