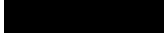
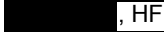
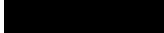
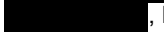
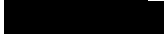


CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

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NAME OF PROVIDER OR SUPPLIER SAN GORGONIO MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH HIGHLAND SPRINGS AVENUE, BANNING, CA 92220-3090 RIVERSIDE COUNTY		
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	<p>E 000 Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a Complaint Validation survey.</p> <p>On February 28, 2008, at 1:40 p.m., Immediate Jeopardy (IJ) was identified regarding the Pharmaceutical Services. The IJ was abated on February 28, 2008, at 5:15 p.m.</p> <p>Representing the Department: , HFEN; , HFEN; , MD; , Pharmacy Consultant; and , Pharmacy Consultant</p> <p>The IJ resulted in the potential for serious harm and death in all patients who failed to receive emergency drugs necessary to treat life threatening cardiac emergencies.</p> <p>A 012 1280.1 (a)</p> <p>If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Section 1250 receives a notice of deficiency constituting an immediate jeopardy to the health or 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>			

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2:34:07PM

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	<p>Continued From page 1</p> <p>A 014 1280.1 (c)</p> <p>For purposes 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>T22 DIV5 CH1 ART3-70263 (f). Pharmaceutical Service General Requirements.</p> <p>(f) Supplies of drugs for use in medical emergencies only shall be immediately available at each nursing unit or service area as required.</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and effective medication administration practices by failing to ensure availability of emergency drugs necessary to treat life threatening tachycardias (heart beating too fast to sustain vital signs) in accordance with American Heart Association (AHA) Guidelines, current standards of practice, and the facility's policy, in nine of nine adult emergency crash carts, resulting in the potential for decompensation and death of patients in need of emergency treatment for life threatening tachycardia.</p> <p>Findings:</p> <p>The facility's policy titled, "Code Carts," with a revised date of February, 2007, was reviewed on</p>				

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	<p>Continued From page 2</p> <p>February 28, 2008. The policy indicated carts with equipment and medications used expressly for the intervention of cardiopulmonary arrest or to manage other acute or emergent conditions would be located throughout the facility. The policy also indicated code carts were supplied with drugs in accordance with current AHA guidelines.</p> <p>The facility's policy titled, "Code Blue Policy (Code Blue Resuscitation)," with a revised date of February, 2007, was reviewed on February 28, 2008. The policy indicated the code blue team would institute Advanced Cardiac Life Support (ACLS) measures and initiate ACLS algorithms per AHA standards, and a certified ACLS nurse could institute ACLS protocols in the absence of a physician.</p> <p>ACLS refers to a set of clinical interventions for the urgent treatment of cardiac arrest and other life threatening medical emergencies, as well as the knowledge and skills to deploy those interventions.</p> <p>ACLS algorithms (step-by-step procedures used for treating cardiac arrhythmias), developed by the AHA in December, 2005, contain recommendations designed to improve survival from cardiac arrest and acute life-threatening cardiopulmonary problems. These recommendations are based on evidence collected worldwide, and use of ACLS algorithms and AHA guidelines has become the standard of practice in acute care hospitals around the United States.</p> <p>ACLS providers (physicians, nurses, and other</p>				

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	<p>Continued From page 3</p> <p>healthcare personnel) are trained to recognize and treat life threatening cardiac arrhythmias and cardiac arrest. After successful completion of a training course, the provider receives ACLS certification. To ensure the provider is current in their knowledge of the most recent ACLS algorithms and AHA guidelines, the certification expires, and recertification is required every two years.</p> <p>The AHA algorithm for tachycardia (the heart beating too fast to sustain stable vital signs and adequate blood flow to the body's major organs) was reviewed on February 28, 2008. The algorithm indicated the following drugs were recommended for the treatment of tachycardia:</p> <p>a) Beta Blockers b) Diltiazem c) Verapamil d) Digoxin e) Adenosine, a total dose of 6 mg, followed by 12 mg, followed again by 12 mg.</p> <p>During a review of the medical surgical crash cart inventory list on February 28, 2008, at 1 p.m., the list of drug tray contents did not include beta blockers, diltiazem, verapamil, or digoxin. In addition, the list included only three vials of adenosine, 6 mg in each vial, less than the amount needed to administer a full dose. The contents in the drug tray did not include beta blockers, diltiazem, verapamil, digoxin, or the full complement of adenosine as recommended by the AHA.</p>				

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	<p>Continued From page 4</p> <p>During a review of the Intensive Care Unit (ICU) crash cart inventory list on February 28, 2008, at 1:04 p.m., the list of drug tray contents did not include beta blockers, diltiazem, verapamil, or digoxin. In addition, the list included only three vials of adenosine, 6 mg in each vial, less than the amount needed to administer a full dose. The contents in the drug tray did not include beta blockers, diltiazem, verapamil, digoxin, or the full complement of adenosine as recommended by the AHA.</p> <p>During a concurrent interview with the Chief Nursing Office/Chief Operating Officer (CNO/COO) and the Director of (Performance Improvement/Risk Management/Infection Control (PI/RM/IC), on February 28, 2008, at 1 p.m., both stated all facility crash carts contained the same inventory list and emergency drugs. They both stated the facility followed ACLS guidelines established by the AHA, and the drugs in the emergency crash carts should have been consistent with the guidelines.</p> <p>During an interview with the Emergency Department (ED) Director, on February 28, 2008, at 1:12 p.m., the Director stated she was aware the crash carts throughout the facility lacked enough adenosine to administer a full dose. The director stated an ED nurse had been assigned a "special project," to include reviewing the ACLS algorithms and AHA guidelines, and ensuring the medications in the emergency crash carts were consistent with those recommended in the guidelines. The ED Director stated the project was scheduled to start that</p>			
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	<p>Continued From page 5</p> <p>week, but had not yet been implemented. She stated the drug trays in the emergency crash carts had not been compared to the ACLS algorithms and AHA guidelines to ensure consistency, but the ED nurse assigned to the special project planned to do so.</p> <p>The Chief Executive Officer (CEO) and COO were notified that Immediate Jeopardy was identified, on February 28, 2008, at 1:40 p.m., due to the facility's failure to ensure the availability of emergency drugs necessary to treat life threatening cardiac emergencies.</p> <p>The facility failed to:</p> <p>1) Provide the correct amount of adenosine in the adult emergency crash carts needed to administer a full dose in accordance with AHA Guidelines, current standards of practice, and the facility's policy, and;</p> <p>2) Provide beta blockers and calcium channel blockers in the adult emergency crash carts for treatment of tachycardia, in accordance with AHA Guidelines, current standards of practice, and the facility's policy.</p> <p>These failures resulted in the potential for decompensation and death of patients in need of emergency treatment for life threatening tachycardia.</p> <p>On February 28, 2008, at 5:15 p.m. an acceptable plan of correction was received that included the</p>				

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	<p>Continued From page 6</p> <p>following:</p> <p>1) A meeting of the Emergency Medical Staff Administration that included;</p> <p>a) Review of medications located in the drug trays of all adult emergency crash carts;</p> <p>b) Review of medications recommended for treatment of life threatening tachycardia by the AHA;</p> <p>c) Approval of the addition of medications recommended for treatment of life threatening tachycardia to all adult emergency crash carts;</p> <p>2) Addition of medications recommended for treatment of life threatening tachycardias to all adult emergency crash carts.</p> <p>The team verified implementation of the plan of correction, and the CEO and COO were notified the Immediate Jeopardy was abated on February 28, 2008, at 5:15 p.m.</p>				

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