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SEP 18 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2014
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 DOLBEER ST EUREKA, CA 95501
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E 000	Initial Comments The following reflects the findings of the California Department of Public Health during a COMPLAINT visit. Complaint number: CA00399624 Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: Surveyor 20307, Medical Consultant 1 (MC1) THE DEPARTMENT SUBSTANTIATED A VIOLATION OF THE REGULATIONS.	E 000	E 000 – INITIAL COMMENTS St. Joseph Hospital is committed to adhering to the requirements of all relevant federal and state laws. This document is submitted as evidence of correction of the deficiency identified during a visit on 6/10/2014, as the result of a complaint. The deficiency cited was corrected as specified. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by Hospital to the allegations or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by provisions of federal and state law. None of the actions taken by Hospital pursuant to its Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the Survey. Hospital submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against Hospital, its employees, agents, officers, directors, or shareholders. This Plan of Correction is submitted to meet requirements established by state and federal law.	
E1912	T22 DIV5 CH1 ART7-70703(f) Organized Medical Staff (f) The medical staff shall provide for availability of staff physician for emergencies among the in-hospital population in the event that the attending physician or his alternate is not available. This RULE: is not met as evidenced by: Based on interview, medical record review, and document review, the hospital failed to enforce its bylaws, rules, and regulations by failing to ensure that laborist physicians (physicians assigned to care for laboring patients) avoided scheduling major elective surgical procedures during scheduled labor and delivery call shifts, resulting in one patient's (Patient 1) surgery being interrupted while the laborist attended to an obstetric (related to childbirth) emergency. THE VIOLATION OF LICENSING	E1912	T22 DIV5 CH1 ART7-70703(f) Organized Medical Staff <u>Corrective Action:</u> 1. At the time of discovery and concurrent with the complaint investigation by CDPH on 6/10/2014, the Medical Staff Services Manager reviewed the Laborist schedule to identify scheduling conflicts where a	6/10/2014

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE President (X6) DATE 9/16/15

11 AM 10/6/15 Hospital notified roc accepted
(Wendy Hendrickson) TG

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E1912	<p>Continued From Page 1</p> <p>REQUIREMENTS CONSTITUTED AN IMMEDIATE JEOPARDY (IJ) WITHIN THE MEANING OF HEALTH & SAFETY CODE 1280.3 IN THAT IT CAUSED OR WAS LIKELY TO CAUSE SERIOUS INJURY OR DEATH TO THE PATIENT, WHEN THE FACILITY FAILED TO ENSURE PATIENT SAFETY DURING A SURGICAL PROCEDURE.</p> <p>Findings:</p> <p>During an interview on 6/10/14 at 12 p.m., Staff A stated that on 4/29/14, Patient 1 required an emergency cesarean (C) section (a surgical procedure to deliver a baby through incisions in the mother's abdomen and uterus) due to fetal distress, but Physician B, the on-call laborist, was scrubbed in performing a hysterectomy (surgical removal of uterus) on Patient 2 in the main operating room (OR). She stated that Physician B requested that another physician be called, but none was available. Physician B had to leave Patient 2 on the table, perform a C-Section on Patient 1, then return to the OR. She stated that both surgeries were successful. Staff A stated that when she learned about the incident, she requested that the scheduling staff make sure that Physician B not schedule elective major cases when assigned as laborist.</p> <p>On 6/10/14, review of Physician B's dictated operative report, dated 4/29/14, for Patient 2, demonstrated that part way through the hysterectomy, after the arteries to the uterus had been clamped, cut, and tied off, he was called to attend to Patient 1 and left the OR, as no other obstetrician could be found. No general surgeon was available to take over the hysterectomy. Physician B's note stated that Patient 2 was stable at the time he left, and he returned after the C-Section to complete the procedure without</p>	E1912	<p>E 1912 Organized Medical Staff (continued)</p> <p>Laborist was on call and scheduled to perform major elective surgery. For each instance where there was the potential for a Laborist to be engaged in a major surgery and be required to attend an obstetrical emergency, additional physician coverage was immediately scheduled.</p> <p>2. A Standard Work: <i>Monthly Laborist Schedule</i> was created by the Medical Staff Services Manager for staff development of the monthly schedule, to assure that Laborists are not scheduled to perform major elective surgeries while on call. The Standard Work requires that, when the Laborist Schedule is completed by the Medical Staff Services Office, the schedule is forwarded to the Surgical Services Manager to verify that there are no major elective surgeries scheduled when the Laborist is on call. If a surgery is identified, it will be canceled and the Laborist is notified. The Surgical Services Manager also ensures that no major elective surgeies get scheduled.</p> <p>3. On 8/21/2014, the Medical Staff Services Director provided the Medical Staff Services Staff, Director of the Childbirth Center, and the Director of Surgical Services with the Standard Work: <i>Monthly Laborist Schedule</i>.</p> <p>4. On 6/10/2014, the Laborist identified in the complaint was reminded by Hospital Administration that pursuant to his contract, he agreed not to perform major elective surgery while on call. The Laborist verbalized understanding and agreed that he would comply with the contract.</p>	<p>8/18/2014</p> <p>8/21/2014</p> <p>6/10/2014</p>

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E1912	<p>Continued From Page 2</p> <p>complication.</p> <p>During an interview on 6/10/14 at 1:15 p.m., Physician B stated that there were not enough obstetrician gynecologists on the medical staff at the hospital to do the work. He stated that he was on call as laborist 12-16 days per month. He stated that if he had to leave an operation to attend to an obstetrics patient, he would call a general surgeon to step in and take over the case, but until this incident, he had not had to do so.</p> <p>On 6/10/14, review of the 2012 medical staff bylaws, Article II, 2.5.h, demonstrated that it was a basic responsibility of medical staff membership to make appropriate arrangements for coverage of patients.</p> <p>Review of the 2012 medical staff rules and regulations, section A.7. demonstrated that when practitioners plan to be unavailable to cover their patients' hospital needs, arrangements must be made with another hospital-privileged practitioner whose name shall be provided to the hospital.</p> <p>On 6/10/14, review of the hospital's laborist program contract, signed by Physician B on 12/19/13, demonstrated the requirement that "laborists will not schedule elective in or outpatient major procedures during scheduled call shift."</p> <p>The hospital's failure to enforce medical staff bylaws and rules and regulations in order to prevent an anesthetized patient from being left without a surgeon in the operating room is in violation of Section 70703(f) of Title 22 of the California Code of Regulations.</p>	E1912	<p>E 1912 Organized Medical Staff (continued)</p> <p>A letter was written to the Laborist by Assistant General Counsel for the Health System, summarizing the conversation with Administration and his agreement to comply with his contract, and hand delivered to the Laborist by the Medical Staff Services Manager on 9/14/2014.</p> <p><u>Monitoring Activity:</u></p> <p>Effective 7/1/2014, the following indicator was incorporated in to the Medical Staff Services Department's performance improvement activities and integrated into the hospital's QAPI program. A target was established at 100% compliance and monitoring continued until sustained performance had been achieved for eight consecutive months. The performance improvement data was entered into a QAPI data base portal monthly and reported to the Medical Staff Quality Steering Committee and Board of Trustees Quality Steering Committee quarterly:</p> <p>a. The Medical Staff Services Office will verify that the Laborist on duty does not have any major elective surgeries scheduled while on call, or a back-up Laborist has been assigned to cover during a major elective surgery.</p> <p><u>Responsible Persons:</u></p> <p>Medical Staff Services Manager Surgical Services Manager</p>	<p>9/14/2014</p> <p>7/1/2014</p>

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