



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050534</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/04/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>JOHN F. KENNEDY MEMORIAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>47-111 MONROE STREET, INDIO, CA 92201 RIVERSIDE COUNTY</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 1</b></p> <p>A 012 1280.1 (a) HSC Section 1280</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> <p>A 014 1280.1 (c) HSC Section 1280</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 ART3-70214 (a) (C) Nursing Staff Development</p> <p>(a) There shall be a written, organized in-service education program for all patient care personnel, including temporary staff as described in subsection 70217 (m). The program shall include, but shall not be limited to, orientation and the process of competency validation as described in subsection 70213 (c).</p> <p>(2) All patient care personnel, including temporary staff as described in subsection 70217(m), shall be subject to the process of competency validation for their assigned patient care unit or units. Prior to the completion of validation of the competency</p>		<p><b>Tag A 014:</b></p> <p><b>Policy &amp; Procedures:</b></p> <p>Policy and procedure review and revision started in August 2008 to reflect current standards of care and nursing practice. Included in the review process were the Director of Emergency Department, DCQI, Interim Chief Nursing Officer and Interim Emergency Department Director. All new and revised Emergency Room policies and procedures were reviewed by the director of the Emergency Department and approved by the Department of Emergency Services, the Medicine Executive Committee and the Governing Board in December 2008.</p> <p>The revised policies and procedures included:</p> <ul style="list-style-type: none"> <li>Standards of Care in the Emergency Department to ensure the most current standards were in place and applicable to the patient population of JFK;</li> <li>Assessment of the Emergency Department Patient to include frequency of assessment and reassessment based on the patient's symptoms and diagnosis;</li> <li>Emergency Department "Triage to Bed" defining placement of the patient following triage;</li> <li>Expectations of Care Delivery outlining nursing responsibilities and functions in the provision of patient care and services;</li> <li>Administration of Vasopressors, Insulin and Heparin in the Emergency Department in conjunction with Pharmacy to ensure current guidelines and standards are met regarding high risk medications.</li> </ul>	<p>8/08</p> <p>12/08</p> <p>12/08</p> <p>12/08</p> <p>12/08</p> <p>12/08</p>

Event ID:96D811

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

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	<p><b>Continued From page 2</b></p> <p>standards for a patient care unit, patient care assignments shall be subject to the following restrictions:</p> <p>(C) Registered nurses shall not be assigned total responsibility for patient care, including the duties and responsibilities described in subsections 70215 (a) and 70217 (h) (3), until all the standards of competency for that unit have been validated.</p> <p>Based on interview and record review, the facility failed to ensure the ED nursing staff possessed the knowledge and skills required to meet the needs of Patient 2 who presented for emergency care. This failure caused an MI in Patient 2 due to improper administration of medication, and the potential for injury and death for all patients seen in the ED.</p> <p>Findings:</p> <p>The record for Patient 2 was reviewed on August 4, 2008. Patient 2, a 33 year old female, presented to the ED on July 7, 2008, with a possible allergic reaction. The ED physician ordered epinephrine 0.3 cc to be given SC. The ED Patient Care Record indicated the nurse caring for the patient (RN 2) administered epinephrine 0.3 cc IVP, instead of SC as ordered.</p> <p>According to the record, immediately following the IVP administration of epinephrine, the patient became pale and experienced chest tightness, SOB, and ventricular tachycardia (a life threatening cardiac rhythm).</p>		<p>The Director of the Laboratory developed and implemented a policy and procedure on critical lab values that included specific Emergency Room tests and values. The Interim Director of the Emergency Department and the Chief Nursing Officer, developed the Results Reporting policy and procedure outlining the steps for staff in notifying physicians of the results of lab and diagnostic studies.</p> <p>The Chief Nursing Officer and the Director of Education adapted the textbook <u>Emergency Nursing Core Curriculum: 5<sup>th</sup> Edition, 2005 Jean Puel</u> in the development of the core curriculum for nursing in the Emergency Department.</p> <p>The National Patient Safety Goal Team reviewed, revised, and approved the Hospital-wide Critical Tests and Critical Values/Results policy and procedure on November 20, 2008. The revised policy states that if the staff is unable to contact the physician or his/her designee within 30 minutes upon receipt of the critical value, the hospital Chain of Command policy will be followed.</p> <p>The Chief Nursing Officer, the Director of laboratory reviewed and revised the nursing Chain of Command policy to make it a hospital wide policy. The policy includes the chain of command for nursing leadership, physician leadership and resource persons within the hospital available for consultation. The revised policies were approved by the Medical Executive Committee and the Governing Board during their regularly scheduled meetings in January 2009.</p>	8/08  11/20/08  12/17/08  1/6/09 1/15/09	

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	<p><b>Continued From page 3</b></p> <p>An EKG done prior to the administration of epinephrine indicated the patient had a normal cardiac rate and rhythm, with no evidence of injury to the heart. An EKG, performed following the administration of epinephrine, indicated abnormalities consistent with myocardial (cardiac) ischemia (damage due to inadequate blood and oxygen supply).</p> <p>A Troponin I (a protein released into the bloodstream when the heart muscle has been injured) laboratory test was drawn before the administration of epinephrine. The result of the test was within normal limits with a value of 0.03 (normal 0.04 or less). This normal result indicated there was no damage to the heart muscle during the allergic reaction, before the epinephrine was administered.</p> <p>A Troponin I laboratory test was drawn after administration of the epinephrine. The result of the test was 0.304 (a ten fold increase). The release of this protein into the bloodstream indicated there had been injury to the heart muscle after administration of the epinephrine.</p> <p>A H&amp;P for Patient 2, dated July 7, 2008, indicated the following regarding Patient 2:</p> <p>a. She presented to the ED with an allergic reaction;</p> <p>b. "Unfortunately, the epinephrine, instead of being administered subcutaneously, the nurse injected it intravenously;"</p>		<p><b>Training:</b> A qualified, competent Emergency Room Registered Nurse from a sister hospital was assigned to the Emergency Department to act as a resource, provide education, monitor care and documentation until all JFK Emergency Department nursing staff completed a comprehensive eight hour education that was developed by the ED leadership staff from the sister hospital. This RN did not take patient assignments, but rather observed care and reviewed all documentation for compliance with policy and to educate nursing staff on quality, safe and appropriate care of the patient who presents to the ED.</p> <p>Five qualified, competent RN's in care of the Emergency Department patient, from the sister hospital, conducted classes and observed competencies developed for the JFK ED nursing staff beginning on the evening of August 8, 2008. The training classes were eight hours long including didactic training and hands on learning. This training included re-education on the revised policies and procedures in nursing assessment, reassessment, informed consent, medication administration and universal protocol..</p> <p>All nursing staff in the ED was trained on the nursing process focusing on the assessment and reassessment of patients, use of waived testing equipment, use of restraints and hands-on training for commonly used pieces of equipment. Re-education included the use of scenarios and questions in the following areas:</p> <ul style="list-style-type: none"> <li>• Restraint and seclusion</li> <li>• Moderate and deep sedation</li> <li>• Procedure sedation/pediatric population</li> <li>• Age specific appropriate care</li> </ul>	8/08  8/08  8/08	

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	<p><b>Continued From page 4</b></p> <p>c. Just after administration of the epinephrine, the patient had ventricular tachycardia;</p> <p>d. The Troponin I level increased from 0.03 to 0.3; and,</p> <p>e. due to the elevated Troponin I, the patient was being admitted to the ICU with a, "guarded," prognosis for observation and monitoring, with a plan to have a cardiologist consult and perform an echocardiogram (an ultrasound study of the heart).</p> <p>The cardiology consult, dated July 7, 2008, indicated Patient 2 had, "acute cardiac stress, secondary to IV administration of epinephrine," and, "elevated troponin level indicating some degree of myocardial necrosis (death of cardiac tissue due to lack of blood flow)."</p> <p>The echocardiogram report, dated July 8, 2008, indicated the left ventricle (pumping chamber of the heart) had hypokinesis (not pumping as hard as normal). The report indicated the LVEF (amount of blood the left ventricle pumps with each beat) was 45% (normal 55-85%). This LVEF indicated the heart was not pumping a normal amount of blood out of the left ventricle, to circulate throughout the body, with each beat.</p> <p>Patient 2 was discharged home on July 9, 2008, with instructions to continue care with a cardiologist due to the injury to her heart.</p> <p>The employee file for RN 2 was reviewed on August</p>		<ul style="list-style-type: none"> <li>• Arrhythmia recognition</li> <li>• Pain management</li> <li>• IV admixture</li> <li>• Blood transfusions</li> <li>• Emergency severity index</li> <li>• Infant tests</li> <li>• Pediatric tests</li> <li>• Critical drugs/Infusion tests</li> </ul> <p>The Director of the Emergency Department educated all clinical staff in the ED on the hospital policy on Chain of Command and all new staff hired at the hospital will be required to take the course during the orientation period.</p> <p>The Director of the Emergency Department and qualified staff from the sister hospital measured the effectiveness of the training through the use of a written test given during the didactic session to identify additional learning needs that were addressed in the eight hour course.</p> <p>The effectiveness of the training was evaluated through the use of a web based education program and a written test 60 days after the completion of the first round of training. 100% of the staff (excluding staff on medical and maternity leave) passed with a score of 90% or better. Staff returning from medical or maternity leave will be required to complete the competencies and pass a written test with a score of 90% prior to working in the Emergency Department.</p> <p>This information has been incorporated into new Emergency Department RN orientation and re-orientation.</p>	<p>8/08</p> <p>8/08</p> <p>11/08</p>

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	<p><b>Continued From page 5</b></p> <p>8, 2008. The file indicated there was no validation of ED clinical competencies for RN 2.</p> <p>During an interview with the ED Director on August 8, 2008, at 12:08 p.m., the Director stated RN 2 was questioned regarding the medication administration, and she, "didn't think the IV route was right, but she didn't ask anybody to verify." The Director stated that was the first time RN 2 had to give epinephrine for an allergic reaction. The Director stated RN 2 was hired as a new graduate initially, and went out shortly after that, on leave. She stated RN 2 had recently returned to work, and she was going through an orientation to the department at the time of survey. The Director stated she had not done ED specific competencies on nurses in the past, but she had recently developed one. She stated RN 2 was currently working on her competencies, but had not yet completed them.</p> <p>The competency document RN 2 was working on was reviewed on August 8, 2008. The document had a statement at the top that read, "Key elements required before independent patient care assignment. All elements must be addressed prior to (nurse) providing independent care to patients in (the) ED." The document had a section titled, "Medication Administration." The document indicated there was no validation RN 2 was competent in medication administration on July 7, 2008, the date the epinephrine was given incorrectly.</p> <p>Epinephrine is the recommended first line treatment</p>		<p>The Chairman of the National Patient Safety Goal Team, who is a member of the Quality Management Department, created a critical test/value poster and distributed it to department directors/managers for posting in their respective departments. The Department Directors/Managers will educate all staff on the revised policy. Upon arrival of the new Emergency Department Director, the Interim Director for the ED, competent and qualified in emergency medicine, will remain in place for 90 days to mentor and train the new Director for a period of 90 days. The Interim Director will then assume the roles and responsibilities of the nurse educator for the ED and ICU, and will continue to be an expert resource for the new Director.</p> <p><b>Monitoring:</b> The Interim Director of the Emergency Department or qualified designee will audit 30 adult medical records and 30 pediatric medical records per month for documentation of assessment and reassessment including vital signs as defined in policy including frequency of vital signs and interpretation of cardiac rhythm strips.</p> <p>The Interim Director of the Emergency Department monitors staffing on a daily basis to ensure only qualified, competent staff are on duty.</p> <p>The Interim Director of qualified designee review the results of the audits with the Emergency Department staff as they are being done to rectify any issues immediately and to re-enforce the education provided to the staff. The monitoring will continue until four successive months of 100% compliance has been reached. Once the goals have</p>	<p>1/30/09</p> <p>12/18/08</p> <p>11/08</p>

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	<p><b>Continued From page 6</b></p> <p>for anaphylaxis (severe allergic reaction). Due to the time it takes to reach maximum levels in the bloodstream, the IM or SC (in the muscle or under the skin) route is indicated instead of the IV route, unless the patient has unresponsive anaphylaxis. Inappropriate use of epinephrine may be dangerous, with most adverse events occurring when the dose is excessive or it is given by the IV route. IV epinephrine has been associated with the induction of fatal cardiac arrhythmias (irregular heart rhythm causing death) or myocardial infarctions (death of cardiac muscle) (Andrew McLean-Tookey, Immunologist, Adrenaline in the Treatment of Anaphylaxis).</p> <p>The employee files for seven random additional ED nurses (including the ED Director) were reviewed on August 8, 2008. The files indicated there was no validation of ED clinical competencies for any of these nurses.</p> <p>During an interview with the nurse educator on August 8, 2008, at 11:20 a.m., the educator stated the facility had general nursing competencies, and in addition all departments, except the ED, had department specific competencies. He stated all nursing areas, except the ED, had competencies that included the types of patients the unit cared for, the types of disease processes they took care of, the types of procedures they did, and the types of equipment they used. The educator stated he did not know why the department specific competencies were not done in the ED.</p> <p>During an interview with the ED Director on August</p>		<p>been achieved, the data will be validated with an additional audit by the Director of Clinical Quality Improvement or qualified designee. Future medical record review will be conducted randomly on a quarterly basis by the Director of the ED or their designee.</p> <p>The Interim Director of the ED aggregates the data and reports the information to the Quality Council, the Medical Executive Committee and the Governing Board at their regularly scheduled meetings for review and action as required.</p> <p>The National Patient Safety Goal chairman revised the current critical test/audit sheet for nursing to include a monitor if the Chain of Command policy needed to be utilized in the event the physician did not call back within 30 minutes. The results of the audits are submitted to the Quality Management Department monthly and included in the hospital-wide National Patient Safety Goal data report. The report is presented to the Quality Council, Medical Executive Committee and the Governing Board for review and action as required.</p> <p>The Interim Director of Emergency Services or designee conducted chart reviews on 100% of patients who presented to the Emergency Room with an allergic reaction for the appropriate care. The chart review will occur for 90 days. If issues are identified, one on one counseling will occur with the employee. After 90 days, if compliance has not been reached a mandatory class will be conducted by the medical Director of Emergency Services and monitoring will continue until compliance has been sustained. The Interim Director of the Emergency Department will report results of the chart review to the Quality Council, the Medical Executive Committee and the Governing Board for review and action as required.</p>	12/08	09 SEP 29 PM 4:15 SA DEPT 9 CALIF HEALTH

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	<p><b>Continued From page 7</b></p> <p>8, 2008, at 12:10 a.m., the Director stated she had only been doing "core" competencies for the ED nurses, which included general nursing practices. The ED Director stated she had not been validating department specific competencies for the ED nurses in the past, but she had recently developed a tool to do so. She stated the nurses were "working on" their competencies, but none of them had been completed.</p> <p>The CEO, COO, and DQI were notified Immediate Jeopardy was identified on August 8, 2008, at 12:38 p.m. The Immediate Jeopardy was identified due to the facility's failure to ensure competency of the nursing staff in the ED, resulting in an MI in Patient 2, and the potential for injury and death in all patients seen in the ED.</p> <p>The facility provided an immediate plan of correction to address the immediate jeopardy on August 11, 2008, that included:</p> <p>a. Floating a RN from their local sister facility every shift who had documented competencies specific to the ED to serve as a clinical resource nurse and monitor the nursing care provided in the ED. This would occur until all ED nurses working in the facility had verification of competencies specific to the ED;</p> <p>b. Development of nursing competencies specific to the ED;</p> <p>c. An eight hour course including didactic training and hands on learning with the equipment used in</p>		<p><b>Other Corrective Actions:</b> The Chief Executive Officer and the Director of Human Resources approved a national recruitment effort to fill the opening left when the former Director of the Emergency Department resigned. The position has been filled by a qualified, competent Critical Care RN with leadership experience who began his role of the Director of ED/ICU in January 2009</p> <p><b>Addendum:</b> An experienced, qualified, competent RN was hired as the clinical manager of the Emergency Department.</p> <p>The Interim Director for the Emergency Department is qualified and competent to provide direction to the Emergency Department until the new Director arrived in January 2009. The Interim Director will resume the role of the Clinical Nurse Educator for the ED/ICU.</p> <p>The Chairman of the National Patient safety Goal Team, who is a member of the Quality Management Department, created a critical test/value poster and distributed it to the Directors for posting in their units.</p> <p><b>Responsible Person(s):</b> Chief Nursing Officer Director Emergency Department Interim Director Emergency Department Director of Education Chief Executive Officer Director Human Resources Director of Laboratory</p> <p><b>Disciplinary Action:</b> Non-compliance with corrective action by hospital staff will result in immediate remediation and appropriate disciplinary action in accordance with the hospital's Human Resources policies and</p>	<p>1/09</p> <p>5/26/09</p> <p>12/08</p>
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050534</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/04/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>JOHN F. KENNEDY MEMORIAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>47-111 MONROE STREET, INDIO, CA 92201 RIVERSIDE COUNTY</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 8</b></p> <p>the ED, with validation of competencies for 100% of the ED nursing staff by August 30, 2008;</p> <p>d. Employment of an ED nurse consultant to assess the effectiveness of the ED leadership and recommend changes;</p> <p>e. Employment of a clinical nurse educator for the ED and ICU; and,</p> <p>f. Formal training and assessment of competency of all future ED nurses, with no nurse being assigned to care for a patient without prior verification of competency.</p> <p>After implementation of the plan of correction was verified, the DQI and CEO were notified the Immediate Jeopardy was abated on August 11, 2008, at 12:40 p.m.</p>		<p>procedures.</p> <p>Medical Staff members demonstrating non-compliance with corrective action will be referred for peer review in accordance with Medical Staff bylaws, as appropriate.</p>	

Event ID:96D811

9/16/2009

5:51:54PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.