

Quality Council – Joint Commission Report Summary **APRIL 2015** (January 2015 data & key updates)

MONITORING	REPORT SUMMARY
<p>IC.02.01.01, EP 1: ED device cleanliness: The ED nursing leadership will conduct weekly EOC Rounds and, in collaboration with EHS &amp; EVS staff, monthly unannounced site inspections to ensure overall cleanliness and compliance.</p> <p>PC.03.05.03, EP 2: The Directors of Nursing or designees will audit 50 medical records of patients on restraints/seclusion monthly for four consecutive months to monitor that the patient's Nursing Plan of Care for Restraint/Seclusion documents the use/discontinuation of the restraint ordered.</p>	<ul style="list-style-type: none"> <li>ED Nursing EOC Rounds: # of line items assessing environmental cleanliness = 12; # surveys conducted beginning September 30, 2014 = 9; Overall Compliance to Environmental Cleanliness = 74% Compliance on completion of weekly rounds = 75%</li> <li>EHS and IC Inspections: Confirmed corrective actions have been effectively implemented and sustained – no repeat findings. IC monthly inspections conducted using IC checklist – overall score = Sep (96%), Oct (97.5%), &amp; Nov (99%) (see attached example of IC and EOC Manager weekly rounds forms).</li> <li>EHS and IC Inspections: Confirmed corrective actions have been effectively implemented and sustained – no significant repeat findings.</li> <li>1/15/2015 Update: Previous information reported was through mid-December. No new data to report through end of month. Due to holiday schedules and ops tempo no weekly rounds were conducted after 12/10/2014.</li> <li>2/13/2015 Update: During month of January 4 weekly rounds were completed by ED staff with the following results: Compliance to Environmental Cleanliness = 79% Compliance on completion of weekly rounds = 100% Cumulative Totals: Compliance to Environmental Cleanliness = 75% Compliance on completion of weekly rounds = 74%</li> </ul> <p><b>CHALLENGES/SUPPORT NEEDED</b></p> <ul style="list-style-type: none"> <li>Support needed: administrative support to collate rounds data, perform trend analysis, and communicate results to appropriate departments and/or personnel, both inside and outside the ED, to increase staff awareness of problem processes so that sustained corrective action is achieved.</li> <li>Support needed: solutions for above considerations continue to be explored/developed</li> <li>October 2014: 30 incidents of seclusion/restraint were reviewed (100%).</li> <li>November 2014: 14 incidents of seclusion/restraint were reviewed (100%).</li> <li>December 2014: 10 incidents of seclusion/restraint were reviewed (100%).</li> <li>See updates with PC.03.05.05, EP 1</li> <li>January 2015: 36 incidents of seclusion/restraint were reviewed (100%).</li> </ul> <p><b>CHALLENGES/SUPPORT NEEDED</b></p> <ul style="list-style-type: none"> <li>None identified at this time.</li> </ul>

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<p><b>PC.03.05.05, EP 1: The Chief Nursing Officer or designees will audit all patients in restraints monthly for four consecutive months to ensure that restraint orders are complete and that the restraints are applied according to the order.</b></p>	<ul style="list-style-type: none"> <li>There is currently no data regarding this monitoring plan as a result of delayed completion of the following measures. The current status and plans for these measures are also described included:             <ul style="list-style-type: none"> <li>Restraint/Seclusion Order Form revision. Initiated September. Review and revisions applied and currently in form ordering phase.</li> <li>Restraint P&amp;P review. Initiated September. To move through review process and anticipated approvals by January 2015.</li> </ul> </li> <li><b>January 2015:</b> <ul style="list-style-type: none"> <li>Updated Policy &amp; Procedure progressing through formal approval processes</li> <li>Updated order/monitoring forms available for print &amp; use</li> <li>Updated Halogen courses updated and ready for 2015 assignment (Medical &amp; Non-medical staff)</li> <li>Updated audit forms ready for use and to initiate week of January 19<sup>th</sup></li> </ul> </li> <li><b>January 2015:</b> <ul style="list-style-type: none"> <li>Psychiatry 13/15 (87%)</li> <li>PES 42/47 (89%)</li> </ul> </li> </ul>
<p><b>MM.05.01.09, EP 1: The Nurse Manager or designee currently conducts random med-pass observation audits to ensure compliance with medication preparation and administration requirements (Medication Labeling).</b></p>	<p style="text-align: center;"><b>CHALLENGES/SUPPORT NEEDED</b></p> <ul style="list-style-type: none"> <li>Timing and delayed processes of restraint order form revisions and P&amp;P review and approval.</li> <li><i>Reclarification of the restraint order set, policy, and expectation very helpful; great progress has been made</i></li> <li>Inpatient Area random med pass observation audits:             <ul style="list-style-type: none"> <li><b>October 2014:</b> 60 audits completed. 100% compliance with medication labeling.</li> <li><b>November 2014:</b> 60 audits completed. 97% compliance (58/60).</li> <li><b>December 2014:</b> 68 audits completed, 100% compliance.</li> <li><b>January 2015:</b> 40 audits completed, 100% compliance</li> </ul> </li> </ul>
	<p style="text-align: center;"><b>CHALLENGES/SUPPORT NEEDED</b></p> <ul style="list-style-type: none"> <li>Clarifying audit requirements, including start date, with inpatient unit leadership. Timeliness of providing info to unit managers from Medication mgmt. November audits will reflect all inpatient areas.</li> <li>Provision of consistent support personnel for data management and as needed follow-up efforts</li> <li>Aggregate process reliance on one non-regulatory person; clinical areas have had several staffing and acuity challenges requiring leadership staff to be reallocated to direct patient care; unexpected benefit: this discussion prompted review and update of the CalNOC Med Admin audit process. S. Cutter contacted CalNOC and arranged for updated train-the-trainer sessions.</li> </ul>