

Joint Conference Committee (JCC) Regulatory Affairs Status Report: **April 2016** (reporting period March 2016)

**I. PENDING SURVEYS**

- A. Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17).
- B. CDPH Building 25 Re - Licensing Visit – Scheduled for May 2, 2016
- C. CMS/Joint Commission Validation Survey – (3 – 6 months after patient move date May 21<sup>st</sup> 2016)

**II. COMPLETED SURVEYS**

- A. CDPH Building 25 Licensing Survey – February 22-26 , 2016
- B. Joint Commission Primary Stroke Program Certification Survey – February 29, 2016
- C. Joint Commission Traumatic Brain Injury Program Certification Survey - March 01, 2016
- D. DHCS Licensing Survey for the Office-Based Opiate Treatment Program (OBOT)- March 8,2016 (no findings)
- E. Board of Pharmacy Bldg. 25 Licensing Survey – March 08,2016 (Received Hospital Pharmacy License & DEA License 3/26/16 )

**III. PLANS OF CORRECTIONS: Reports & Updates**

**A. CDPH Building 25 Licensing Survey – Plan of Correction submitted April 1, 2016**

<b>CDPH Building 25 Licensing Survey ( February 22-26 , 2016)</b>		
<b>Action Items :</b>	<b>Update(s):</b>	<b>Target Completion Date:</b>
1. Medications- Pharmacy not licensed by Board of Pharmacy as of CDPH licensing survey	<ul style="list-style-type: none"> <li>• All certifications necessary for Board of Pharmacy review have been completed ( Laminar Hoods, Compounding Rooms)</li> <li>• Board of Pharmacy site visit conducted on March 8,2016</li> </ul>	<ul style="list-style-type: none"> <li>• Received Pharmacy License and DEA License March 26,2016</li> </ul>

<p>2. HD machines/ portable RO systems not set up. (monitoring required for 30 days - will be up and running March 8-9)</p>	<ul style="list-style-type: none"> <li>• Portable RO machines scheduled to be installed April 4<sup>th</sup>,2016</li> <li>• New Hemodialysis machines installed March 8-9<sup>th</sup></li> <li>• Monitoring of portable water system required for 30 days prior to licensing</li> </ul>	<ul style="list-style-type: none"> <li>• R/O Machines installed March 8th 2016</li> <li>• Hemodialysis Machines installed March 8th,2016</li> <li>• Continued monitoring of RO system and Hemodialysis Machines initiated March 21,2016.</li> </ul>
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**B. Joint Commission Primary Stroke Program Certification Survey – Evidence of Standard Compliance submitted April 15<sup>th</sup>2016.**

<b>Joint Commission Primary Stroke Program Certification Survey</b>		
<b>Action Items :</b>	<b>Update(s):</b>	<b>Target Completion Date:</b>
<p><b>DSCT 5 (EP 5) - The medical record contains sufficient information to document the course and results of care, treatment, and services</b></p> <p><i>1. The medical record did not contain sufficient information to document the course and results of care, treatment, and services. It was difficult and cumbersome to navigate the multiple areas of the medical record which included multiple electronic and paper resources to know when the patient CT results were known. A patient did not have documentation that supported the treatment plan regarding neurological assessment. It was unclear that the CT scan results reflect what time the CT was ordered, when and what time the patient received the CT, and what were the results.</i></p>	<ul style="list-style-type: none"> <li>• The Stroke Program physician leadership team have initiated the use of a time stamp for the results of the CT scan that is now included in the dictation of the radiology report. This documentation supports the course and treatment of the acute stroke patient.</li> <li>• Physician Critical Care leadership and the Stroke Program Medical Director re-educated the Neurology residency staff to the Intracerebral Hemorrhage (ICH) score and NIHSS. These severity rating scales are currently included in a template for the initial consult on Stroke patients. The severity scoring scales are an educational component included in the monthly Stroke simulation for residency education.</li> </ul>	<p>Initiated April 18th 2016, anticipate completion August 2016. Responsible Person/s:</p> <p>Claude Hemphil MD Medical Director, Primary Stroke Program</p> <p>Christine Martin MS CNS Stroke Program Coordinator</p>

	<p><b>Monitoring:</b> The Stroke Program Coordinator and/or designee (s) will audit the medical records of 100% of all acute stroke patients activated for a stroke code weekly for four consecutive months for evidence of documentation of basic severity scores and time stamp of CT reporting and results.</p>	
<p><b>DSD3 (EP 3) - Assessment and reassessment of patients are not completed according to the patients' needs and clinical practice guidelines.</b></p> <ol style="list-style-type: none"> <li>In multiple tracers the patient did not have a neurological evaluation in a consistent or ongoing manner.</li> </ol>	<ul style="list-style-type: none"> <li>There was a formal roll out of a stroke documentation flow sheet, a paper tool containing the elements of the neurological assessment and the ability to time stamp the required intervals for assessment which was created to ensure documentation of these elements from time of acute stroke activation through the next 24 hour period.</li> <li>The stroke documentation flow sheet is currently being revised to include the MENDS exam plus the GCS to enhance assessment practice.</li> </ul> <p><b>Monitoring:</b> The Stroke Program Coordinator and/or designee (s) will audit the medical records of 100% of all acute stroke patients activated by a stroke code weekly for four consecutive months for evidence of documentation of neurologic assessments and completion of neurological assessments at required time intervals.</p>	<p>Initiated April 18th 2016, anticipate completion August 2016.  Responsible Person/s:</p> <p>Claude Hemphil MD  Medical Director, Primary Stroke Program</p> <p>Christine Martin MS CNS  Stroke Program Coordinator</p>

C. Joint Commission Traumatic Brain Injury Program Certification Survey – March 1<sup>st</sup>, 2016

Joint Commission Traumatic Brain Injury Program Certification Survey		
Action Items :	Update(s):	Target Completion Date:
<p>DSPR 1 (EP 2) - <b>The Program defines the accountability of its leaders.</b></p> <p>1. The program does not define the accountability of its leaders. The program showed job descriptions but could not produce documented evidence ( signed jobs descriptions) that the medical director and the program coordinator are held accountable to the program</p>	<ul style="list-style-type: none"> <li>Indirect finding: action plan needs to be submitted within 60 days to Joint Commission.</li> </ul>	<p>Anticipate completion by April 30, 2016</p> <p>(Responsible person(s) ) Amy Winkleman MSN NP Traumatic Brain Injury Program Coordinator</p>

**IV. SITE VISITS**

None.