

Joint Conference Committee Regulatory Affairs Status Report for **June 2018** (May 15, 2018 – June 19, 2018)

I. PENDING SURVEYS

- A. **Joint Commission Intra-Cycle Monitoring (Laboratory)** (due July 21, 2018)
- B. **Baby Friendly Hospital Recertification** (August 7th & 8th, 2018)
- C. **Urgent Care Center Licensing of new location in B5** (August – September 2018)

II. COMPLETED SURVEYS

- A. **CDPH site visit re: deceased person found on campus in bldg. 2** (06/06/18)
- B. **Unannounced CMS validation survey by CDPH** (06/07/18 – 06/15/18)
- C. **The Joint Commission Intra-Cycle Monitoring Survey** (submitted 6/19/18)

III. PLANS OF CORRECTIONS: Reports & Updates

- A. **Announced Joint Commission Stroke Certification Biennial Survey** (April 10, 2018) - two findings:

Announced Joint Commission Stroke Certification Biennial Survey

FINDING:	Action Plan	Monitoring Update(s):
<p><u>Stroke Disease Specific Certification-Advanced</u></p> <p><u>DSDLF.2</u></p> <p><i>The assessment(s) and reassessment(s) of one stroke patient was not completed according to the patient's needs and clinical practice guidelines s/p the administration of alteplase (tPA). Per the clinical practice guidelines, documentation of vital signs and</i></p>	<ul style="list-style-type: none"> • The Stroke Program Clinical Coordinator developed a monitoring tool to be utilized by the ED and ICU nursing leadership/designees in order to ensure compliance with requirements for documentation of neuro assessments and reassessments, including the need to document the reason why they could not be completed per clinical guidelines e.g., patient in CT scan. The ED and ICU nursing leadership were oriented to the monitoring tool. • Effective May 1, 2018 the Stroke Coordinators send a daily list of patients receiving alteplase (tPA) to ED and ICU leadership. The ED and ICU leadership/or 	<ul style="list-style-type: none"> • The ICU and ED leadership and/or designees will audit in real time the medical records of 100% of all acute stroke patients who have received alteplase (tPA) for documentation of vital signs and neurological assessments/ reassessments, specifically the every 15 minute for 2 hour and every 30 minute for 6 hour monitoring requirements, including documentation of the reasons why they could not be

<p><i>neurological assessments/ reassessments, are required every 15 minutes for 2 hours and every 30 minutes for 6 hours. There was no clear documentation in the medical record that the patient was having a CT scan, therefore, missing two 15 minute intervals of the required assessment and reassessment</i></p>	<p>designees began using the monitoring tool to collect data about staff compliance with the required documentation.</p>	<p>completed per clinical guidelines e.g., patient in CT scan.</p> <ul style="list-style-type: none"> • Leadership will bring any instances of noncompliance to staff attention for correction in real time.
<p><u>Stroke Disease Specific Certification-Advanced</u></p> <p><u>DSDf.3</u></p> <p><i>The program does not implement care, treatment, and services based on the patient's assessed needs as evidenced by failure to document patients' identified acceptable pain goal.</i></p>	<ul style="list-style-type: none"> • All Nursing staff on 7 medical surgical units are being re-educated to the Comfort Nursing Care Plan. • This section of the care plan will become activated if the patient complained of pain on admission or on subsequent days of admission with complaints of pain or discomfort. • The patient will have on- going education on the pain scale and be provided opportunity to adjust their numerical pain goal. • The pain goal will be communicated at hand off and change of shift and written on the white board inside the patient's room. 	<ul style="list-style-type: none"> • Ten medical surgical patients experiencing pain will be audited on each unit every week for a total of 70 medical surgical audits. • Medical surgical leadership or designee (s) will collect and analyze data from the audit monthly for 4 consecutive months with a goal of 90% of audited patients having the correct documentation and implementation of the patient's pain goal.