

I. PENDING SURVEYS

- A. Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17)—any day
- B. Triennial Joint Commission Accreditation Survey—anticipated before July 23, 2014
- C. DSS MHRC Annual Licensing Survey—any day
- D. California Department of Public Health (CDPH) Radiologic Health Branch Survey – anticipated before December 2014

II. COMPLETED SURVEYS

- A. ACS Commission on Cancer Annual Survey (05/22/14) – Complete: 3-Year accreditation received
- B. Joint Commission Complaint Validation Survey - Safety & Security (06/03/14) – Unannounced; *see Plans of Corrections*

III. PLANS OF CORRECTIONS: Reports & Updates

- A. Centers for Medicare/Medicaid Services (CMS) Survey conducted 10/30/13: Plan of Correction (POC) Update:

Center for Medicare & Medicaid (CMS) Plan of Correction: Unexpected Patient Death		
Action Item(s):	Update(s):	System/Episodic:
1. Implementation of Policy & Procedure: 1.09 Patient Tracking System (AeroScout)	<ul style="list-style-type: none"> • June: Infrastructure in place. Problem-identification and correction phase (i.e. triggered excitors indicating inaccurate location). 5C remains as the pilot unit beginning late-July, with roll-out to all other units throughout the summer. 	<ul style="list-style-type: none"> • Systemic Will improve tracking of patients
2. Development of patient care planning project: falls, altered mental status, and elopement risk	<ul style="list-style-type: none"> • Policy and care plan updates: <ul style="list-style-type: none"> ○ Falls (Administrative/Inpatient): In review 	<ul style="list-style-type: none"> • Systemic Will improve and standardize care expectation for patients at risk for falls.
3. Development of nursing leadership curriculum	<ul style="list-style-type: none"> • June: Nurse Manager and charge RN role follow-up to be further developed. July 17: Nurse Educators to redefine selection criteria and performance criteria for preceptors. Preceptor training planned in August 	<ul style="list-style-type: none"> • Systemic Better prepared Nursing Care processes for delivery of nursing care.

B. Joint Commission Intracycle Monitoring (ICM) Survey POC Monitoring Grid:

Joint Commission Intracycle Monitoring (ICM) Survey Conducted 12/13/2013; Plan of Correction		
Action Item(s):	Update(s)	System/Episodic:
1. Environment of Care (EOC) Committee membership restructured with broader multidisciplinary membership and established key performance metrics: AMA, AWOL, AWOL at Risk	<ul style="list-style-type: none"> Established and ongoing 	<ul style="list-style-type: none"> Systemic Ensuring appropriate representation from key services on committees.
2. Outpatient fall risk screening interventions established and incorporated in SFGH Administrative Fall Policy	<ul style="list-style-type: none"> Each outpatient area has respective policy; incorporation in SFGH Administrative Fall Policy in process. 	<ul style="list-style-type: none"> Systemic Insured fall risk screening in all outpatient clinic areas.
3. Comprehensive list of patient care contracts with measurable quality metrics data established. Hospital leadership responsible for quality of services provided at SFGH.	<ul style="list-style-type: none"> Ongoing evaluation and monitoring of quality metrics to report to Quality Council on August 19th. 	<ul style="list-style-type: none"> Systemic Ensure oversight of all patient care service provided at SFGH

C. Joint Commission Stroke Program Evidence of Standard Compliance (ESC)/Measure of Success (MOS) Data (2nd data collection set due 08/15/14):

Joint Commission Stroke Program Survey Conducted 09/10/2013: Evidence of Standard Compliance (ESC)/Measure of Success (MOS)		
Action Item(s):	Update(s)	System/Episodic:
1. Tissue Plasminogen Activator (t-PA) Vital Sign monitoring	<ul style="list-style-type: none"> Above results exceed compliance threshold of 85%. 	<ul style="list-style-type: none"> Episodic
2. Tissue Plasminogen Activator (t-PA) Neuro check monitoring	<ul style="list-style-type: none"> Above results exceed compliance threshold of 85%. 	<ul style="list-style-type: none"> Episodic
3. Patient Education documentation	<ul style="list-style-type: none"> Above results exceed compliance threshold of 85%. 	<ul style="list-style-type: none"> Episodic
4. Dysphagia screen documentation	<ul style="list-style-type: none"> Above results exceed compliance threshold of 85%. 	<ul style="list-style-type: none"> Episodic

D. Joint Commission Traumatic Brain Injury (TBI) Program ESC/MOS Data (2nd data collection set due 9/15/14):

Joint Commission Traumatic Brain Injury (TBI) Program Survey Conducted 09/09/14: Evidence of Standard Compliance (ESC)/Measure of Success (MOS)		
Action Item(s):	Update(s)	System/Episodic:
1. Traumatic Brain Injury (TBI) Order Set	<ul style="list-style-type: none"> • Current plan(s) for improvement: <ul style="list-style-type: none"> ○ CPOE TBI Order Set version anticipated roll-out date: 07/08/2014 ○ Ongoing education efforts by TBI Program leadership to encourage use of TBI order sets 	<ul style="list-style-type: none"> • Systemic Standardize use of appropriate order set
2. Traumatic Brain Injury (TBI) Activation documentation	<ul style="list-style-type: none"> • Tap-N-Go system continues to be an essential aspect for capturing and tracking data that allows for real-time review and follow-up to identified issues. Data to JC due 09/15/14. 	<ul style="list-style-type: none"> • Systemic Improve documentation and data collection

- A monthly update to Joint Commission Account Representative due to review progress and identify solutions to issues.

E. Joint Commission Complaint Validation Survey - Safety & Security (06/3/14) – Due 07/24/14 & 08/08/14

The Joint Commission Complaint Validation Survey - Safety & Security (6/3/14): Evidence of Standard Compliance (ESC)/Measure of Success (MOS)		
Action Item(s):	Update(s)	System/Episodic:
1. Reminded Providers and clinicians to ensure non-administered medications have a corresponding discontinuation order.	<ul style="list-style-type: none"> • Provider and staff meetings held to review case and findings • Monitoring: Report generation of medications • Due 7/24/14 	<ul style="list-style-type: none"> • Episodic
2. Reminded Providers and clinicians to initiate appropriate indication for restraint as supported by clinical documentation.	<ul style="list-style-type: none"> • Provider and staff meetings held to review case and findings • Monitoring: Real-time review per initiation of restraint episode • Due 07/24/14 	<ul style="list-style-type: none"> • Episodic
3. Reminded Providers and clinicians that all patients requiring	<ul style="list-style-type: none"> • Provider and staff meetings held to review case 	<ul style="list-style-type: none"> • Episodic

<p>restraints while in SFGH require a provider’s order upon entrance to SFGH for care.</p>	<p>and findings</p> <ul style="list-style-type: none"> • Monitoring: Real-time review per initiation of restraint episode • Due 08/08/14 	
--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

F. California Department of Health Care Services (DHCS) Prospective Payment System (PPS) review conducted 10/7/14 – 10/11/14: Acute Psychiatry Plan of Correction

** Next consultation visit scheduled for July 8 – 10, 2014*

California Department of Health Care Services (DHCS) Prospective Payment System (PPS): Plan of Correction		
Action Item(s):	Update(s)	System/Episodic:
<p>1. Audit process developed monitoring compliance</p>	<ul style="list-style-type: none"> • Daily audits: UM Medical Necessity Tool • Interval Audits: Compliance and Regulatory Affairs 	<ul style="list-style-type: none"> • Episodic
<p>2. Specific components of the plan of correction are being added to the Department of Acute Psychiatry Performance Improvement Plan which is reviewed in Quality Council (QC) and Joint Conference Committee (JCC).</p>	<ul style="list-style-type: none"> • Performance Improvement Department collaborating with Acute Psychiatry Leadership to develop metrics related to the plan of correction and other programmatic recommendations made by consultants: <ul style="list-style-type: none"> ○ Medical Staff audits (Medical necessity, covered diagnoses) ○ Social Work audits (Lower level of care documentation) ○ Nursing audits (Support for medical necessity, engagement rounds) 	<ul style="list-style-type: none"> • Systemic Improving data collection and documentation