

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
NAME OF PROVIDER OR SUPPLIER Sutter Delta Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3901 Lone Tree Way, Antioch, CA 94509-6200 CONTRA COSTA COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: CA00565446 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 2142</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.3(g): 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>The State Regulations that were violated: Title 22: 70213(d) Health and Safety Code: 1279.1(b)(7)</p> <p>70213(d) (d) Policies and procedures that require consistency and continuity in patient care, incorporating the nursing process and the medical treatment plan, shall be developed and implemented in cooperation with the medical staff.</p> <p>1279.1(b)(7) (b) For purposes of this section, "adverse event" includes any of the following: (7) An adverse event or series of adverse events that cause the death or serious disability of a patient,</p>		<p>The following constitutes Sutter Delta Medical Center's plan of correction of all of the alleged deficiencies cited by the Department of Public Health in the Statement of Deficiencies Form CMS-2567 survey completed May 16, 2018. Preparation and/or execution of this plan of corrective action does not constitute admission or agreement by the Hospital of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. It has been prepared and/or executed solely because it is required by federal and state law.</p> <p>The Plan of Correction item responses are captured as:</p> <p>Item A Item B Item C Item D</p> <p>RECEIVED JAN 07 2019 Licensing & Certification East Bay District Office</p> <p>In response to 1279.1(b) (7)</p> <p>In response to 1280.03 (g)</p>	

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

TITLE

(X6) DATE

[Signature] *[Signature]* *[Signature]* **CEO** **12/27/18**

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 8

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.

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	<p>personnel, or visitor.</p> <p>Based on interview and record review, for one (Patient A) of one sampled patients, the hospital failed to develop a policy and procedure (P&P) to ensure the coordination of stat (immediately) emergent dialysis (artificial kidney machine) services were provided in a timely manner for Patient A, diagnosed with fluid overload and high potassium (electrolyte that can cause dangerous, irregular heart rhythms when elevated) and follow the P&P for Chain of Command-Physician Notification to escalate concerns for Patient A's emergent medical condition.</p> <p>This adverse event constituted an Immediate Jeopardy (IJ) when staff failed to coordinate emergent dialysis services as ordered and delayed the life-saving treatment. Patient A died from complications related to missed dialysis and sustained anoxic (lack of oxygen) brain injury and cerebral (brain) herniation (abnormal protrusion of the brain tissue into an opening).</p> <p>Definition: Hemodialysis or dialysis - a treatment that artificially performs the function of the kidney to remove excess fluid, toxins, waste such as nitrogen and creatinine from the blood, and adjusts electrolyte (such as potassium) imbalances.</p> <p>Findings:</p> <p>Medical record review on 12/22/17 of the emergency department (ED) admission, dated 12/10/17, reflected Patient A, a young adult with chronic</p>		<p>Response listed as item A</p> <p>Corrective Action for future/effected patients:</p> <ol style="list-style-type: none"> 1) A Policy and Procedure entitled "Hemodialysis of Hospitalized and ED Patients" was developed, reviewed with the contracted hemodialysis provider, and approved by the Medical Executive Committee on 7/5/18. 2) A refresher training for ED RNs on care of the patient needing hemodialysis was completed on 6/4/18, 6/5/18, 6/6/18, 6/22/18, 6/27/18 and 6/28/18, 7/26/18. 3) 100% of active ED Registered Nurses assigned to care unit completed mandatory education on "Hemodialysis of Hospitalized and ED Patients." 100% of ED RNs completed a read and sign on the Policy and Procedure "Hemodialysis of Hospitalized and ED Patients." Any RN on LOA will be required to complete this training upon return to work. 4) A refresher training for ED RNs on the Chain of Command policy for escalation on 6/4/18, 6/5/18, 6/6/18, 6/22/18, 6/27/18 and 6/28/18, 7/26/18. 	<p>7/5/18</p> <p>7/26/18</p> <p>7/26/18</p> <p>7/26/18</p>

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	<p>end-stage renal (kidney) disease, on three days a week dialysis treatments, recently missed his last dialysis appointment. Patient A left the ED without being seen by the ED physician, on 12/10/17 at 2250 (10:55 p.m.), and returned, on 12/11/17 at 2:21 a.m., (three hours, 16 minutes later) to the ED with shortness of breath.</p> <p>Record review of the "ED Provider Notes," dated 12/11/17 at 3:43 a.m., indicated Patient A was diagnosed with hypervolemia (excess of circulating blood volume causing a condition, which if not treated timely, makes the heart unable to pump enough blood to meet the body's needs), and acute respiratory failure due to flash pulmonary edema (a life threatening condition of a rapid onset of excess fluid in the lungs)... "Discussed with the nephrologist (kidney specialist) for emergent dialysis which he will arrange. 6:30 a.m. Will intubate (tube placed into the windpipe) pt (patient) to protect airway. 7:30 a.m. Pt intubated."</p> <p>On 12/11/17 at 7:13 a.m., the physician ordered a "stat" dialysis treatment. However, Patient A did not receive dialysis treatment until 12/11/17 at 2:15 p.m. (7 hours, 2 minutes later). On the evening of 12/11/17, the patient's blood pressure (BP) dropped unexpectedly (patient's body was unable to tolerate the attempt to remove the excess fluid and maintain a balanced BP) while on dialysis and his pupils became fixed and dilated. On 12/14/17, Patient A met brain death criteria and was pronounced dead on 12/15/17.</p> <p>Record review of the laboratory results for potassium</p>		<p>Ensure deficient practices does not occur;</p> <p>Any staff deficiencies will be counseled and a fair and accountable culture applied.</p> <p>a) Monitoring Process: Data from the contracted hemodialysis company for initiation of order and start time of procedure for STAT orders will be reviewed monthly by the Chief Nurse Executive. A summary of the findings will be reported to the Quality Management/Risk Management/Medical Records Committee on a quarterly basis.</p> <p>Responsible Party: ED Director, Manager and Chief Nursing Executive</p> <p>Response Listed as item B</p> <p>Immediate actions identified for future/effected patients:</p> <p>1) The Add on Tests policy was modified to address laboratory add on and duplicate orders processes and approved by Medical Laboratory Director on 6/20/18.</p>	<p>1/19/19</p> <p>6/20/18</p>

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	<p>("K") showed increased levels on 12/11/17 at the following times: At 3:55 a.m., K was 5.8 (normal range is 3.5 to 5.1); at 9:11 a.m., K was 7.0; at 12:50 p.m., K was 7.7; and at 1:44 p.m., the K was 7.4. "The body needs a delicate balance of potassium to help the heart and other muscles work properly. But too much potassium in your blood can lead to dangerous, and possibly deadly, changes in heart rhythm." [Reference: www.WebMD]</p> <p>The ED physician orders and medication administration record dated 12/11/17, reflected Patient 1 received Kayexalate (binds "K" in the large intestine so it can be removed from the body and can take four to six hours to work) 30 grams, oral suspension at 5:15 a.m., and 30 grams at 1:37 p.m., rectally. Other approaches to manage fluid overload and lower "K" levels included; Lasix (water pill) 40 milligrams intravenously (IV, into the vein), regular insulin (stimulates "K" entry into the cell) five units IV at 5:27 a.m., and 10 units insulin IV at 1:24 p.m.</p> <p>Further record review showed there was no nursing documentation of monitoring for the effects of Kayexalate (bowel movement) that would potentially lower "K" levels.</p> <p>Record review of Patient A's vital signs, dated 12/11/17 at 2:21 a.m. to 2:15 p.m. (time of dialysis), reflected a fast heart rate of 160 beats per minute (normal range is 60 to 100 beats per minute). Patient A had a high BP of 181/115 millimeters of mercury (mmHg) and normal range is below 120/80 mm Hg. Patient A's respiratory rates ranged from 32</p>		<p>100% of Lab staff completed a read/sign on the Add on Tests policy. The revised policy was discussed in department huddles on 6/14/, 6/21 & 6/28/18. Any staff on a LOA will be required to complete this training upon return to work.</p> <p>Ensure deficient practices does not occur:</p> <p>Any staff deficiencies will be counseled and a fair and accountable culture applied.</p> <p>Description of the Monitoring Process:</p> <ol style="list-style-type: none"> 1) A monthly audit to the Add on Test Policy will take place until 90% compliance is achieved and maintained for 3 months. 2) A quarterly audit will be reported through the Performance Improvement/Risk Management /Medical Record committee until 90% compliance is maintained for 3 months. <p>Responsible Party Laboratory Manager, and Administrative Director of Ancillary Services</p>	<p>6/28/18</p> <p>1/19/19</p> <p>1/19/19</p>

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	<p>breaths per minute (bpm) to as high as 57 bpm (normal respiratory rate is 12 to 20 bpm) from the first set of vital signs taken, on 12/11/17 at 3:30 a.m. until he was intubated at 7:30 a.m. Patient A remained with a fast heart rate and fluctuating BP.</p> <p>During an interview and concurrent record review, on 1/19/18 at 9:05 a.m., the day shift Registered Nurse 1 (RN 1) assigned to Patient A on 12/11/17, stated Patient A needed emergent dialysis and could not explain the delay for Patient A's dialysis.</p> <p>In an interview, on 2/5/18 at 2:35 p.m., the Relief Charge Nurse (RCN) stated the ED has a dialysis capable room. On 5/7/18 at 3:10 p.m., RCN stated she thought nursing staff were waiting for the dialysis orders, and the goal for any dialysis patient in the ED is to transfer them to a bed as quickly as possible for a "stat" order. RCN stated RN 1 was responsible to update the dialysis nurse of the dialysis plan. RCN stated she was aware that there were no beds in the intensive care unit (ICU) for further care and treatment of Patient A. However, RN 1 and RCN failed to escalate the concern about the timeliness of providing Patient A's emergency dialysis treatment or arrange to have Patient A transferred to the ED dialysis capable room in a timely manner.</p> <p>In an interview, on 4/12/18 at 12:10 p.m., the Dialysis Nurse stated she arrived to the ED before 7 a.m. on 12/11/17, and told RN 1 she was "ready to go." She stated RN 1 did not give her an estimated time when Patient A would be transferred to the intensive care unit (ICU) or to the room in the ED</p>		<p>Response listed as Item C</p> <p>a) Plan of Correction for patient's identified by the deficient:</p> <ol style="list-style-type: none"> 100% of active Registered Nurses assigned to the ED completed mandatory education on "Medication Processing and Administration." 100% of Active ED RNs completed read and sign on the policy and procedure "Medication Processing and Administration." Any RN on LOA will be required to complete this training upon return to work. 100% active Registered Nurses assigned to ED completed a mandatory education on RASS. Any RN on LOA will be required to complete this training upon return to work. <p>Description of the Monitoring Process:</p> <p>The Pharmacy Manager, Nursing Director or designee will perform audits of IV medication administration, as well as monitor IV Propofol and/or IV norepinephrine titratable medications:</p> <ol style="list-style-type: none"> Weekly audits (10% or 30 charts whichever is greater) of medication administration for 90% compliance with appropriate medication administration times 6 continuous months. Initial audit started on July 2018. 	<p>7/26/18</p> <p>7/26/18</p> <p>7/26/18</p> <p>1/19/19</p>

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	<p>with dialysis capability. The Dialysis Nurse stated she made three calls to the primary nurse until 10 a.m. on 12/11/17, and no time or location was given for Patient A's dialysis treatment.</p> <p>In an interview, on 5/11/18 at 11:55 a.m., the ED Nurse Manager (EDM) stated the charge nurse is responsible to move a dialysis patient into the dialysis capable room in the ED. Note: The hospital was unable to provide a P&P for coordinating stat dialysis orders.</p> <p>The P&P dated 7/24/15, "Chain of Command-Physician Notification/Medical Chain of Command," POLICY. When a registered nurse (RN) or other licensed healthcare professional has a specific concern about the appropriateness or timeliness of medical interventions for a given patient, it is that individual's responsibility to communicate those concerns to the treating physician to seek resolution...PROCEDURE. In the event a healthcare professional has reason to believe that the best interest of a patient or the hospital has been, or may be, jeopardized, intervention is required. Healthcare profession can activate chain of command when a problem cannot be addressed safely at the lowest level...3. If there are unresolved patient issues, the Nursing manager or Administrative Supervisor will be contacted."</p> <p>During an interview, on 5/16/18, 9:50 a.m., the Nephrologist (NEP 1) confirmed that too much fluid in the lungs could lead to respiratory failure and Patient A could not breath due to too much fluids in his lungs. NEP 1 stated dialysis helps remove</p>		<p>2) For the first 3 months, weekly audits will be conducted. If 90% compliance is demonstrated, in the second 3 months, the audits will be monthly. Once 90% is sustained for 3 months, then the auditing frequency will be quarterly for 12 months.</p> <p>3) Weekly audits (10% or 30 charts whichever is greater) of patients using IV Propofol and/or IV norepinephrine of 90% compliance, times three consecutive review cycle beginning 10/20/2018.</p> <p>Ensure deficient practices does not occur:</p> <p>Any variation which results in not meeting target threshold will be reported to the appropriate Nursing Director and a fair and accountable culture applied.</p> <p>In addition, the results of these audits will be reported to the Medication Safety Committee and Pharmacy & Therapeutics and Infection Control Committee.</p> <p>Responsible Party: Nursing Directors, ED Director and Pharmacy Director</p>	<p>1/19/19</p> <p>1/19/19</p>

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	<p>excess fluid out of the tissue, which could stabilize the blood pressure.</p> <p>In an interview, on 5/16/18 at 10:30 a.m., the Nephrologist 2 (NEP 2) stated a "stat" order should be carried through as ordered, ideally within one to two hours, and that did not happen. NEP 2 stated a patient could develop cardiac arrest (heart stops) or asystole (flat line, no electrical heart activity) from high potassium blood levels.</p> <p>During an interview, on 5/14/18, at 1:40 p.m., the Neurologist (NEU), a specialist in brain disorders, stated it is possible that more fluid in the lungs could lead to hypoxia, cerebral edema, cerebral herniation, decreased perfusion (blood supply) to the brain, and tissue death, if not removed.</p> <p>Patient A's magnetic resonance angiography (MRA, imaging of the blood vessels) scan results dated 12/12/17 showed, "Diffuse cerebral edema (swelling of the brain)...herniation...and lack of blood flow to the cerebral tissues. Findings consistent with anoxic brain injury."</p> <p>Patient A was taken off life support and pronounced dead on 12/15/17 at 7:30 p.m. The discharge summary dated 1/10/18 indicated the final diagnoses was anoxic brain injury with cerebral herniation, acute respiratory failure, likely due to flash pulmonary edema, due to missed hemodialysis, and hyperkalemia (high potassium blood level) due to missed hemodialysis.</p> <p>Therefore, the above deficiency constituted an</p>		<p>Response as listed Item D</p> <p>Plan of Correction: Immediately corrective actions;</p> <ol style="list-style-type: none"> 1) An ED RN refresher training on AMA, LWBS, and Elopement was completed on 6/4/18, 6/5/18, 6/6/18, 6/22/18, 6/27/18, 6/28/18 and 7/26/18. Any RN on LOA will be required to complete this training upon return to work. 2) The Policy and Procedure "Against Medical Advice (AMA), Elopement and Leave Without Being Seen" was revised and approved by the Medical Executive Committee. 3) Re-education of medical staff regarding their roles and responsibilities for: (a) complete medical record documentation and (b) care of patients with Against Medical Advice (AMA), Elopement and Left Without Being Seen (LWBS) was provided at the Medical Executive Committee meeting on 7/5/18 and the Medical Staff General Meeting on 7/10/18. 4) 100% of the active ED RNs completed a read and sign of the revised Policy. 5) All Emergency Department (ED) RNs complete mandatory Emergency Severity Index (ESI) training as a component of competency assessment before they perform triage. A refresher training on ESI was completed on 6/4/18, 6/5/18, 6/6/18, 6/22/18, 6/27/18, 6/28/18, and 7/26/18. Any RN performing triage on LOA will be required to complete this training upon return to work. 	<p>7/26/18</p> <p>7/9/18</p> <p>7/5/18 7/10/18</p> <p>7/26/18</p> <p>7/26/18</p>

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	<p>immediate jeopardy that has caused, or is likely to cause, serious injury or death to Patient 1 within the meaning of Health and Safety Code, Section 1280.3 (g).</p> <p>This facility failed to prevent the deficiency(ies) as described above that caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code Section 1280.3(g).</p>		<p>6) The Policy and Procedure entitled "Triage and Assessment in the Emergency Department" was revised and approved by the Medical Executive Committee on 7/5/18 and immediately implemented. A refresher training on ESI was completed on 6/4/18, 6/5/18, 6/6/18, 6/22/18, 6/27/18 6/28/18, and 7/26/18. All ED RNs completed read and sign on the new policy. Any RN performing triage on LOA will be required to complete this training upon return to work</p> <p>Description of the Monitoring Process:</p> <p>1. The ED Director, Manager or designee will present a triage case study each week during the shift huddle.</p> <p>1) The ED Director, Manager or designee will monitor 100% of LWBS/AMA/Elopement data identified in the ED Log to assure compliance with the Policy. Any deviations from the Policy will be referred to the appropriate Medical Staff leader for required follow-up. Corrective actions will be taken with involved RNs as appropriate.</p> <p>2) The ED Director, Manager or designee will review 30 records/month for compliance with the Triage and Assessment Policy until 100% sustained for 3 months.</p> <p>Responsible Party: ED Director and Manager, Chief Nurse Executive</p>	<p>7/26/18</p> <p>1/19/19</p> <p>1/19/19</p> <p>1/19/19</p>

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