

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: CA00258021 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 22479, HFEN</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 1280.1(c): 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 hospital has a consolidated license of two campuses. Hospital A and Hospital B.</p> <p>1279.1 (a) (b) (7) (d) Health and Safety Code</p> <p>An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor.</p> <p>"Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or</p>		<p><b>Plan of correction:</b> ED Nurse Manager provided verbal counseling to the ED Charge Nurse (ECRN) on the date of the incident.</p> <p>The involved ECRN was re-educated and re-counseled by the ED Nurse Manager regarding the incident, with written confirmation of the verbal warning placed in the employee file.</p> <p>Additionally, all staff at both sites were re-educated on the following via Power Point presentations with a return email response attesting that they have read, understand, and will comply:</p> <ul style="list-style-type: none"> <li>• Appropriate patient positioning</li> <li>• Assessment/reassessment standards</li> <li>• Standard of care of a pulmonary patient with emphasis on the subtle signs of hypoxia, maintaining patency of airway, and medications that may potentially alter airway.</li> </ul>	<p>██████/10</p> <p>3/14/11</p> <p>Power Points sent 3/2/11, 3/31/11 and 4/15/11 Education complete 5/13/11</p>
--	--	--	---	---

Event ID:BI7X11 12/13/2011 11:46:25AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Margaretta Buzzett</i>	TITLE <i>Interim Chief Operating Officer</i>	(X6) DATE <i>12.23.11</i>
--	---	------------------------------

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p><b>Continued From page 1</b></p> <p>the loss of body part.</p> <p>1279.1(c) Health and Safety Code Section, the facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.</p> <p>Title 22 Patient Rights</p> <p>70707 Patient Rights</p> <p>(a) Hospitals and medical staffs shall adopt a written policy on patients' rights.</p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights shall be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(2) Considerate and respectful care.</p> <p>(d) All hospital personnel shall observe these patient rights.</p> <p>The above regulation was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review Hospital A failed to provide considerate and respectful care to a patient (1) who was treated in the Emergency Department (ED). As a result, Patient 1 suffered a cardio-respiratory arrest during the discharge process from the ED.</p>		<p><b>(See Attachments 2A, 2B, and 2C)</b></p> <p><b>Responsible Persons:</b> Emergency Department Nursing Director Emergency Department Nurse Manager Emergency Department Clinical Nurse Educator</p> <p>All Security Agents were provided training via a Power point presentation at monthly Security Services Staff meetings and with one-to-one education. The training included the proper positioning of individuals. <b>(See Attachment 2D - Power Point training and 2E - sign-off sheets)</b></p> <p><b>Responsible Person:</b> Director, Security Services</p> <p><b>Monitoring:</b> ED Nursing leadership will conduct 10 staff interviews per month to assess if staff can articulate existing standards of care for pulmonary patients. The Hand Off Audit Tool will be used <b>(See Attachment 2F)</b>. Immediate feedback and counseling will be provided as needed. Results of these reviews will be reported monthly to the</p>	<p>Staff Mtgs 3/18/11 and 4/15/11 Training complete by 4/21/11</p> <p>Began 4/19/11 to 8/19/11 Ongoing if compliance not met</p>
--	--	--	---	--

Event ID:BI7X11 12/13/2011 11:46:25AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 2</b></p> <p>Findings:</p> <p>1. Patient 1 was admitted to Hospital A's ED on [REDACTED] 10 for the treatment of a hard palate superficial ulceration after sustaining a burn to the roof of her mouth according to the ED MD (emergency department medical doctor) notes.</p> <p>A review of Patient 1's medical record was conducted on 1/6/11 at 4:00 P.M. According to a nursing note written by Registered Nurse (RN 1), dated [REDACTED] 10 and timed at 2:20 P.M., Patient 1 "refused to leave initially and to sign paperwork...was escorted from ED w (with) security, walking w/o (without) assistance."</p> <p>A telephone interview was conducted with Patient 1's home health caregiver on 1/7/11 at 10:55 A.M. The caregiver stated that Patient 1 told her that she did not want to leave the ED because she could not breathe. Patient 1 further stated that she did not want to go home because she did not feel well.</p> <p>On 1/14/11 an interview was conducted with ED Technician (EDT 1) at 4:45 P.M. EDT 1 stated that after returning from lunch, he went outside of the ED to make a phone call. That's when he saw two hospital security agents escorting Patient 1 out of the ED. Patient 1 was walking. The ED Charge Registered Nurse (ECRN) was present, as well. ECRN told EDT 1 that the plan was to put Patient 1 in a cab to go home. When the two security agents, the ECRN, and EDT 1 tried to put Patient 1 in the cab she went limp and put up a fight. The</p>		<p>Department of Emergency Medicine (DEM) Physician and Nursing Leadership meetings and Quality Council (QC).</p> <p><b>Responsible persons:</b> Emergency Department Nursing Director Emergency Department Nurse Manager Emergency Department Assistant Nurse Managers Emergency Department Clinical Nurse Educator Director of Regulatory Affairs</p> <p><b>Plan of correction:</b> A "Patient Discharge Policy Task Force" was established to create a process to address patients who refuse to leave the hospital when medically cleared and discharged. The Task Force membership included:</p> <ul style="list-style-type: none"> <li>•Nursing Director for Care Coordination</li> <li>•Associate Director for Care Coordination</li> <li>•Director of Security Services</li> <li>•Nurse Manager for Psychiatry Services</li> <li>•Director of Regulatory Affairs</li> <li>•Director of ED / Critical Care Services</li> <li>•Clinical Nurse Educator - Emergency Department</li> <li>•Director of Risk Management</li> </ul>	<p>Monthly report to QC 5/25/11 to 9/28/11 and to DEM 5/10/11 to 9/20/11 Ongoing if compliance not met</p> <p>4/4/11 to 4/15/11</p>
Event ID:BI7X11		12/13/2011	11:46:25AM	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p><b>Continued From page 3</b></p> <p>ECRN decided to take Patient 1 out of the cab. Patient 1 was then carried upside down toward a bench and placed prone (lying with the front or face downward) on the sidewalk in front of the bench. EDT 1 stated that this was not the best position for Patient 1 to be in given her anatomy. EDT 1 further explained that by "anatomy" he meant that she was morbidly obese (a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health). EDT 1 stated that Patient 1 was prone for a couple of minutes until they turned Patient 1 over and it was established that she was not breathing.</p> <p>An interview was conducted with Security Agent 1 on 2/17/11 at 2:15 P.M. Security Agent 1 stated that he was called to ED Room 12 B shortly after 2:00 P.M. When he arrived at Room 12 B in the ED, Patient 1 was refusing to get off of the gurney. Patient 1 said that she was not going to leave. Security Agent 1 never heard Patient 1 say why she did not want to leave. Eventually, Patient 1 got off the gurney and she was escorted by himself and Security Agent 2 to the "loop" which is an area outside the ED where taxi-cabs pull up. Security Agent 1 further stated that an unidentified male staff member told the patient that if she did not leave the premises they were going to call the police for trespassing. That statement was repeated to the patient by both of the security agents. Security Agent 1 then explained that Patient 1 sat on the bench at the loop waiting for the taxi cab to arrive. When the taxi cab arrived, they opened the back passenger door. Patient 1 went limp on purpose. They were joined by EDT 1. They were not</p>		<p>The Task Force updated Medical Center Policy (MCP) 301.4, <i>Patient Admission and Discharge</i> to include a process for patients who refuse to leave the facility after being medically cleared and discharged. The policy revisions include:</p> <ul style="list-style-type: none"> <li>•The process to be followed if a patient refuses to leave for non-clinical reasons;</li> <li>•The process to be followed if a patient refuses to leave for clinical reasons.</li> </ul> <p><b>(See Attachment 2G - Revisions to MCP 301.4)</b></p> <p>All Physicians were provided education via a memo sent by email regarding the revisions to MCP 301.4, <i>Patient Admission and Discharge</i> which focuses on the process for patients who refuse to leave the facility after being medically cleared and discharged. <b>(See Attachment 2H)</b></p> <p>Education regarding the revisions to MCP 301.4 <i>Patient Admission and Discharge</i>, which focuses on the process for patients who refuse to leave the facility after being medically cleared and discharged, was</p>	<p>Revisions were approved by Nurse Executive Committee 4/14/11 and Medical Staff Executive Committee 04/15/11</p> <p>E-mail sent 4/19/11</p> <p>Email sent 04/15/11</p>
--	--	--	---	--

Event ID:BI7X11

12/13/2011

11:46:25AM

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

TITLE

(X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p><b>Continued From page 4</b></p> <p>successful in getting Patient 1 into the taxi cab. The taxi cab driver did not want to take the patient home if she could not help herself. Security Agent 1 recalled Patient 1 saying that she was not leaving but the words were broken because she was short of breath. Patient 1 was hanging half way out of the taxi. The ECRN, EDT 1 and Security Agent 1 carried Patient 1 face down and placed Patient 1 face down on the cement in front of the bench. About 5 minutes later, the ED Case Manager arrived and suggested that they turn Patient 1 over. When they did Patient 1's lips were observed to be purple. Cardio-Pulmonary Resuscitation (CPR) was initiated. Patient 1 was then placed on a back board, raised to a gurney and taken back in to the ED.</p> <p>On 2/17/11 an interview was conducted with RN 1 who was the ED discharge RN for Patient 1 on [REDACTED] 10. RN 1 did not remember if Patient 1 told her why she did not want to leave the ED. However, RN 1 did state that she thought that Patient 1 had significant lung problems. RN 1 believed that Patient 1 had COPD (Chronic Obstructive Lung Disease). A review of Patient 1's medical records from four previous hospitalizations at Hospital A verified that Patient 1 had been diagnosed with COPD and obesity hypoventilation (inadequate ventilation).</p> <p>A security surveillance video tape scanning the loop area at the time of the incident was observed on 2/23/11 at 10:30 A.M. The video tape supported the details of the incident as described by both EDT 1 and Security Agent 1.</p>		<p>provided to Emergency Department Physicians, Attendings and Residents via email with a return email response attesting that they have read, understand, and will comply with the content. (See Attachment 2I - email &amp; Attachment 2J - Memo)</p> <p>Education regarding the revisions to MCP 301.4, including the process for patients who refuse to leave the facility after being medically cleared and discharged was provided to Emergency Department Nursing staff via either one-to-one education or a Power Point presentation via email with a return e-mail response attesting that they have read, understand, and will comply with the content. (See Attachment 2B, Power Point Presentation and Attachment 2K - ED competencies Validated Tool).</p> <p>Education regarding the revisions to MCP 301.4 Patient Admission and Discharge, which focuses the process for patients who refuse to leave the facility after being medically cleared and discharged was provided to</p>	<p>Attestations received by 4/21/11</p> <p>Email sent 4/15/11</p> <p>Education complete by 5/13/11</p> <p>Security Education complete 4/21/11</p>
--	--	--	---	---

Event ID:BI7X11

12/13/2011

11:46:25AM

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

TITLE

(X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p><b>Continued From page 5</b></p> <p>An interview was conducted with the ECRN on 2/23/11 at 1:47 P.M. The ECRN thought that the Security Agents, EDT 1, and he escorted Patient 1 out of the ED. Patient 1 walked 30 to 50 yards to the bench at the loop. When the taxi cab arrived Patient 1 resisted being placed in the cab. ECRN stated that he made the decision to take Patient 1 out of the taxi cab. The ECRN, EDT 1 and Security Agent 1 carried Patient 1 prone (face down) halfway to the bench and placed the patient on the cement on her stomach. ECRN then got on the phone and called the ED Nurse Manager (EDNM). When the EDNM arrived she assessed the patient. Patient 1 was not breathing and had no detectable pulse. CPR was initiated.</p> <p>On 1/14/11 at 2:45 P.M., an interview was conducted with the EDNM. The EDNM stated that she had no involvement with Patient 1 prior to being called by the ECRN. When she arrived at the loop area she saw two security agents, EDT 1, and the ECRN. Patient 1 was lying face down. The EDNM stated that she was a little surprised and upset to see Patient 1 lying prone on the sidewalk outside the ED. After the incident the EDNM spoke to the ECRN. The ECRN was counseled by being told that the prone position was not a safe position for an obese person to be placed in due to the potential for respiratory compromise.</p> <p>According to Patient 1's medical record, Patient 1 was resuscitated, intubated (passage of a tube through the mouth into the trachea for the maintenance of the airway) and admitted to the</p>		<p>all Security Agents via one-to-one training and sent to all inpatient nursing leaders via e-mail for educating nursing staff (See Attachment 2E - sign-in sheets for Security Agents and 2L - email sent to Nurse Leaders)</p> <p><b>Responsible person:</b> Director of Risk Management Associate Director Clinical Services - Emergency Department Director of Emergency Department Director, Education Development and Research.</p> <p><b>Monitoring:</b> <b>Audit to Include:</b> Audits will be performed using the <i>Patients Refusing Discharge Monitoring Tool</i>. Records will be audited for appropriate documentation and compliance with the revision to the section of MCP 301.4 entitled, <i>Patients Medically Cleared for Discharge Who Refuse to Leave the Hospital</i>. To further enhance the audit process, the Audit Tool for <i>Patient's Discharged and Refused to Leave</i> was modified. The edits to the Audit Tool increased the audit criteria from five</p>	<p>E-mail sent to nursing leaders on 4/16/11 Education complete 5/13/11</p> <p>Began 4/1/11 through 9/30/11 Ongoing if compliance not met</p> <p>Audit Tool revised by 6/14/11.</p>
--	---	--	--	---

Event ID:BI7X11 12/13/2011 11:46:25AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p><b>Continued From page 6</b></p> <p>intensive care unit (ICU). During Patient 1's 28 day hospital stay she required the insertion of a tracheostomy (surgical operation that creates an opening into the trachea with a tube inserted to provide a passage for air). Patient 1 was discharged on [REDACTED] 10 with a tracheostomy stent (a device used to support the trachea) in place.</p> <p>This deficiency has 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 1280.1(C).</p> <p>The facility failed to inform the patient or the party responsible for the patient of the adverse event by the time the report was made.</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 1280.1(c).</p>		<p>elements to eight. This allows the auditor to better define if a record is in compliance with Medical Center Policy (MCP) 301.4 Admission and Discharge. 2 of the additional audit items include:</p> <ul style="list-style-type: none"> <li>• "Does the documentation clearly identify a clinical or non-clinical reason why the patient refused discharge?"</li> <li>• "Does documentation support the patient's discharge, reason for refusal to leave &amp; actions taken by nursing or other staff involved in facilitating the patient's discharge?"</li> </ul> <p>(See Attachment 2M - old audit Tool, Attachment 2N - new audit tool)</p> <p>In addition, the change to the Monitoring Tool provides separate sections for MCP compliance related to a patient refusing to leave post discharge for a clinical or non-clinical reason.</p> <p>The Audit Tool also includes a "Findings / Improvement Opportunities" section which allows the auditor to give specific feedback to a medical record review. Trends will be reported in a monthly summary.</p>	
--	--	--	---	--

Event ID:BI7X11	12/13/2011	11:46:25AM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 6</b></p> <p>intensive care unit (ICU). During Patient 1's 28 day hospital stay she required the insertion of a tracheostomy (surgical operation that creates an opening into the trachea with a tube inserted to provide a passage for air). Patient 1 was discharged on [REDACTED] 10 with a tracheostomy stent (a device used to support the trachea) in place.</p> <p>This deficiency has 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 1280.1(C).</p> <p>The facility failed to inform the patient or the party responsible for the patient of the adverse event by the time the report was made.</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 1280.1(c).</p>		<p><b>Identification of patients to be audited:</b></p> <p>Security maintains a log when they are summoned to assist with a patient refusing to leave after being medically cleared and discharged. The log will be utilized by the Director of Risk Management and/or designee to audit 20 records per month for 4 months. Monitoring will also include a query of patient complaints, "We Listens", related to patients not feeling ready for discharge.</p> <p>To further streamline the audit process:</p> <ul style="list-style-type: none"> <li>• The Director of Patient Experience Service Excellence (PESE) was educated that the audit for "patients who are discharged and refuse to leave" is to include We Listen data for both inpatient and Emergency Department (ED) We Listens.</li> <li>• The Director of Security will provide the Security Log for patients who are discharged and refuse to leave, to the Risk Manager and the Director of PESE by the 5<sup>th</sup> of every month.</li> </ul>	<p>Began 4/1/11 through 9/30/11 Ongoing if compliance not met.</p> <p>Complete 5/31/11</p> <p>Dates established 5/31/11</p>

Event ID:BI7X11 12/13/2011 11:46:25AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p><b>Continued From page 6</b></p> <p>intensive care unit (ICU). During Patient 1's 28 day hospital stay she required the insertion of a tracheostomy (surgical operation that creates an opening into the trachea with a tube inserted to provide a passage for air). Patient 1 was discharged on [REDACTED] 10 with a tracheostomy stent (a device used to support the trachea) in place.</p> <p>This deficiency has 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 1280.1(C).</p> <p>The facility failed to inform the patient or the party responsible for the patient of the adverse event by the time the report was made.</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 1280.1(c).</p>		<ul style="list-style-type: none"> <li>• The Director of PESE will cross-walk patient/visitor names from both inpatient and Emergency Department patient complaints, "We Listens," to determine if there are additional cases to be reviewed by the Risk Manager.</li> <li>• The Director of PESE and the Risk Manager determined the 10<sup>th</sup> of every month as the date for when the patient complaint data (We Listen) meeting this criteria is to be received in Risk Management from PESE.</li> <li>• The Risk Manager will complete the <i>Patients Refusing Discharge Monitoring Tool</i> using the above data by the 4th Wednesday of every month.</li> </ul> <p>Results of the audits will be reported to the Department of Emergency Medicine (DEM) Leadership (Nurses and Physicians) on a monthly basis and to Quality Council (QC) on a monthly basis Further action will be taken as necessary.</p> <p><b>Responsible person:</b> Director of Risk Management Director of Security Services Director of Emergency Department Director of Regulatory Affairs</p>	<p>Security log provided by 5<sup>th</sup> of every month</p> <p>We Listen data provided by 10<sup>th</sup> of every month</p> <p>Audit Tool complete by 4<sup>th</sup> Wed. of every month</p> <p>Monthly to To DEM 5/10/11 to 10/11/11 and to QC 5/25/11 to 10/26/11</p>
--	--	--	--	--

Event ID:BI7X11 12/13/2011 11:46:25AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST ARBOR DRIVE MS 8949, SAN DIEGO, CA 92103-8976 SAN DIEGO COUNTY</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 6</b></p> <p>intensive care unit (ICU). During Patient 1's 28 day hospital stay she required the insertion of a tracheostomy (surgical operation that creates an opening into the trachea with a tube inserted to provide a passage for air). Patient 1 was discharged on [REDACTED] 10 with a tracheostomy stent (a device used to support the trachea) in place.</p> <p>This deficiency has 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 1280.1(C).</p> <p>The facility failed to inform the patient or the party responsible for the patient of the adverse event by the time the report was made.</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 1280.1(c).</p>		<p><i>The facility failed to inform the patient or the party responsible for the patient of the adverse event by the time the report was made.</i></p> <p><b>Plan of Correction:</b> In the future the facility will notify the patient within five days of identification of an adverse event and prior to reporting to the California Department of Public Health (CDPH) as per Health and Safety Code section 1279.1(c)</p>	

Event ID:BI7X11

12/13/2011

11:46:25AM

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

TITLE

(X6) DATE

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.