

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390100</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/02/2018</b>
NAME OF PROVIDER OR SUPPLIER: <b>LANCASTER GENERAL HOSPITAL</b>  STATE LICENSE NUMBER: <b>120801</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>555 NORTH DUKE STREET LANCASTER, PA 17604</b>		
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A 0000	INITIAL COMMENT	A 0000			
A 0309	<p>This report is the result of unannounced onsite complaint investigations CHL18C015H and CHL18CO38H, completed on February 20, 2018, at Lancaster General Hospital. It was determined the facility was not in compliance with the requirements of 42 CFR, Title 42, Part 482-Conditions of Participation for Hospitals.</p>	A 0309			

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

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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A 0309	Continued from page 1  482.21(e)(1), (e)(2), (e)(5) QAPI EXECUTIVE RESPONSIBILITIES  The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following:  1) That an ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, implemented, and maintained . (2) That the hospital-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety and that all improvement actions are evaluated. (5) That the determination of the number of distinct improvement projects is conducted annually.  This REQUIREMENT is not met as evidenced by:	A 0309	The respiratory department manager was added to the Clinical Medication Safety Committee and will report quarterly on missed respiratory treatments due to staff or medication unavailability and also the actions taken to reduce/eliminate these events.  Beginning 3/26/18 the Clinical Medication Safety Committee will audit 100% of missed respiratory treatments due to unavailability of staff or medication monthly for the next 3 months and then quarterly for the next two years. Noncompliance with the goal of zero will result in identification of preventability, contributing cause and corrective action to be taken. Minutes of the Clinical Medication Safety Committee are reported to the Pharmacy & Therapeutics (P&T) Committee and the Patient Safety Committee.  Missed respiratory treatments due to staff or medication unavailability and the status of corrective action plans	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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A 0309	Continued from page 2	A 0309	<p>will be reviewed at the respiratory department huddle (3 times a week) and weekly at the Operations/Safety Huddle, the Quality Huddle, and the CEO Huddle. Completion Date 3/23/18</p> <p>SVP, Hospital Operations will present to the Lancaster General Hospital (LGH) Board of Trustees Quality Committee the trends of the missed respiratory treatments due to staff or medication unavailability. This will include the goal of zero missed respiratory treatments due to staff or medication unavailability, the action plans being implemented, and the current results. Completion Date 4/9/18</p> <p>VP, Operations will present to Patient Safety Committee the trends of missed respiratory treatments due to staff or medication unavailability. This will include the goal of zero missed respiratory treatments, the action plans being implemented, and the current results. The Patient</p>		

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A 0309	Continued from page 3	A 0309	<p>Safety Committee will be updated monthly on the number of missed respiratory treatments due to staff or medication unavailability and the status of corrective action plans to ensure that the corrective actions are effective and the deficiencies have been resolved. The monthly reports will continue until the goal of zero respiratory medication errors is achieved for 6 consecutive months. The meeting minutes of the Patient Safety Committee are reported to the Board Quality Committee and the full LGH Board of Trustees. Completion Date 4/16/18</p> <p>On March 19, 2018, the respiratory department initiated a coach-guided performance improvement project to reduce the number of missed treatments due to staff or medication unavailability. This included: Kick Off and Education Session #1 - 3/19/18 Identification of problem and current state – 3/26/18 Coaching Session #1 – Week of 4/2/18</p>		

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A 0309	Continued from page 4	A 0309	Education Session #2 – 4/12/18 Implementation plan development - Week of 4/16/18 Coaching Session #2 - 4/24/18 Education Session #3 - 5/3/18 Coaching Sessions #3 -Week of 5/7/18 Present the results of their improvement project to LGH senior leadership team on 5/17/18. Completion date 4/25/18		

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A 0309	Continued from page 5  Based on facility documentation and staff interviews (EMP) it was determined that the facility failed to ensure that the respiratory services were integrated into the hospital wide QAPI program including focusing on the reduction of medication errors.  Review of facility documentation titled "Department of Pulmonary Medicine, Performance Improvement Goals, Fiscal Year 2017" on February 20, 2018, revealed Goal 1 was to 'achieve $\geq 94\%$ of medication treatments administered as ordered.' The spreadsheet that was part of that same documentation indicated that the facility administered 94 or 95 percent of treatments ordered by the physician during the period of July 2016 through June 2017, except for February 2017 that was noted as 93 percent administered. Interview with EMP6 on February 20, 2018 at 1:25 PM revealed that she did not know if she 'could show that missed treatments were communicated through the Pharmacy and Therapeutics Committee, the Patient Safety Committee, and further up the	A 0309			

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A 0309	Continued from page 6  chain' to be addressed as a quality improvement issue. Interview with EMP10 on February 20, 2018, at 1:45 PM revealed if 'percents drop below goal for a three month period, then the issue would go to the Quality Committee and the Board of Trustees.' Further interview with EMP10 revealed that since the average has not fallen below 94%, there has been no communication about this issue with the Quality Committee or Board of Trustees and that there was no need to report this failure because "there was no issue."	A 0309			

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A 1151		A 1151			



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A 1151	Continued from page 8  482.57 RESPIRATORY CARE SERVICES  The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services.  This REQUIREMENT is not met as evidenced by:	A 1151	Actions taken prior to receipt of the Statement of Deficiencies: Respiratory treatment data were reviewed and a discussion with pulmonologists, administrators, and respiratory therapists identified the opportunity and need to reduce the number of medically unnecessary respiratory treatments. It was identified that there was currently no easy process for respiratory therapists to communicate recommendations for treatment changes to the physicians. Completion Date 3/14/18 To maximize the availability of respiratory therapists to perform more complex treatments and procedures requiring the skills of a respiratory therapist, nursing staff started administering daily Spiriva inhalers, rather than respiratory therapists. Completion Date 3/15/18 Plan of Corrections implemented after receipt of the Statement of Deficiencies: SVP, Operations convened a meeting with medical staff leadership including the physician leaders of	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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A 1151	Continued from page 9	A 1151	the Pulmonary Department, the hospitalists service, and the Department of Medicine, as well as the Physician Executive for Quality. A consensus was reached by these physician leaders that there was an opportunity to reduce the number of medically unnecessary respiratory treatments being ordered. This determination was based on their knowledge of patient condition, patient improvements, and current practice. Several options were discussed and an opportunity for greater collaboration between the ordering providers and the respiratory therapists was identified. After assessing a patient, the respiratory therapist will often make recommendations to the provider regarding changes to the treatment plan. Previously, there was not an efficient mechanism for the respiratory therapist to communicate these treatment change recommendations to the provider. To solve this issue, it was determined that after assessing the patient, the respiratory therapist will enter any		

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A 1151	Continued from page 10	A 1151	<p>recommendations for escalating or deescalating treatments into "pending" status within the Epic EMR. The provider can then accept, decline, modify or ignore the recommendations. Completion Date 3/21/18</p> <p>Medical staff leadership sent an email communication to all inpatient physicians/providers notifying them that respiratory therapists will now have the ability to pend recommendations in Epic for escalating and de-escalating treatments based upon their expertise with the goal of providing optimum therapy for the patient. Completion Date 3/22/18</p> <p>A respiratory department policy was created for pending the treatment recommendation of respiratory therapists within the Epic EMR and the policy was approved by the pulmonary medical director. Completion Date 3/23/18 All respiratory therapists providing services were educated on the</p>		

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A 1151	Continued from page 11	A 1151	<p>respiratory policy for pending their recommendations for changes to the respiratory treatment plan. Review of the policy was added to the department orientation for new employees. Completion Date 3/26/18</p> <p>The use of pended respiratory therapy recommendations will be presented at the Medical Executive Committee by the Physician Executive for Quality and the Chief Physician Executive. Completion Date 4/2/18</p> <p>Effective 4/16/18, daily chart reviews will be completed by the Quality Department on all (100%) pended respiratory recommendations to monitor the status of provider actions based on the respiratory therapist's recommendations (accepted, declined, modified, or ignored) and to identify potential opportunities for improvement. As opportunities are identified, additional actions will be developed and implemented (i.e. individual</p>		

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A 1151	Continued from page 12	A 1151	<p>provider or staff counseling or reeducation). The audit will continue until there is 3 consecutive months with no opportunities for improvement identified to ensure that the corrective action plan is effective and sustained. The data will be shared with the Chief Physician Executive, the pulmonary medical director, and the hospitalist practice to discuss at their huddle to further reinforce provider collaboration with the respiratory therapists. The Chief Physician Executive will report results of the chart reviews to the Medical Executive Committee on 5/7/18. Completion date 4/30/18</p> <p>Missed respiratory treatments due to staff or medication unavailability and status of corrective action plan are being reviewed weekly at the Hospital the Operations/Safety Huddle, the Quality Huddle, and the CEO Huddle. Completion Date 3/23/18</p>		

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A 1151	Continued from page 13	A 1151	The VP, Operations will update the Patient Safety Committee monthly on the number of missed respiratory treatments due to staff or medication unavailability and the status of corrective action plans to ensure that the deficiencies have been resolved. The monthly reports will continue until the rate of respiratory medication errors is at the goal of zero for 6 consecutive months. The meeting minutes of the Patient Safety Committee are reported to the Board Quality Committee and the LGH Board of Trustees. Completion date 4/16/18		

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A 1151	<p>Continued from page 14</p> <p>Based upon review of facility documentation and staff interviews (EMP), it was determined that the facility failed to ensure that Respiratory Care Services were adequate to meet the needs of the patients as evidenced by the number of missed treatments due to medications and/or clinician unavailability.</p> <p>Findings include:</p> <p>Review of facility's tracking spreadsheet titled "Missed Pulmonary Medication FY 2018," on February 20, 2018, indicated the number and percent (rounded) of treatments ordered that were not administered due to 'Clinician Unavailability' as follows:</p> <p>July 2017: 11 missed treatments (2.1 percent of total missed treatments)</p> <p>August 2017: 21 missed treatments (4.2 percent of total missed treatments)</p> <p>September 2017: 19 missed treatments (2.8 percent of total missed treatments)</p>	A 1151			

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A 1151	<p>Continued from page 15</p> <p>October 2017: 129 missed treatments (14.1 percent of total missed treatments) November 2017: 93 missed treatments (11.5 percent of total missed treatments) December 2017: 140 missed treatments (14.9 percent of total missed treatments) January 2018: 570 missed treatments (33.9 percent of total missed treatments)</p> <p>Further review of the same facility tracking spreadsheet on the same day indicated the number and percent (rounded) of treatments ordered that were not administered due to 'Med Not Available' as follows:</p> <p>July 2017: 20 missed treatments (3.9 percent of total missed treatments) August 2017: 17 missed treatments (3.4 percent of total missed treatments) September 2017: 17 missed treatments (2.5 percent of total missed treatments) October 2017: 33 missed treatments (3.6 percent of total missed treatments)</p>	A 1151			



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A 1151	<p>Continued from page 16</p> <p>November 2017: 23 missed treatments (2.8 percent of total missed treatments) December 2017: 28 missed treatments (3.0 percent of total missed treatments) January 2018: 45 missed treatments (2.7 percent of total missed treatments)</p> <p>Review of facility documentation titled "Department of Pulmonary Medicine, Performance Improvement Goals, Fiscal Year 2017" on February 20, 2018, revealed Goal 1 was to 'achieve <math>\geq 94\%</math> of medication treatments administered as ordered.'</p> <p>The spreadsheet that was part of that same documentation indicated that the facility administered 94 or 95 percent of treatments ordered by the physician during the period of July 2016 through June 2017, except for February 2017 that was noted as 93 percent administered.</p> <p>Interview with EMP10 on February 20, 2018, at 1:45 PM revealed if 'percents drop below goal for a three month period, then the issue would go to the Quality Committee and the Board of Trustees.'</p> <p>Further interview with EMP10 revealed that since</p>	A 1151			

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A 1151	Continued from page 17  the average had not fallen below 94%, there has been no communication about this issue with the Quality Committee or Board of Trustees and that there was no need to report this failure because "there was no issue."	A 1151			
A 1154		A 1154			

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A 1154	Continued from page 18  482.57(a)(2) ADEQUATE RESPIRATORY CARE STAFFING  There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the medical staff, consistent with State law.  This REQUIREMENT is not met as evidenced by:	A 1154	VP, Operations submitted a job requisition to Human Resources to create a new position for a Director of Respiratory Care and Pulmonary Diagnostic Services to support the reorganization of the respiratory department. Job description and job grade classification were previously completed. Completion Date 3/20/18 The new pulmonary director position was approved by the Workforce Review Committee. Completion Date 3/22/18 Approval received to hire 3 additional FTEs of respiratory therapists to support the respiratory department reorganization so that the team leaders on each shift would no longer have a patient treatment assignment. This would allow the team leader to be available when assistance was needed (i.e. rapid response call) without pulling them away from patient treatments. Team leaders can then effectively oversee and manage respiratory treatment completions; deploying/shifting resources as needed. Completion Date 3/22/18	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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A 1154	Continued from page 19	A 1154	<p>The compensation rate for PRN staff was increased by 10% and 5 additional 0.1 FTE casual PRN respiratory therapist positions were added. The additional PRN positions are aimed at improving staffing agility during census surges. Completion Date 3/22/18</p> <p>To encourage respiratory therapy staff to work additional hours when needed, a respiratory therapy incentive plan was implemented. This plan was modeled after the nursing incentive plan and provides compensation of an additional \$14/hour (the midpoint of the range). This is in addition to any shift/weekend differential or overtime for which they are eligible. Completion Date 3/22/18</p> <p>The respiratory therapy incentive plan was extended to all PRN casual staff. Completion Date 3/26/18</p> <p>All new positions were posted for recruitment by Human Resources. Completion Date 3/28/18</p> <p>To ensure adequate staffing while recruiting for the above identified</p>		

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A 1154	Continued from page 20	A 1154	<p>additional respiratory therapists, Human Resources requisitioned from a contracted staff agency up to 3 respiratory therapist travelers on 3/22/18. The anticipated date of arrival of the traveler(s) is 4/23/18. Completion date 4/23/18.</p> <p>The VP, Operations will monitor and track staffing (worked hours) in addition to the number of total missed respiratory treatments monthly for the next 12 months to ensure that staffing is adequate to meet the patient needs. If monitoring of worked hours or the number of respiratory medication events reveal that the current plan of correction is not effective, additional actions will be developed and implemented. Completion Date 3/26/18</p> <p>Missed respiratory treatments due to staff or medication unavailability and status of the corrective action plan is being reviewed weekly at the Hospital Operations/Safety Huddle, the Quality Huddle, and the CEO</p>		

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A 1154	Continued from page 21	A 1154	Huddle. Completion Date 3/23/18 The VP, Operations will update the Patient Safety Committee monthly on the number of missed respiratory treatments due to staff or medication unavailability and the status of corrective action plans to ensure that the deficiencies have been resolved. The monthly reports will continue until the rate of respiratory medication errors is at the goal of zero for 6 consecutive months. The meeting minutes of the Patient Safety Committee are reported to the Board Quality Committee and the LGH Board of Trustees. Completion Date 4/16/18		

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A 1154	<p>Continued from page 22</p> <p>Based on review of facility documentation, medical records (MR) and staff interviews (EMP), it was determined that the facility failed to ensure that there were adequate personnel available to provide for the respiratory care needs of patients.</p> <p>Findings include:</p> <p>Review of facility's tracking spreadsheet titled "Missed Pulmonary Medication FY 2018," on February 20, 2018, indicated the number and percent (rounded) of treatments ordered that were missed due to 'Clinician Unavailability' as follows:</p> <p>July 2017: 11 missed treatments (2.1 percent of total missed treatments)</p> <p>August 2017: 21 missed treatments (4.2 percent of total missed treatments)</p> <p>September 2017: 19 missed treatments (2.8 percent of total missed treatments)</p> <p>October 2017: 129 missed treatments (14.1 percent of total missed treatments)</p>	A 1154			

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A 1154	<p>Continued from page 23</p> <p>November 2017: 93 missed treatments (11.5 percent of total missed treatments) December 2017: 140 missed treatments (14.9 percent of total missed treatments) January 2018: 570 missed treatments (33.9 percent of total missed treatments)</p> <p>Review of facility documentation titled "Department of Pulmonary Medicine, Performance Improvement Goals, Fiscal Year 2017" indicated Goal 1 as "Achieve <math>\geq</math> 94% of medication treatments administered as ordered." Documentation indicated that the facility administered 94 or 95 percent of treatments ordered by the physician during the period of July 2016 through June 2017, except for February 2017 that was noted as 93 percent administered.</p> <p>For 9 of 20 medical records (MR5, MR11, MR12, MR13, MR15, MR16, MR17, MR18, MR19), documentation revealed respiratory treatments ordered by medical staff were not provided due to 'Clinician Unavailability' or 'Medication not available.'</p>	A 1154			



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A 1154	Continued from page 24  Review of MR5 on February 6, 2018, revealed that physician's orders for respiratory treatments on February 18, 2018, at 11:52 PM and February 19, 2018, at 4:14 AM were not administered due to 'Clinician Unavailability.'  Review of MR11 on February 20, 2018, revealed that physician's order for respiratory treatment on February 14, 2018, at 4:37 PM was not administered due to 'Clinician Unavailability' and not administered on February 16, 2018, at 8:34 AM due to 'Medication not available.'  Review of MR12 on February 20, 2018, revealed that physician's orders for respiratory treatment on February 14, 2018, at 4:38 PM, February 15, 2018, at 12:01 PM, 9:30 PM, and February 16, 2018, at 4:38 PM were not administered due to 'Clinician Unavailability.'  Review of MR13 on February 20, 2018, revealed that physician's orders for respiratory treatment on	A 1154			

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A 1154	Continued from page 25  January 7, 2018, at 1:07 PM and January 8, 2018, at 12:26 AM were not administered due to 'Clinician Unavailability.'  Review of MR15 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 12:33 PM and December 16, 2017, at 1:41 PM were not administered due to 'Clinician Unavailability' and not administered on December 16, 2017, at 9:09 AM due to 'Medication not available.'  Review of MR16 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 2:08 PM and December 17, 2017, at 1:44 PM were not administered due to 'Clinician Unavailability.'  Review of MR17 on February 20, 2018, revealed that physician's order for respiratory treatment on November 10, 2017, at 5:55 PM was not administered due to 'Clinician Unavailability.'	A 1154			

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A 1154	<p>Continued from page 26</p> <p>Review of MR18 on February 20, 2018, revealed that physician's order for respiratory treatment on November 10, 2017, at 7:57 AM was not administered due to 'Clinician Unavailability.'</p> <p>Review of MR19 on February 20, 2018, revealed that physician's order for respiratory treatment on December 10, 2017, at 1:13 PM was not administered due to 'Clinician Unavailability.'</p> <p>Interview with EMP3, on February 6, 2018, at 10:00am confirmed that she is aware that treatments are being missed due to 'Clinician Unavailability.'</p> <p>Interview with EMP4 and EMP5, on February 6, 2018, at 3:00pm revealed that treatments do get missed due to clinician unavailability.</p> <p>Interview with EMP11, on February 20, 2018, at 11:15 AM confirmed that the respiratory treatments were not provided due to 'Clinician Unavailability' and 'Medication not available.'</p>	A 1154			

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A 1154	Continued from page 27	A 1154			

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A 1154	Continued from page 28	A 1154			
A 1160		A 1160			

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A 1160	Continued from page 29  482.57(b) RESPIRATORY CARE SERVICES POLICIES  Services must be delivered in accordance with medical staff directives.  This REQUIREMENT is not met as evidenced by:	A 1160	The Medication Administration Policy was revised to eliminate the statement to immediately report any medication error to the provider and instead refer to the Medication Event Policy that provides guidance on when immediate notification to the provider would be required. This revision now provides alignment between the Medication Administration Policy and the Medication Event Policy. Completion Date 3/1/18 The revised "Medication Administration Policy" was approved by the Pharmacy & Therapeutics (P&T) Committee. Completion Date 3/20/18 SVP, Hospital Operations convened a meeting with leaders of the departments of nursing, medication safety, risk management, and quality to discuss the current process used for notification of providers of nursing medication errors that cause no harm and require no monitoring or intervention to prevent harm (Category C event as defined in the Medication Event Policy).	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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A 1160	Continued from page 30	A 1160	<p>Opportunities for improvement in the nursing current process were identified including the inability to audit the provider notification compliance. Completion Date 3/23/18</p> <p>A new provider notification process was developed for medication errors that are Category C as defined in the Medication Event Policy (no harm and needs no monitoring or intervention). The new process will be able to be: completed at the time of the event; incorporated into the provider workflow; easily audited; and, utilized as the standard template for nursing and any discipline including respiratory therapy for notifying providers of missed treatments due to staff or medication unavailability which are considered a Category C medication error. Completion Date 3/28/18</p> <p>Prior to the new electronic notification process being implemented on 5/2/18, the manager will notify the provider of any missed respiratory treatment due to unavailability of staff or medication.</p>		

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A 1160	Continued from page 31	A 1160	<p>The Quality Department will audit 100% of medical records with a missed treatment due to staff or medication unavailability to ensure provider notification is achieved 100%. Any noncompliance will be addressed with the respiratory manager and corrective action implemented. This will continue until the electronic process is fully implemented in May, 2018. Completion Date 3/26/18</p> <p>The Physician Executive for Quality and the Chief Physician Executive will discuss the proposed new process for notification of providers of Category C medication errors without harm at the Medical Executive Committee and get feedback to finalize the plan for provider notification. Completion Date 4/2/18</p> <p>The Medication Safety Manager and Clinical Informatics Specialist will develop a tip sheet for communication of the new provider notification process that can be used by any department that has the</p>		



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A 1160	Continued from page 32	A 1160	<p>potential for needing to notify a provider of a Category C medication error. Completion Date 4/11/18</p> <p>The Medication Safety Officer, a pharmacist, will update the "Medication Event Policy" to detail the process for provider notification of a medication error that is Category C (no harm and no need for monitoring or intervention). Completion Date 4/11/18</p> <p>The revised policy will be approved by Pharmacy and Therapeutics (P&amp;T) Committee. Completion Date 4/17/18</p> <p>Medical staff leadership will send out a communication to all providers regarding the new process for notification of providers of medication errors with no harm. Completion Date 4/25/18</p> <p>The manager of the respiratory department will provide education for all respiratory therapists on the process for provider notification of any missed treatments due to unavailability of staff or medication and the Medication Event Policy by</p>		

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A 1160	Continued from page 33	A 1160	<p>4/30/18. This will also be added to the department orientation for new employees. Completion date 4/30/18</p> <p>Information Services will build a flowsheet row within the Medication Administration Record (MAR) toolbar in the Epic EMR which will be used to send a message for a medication event-no harm to the provider. This will be limited to Category C medication events. Testing will then be completed by the medication safety leadership team with a scheduled go-live of the new process across the hospital on 5/2/18. Completion Date 4/30/18</p> <p>Post implementation of the electronic physician notification for Category C medication events, the Clinical Medication Safety Committee will audit 100% of provider notifications generated in the Epic EMR for respiratory missed treatments compared to the event reports submitted for Category C medication events. The audits will be done monthly until there is 3 consecutive</p>		

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A 1160	Continued from page 34	A 1160	months with no deficiencies in provider notifications to ensure that the plan of correction is effective and has resulted in no issues. Any noncompliance will be reported to the respiratory manager and VP, Operations for additional staff education/ counseling or additional corrective actions. This will be reported to the Patient Safety Committee via the meeting minutes. Completion date 4/30/18		

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A 1160	Continued from page 35  Based on a review of facility documentation, medical records (MR) and staff interviews (EMP), it was determined the facility failed to deliver services in accordance with medical staff directive concerning the reporting of medication errors to attending physicians in 9 of 20 medical records reviewed (MR5, MR11, MR12, MR13, MR15, MR16, MR17, MR18, MR19) and failed to ensure written policies were developed to address the missed treatments of respiratory care services.  Review of facility policy titled "Medication Administration," effective date January 2015, indicated "Errors in administration of medication will be reported immediately to the attending physician, and a notification will be sent as detailed in the Medication Event Policy."  Review of MR5 on February 6, 2018, revealed that physician's orders for respiratory treatments on January 18 at 11:52 PM and January 19 at 4:14 AM were not administered due to 'Clinician	A 1160			

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A 1160	<p>Continued from page 36</p> <p>Unavailability,' with no notification of the error to the attending physician.</p> <p>Review of MR11 on February 20, 2018, revealed that physician's order for respiratory treatment on February 14, 2018, at 4:37 PM was not administered due to 'Clinician Unavailability' and not administered on February 16, 2018, at 8:34 AM due to 'Medication not available,' with no notification of the error to the attending physician.</p> <p>Review of MR12 on February 20, 2018, revealed that physician's orders for respiratory treatment on February 14, 2018, at 4:38 PM, February 15, 2018, at 12:01 PM, 9:30 PM, and February 16, 2018, at 4:38 PM were not administered due to 'Clinician Unavailability,' with no notification of the error to the attending physician.</p> <p>Review of MR13 on February 20, 2018, revealed that physician's orders for respiratory treatment on January 7, 2018, at 1:07 PM and January 8, 2018, at 12:26 AM were not administered due to</p>	A 1160			

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A 1160	Continued from page 37  'Clinician Unavailability,' with no notification of the error to the attending physician.  Review of MR15 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 12:33 PM and December 16, 2017, at 1:41 PM were not administered due to 'Clinician Unavailability' and not administered on December 16, 2017, at 9:09 AM due to 'Medication not available,' with no notification of the error to the attending physician.  Review of MR16 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 2:08 PM and December 17, 2017, at 1:44 PM were not administered due to 'Clinician Unavailability,' with no notification of the error to the attending physician.  Review of MR17 on February 20, 2018, revealed that physician's order for respiratory treatment on November 10, 2017, at 5:55 PM was not administered due to 'Clinician Unavailability,' with no	A 1160			

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A 1160	Continued from page 38  notification of the error to the attending physician.  Review of MR18 on February 20, 2018, revealed that physician's order for respiratory treatment on November 10, 2017, at 7:57 AM was not administered due to 'Clinician Unavailability,' with no notification of the error to the attending physician.  Review of MR19 on February 20, 2018, revealed that physician's order for respiratory treatment on December 10, 2017, at 1:13 PM was not administered due to 'Clinician Unavailability,' with no notification of the error to the attending physician.  Interview with EMP6 on February 20, 2018, at 9:25 AM confirmed that missed treatments are 'medication errors.'  Interview with EMP3, on February 20, 2018, at 1:55 PM, in reference to the Medication Administration policy, revealed "we do not do that (notify physician of missed med) and we have not done it in the past," and that "the physician can look	A 1160			

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A 1160	Continued from page 39  in the MAR to see if a dose was missed." Further interview with EMP3 confirmed that "we do not let physicians know about missed meds.""  Interview with EMP5 on February 6, 2018 at 3:10 PM confirmed respiratory staff prioritize treatments from previous shift therapists so the oncoming therapists know 'who cannot miss a treatment.'  Interview with EMP3 on February 20, 2018 at 10:50 AM revealed that respiratory staff prioritize treatments for patients without a change in the medication order when there is a possibility that all treatments cannot be delivered during a shift. EMP3 further confirmed that there were no specific written policies concerning how missed respiratory treatments are to be addressed and documented.	A 1160			



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A 1160	Continued from page 40	A 1160			

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P 0315	Continued from page 1  103.4 (1) FUNCTIONS  103.4 Functions The governing body, with technical assistance and advice from the hospital staff, shall do the following: (1) Provide appropriate physical resources and personnel required to meet the needs of the patients and participate in planning to meet the health needs of the patients and health needs of the community. A quality control mechanism should be established which includes as an integral part thereof a risk management component and an infection control program.  This REGULATION is not met as evidenced by:	P 0315	VP, Operations submitted a job requisition to Human Resources to create a new position for a Director of Respiratory Care and Pulmonary Diagnostic Services to support the reorganization of the respiratory department. Job description and job grade classification were previously completed. Completion Date 3/20/18  The new pulmonary director position was approved by the Workforce Review Committee. Completion Date 3/22/18  Approval received to hire 3 additional FTEs of respiratory therapists to support the respiratory department reorganization so that the team leaders on each shift would no longer have a patient treatment assignment. This would allow the team leader to be available when assistance was needed (i.e. rapid response call) without pulling them away from patient	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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P 0315	Continued from page 2	P 0315	<p>treatments. Team leaders can then effectively oversee and manage respiratory treatment completions; deploying/shifting resources as needed. Completion Date 3/22/18</p> <p>The compensation rate for PRN staff was increased by 10% and 5 additional 0.1 FTE casual PRN respiratory therapist positions were added. The additional PRN positions are aimed at improving staffing agility during census surges. Completion Date 3/22/18</p> <p>To encourage respiratory therapy staff to work additional hours when needed, a respiratory therapy incentive plan was implemented. This plan was modeled after the nursing incentive plan and provides compensation of an additional \$14/hour (the midpoint of the range). This is in addition to any shift/weekend differential or overtime for which they are eligible. Completion Date 3/22/18</p> <p>The respiratory therapy incentive</p>		

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P 0315	Continued from page 3	P 0315	<p>plan was extended to all PRN casual staff. Completion Date 3/26/18</p> <p>All new positions were posted for recruitment by Human Resources. Completion Date 3/28/18</p> <p>To ensure adequate staffing while recruiting for the above identified additional respiratory therapists, Human Resources requisitioned from a contracted staff agency up to 3 respiratory therapist travelers on 3/22/18. The anticipated date of arrival of the traveler(s) is 4/23/18. Completion date 4/23/18</p> <p>The VP, Operations will monitor and track staffing (worked hours) in addition to the number of total missed respiratory treatments monthly for the next 12 months to ensure that staffing is adequate to meet the patient needs. If the monitoring of worked hours or number of respiratory medication events reveal the current plan of correction is not effective, additional actions will be developed and</p>		

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P 0315	Continued from page 4	P 0315	<p>implemented. Completion date 3/26/18</p> <p>Missed respiratory treatments due to staff or medication unavailability and status of the corrective action plan is being reviewed weekly at the Hospital Operations/Safety Huddle, the Quality Huddle, and the CEO Huddle. Completion Date 3/23/18</p> <p>The VP, Operations will update the Patient Safety Committee monthly on the number of missed respiratory treatments due to staff or medication unavailability and the status of corrective action plans to ensure that the deficiencies have been resolved. The monthly reports will continue until the rate of respiratory medication errors is at the goal of zero for 6 consecutive months. The meeting minutes of the Patient Safety Committee are reported to the Board Quality Committee and the LGH Board of Trustees. Completion Date 4/16/18</p>		

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P 0315	<p>Continued from page 5</p> <p>Based on review of facility documentation, medical records (MR) and staff interviews (EMP), it was determined that the facility failed to ensure that there were adequate personnel available to provide for the respiratory care needs of patients.</p> <p>Findings include:</p> <p>Review of facility's tracking spreadsheet titled "Missed Pulmonary Medication FY 2018," indicated the number and percent (rounded) of treatments ordered that were missed due to 'Clinician Unavailability' as follows:</p> <p>July 2017: 11 missed treatments (2.1 percent of total missed treatments)</p> <p>August 2017: 21 missed treatments (4.2 percent of total missed treatments)</p> <p>September 2017: 19 missed treatments (2.8 percent of total missed treatments)</p> <p>October 2017: 129 missed treatments (14.1 percent of total missed treatments)</p>	P 0315			

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P 0315	<p>Continued from page 6</p> <p>November 2017: 93 missed treatments (11.5 percent of total missed treatments) December 2017: 140 missed treatments (14.9 percent of total missed treatments) January 2018: 570 missed treatments (33.9 percent of total missed treatments)</p> <p>Review of facility documentation titled "Department of Pulmonary Medicine, Performance Improvement Goals, Fiscal Year 2017" indicated Goal 1 as "Achieve <math>\geq</math> 94% of medication treatments administered as ordered." Data provided on the documentation indicated administration of 94 or 95 percent of ordered treatments for all but one month (February was 93 percent) of the Fiscal Year (July 2016 through June 2017).</p> <p>For 9 of 20 medical records (MR5, MR11, MR12, MR13, MR15, MR16, MR17, MR18, MR19), documentation revealed respiratory treatments ordered were not provided due to 'Clinician Unavailability'.</p> <p>Review of MR5 on February 6, 2018, revealed that</p>	P 0315			



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P 0315	Continued from page 7  physician's orders for respiratory treatments on February 18, 2018, at 11:52 PM and February 19, 2018, at 4:14 AM were not administered due to 'Clinician Unavailability.'  Review of MR11 on February 20, 2018, revealed that physician's order for respiratory treatment on February 14, 2018, at 4:37 PM was not administered due to 'Clinician Unavailability' and not administered on February 16, 2018, at 8:34 AM due to 'Medication not available.'  Review of MR12 on February 20, 2018, revealed that physician's orders for respiratory treatment on February 14, 2018, at 4:38 PM, February 15, 2018, at 12:01 PM, 9:30 PM, and February 16, 2018, at 4:38 PM were not administered due to 'Clinician Unavailability.'  Review of MR13 on February 20, 2018, revealed that physician's orders for respiratory treatment on January 7, 2018, at 1:07 PM and January 8, 2018, at 12:26 AM were not administered due to	P 0315			

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P 0315	Continued from page 8  'Clinician Unavailability.'  Review of MR15 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 12:33 PM and December 16, 2017, at 1:41 PM were not administered due to 'Clinician Unavailability' and not administered on December 16, 2017, at 9:09 AM due to 'Medication not available.'  Review of MR16 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 2:08 PM and December 17, 2017, at 1:44 PM were not administered due to 'Clinician Unavailability.'  Review of MR17 on February 20, 2018, revealed that physician's order for respiratory treatment on November 10, 2017, at 5:55 PM was not administered due to 'Clinician Unavailability.'  Review of MR18 on February 20, 2018, revealed that physician's order for respiratory treatment on	P 0315			

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P 0315	<p>Continued from page 9</p> <p>November 10, 2017, at 7:57 AM was not administered due to 'Clinician Unavailability.'</p> <p>Review of MR19 on February 20, 2018, revealed that physician's order for respiratory treatment on December 10, 2017, at 1:13 PM was not administered due to 'Clinician Unavailability.'</p> <p>Interview with EMP3 on February 6, 2018, at 10:00 AM confirmed that she is aware that treatments are being missed due to 'Clinician Unavailability.'</p> <p>Interviews with EMP4 and EMP5, on February 6, 2018, at 3:00 PM indicated that treatments do get missed due to clinician unavailability.</p> <p>Interview with EMP11, on February 20, 2018, at 11:15 AM confirmed that the respiratory treatments were not provided to patients whose charts were reviewed due to 'Clinician Unavailability'.</p>	P 0315			

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P 0317	Continued from page 11  103.4 (3) FUNCTIONS  (3) Take all reasonable steps to conform to all applicable Federal, State, and local laws and regulations.  This REGULATION is not met as evidenced by:	P 0317	Respiratory staff meetings were conducted on all shifts and the manager discussed that a missed respiratory treatment due to staff or medication unavailability is a medication error requiring an event report. Completion Date 3/19/18  All respiratory therapists providing services have received education on how to submit an event report for any missed respiratory treatment due to unavailability of staff or medication. A tip sheet was provided and the event reporting process was added to the department orientation for new employees. Completion Date 3/26/18  The respiratory department will discuss any missed treatments resulting in a medication error at their huddle (3 times/week) and use that opportunity to also validate that an event report was submitted and the physician notification process was completed. Completion Date 3/26/18	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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P 0317	Continued from page 12	P 0317	<p>The risk management department will submit all respiratory medication error event reports to the Pennsylvania Patient Safety Authority Reporting System (PA-PSRS) effective 3/26/18.</p> <p>Effective 4/2/18, the quality department will do 100% audit of missed respiratory treatments due to unavailability of staff or medication, the compliance with event reporting, and the submission of the missed treatments to PA-PSRS for 6 consecutive months to ensure the plan of correction is effective and the deficiency has been resolved. Any noncompliance will be reported to the manager of the department responsible and immediate corrective actions implemented. Completion date 4/30/18</p>		

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P 0317	<p>Continued from page 13</p> <p>Based on review of facility documents, medical records (MR), and staff interviews (EMP), it was determined the facility failed to conform to all applicable State regulations.</p> <p>Lancaster General Hospital was not in compliance with the following State regulation:</p> <p>The Medical Care Availability and Reduction of Error Act, 40 P.S. § 1303.101 et seq. § 1303.313 Medical Facility reports and notifications (a) Serious event reports A medical facility shall report the occurrence of a serious event to the department and the Pa. Patient Safety authority within 24 hours of the medical facility's confirmation of the occurrence of the serious event. The report to the department and the authority shall be in the form and manner prescribed by the authority in consultation with the department and shall not include the name of any patient or any other identifiable individual information. (b) Incident reports A medical facility shall report the occurrence of an incident to the authority in a form</p>	P 0317			

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P 0317	<p>Continued from page 14</p> <p>and manner prescribed by the authority and shall not include the name of any patient or any other individual information. (c) Infrastructure failure reports. A medical facility shall report the occurrence of an infrastructure failure to the department within 24 hours of the medical facility's confirmation of the occurrence or discovery of the infrastructure failure. The report to the department shall be in the form and manner</p> <p>This is not met as evidenced by:</p> <p>Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined the facility failed to conform to all state and federal laws by failing to report missed treatments as Incidents to the Pennsylvania Patient Safety Authority in accordance with the state Medical Care and Availability and Reduction of Error (MCARE) Act 13.</p> <p>Review of facility policy titled "Medication Events," revealed "...ASHP Standard Definition of a</p>	P 0317			



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P 0317	<p>Continued from page 15</p> <p>Medication Error...A medication error is broadly defined as a dose of medication that deviates from the physician's order as written in the patient's chart...." The same policy additionally revealed "Appendix A. Event Indicators. Omission error: failure to administer an ordered dose. However, if the patient refuses to take the medication, NPO or it is contraindicated, no error has occurred."</p> <p>Review of facility tracking spreadsheet titled "Missed Pulmonary Medication FY 2018," on February 20, 2018, revealed that a total of 3361 ordered treatments (this total does not include instances where patient refused) were not administered to patients during the period of July 2017 through January 2018.</p> <p>Review of facility policy titled "Event Response and Reports" defines an Incident as "an event, occurrence, or situation involving the clinical care of a patient in a medical facility which could have injured the patient but did not either cause an unanticipated injury or require the delivery of</p>	P 0317			

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P 0317	Continued from page 16  additional health care services to the patient."  The facility failed to have a mechanism in place to identify the missed treatments in order to report them as incidents to the Pennsylvania Patient Safety Authority.  Interview with EMP6 on February 20, 2018, at 9:26 AM confirmed that "missed respiratory doses are medication errors and that the mechanism has not been put into place to report respiratory treatments that are missed to PSRS." (Pennsylvania Safety Reporting System)  Interview with EMP10 on February 20, 2018 at, 1:30 PM confirmed that missed treatments are not "reported to the Pennsylvania Patient Safety Authority as incidents."	P 0317			

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P 0317	Continued from page 17	P 0317			
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P 0765	Continued from page 18  107.61 MEDICAL ORDERS - WRITTEN ORDERS  107.61 Written orders  Medication or treatment shall be administered only upon written and signed orders of a practitioner acting within the scope of his license and qualified according to medical staff bylaws and 107.12(k) (relating to content of bylaws, rules and regulations) except as provided in 107.62, 107.64, and 107.65. The date that the order was written shall be included on all written orders.  This REGULATION is not met as evidenced by:	P 0765	Actions taken prior to receipt of the Statement of Deficiencies: Respiratory treatment data were reviewed and a discussion with pulmonologists, administrators, and respiratory therapists identified the opportunity and need to reduce the number of medically unnecessary respiratory treatments. It was identified that there was currently no easy process for respiratory therapists to communicate recommendations for treatment changes to the physicians. Completion Date 3/14/18 To maximize the availability of respiratory therapists to perform more complex treatments and procedures requiring the skills of a respiratory therapist, nursing staff started administering daily Spiriva inhalers, instead of having respiratory therapists provide. Completion Date 3/15/18 Plan of Corrections implemented after receipt of the Statement of Deficiencies: SVP, Hospital Operations convened a meeting with medical staff	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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P 0765	Continued from page 19	P 0765	<p>leadership including the physician leaders of the Pulmonary Department, the hospitalist service, and the Department of Medicine, as well as the Physician Executive for Quality. A consensus was reached by these physician leaders that there was an opportunity to reduce the number of medically unnecessary respiratory treatments being ordered. This determination was based on their knowledge of patient condition, patient improvements, and current practice. Several options were discussed and an opportunity for greater collaboration between the ordering providers and the respiratory therapists was identified. After assessing a patient, the respiratory therapist will often make recommendations to the provider regarding changes to the treatment plan. Previously, there was not an efficient mechanism for the respiratory therapist to communicate these treatment change recommendations to the provider. To solve this issue, it was determined that after assessing the patient, the</p>		

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P 0765	Continued from page 20	P 0765	<p>respiratory therapist will enter any recommendations for escalating or deescalating treatments into "pending" status within the Epic EMR. The provider could then accept, decline, or modify the recommendations. Completion Date 3/21/18 Medical staff leadership sent an email communication to all inpatient physicians/providers notifying them that respiratory therapists will now have the ability to pend recommendations in Epic for escalating and de-escalating treatments based upon their expertise with the goal of providing optimum therapy for the patient. Completion Date 3/22/18</p> <p>A respiratory department policy was created for pending the treatment recommendation of respiratory therapists within the Epic EMR and the policy was approved by the pulmonary medical director. Completion Date 3/23/18</p> <p>All respiratory therapists providing</p>		

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P 0765	Continued from page 21	P 0765	<p>services were educated on the respiratory policy for pending their recommendations for changes to the respiratory treatment plan. Review of the policy was added to the department orientation for new employees. Completion Date 3/26/18</p> <p>The use of pended respiratory therapy recommendations will be presented at the Medical Executive Committee by the Physician Executive for Quality and the Chief Physician Executive. Completion Date 4/2/18</p> <p>Effective 4/16/18, daily chart reviews will be completed by the Quality Department on all (100%) pended respiratory recommendations to monitor the status of provider actions based on the respiratory therapist's recommendations (accepted, declined, modified, or ignored) and to identify potential opportunities for improvement. As opportunities are identified, additional actions will be developed and implemented (i.e. individual</p>		

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P 0765	Continued from page 22	P 0765	<p>provider or staff counseling or reeducation). The audit will continue until there is 3 consecutive months with no opportunities for improvement identified to ensure that the corrective action plan is effective and sustained. The data will be shared with the Chief Physician Executive, the pulmonary medical director, and the hospitalist practice to discuss at their huddle to further reinforce provider collaboration with the respiratory therapists. The Chief Physician Executive will report results of the chart reviews to the Medical Executive Committee on 5/7/18. Completion date 4/30/18</p> <p>Missed respiratory treatments due to staff or medication unavailability and status of corrective action plan are being reviewed weekly at Hospital Operations/Safety Huddle, Quality Huddle, and CEO Huddle. Completion Date 3/23/18</p> <p>The VP, Operations will update the Patient Safety Committee monthly on</p>		



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P 0765	Continued from page 23	P 0765	the number of missed respiratory treatments due to staff or medication unavailability and the status of corrective action plans to ensure that the deficiencies have been resolved. The monthly reports will continue until the rate of respiratory medication errors is at the goal of zero for 6 consecutive months. The meeting minutes of the Patient Safety Committee are reported to the Board Quality Committee and the LGH Board of Trustees. Completion Date 4/16/18		

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P 0765	<p>Continued from page 24</p> <p>Based upon review of facility documentation, medical records (MR), and staff interviews (EMP), it was determined that the facility failed to ensure that medications or treatments were administered upon the written and signed orders of a practitioner acting within the scope of his/her license for 9 of 20 records reviewed (MR5, MR11, MR12, MR13, MR15, MR16, MR17, MR18, MR19).</p> <p>Findings include:</p> <p>A review of facility policy "Medication Administration" on February 20, 2018 revealed, "Drugs will be administered only upon the order of a member of the Medical and Dental Staff, an authorized member of the House Staff, or other individual who has been granted clinical privileges to write such orders," and "Respiratory Therapists may administer inhalation medications for therapeutic or diagnostic purposes."</p> <p>Review of MR5 on February 6, 2018, revealed that physician's order for respiratory treatments on</p>	P 0765			

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P 0765	<p>Continued from page 25</p> <p>January 18, 2018, at 11:52 PM and January 19, 2018, at 4:14 AM were not administered due to 'Clinician Unavailability.'</p> <p>Review of MR11 on February 20, 2018, revealed that physician's order for respiratory treatment on February 14, 2018, at 4:37 PM was not administered due to 'Clinician Unavailability' and not administered on February 16, 2018, at 8:34 AM due to 'Medication not available.'</p> <p>Review of MR12 on February 20, 2018, revealed that physician's orders for respiratory treatment on February 14, 2018, at 4:38 PM, February 15, 2018, at 12:01 PM, 9:30 PM, and February 16, 2018, at 4:38 PM were not administered due to 'Clinician Unavailability.'</p> <p>Review of MR13 on February 20, 2018, revealed that physician's orders for respiratory treatment on January 7, 2018, at 1:07 PM and January 8, 2018, at 12:26 AM were not administered due to 'Clinician Unavailability.'</p>	P 0765			

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P 0765	Continued from page 26  Review of MR15 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 12:33 PM and December 16, 2017, at 1:41 PM were not administered due to 'Clinician Unavailability' and not administered on December 16, 2017, at 9:09 AM due to 'Medication not available.'  Review of MR16 on February 20, 2018, revealed that physician's orders for respiratory treatment on December 15, 2017, at 2:08 PM and December 17, 2017, at 1:44 PM were not administered due to 'Clinician Unavailability.'  Review of MR17 on February 20, 2018, revealed that physician's order for respiratory treatment on November 10, 2017, at 5:55 PM was not administered due to 'Clinician Unavailability.'  Review of MR18 on February 20, 2018, revealed that physician's order for respiratory treatment on November 10, 2017, at 7:57 AM was not	P 0765			

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P 0765	Continued from page 27  administered due to 'Clinician Unavailability.'  Review of MR19 on February 20, 2018, revealed that physician's order for respiratory treatment on December 10, 2017, at 1:13 PM was not administered due to 'Clinician Unavailability.'  Interview with EMP3 on February 6, 2018, at approximately 2:30 PM and with EMP11 on February 20, 2018, at 11:15 AM confirmed that the respiratory treatments were not provided.  Interview with EMP3 on February 6, 2018, at 10:30 AM revealed that when respiratory treatments might be missed, respiratory therapists 'prioritize treatments that they feel cannot be missed.' Examples given included critical care and pediatric patients. There was no evidence that these decisions were made in conjunction with the medical staff who ordered the treatment.	P 0765			

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P 1319	Continued from page 29  113.12 SUPPLIES  113.12 Supplies The pharmacy shall maintain a supply of drugs and devices adequate to meet the needs of the patients and the medical staff. Pharmacy supplies shall conform to provisions of 49 Pa. Code 27.14.  This REGULATION is not met as evidenced by:	P 1319	Data analysis was completed to identify the contributing factors for the delays in accessing respiratory medications. A key contributing factor was the delay at the Pyxis machines (automated medication dispensing cabinets) on the medical surgical units during peak medication administration times when nursing and nursing students were using the Pyxis. Several experiments were tried in a pharmacy and pulmonary joint performance improvement project with incremental improvement. Completion Date 4/30/18 After trying several process changes and lower cost options, five locked medication drawers were purchased and installed on each of the 5 respiratory carts that are utilized by respiratory therapists on the medical/ surgical nursing units to increase immediate medication availability of the 5 most common nebulizer solutions with a supply sufficient enough to last an entire shift. The respiratory therapists would then restock their drawers	Completion Date: <b>04/30/2018</b> Status: <b>APPROVED</b> Date: <b>04/11/2018</b>	

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P 1319	Continued from page 30	P 1319	<p>from the pulmonary Pyxis at the end of each shift. Completion Date 2/28/18</p> <p>Pharmacy then implemented a new process for restocking the respiratory cart drawers to reduce therapist time. The new process allows the respiratory therapist to swap the used drawers for a new drawer prefilled with treatments. This required adding a new medication tower to the respiratory Pyxis set up. The pharmacy team provided education to the respiratory therapists and the pharmacy technicians on the new process. Completion Date 3/16/18</p> <p>The Director of Pharmacy communicated to the pharmacy staff that they should utilize the tube system to quickly deliver any missing medication request calls from respiratory therapists in order to get the medication to the therapists as soon as possible. This was reinforced at the pharmacy leadership huddle and the main pharmacy huddle. Completion Date</p>		



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P 1319	Continued from page 31	P 1319	<p>3/26/18</p> <p>Pharmacy ran a 30-day report to review of any nebulizer treatment in which the stock had run out within any Pyxis. This included: Levalbuterol 1.25 mg in Pyxis machines on 4 West, 5 East, 5 North, and 6 North; Atrovent on 5 East, and Pulmicort 0.25mg and 0.5mg in the pulmonary Pyxis. Based upon this report, the 6 nebulizer quantities were increased to maintain proper inventory and avoid running out of nebulizer medications on the nursing units prior to being restocked by Pharmacy. Completion Date 3/26/18</p> <p>Pharmacy will continue to audit the nebulizer specific "stock out" data on an every-other week basis for the next 8 weeks and then monthly ongoing to ensure adequate stock levels and increase Pyxis stock as needed. Completion date 4/30/18</p> <p>The Director of Pharmacy will audit 100% of missed respiratory</p>		

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P 1319	Continued from page 32	P 1319	<p>treatments due to medication unavailability monthly for the next 12 months , identify any noncompliance and implement additional corrective actions as needed to achieve zero respiratory medication errors due to lack of medication availability. Completion date 4/30/18</p> <p>Dulera inhalers were added to the pulmonary Pyxis so that the first dosing of the inhaler can easily be obtained from the pulmonary Pyxis rather than waiting for the patient specific inhaler to be delivered to the nursing unit. Completion Date 3/27/18</p> <p>Additional medication drawers were ordered for the remaining 10 respiratory carts to keep the 5 most common respiratory medications in the immediate vicinity of the respiratory therapists. The current project dates indicate that the drawers will arrive and be installed by the outside vendor tentatively by 4/30/18</p>		

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P 1319	Continued from page 33	P 1319	<p>Missed respiratory treatments due to staff or medication unavailability and status of the corrective action plan is being reviewed weekly at the Hospital Operations/Safety Huddle, the Quality Huddle, and the CEO Huddle. Completion Date 3/23/18</p> <p>The VP, Operations will update the Patient Safety Committee monthly on the number of missed respiratory treatments due to staff or medication unavailability and the status of corrective action plans to ensure that the deficiencies have been resolved. The monthly reports will continue until the rate of respiratory medication errors is at the goal of zero missed respiratory treatments due to staff or medication unavailability for 6 consecutive months. The meeting minutes of the Patient Safety Committee are reported to the Board Quality Committee and the LGH Board of Trustees. Completion Date 4/16/18</p>		

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P 1319	<p>Continued from page 34</p> <p>Based upon review of facility documentation and staff interviews (EMP), it was determined that the facility failed to maintain an adequate supply of medications to meet the needs of the patients.</p> <p>Findings include:</p> <p>Review of facility tracking spreadsheet titled 'Missed Pulmonary Medication FY 2018' on February 20, 2018, revealed the number and percent (rounded) of treatments ordered that were not administered due to 'Med Not Available' as follows:</p> <p>July 2017: 20 missed treatments (3.9 percent of total missed treatments)</p> <p>August 2017: 17 missed treatments (3.4 percent of total missed treatments)</p> <p>September 2017: 17 missed treatments (2.5 percent of total missed treatments)</p> <p>October 2017: 33 missed treatments (3.6 percent of total missed treatments)</p> <p>November 2017: 23 missed treatments (2.8 percent of total missed treatments)</p>	P 1319			

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P 1319	Continued from page 35  December 2017: 28 missed treatments (3.0 percent of total missed treatments) January 2018: 45 missed treatments (2.7 percent of of total missed treatments)  Interview with EMP3 on February 6, 2018, at 10:30 AM confirmed that the tracking worksheet indicated that respiratory treatments were missed due to the medication not being available.  Interview with EMP7 on February 20, 2018 at 9:40 AM confirmed that treatments had been missed for respiratory therapy services due to medications not being available.	P 1319			

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# Certified End Page

**LANCASTER GENERAL HOSPITAL**

**STATE LICENSE NUMBER: 120801**

**SURVEY EXIT DATE: 04/02/2018**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Nancy J. Lescavage in black ink.

*Nancy J. Lescavage*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in black ink.

*Rachel L. Levine, MD*  
*Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY