

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 490118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/03/2023
NAME OF PROVIDER OR SUPPLIER HENRICO DOCTORS' HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 SKIPWITH ROAD RICHMOND, VA 23229		
(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) COMPLE TION DATE
A 000	INITIAL COMMENTS	A 000	Parham Doctors' Hospital (PDH) and Henrico Doctors' Hospital (HDH), of which PDH is a campus, holds the safety of all patients, staff, and visitors as its highest priority. Immediately upon discovering the events surrounding Patient #1, the Senior leadership team and Division leadership, conducted an intensive review of the event. Based on this analysis, review of medical records, policies, procedures, and practices currently in place, along with interviews of individuals involved in the care of Patient #1, we felt as though HDH/PDH provided appropriate stabilizing treatment but was not able to fully stabilize the patient because our care was interrupted by the intervention of Henrico County police officers.		
A2400	<p>An unannounced Emergency Medical Treatment and Labor Act (EMTALA) complaint survey (VA00058344) was conducted on 04/03/2023 by two (2) Medical Facilities Inspectors (MFIs) from the Office of Licensure and Certification (OLC), Virginia Department of Health (VDH).</p> <p>Following observation, interviews, and document review, the facility was found not in compliance with Appendix V-Interpretive Guidelines-Responsibilities of Medicare Participating Hospitals in Emergency Cases (Rev. 191, 07-19-19).</p> <p>The deficiencies cited follow in this report.</p> <p>COMPLIANCE WITH 489.24 CFR(s): 489.20(l)</p> <p>[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, staff interview and facility document review, it was determined that the facility failed to comply with §489.24 by not providing necessary stabilizing treatment for a patient presenting to the emergency department with an emergency medical condition (A-2407).</p> <p>The findings include:</p> <p>See Tag A-2407 Based on clinical record review, staff interview and facility document review, it was determined the facility staff failed to provide stabilizing treatment for one (1) of twenty-five (25) patients (Patient #1) after the patient presented to the</p>	A2400	<p>In the interest of patient and hospital staff safety we have taken this incident very seriously and provided the following actions to ensure the safety of all patients and staff at the facility.</p> <p>A plan of action was formulated and approved by HDH's Board of Trustees (BOT). Parham Doctors' Hospital Senior Leadership, ED clerical staff, ED Medical Staff, and ancillary support staff understand their responsibility in providing an appropriate Medical Screening Exam and appropriate stabilizing treatment when the hospital has the capability, capacity, and resources to treat the patient.</p>	<p>Approve d by the BOT 11/21/23</p>	

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

TITLE

(X6) DATE



CEO

12/21/23

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. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A2400	Continued From page 1 Emergency Department with an EMC.	A2400	Following the discovery of this event, HDH Senior Leadership and Capital Division Leadership met on March 16, 2023. The	Event Review 4/16/23	
A2407	STABILIZING TREATMENT CFR(s): 489.24(d)(1-3) (1) General. Subject to the provisions of paragraph (d)(2) of this section, if any individual (whether or not eligible for Medicare benefits) comes to a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either- (i) within the capabilities of the staff and facilities available at the hospital, for further medical examination and treatment as required to stabilize the medical condition. (ii) For transfer of the individual to another medical facility in accordance with paragraph (e) of this section. (2) Exception: Application to inpatients. (i) If a hospital has screened an individual under paragraph (a) of this section and found the individual to have an emergency medical condition, and admits that individual as an inpatient in good faith in order to stabilize the emergency medical condition, the hospital has satisfied its special responsibilities under this section with respect to that individual (ii) This section is not applicable to an inpatient who was admitted for elective (nonemergency) diagnosis or treatment. (iii) A hospital is required by the conditions of participation for hospitals under Part 482 of this chapter to provide care to its inpatients in accordance with those conditions of participation. (3) Refusal to consent to treatment. A hospital meets the requirements of paragraph (d)(1)(i) of this section with respect to an	A2407	CEO, CNO, CMO, VP of Quality, and Director of Quality met to discuss the details and severity of the event. Thereafter HDH commenced with interviews, and examination of policies/procedures. Upon receipt of this report, the CEO and CMO and appropriate leadership within HCA Healthcare were notified of the violation of Section 489.20(I). The Quality Director met with the Senior Leadership Team to discuss immediate actions. A notification was made to the BOT and Chief of Staff on 11/21/23. The POC was reviewed and approved by both. Henrico Doctor's Hospital, and the PDH's Plan of Correction (POC) is described in full detail in the enclosed response and attached exhibits to represent full compliance with all EMTALA requirements.	11/15/23 11/15/23 11/21/23	

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A2407	Continued From page 2 individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on the individual's behalf) of the risks and benefits to the individual of the examination and treatment, but the individual (or a person acting on the individual's behalf) does not consent to the examination or treatment. The medical record must contain a description of the examination, treatment, or both if applicable, that was refused by or on behalf of the individual. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of the person acting on his or her behalf). The written document should indicate that the person has been informed of the risks and benefits of the examination or treatment, or both. This STANDARD is not met as evidenced by: Based on clinical record review, staff interview and facility document review, it was determined the facility staff failed to provide stabilizing treatment for one (1) of twenty-five (25) patients (Patient #1) after the patient presented to the emergency department with an emergency medical condition. The findings included: The facility's policy and procedure titled "EMTALA - Definitions and General Requirements" (effective date 09/01/2019) states in part: "The hospital with an emergency department must provide to any individual ...an appropriate Medical Screening examination (MSE) within the capability of the hospital's emergency department ...If an EMC is determined to exist, the hospital must provide either: (i) further medical	A2407	All ongoing actions, monitoring activities and results will be reported every other month to the Patient Safety Committee beginning in December, 2023, and on opposite months to the Quality Council beginning in November, 2023, monthly to the MEC beginning in December, 2023, and quarterly to the BOT beginning in December, 2023. If the team identifies significant variations in the POC the MEC/BOT will be informed as soon as possible and will create an appropriate course of action. Process Implementation Plan: 1) HDH/PDH values the importance of ensuring the need for all ED caregivers to clearly understand the hospital's obligations to provide appropriate stabilizing treatment within the hospital's capabilities for patients with an emergency medical condition and responsibility to work with law enforcement when appropriate. HDH/PDH convened a multidisciplinary team, with members from the facility and the division, to create a comprehensive process and plan for how to interact with law enforcement during a behavioral health crisis.		MEC 12/20/23 Quality Council 11/28/23 BOT 11/21/23 Patient Safety Committee 12/19/23 Implement ation will begin 12/10/23

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A2407	Continued From page 3 examination and any necessary stabilizing treatment within the capabilities of the staff and facilities available at the hospital; or (ii) an appropriate transfer to another medical facility ...Emergency Medical Condition (EMC) means: ...3. With respect to an individual with psychiatric symptoms: a. that acute psychiatric or acute substance abuse symptoms are manifested; ...To Stabilize means, with respect to an EMC to either provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no deterioration of the condition is likely to result from or occur during transfer ..." The surveyor conducted a review of Patient #1's medical record on 04/03/2023. The record revealed that Patient #1 presented to the emergency department on 3/3/23 via ambulance in the custody of local police officers under an emergency custody order due to the patient displaying concerning behavior in the community. The patient remained in the emergency department for approximately six (6) hours prior to being discharged to police officers. The "Emergency Department Provider Report" dated 3/3/23 read in part: "...presents to the emergency room by police due to bizarre, aggressive and disruptive behavior... Patient is extremely angry, agitated and bizarre...Detailed Suicide Risk ... Overall level suicide Risk: High Risk ...Behavior: Aggressive, combative, Uncooperative... Psychiatric: Angry, agitated, bizarre, not answering but when [patient] does is an insult to examiner...Patient got 20mg Geodon [an antipsychotic medication used to treat symptoms of certain types of psychiatric disorders such as schizophrenia or manic bipolar	A2407	The team plans to implement this process through a robust education plan with all staff involved. Areas of focus for this plan include: A. Clearly communicate to law enforcement when a patient is in a mental health crisis and that the ED staff intends to continue to provide stabilizing treatment. B. Communicate the following to law enforcement when a patient is removed from the facility: a. Patient's Commitment status b. Patient is actively receiving treatment c. Removing the patient would be against medical advice and explain the risks and potential harm d. The team will notify the following entities and document the notification in the medical record. i. Hospital Administrator on call ii. BH Authority (CSB) iii. The Magistrate/Special Justice		

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A2407	<p>Continued From page 4</p> <p>disorder] and 50mg of Benadryl [an antihistamine often given to prevent side effects from certain antipsychotics, but also for its sedating effects]. This helped [patient] for less than an hour. Now [patient] appears agitated again. Will give 25mg IM Thorazine [an antipsychotic] and 2mg IM Ativan [an antianxiety medication] ... I have been informed by the police that patient will be taken to jail due to [patient] violent behavior and assault on a police officer during the administration of medications...Acute Psychosis...Violent behavior...discharged to jail..."</p> <p>T"e "Emergency Patient Rec"rd" read in par": "...3/3/23 1429 Pt in room yelling and screaming...3/3/23 1858 Pt in room yelling and screaming...Pt banging on stretcher EDMD [emergency department medical doctor] advised pt need of medications. HPD at bedside to assist with medication administration. Pt clawing/hitting/scratching/kicking/spitting at HPD. Officer [name] with several lineal scratches to left neck, tragus of left ear and behind left ear with bruising to left side of face when pt punched officer in the fa"e."</p> <p>The surveyor conducted an interview with Staff Member #6 on 4/3/23 at 1:40 p.m. Staff Member #6 is a registered nurse in the emergency department. Staff Member #6 assisted in the care of Patient #1 during their time in the facility. Staff Member #6 advised that the patient came into the facility on an emergency custody order and demonstrated continued agitation and assaulted a police officer while in the emergency department. The patient had their right hand and ankle restrained and was angry and yelling. The patient allowed Staff Member #6 to draw blood and conduct a COVID test. The patient was also</p>	A2407	<p>i. The police department that removed the patient.</p> <p>ii. Document the patient's disposition in the medical record.</p> <p>C. TeamSTEPPS CUS (Concerned, Uncomfortable, and Safety issue) Training. The team will incorporate CUS training into the implementation process to support the staff's ability to communicate the above process clearly with law enforcement and other entities.</p> <p>D. The Emergency Department Medical staff also completed re-education during their section meeting on EMTALA, what constitutes "against medical advice" (AMA), also including appropriate processes and required documentation regardless of whether there was police involvement and our responsibility to provide stabilizing treatment within the facility's capability and capacity.</p>	Education completed during department meeting 12/10/23	

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A2407	<p>Continued From page 5</p> <p>cooperative while eating a box lunch. For essentially the remainder of the time, the patient was yelling and screaming. Staff moved the patient to another room because it was a safer area. The patient was yelling and screaming, and an officer made a call on the radio for back-up and staff called for a CODE 3 (mayday). The patient then assaulted a police officer. The staff were afraid the patient was going to get out and hurt another patient or staff or themselves.</p> <p>The surveyor conducted an interview with Staff Member #7 on 04/03/2023 at 2:05 p.m. Staff Member #7 is also a registered nurse in the emergency department. Staff Member #7 assisted in the care for Patient #1 during their time in the facility. Staff Member #7 advised they were able to draw blood and conduct a COVID test and the patient was cooperative when eating a box lunch. Outside of this, the patient was extremely aggressive and violent, yelling and screaming pretty much the whole time. The patient was taken to jail because they were arrested for assaulting a police officer.</p> <p>The surveyor conducted an interview with Staff Member #8 on 04/03/23 at 3:35 p.m. Staff Member #8 is the emergency room physician who conducted the medical screening examination. Staff Member #8 advised the patient came into the facility on an emergency custody order and was very violent and screaming. At first, the patient was aggressive and vulgar, but after speaking with them, the patient allowed Staff Member #8 to conduct a physical exam. The patient was psychotic, and Staff Member #8 gave an order for medications to be given. Staff administered medications, but at some point, the patient was so violent that they assaulted a police</p>	A2407	<p>Education Plan for Process Implementation:</p> <p>1) Education will be provided to the targeted groups identified above using multiple mechanisms to ensure 100% completion by 12/10/23. These mechanisms included email, huddles, and phone calls. See <u>Exhibit A</u></p> <p>Staff who have not completed the required education due to paid time off (PTO), leave of absence (LOA), PRN status, etc. will complete the education prior to their first returned shift.</p> <p>The targeted group for this education will be:</p> <ul style="list-style-type: none"> A. ED Physician Staff/APPs B. ED nursing staff C. ED Patient Care Techs D. ED Nursing and PCT Float pool staff E. Nursing Supervisors F. Security officers <p>Additionally, education has been incorporated into new hire and contract staff education.</p> <p>Numerator: Targeted group currently working and have completed the education</p> <p>Denominator: Targeted group identified above</p> <p>Goal: 100%</p>	<p>Education was completed 12/10/23</p>	

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A2407	Continued From page 6 officer. The police advised Staff Member #8 that they were going to arrest the patient and take them to jail. Staff Member #8 discussed the concerns regarding the level of violence displayed by Patient #1 and that they attempted to medicate the patient in order to help the patient calm down. Staff Member #8 said the patient had been removed from the emergency department before psychiatry could be consulted. Staff Member #8 stated the patient did not get a consult from the psychiatrist and that the medications administered prior to discharge had not been effective in controlling the patient's behavior. Staff Member #8 advised they felt the facility could not control the patient in the emergency department setting. The medical record review and interviews failed to demonstrate that the facility provided stabilizing treatment for Patient #1's emergency medical condition within the capabilities of the facility.	A2407	<p>Responsible Persons: The CNO and CMO has ultimate responsibility for ensuring the completion of this corrective action.</p> <p>2)The team will also provide in person education on the process to all facility senior leadership and administrators on call (AOC). The team will focus on the AOCs responsibility during the situation, and ensure they review the medical record for the required notifications to appropriate entities according to the process outlined in <u>Exhibit A</u>. (i.e., Community Service Boards, the magistrate, police department... etc.). All AOCs will be trained on the process prior to their next on call shift.</p> <p>Numerator: Number of senior leaders and AOCs receiving the EMTALA education</p> <p>Denominator: All Senior Leaders and AOCs</p> <p>Goal: 100%</p> <p>Responsible Persons: The CEO has ultimate responsibility for ensuring the completion of this corrective action</p> <p>SUBSEQUENT ACTIONS:</p> <p>1)Crisis Prevention Intervention, which is an education that provides both classroom instruction and didactic training on how to de-escalate patients in crisis, will be provided to all ED clinical staff who are not currently certified.</p>		<p>All AOCs will be trained by 11/30/23</p>

	<p>This training is required every two years for staff defined below and utilizes verbal intervention skills, preventing situations from getting out of control, disengagement techniques, and how to use less restrictive hold skills to keep themselves safe.</p> <p>In addition, each year the staff defined below are required to complete de-escalation training to support CPI techniques for de-escalation.</p> <p>Additionally, CPI has been incorporated into new hire and contract staff education.</p> <p>The targeted group for this education will be:</p> <ul style="list-style-type: none"> A. ED nursing staff B. ED Patient Care Techs C. ED Float pool RN and Techs D. Security officers <p>Numerator: Targeted group currently working and have completed the education</p> <p>Denominator: Targeted group identified above</p> <p>Goal: 100%</p> <p>Responsible Persons: The CNO has ultimate responsibility for ensuring the completion of this corrective action.</p> <p>2) ED Physician staff and APPs will complete de-escalation training. The education will be conducted in person, Webex, huddles or email with conformation the staff have completed and understood the materials. This education will include:</p> <ul style="list-style-type: none"> A. Identify the CPI Crisis Development Model B. Identify staff approaches to individuals who are escalating 	<p>All staff that have not completed a CPI course were required to start their education by 11/27/23</p> <p>Education begin 11/22/23</p>
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	<p>C. Utilize the environment to enhance safety and response</p> <p>Goal: 100% of all ED Physicians and APPs at PDH</p> <p>Responsible Persons: ED Medical Director of PDH.</p> <p>3) The team will review initial and ongoing EMTALA education require for each of the follow staff to ensure they have completed the appropriate training:</p> <ul style="list-style-type: none"> A. ED Physician Staff/APPs B. ED nursing staff C. Float pool staff D. Nursing Supervisors E. Patient Care Techs F. Security officers <p>4)The facility's leadership team will request a meeting with Henrico County Police Department to discuss and collaborate on this process.</p> <p>5) Henrico Doctors' Hospital maintains a list of physicians who are on-call to the ED and these physicians (including psychiatrists) are required to present to the ED when an ED physician, in his/her independent medical judgment (with eyes on the patient), makes that request.</p> <p>ED physicians are trained to diagnose and treat emergency medical conditions, whether these are medical or behavioral conditions. This is more often the case in an ED of a hospital that also has inpatient psychiatric capabilities, such as Henrico Doctors' Hospital. The Hospital is the Crisis Receiving Center for Henrico County and</p>	<p>Review Completed 11/21/23</p> <p>Request by 11/30/23</p> <p>This is current and ongoing practice</p>
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receives the majority of patients under an emergency custody order in the county.

If a patient presents to the ED with acute psychosis or active psychiatric crisis, a psychiatric consult may well be warranted but the timing of that intervention is best determined by the ED physician treating the patient. When patients present to the ED and they are a danger to themselves or others, medication administration (as well as de-escalation practices) are among the first interventions. Thereafter, the ED physician will monitor and reassess the patient, order appropriate interventions and may also seek a psychiatric consult.

Sustaining the Process Improvement:

Starting on November 15, 2023, HDH/PDH initiated, as part of this POC, a monitoring and auditing plan to ensure full compliance with the corrective action plan, and ensure that under EMTALA the team provides stabilizing treatment within its capacity and capability.

To ensure compliance with this process, the AOC will conduct a real-time audit (see *Exhibit B*) to ensure ED team has communicated the correct information to law enforcement, the CSB and the Magistrate. The AOC will also ensure this information is documented in the medical record.

Retrospectively, the leadership will conduct an audit of patients seen in the emergency room under an ECO. A weekly audit will be performed on 10 patients who are under an ECO for a total of 40 patients a month. This audit will capture compliance with notification and documentation per *Exhibit*

Audit process was initiated 11/15/23 and will continue until the team achieves 90% compliance for 4 consecutive months with 100% remediation of any deviations from the process

	<p>A. The team will also audit the medical record to ensure the physician completed an order for a CSB evaluations and they have appropriate documentation of the patient's disposition. 100% of incidents where law enforcement is involved in an interaction with a patient.</p> <p>Numerator: Number of patient records reviewed in which the appropriate notification, order and disposition is documented.</p> <p>Denominator: Number of patient records reviewed</p> <p>Goal: 90% compliance for charts audited and 100% remediation of any deviations from the process.</p> <p>Responsible Person: The CNO has ultimate responsibility for ensuring the completion of this corrective action.</p>	
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