

Survey Findings/Facility Response

Facility : VALLEY HOSPITAL

Survey Date - 5/2/2013 - Citation1

Survey Findings

Based on review of hospital policies/procedures, hospital documents and interviews, the Department determined that the hospital's acuity plan was not implemented for the Psychiatric Intensive Care Unit (PICU) and the Rapid Stabilization Unit for 3 of 3 days.

Findings include:

Review of hospital policy/procedure titled Acuity Plan revealed: "...It is the policy of Valley Hospital to accurately assess the patient's needs and to provide quality care to meet those needs...An adequate number of qualified and competent staff is utilized in order to ensure integration of service functions and provide quality care and services...A higher level of care can fill in for a lower level of care but never vice versa, i.e. ...a RN can be called when a BHT is needed. Only an RN can fill in for an RN...The supervisor collects patient acuity tools and utilizes the electronic tool to get a baseline of staff needs...."

Review of hospital document titled (Name of Hospital) Acuity Plan Description revealed: "...The unit RN will fill out an acuity tool for each patient in her/his care each shift projecting care needs for the forth coming shift...The ADON/nursing supervisor will collect the individual patient acuity tools for a particular unit and determine the numbers of patients in each acuity level...When this is placed in the calculator...The tool gives a recommendation...This is a minimum number of staff that can be adjusted by the supervisor if needed...The ADON/nursing supervisor will use the FTE (Full Time Equivalent) calculator as a simple way of determining the approximate number of staff needed per unit...The allotment of RNs, BHTs and LPNs was determined by considering 'appropriate' staffing levels and mix of staff per unit...ADON/nurse supervisor will assign the RN, LPN, BHT staff per the individual patient acuity level and needs based on the skill mix needed to meet the needs of the patient...adjustments can be made to increase staffing levels to meet the acuity needs of the patients...."

Review of the staffing sheets and FTE calculator sheets for 4/24/13, 4/25/13 and 4/26/13 revealed that the number of RNs and/or LPNs scheduled to work in the PICU and RS did not meet the number required according to the FTE calculator.

The DON confirmed, during interview conducted on 5/2/13, that the required RNs and/or LPNs were not scheduled to work on the PICU and RS on those dates. He was unable to provide documentation that other RN's working in the hospital on those dates were floated to the units to correct the variance and take patient care assignments.

Interviews with additional nursing staff conducted on 5/1/13 and 5/2/13 also confirmed that the hospital was not following the acuity plan with regard to required RN's and/or LPN's for the PICU and RS units.

Rule/Statute

Article 2. Hospitals

R9-10-208. Nursing Services

- C. A nurse executive shall require that:
2. An acuity plan is established, documented, and implemented that includes:
 - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
 - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
 - c. A policy and procedure stating the steps a hospital will take to obtain the nursing personnel necessary to meet patient acuity;
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Facility Response

The date (06/14/2013) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.

Survey Findings/Facility Response

Facility : VALLEY HOSPITAL

Survey Date - 5/2/2013 - Citation2

Survey Findings

Based on review of hospital policy/procedure, medical record and interview, the Department determined that the nurse executive failed to require a care plan based on the patient's need for nursing service to address her medical problems for 1 of 1 patient (Pt # 6).

Findings include:

Review of hospital policy/procedure titled Treatment Planning revealed: "...Following the Nursing Admission Assessment, the RN will add any medical problems to be addressed to the treatment plan...."

Review of Pt #6's medical record revealed that the treatment plan did not contain any medical problems which required nursing care and/or attention.

A physician included a problem list in his documentation of Pt # 6's History and Physical Examination: "...Fibromyalgia, Chronic fatigue, Irritable bowel syndrome, Gastroesophageal reflux disease, Migraine, Obstructive sleep apnea, Hypothyroidism, CA (Cancer) of cervix, Chronic pain, Major depressive disorder...." The physician also documented the patient's medications: "...Klonopin, Synthroid, Vicodin, Singulair, Losartan, Flovent, Ventolin and Vyvanse...."

The Director of Nursing (DON) confirmed during interview conducted on 5/2/13, that Pt #6's treatment plan required inclusion of medical problems. He confirmed that the treatment plan did not address any of the patient's medical problems.

Rule/Statute

Article 2. Hospitals

R9-10-208. Nursing Services

C. A nurse executive shall require that:

16. There is a care plan for each inpatient based on the inpatient's need for nursing services; and

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Survey Findings/Facility Response

Facility : VALLEY HOSPITAL

Survey Date - 5/2/2013 - Citation3

Survey Findings

sa200

sl276

slmult1 Based on review of Lippincott Manual Nursing Practice, hospital policies and procedures, Patient #1's medical record and staff interviews, the Department determined the nurse executive failed to ensure that nursing personnel implemented the following physician orders for:

1. Gatorade and; and
2. Orthostatic blood pressures (BP) by documenting in Patient #1's medical record:

Findings include:

Lippincott Manuel of Nursing practice, 9th edition; chapter 25, pages 958-959 requires: "...episodes of syncope...visual impairment...evaluate BP and pulse in lying and standing position at each visit...encourage increased fluid intake to maintain hydration...."

Hospital policy titled "Physician Orders" requires: "...ensure...receipt of physician orders by nursing staff and timely implementation of these orders...Charts...audited every 24 hours...to ensure...orders...taken off correctly...."

Hospital policy titled "Documentation in the Patient's Medical Record" requires: "...All contacts with the patient must be documented with a signature, date, and time...."

Patient #1's Nurse Daily Reassessment and Progress Note revealed the patient was found lying on the floor facedown with no apparent injuries. The patient reported: "I got up to go to the bathroom...legs were shaking and I felt dizzy.... "

Physician Orders dated 03/10/13, revealed: Gatorade 250 cc PO (by mouth) every 4 hours while awake and; Orthostatics twice a day for 3 days.

1. Review of Patient #1's "Medication Administration Record" revealed the Gatorade was charted once on 03/11/13 at 1230 hours. Employee #10 confirmed during an interview conducted on 05/02/13, that she was the nurse that documented the above Gatorade; however, patients are often given the Gatorade at mealtime and may not be documented.
2. Review of Patient #1's "Vital Signs Sheet" revealed the patient's orthostatic BP and heart rate was documented on 03/10/13 at 2000 hours in a seated, upright and lying position. The remaining BP and heart rates, dated 03/11/13 through 03/12/13, were not documented with the patient's position.

The Director of Nursing confirmed during an interview, conducted on 05/01/13, that the facility uses the Lippincott Manual as a reference for Nursing Practice. The Director confirmed the Gatorade and Orthostatics were not documented consistently in the patient's medical record.

Rule/Statute

Article 2. Hospitals

R9-10-208. Nursing Services

C. A nurse executive shall require that:

17. Nursing personnel document nursing services in a patient's medical record.

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