

Ohio Immediate Jeopardy Citations Third Quarter 2010

Seven Immediate Jeopardy citations in seven facilities were issued during the third quarter of 2010 in the State of Ohio: one by the Cambridge District Office, one from Dayton, two from the Akron Office, and three from Toledo. Six of the citations were cited at the J level and one at K.

The following F-Tags were cited:

- F309 - Provide Care/Services for Highest Well Being (3)
- F314 - Failed to Prevent Pressure Sores (1)
- F323 - Free of Accident Hazards/Supervision/Devices (1)
- F329 - Unnecessary Drugs/Coumadin (1)
- F441 - Infection Control (Glucometer). (1)

F309 Provide Care/Services for Highest Well Being

All three citations involved the failure to initiate CPR by the nursing staff. There was one failure by an LPN to initiate CPR upon being informed the resident had no pulse or respirations and two poor communication of code status that resulted in delay or no initiation of CPR or other emergency measures per facility policies.

Recommendations:

1. At least annually, review with all licensed nurses the facility policies regarding communication of resident code status, CPR and other emergency measures and the nurse's scope of practice in the event of an emergency and/or death of a resident:
 - a. Assure that facility staff nurses are up to date with current standards for CPR based on the American Heart Association November, 2005 guidelines.
 - b. Review the Ohio Board of Nursing rules regarding the pronouncement of death at http://www.nursing.ohio.gov/PDFS/pron_death_OBN-102.pdf. Nurses may not pronounce death, only call the physician or advance practice nurse to report the absence of vital signs.
 - c. Communicate that a nurse must always initiate CPR upon finding a resident who is not a DNR without pulse and respirations. The physician is the only person who can tell the nurse to discontinue CPR.
2. Establish an easily recognizable method of identifying individuals who are DNR, so there is not confusion about initiating CPR and emergency care. Avoid using the medical record as the only resource as the nurse will have to retrieve the chart to research status while wasting valuable time. Institute a method for keeping information current. Suggest that Social Service champion this project.
3. Add CPR policies in the orientation packet for new nurses as well as documented evidence of CPR training in the personnel records.

F314 Pressure Sores

The facility failed to prevent and properly treat a Stage IV pressure ulcer that appeared under an immobilizer device.

Recommendations:

1. Upon admission, check for any skin breakdown or potential areas that appear vulnerable with relation to splints and immobilizers. Pad to areas and notify therapy to check the “fit” of the devices as well as IMMEDIATELY notify the attending MD, the family and any consultant or MD specialist who may have ordered the device.
2. Aggressively seek an alternate form of treatment, especially if a pressure ulcer has already developed.
3. Document any resident non-compliance with therapy regimens such as refusals to remove devices or accept pressure-relieving efforts as ordered.
4. Establish a pressure ulcer pressure protocol that includes procedures for assessing and monitoring the skin condition of residents with splints, immobilizers and other orthopedics devices as well as the correct application of such appliances according to manufacturer’s guidelines.

F323 Accidents Hazards

The facility failed to inspect the transferring sling for safety and failed to use the appropriate sling when transferring the resident with a mechanical lift. As a result, the strap on the lower left of the repositioning sling broke; the resident fell to the floor, was hospitalized and later died.

Recommendations:

1. Be sure that employees are competent with the use of a mechanical lift. Suggest at least annual competency return demonstration with the physical therapy or nursing education coordinator. Include pad selection, safety requirements and weight restrictions.
2. Review your facility policy and procedure on mechanical lifts for accuracy and completeness based on manufacturer’s instructions. Include inspection process of the sling for integrity before applying to the lift. Review p&p’s at least annually with the competency testing.
3. The environmental services department has significant responsibilities for the care and maintenance of mechanical lifts. Visual inspection for any wear/tear and physical testing for malfunction should occur monthly. The maintenance should draft a checklist based on the manufacturer’s instructions as well as acceptable safety standards.
4. Laundry services should adhere to manufacturer’s guidelines for washing slings. After each laundering, staff should inspect slings for possible tears and fraying. Such slings need to be removed from facility circulation.
5. Any incident involving a mechanical lift no matter how minor should result in a thorough investigation as well as inspection of the lift. Corrective action needs to occur IMMEDIATELY.

F329 Drug Regimen is Free From Unnecessary Drugs (Coumadin)

The facility failed to provide routine monitoring for therapeutic blood levels for a resident who received an oral anticoagulant. The resident received 11 doses of the anticoagulant medication without any laboratory work completed and experienced a nosebleed couple with a critically high PT/INR level when laboratory testing was done. This incident required resident hospitalization.

Recommendations:

1. Understand that when drugs requiring monitoring are NOT monitored, they are then considered unnecessary, hence the citation category.
2. Develop facility policies and procedures for management anticoagulant therapies consistent with current acceptable standards of practice. Also, draft a Critical Lab Results procedure. Educate all existing nurses as well as add to the nurse orientation packet.
3. Skilled Care provides an Anticoagulant Protocol in our Policy & Procedure Manual under Patient Safety. Feel free to adopt as the facility policy or use as a basis for your own.
4. Safety Tips:
 - a. Establish anticoagulant monitoring upon resident admission, whether an oral agent or injectable. If no order exists on transfer, the obtain it when verifying orders with the attending physician.
 - b. Ask your contract laboratory to always call PT/INR results even if within normal range. The nurses should likewise ALWAYS call results to physicians and not rely upon FAXes that may not be seen immediately.
 - c. Establish a system for ensuring laboratory work is completed and reported as ordered. This will allow staff to quickly correct omissions.
 - d. Adopt a tracking system for monitoring laboratory results and anticoagulant orders. Such a flow record could assist in anticipating potentially negative outcomes.
 - e. Review with nurses the classic signs and symptoms of anticoagulation side edffects. Instruct them to report these to the MD immediately.

F441 Infection Control - (Glucometer)

The facility failed to appropriately clean a shared glucometer between resident uses, thereby potentially transmitting blood borne pathogens, especially Hepatitis C.

Recommendations: Glucometer

1. Obtain the acceptable cleaning wipes for nurses to use to properly disinfect glucose monitors after each use.
2. Educate each nurse on infection control policy regarding cleaning of glucometers.
3. Utilize separate glucometers wherever possible, especially with residents with known blood borne disease.