

Strong Memorial Hospital

Summary of Joint Commission Findings

Survey Dates: October 17-21, 2022

Requirements for Improvement

1. Infection Prevention and Control 01.02.01: Hospital leaders allocate needed resources for the infection prevention and control program.

- The hospital provides access to information needed to support the infection prevention and control program.

What did the Joint Commission find during their review?

The Joint Commission identified one area that did not have the manufacturer's instructions for use on one item that was being reprocessed.

Why is this Important?

It is important to have manufacturer's instructions for use available to staff that are reprocessing devices.

This is what we are doing about it:

The manufacturer's instructions for use were immediately identified and placed in the area.

What is the current status?

Plans of correction were completed by January 2023. Compliance with these new processes will be monitored until compliance is ensured.

2. Infection Prevention and Control 02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

- The hospital implements infection prevention and control activities when performing high-level disinfection.

What did the Joint Commission find during their review?

The Joint Commission identified one area where the manufacturer's instructions for use were not followed when reprocessing a device and instruments were not being moistened prior to being sent to the sterile processing department.

Why is this Important?

It is important to follow manufacturer's instructions for use and to spray instruments to keep them moist while waiting for processing.

This is what we are doing about it:

The area switched immediately to disposable devices that did not require reprocessing in the area and implemented moistening of instruments awaiting processing in the sterile processing department.

What is the current status?

Plans of correction were completed by January 2023. Compliance with these new processes will be monitored until compliance is ensured.

3. Medication Management 03.01.01: The hospital safely stores medications.

- The hospital stores medications securely and removes expired medications

What did the Joint Commission find during their review?

The Joint Commission identified areas that were storing medication outside of a locked cabinet and one instance of expired vaccine.

Why is this Important?

It is important to store medications in a secure fashion to maintain medication integrity. Expired medications should be removed to prevent the administration of an expired product.

This is what we are doing about it:

The medications were moved to a secured area or a device was added to storage to ensure medication integrity. A process was put in place to remove expired medications from the stock during a monthly check.

What is the current status?

Plans of correction were completed by January 2023. Compliance with these new processes will be monitored until compliance is ensured.

4. National Patient Safety Goal 15.01.01: Reduce the risk for suicide.

- The environment is safe, patients are screened using an evidence-based tool, and policies address reassessment and training for those considered at risk.

What did the Joint Commission find during their review?

The Joint Commission found plastic bags on a cleaning cart, use of a medical bed without proper documentation, lack of evidence-based tool in limited areas, lack of reassessment for a positive screening with no direction in policy, and missing competency documentation for a limited number of staff.

Why is this Important?

It is important that environments are maintained to promote safety for vulnerable patients. Use of standardized tools and processes including education help to promote patient safety.

This is what we are doing about it:

Education was developed for staff that outlined the requirements to maintain a safe environment. The policies and medical record documentation were updated to reflect use of a standardized tool and when reassessment is required. Competency assessment documentation for the limited group was corrected. A process was put in place to monitor and ensure ongoing compliance.

What is the current status?

Plans of correction were completed by January 2023. Compliance with these new processes will be monitored until compliance is ensured.

5. Provision of Care, Treatment, and Services 02.01.11: Resuscitative services are available throughout the hospital.

- Resuscitation Equipment is available for use based on the needs of the population served.

What did the Joint Commission find during their review?

The Joint Commission found incomplete logs for defibrillator checks in 2 areas and malignant hypertension cart check in 1 area.

Why is this Important?

It is important that emergency equipment and carts are checked at the required frequency to ensure that equipment is working and necessary supplies are available in case of an emergency.

This is what we are doing about it:

Workflows were evaluated and updated where opportunity was found. Education provided on the expectations for checking equipment. A process was put in place to monitor and ensure ongoing compliance.

What is the current status?

Plans of correction were completed by January 2023. Compliance with these new processes will be monitored until compliance is ensured.

6. Provision of Care, Treatment, and Services 03.01.03: The hospital provides the patient with care before initiating operative or other high-risk procedures.

- Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a pre-sedation or pre-anesthesia patient assessment.

What did the Joint Commission find during their review?

The Joint Commission found in the review of 3 patient records that a required element of documentation was missing.

Why is this Important?

It is important that certain assessments are performed to ensure the safety of the patient during the procedure. Documentation of these assessments in the medical records makes it possible to verify all processes were followed.

This is what we are doing about it:

Modifications were made to the workflow in the electronic medical record to improve ease of documentation and ensure compliance with policy. Education on the updated workflows was provided to those impacted. A process was put in place to monitor and ensure ongoing compliance.

What is the current status?

Plans of correction were completed by January 2023. Compliance with these new processes will be monitored until compliance is ensured.

7. Record of Care, Treatment, and Services 02.01.03: The patient's medical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

- When a full operative or other high-risk procedure report cannot be entered immediately into the patient's medical record after the operation or procedure, a progress note is entered in the medical record before the patient is transferred to the next level of care.

What did the Joint Commission find during their review?

The Joint Commission found that in a few records reviewed there was a lack of a complete operative or procedure report without a progress note.

Why is this Important?

It is important that there is communication to the area receiving the patients on what occurred during the operation or procedure to enable them to better care for the patient.

This is what we are doing about it:

Workflows were evaluated to identify and address any opportunities. Education was provided to all involved in these processes on the policy to either complete the full report or write a progress note. A process was put in place to monitor and ensure ongoing compliance.

What is the current status?

Plans of correction were completed by January 2023. Compliance with these new processes will be monitored until compliance is ensured.