



Welcome to this edition of *Hospital Happenings*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Hospital Happenings* is designed to help hospitals stay up-to-date on various issues. Please share with your staff.

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*"For man, autumn is a time of harvest, of gathering together.
For nature, it is a time of sowing, of scattering abroad."
- Edwin Way Teale*

MOST COMMONLY CITED DEFICIENCIES

Following is a breakdown of the most common deficiencies cited in the North Dakota Critical Access Hospital (CAH) program from Oct. 1, 2008, through Sept. 30, 2009. The deficiencies are listed consistent with order of citation frequency.

FEDERAL HEALTH DEFICIENCIES

C0241—GOVERNING BODY or RESPONSIBLE INDIVIDUAL

The CAH's governing body is responsible for determining, implementing and monitoring policies governing the CAH's total operation and for ensuring those policies are administered so as to provide quality care in a safe environment. The governing body must ensure medical staff appointments/reappointments occur consistent with the approved bylaws and that medical staff adhere to and follow the bylaws approved by the governing board.

C0276—PATIENT CARE POLICIES—DRUG MANAGEMENT

The CAH must have rules for the storage, handling, dispensation and administration of drugs and biologicals. Pharmaceutical services must be administered in accordance with accepted professional principles to ensure the safe and appropriate use of medications.

C0295—NURSING SERVICES

A registered nurse must provide, or assign to other personnel, the nursing care of each patient in accordance with the patient's needs and ensuring those needs are met by ongoing assessments, also ensuring there is sufficient personnel to respond to the appropriate medical needs and care of the patients being served. The CAH must ensure all nursing personnel assigned to provide nursing care have the appropriate education, experience, licensure, competence and specialized qualifications.

C0340—QUALITY ASSURANCE

The CAH must evaluate the quality and appropriateness of the diagnosis and treatment of patients furnished by physicians.

C0278—PATIENT CARE POLICIES— INFECTION CONTROL PROGRAM

The CAH must have an active surveillance program that includes specific measures for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel within the CAH.

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C0279—PATIENT CARE POLICIES— DIETARY PRACTICES

The CAH must ensure that the nutritional needs of patients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the patient.

C0302—RECORDS SYSTEMS

The CAH must maintain legible, complete, accurately documented, readily accessible and systematically organized medical records of all orders, test results, evaluations, treatments, interventions, care provided and the patient's response to those treatments, interventions and care.

C0304—RECORDS SYSTEMS

The CAH must maintain a record that includes identification and social data, informed consent forms, pertinent medical history, assessment of health status and health care needs, and a brief summary of the episode, disposition and instructions for each patient receiving health-care services.

C0336—QUALITY ASSURANCE

The CAH must have an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes that include ongoing monitoring and data collection; problem prevention, identification and data analysis; identification, implementation and evaluation of corrective actions; and measure to improve quality on a continuous basis.

C0280—PATIENT CARE POLICIES

The CAH must review policies as necessary by the CAH and annually by a group of professional personnel that includes one physician, one mid-level provider (if on staff) and one member

who is not CAH staff.

C0298—NURSING SERVICES

A nursing care plan must be developed and kept current for each inpatient.

STATE LICENSING DEFICIENCIES

2303—RADIOLOGY SERVICES

The physician responsible for radiology services shall document as to the acceptability of the qualifications specific to each radiology technician or technologist.

FEDERAL LIFE SAFETY CODE

K0130—Miscellaneous Life Safety Code deficiencies include testing and maintenance of emergency lighting and transfer switches and proper location of alcohol-based hand-rub solutions.

K0029—One-hour fire-rated construction (with 3/4-hour fire-rated doors) or an automatic sprinkler system must be provided for hazardous areas. Where an automatic sprinkler system is provided, the areas must be separated from the other spaces by smoke-resisting partitions and doors. Hazardous-area doors must be provided with self-closing devices. Doors to hazardous areas in areas without sprinklers must be fire rated and provided with appropriate gaskets. Penetrations through hazardous-area walls must be sealed with material to maintain the fire- and smoke-resistance rating.

K0051—Fire alarm systems are manually tested monthly. Electronic or written records of tests are available. Fire alarm systems are maintained periodically and records of maintenance kept readily available. The system is tested annually.

K0045—Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will

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not leave the area in darkness. Exit discharge lighting must be supplied by multiple lighting fixtures, one fixture with multiple independent bulbs, or high intensity discharge (HID) lighting with quick strike.

K0147—Electrical wiring and equipment must be in accordance with National Fire Protection Association (NFPA) 70, National Electrical Code.

K0012—Building construction type and height must comply with the Life Safety Code. All one-hour and two-hour rated construction must be completely protected. This includes roof/ceiling assemblies, floor/ceiling assemblies, walls, columns, beams, etc.

K0011—If the hospital has a common wall with a nonconforming building or another occupancy, the common wall must be a fire barrier having at least a two-hour fire-resistance rating. Communicating openings can occur only in corridors and must be protected by approved self-closing fire doors.

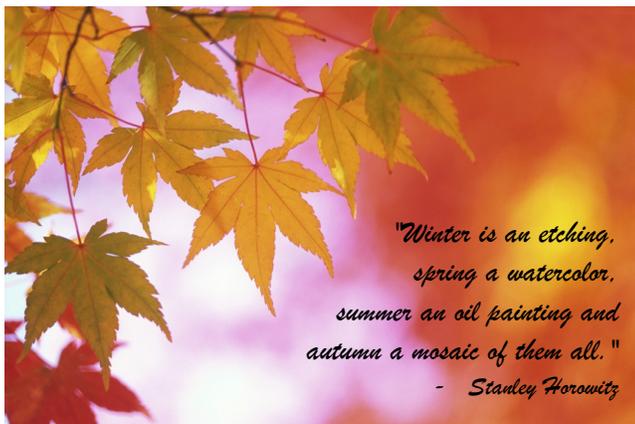
K0018—Corridor doors must be at least 1 3/4-inch solid wood core, capable of resisting fire for at least 20 minutes. In buildings with sprinklers, the doors are required only to resist the passage of smoke. The doors must latch automatically into the frame. There can be no impediments to the closing of the doors. Roller latches are prohibited.

K0038—Means of egress must be arranged to be readily accessible at all times. Hard surfaces that lead to a public way must be provided at the exterior of all required exits. Dead bolt locks and other multi-latching devices must not be used on doors in the means of egress.

K0052—A fire alarm system complying with NFPA 72, National Fire Alarm Code must be provided.

K0054—All required smoke detectors, including those activating door hold open devices, are approved, maintained, inspected and tested in accordance with the manufacturer’s specifications.

Take a look at your facility to see if it is deficient in these areas. If so, take corrective action to fix the problem areas!




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