

Division for Regulatory Services/Enforcement Unit

Health Facility Licensing

Annual Analysis & Trends In Enforcement Action

The information below includes the type of facility in which state licensure violations occurred and a brief summary of the most common conduct that resulted in state enforcement actions for violation of statutes and rules, during TDH fiscal year 2003 (September 1, 2002 through August 31, 2003). At the conclusion of the conduct descriptions, the number and type of enforcement actions taken is stated. Fiscal year 2003 represents the initial baseline posting of analysis and trends; therefore, trends will be identified in fiscal year 2004.

Abortion Facility

- ❖ Failure of the Quality Assurance Committee (QAC) to perform review of post-abortion complications
- ❖ Failure of the QAC to evaluate contract services, related to the integrity of surgical instruments, medical equipment, and patient supplies
- ❖ Failure of the QAC to meet on a quarterly basis and perform necessary functions
- ❖ Presence of expired medications available for patient use
- ❖ Failure to implement facility personnel policies, regarding annual employee performance evaluations
- ❖ Failure of the medical consultant to implement and enforce facility clinical policies
- ❖ Failure to establish and maintain organized clinical records that were completely and accurately documented
- ❖ Failure to assure that emergency drugs were readily accessible to staff for patient administration
- ❖ Failure to implement and enforce infection control policies & procedures
- ❖ Failure to designate a facility administrator
- ❖ Performance of laboratory procedures outside the scope of facility certification

- ❖ Failure to develop and implement written policies & procedure, related to the examination or referral of patients who report complications
- ❖ Failure to assure that personnel providing direct patient care were currently certified in basic life support
- ❖ Failure to maintain minimum standards, in regards to patient sedation and emergency supplies and equipment
- ❖ *Four facilities were considered for enforcement action, resulting in enforcement action taken against all four facilities, in the form of administrative penalties totaling \$17,680. Additionally, one of the four facilities agreed to reporting stipulations for a one-year time period.*

Ambulatory Surgical Center (ASC)

- ❖ Failure to meet the definition of an ASC, by the practice of planned overnight patient stays
- ❖ Failure of the governing body to address and be fully responsible for the operation and performance of the ASC, including:
 - ◆ Failure to adopt necessary policies & procedures
 - ◆ Failure to evaluate quality of care
 - ◆ Failure to determine mission, goals, and objectives
 - ◆ Failure to establish an organizational structure
- ❖ Failure of the Quality Assurance Committee (QAC) to perform necessary functions
- ❖ Failure to have a QAC
- ❖ Failure to provide drugs and biologicals in a safe and effective manner, including the availability of expired drugs for patient use
- ❖ Failure to provide nursing services in accordance with recognized standards of care
- ❖ Failure to have an effective procedure for the immediate transfer to a hospital of patients requiring emergency care beyond the capability of the ASC

- ❖ Failure to ensure that an anesthesiologist or physician qualified in advanced life support was present or immediately available in the facility, until all surgical patients were discharged
- ❖ Failure to assure that medical privileges and surgical procedures were performed only by practitioners who had been granted privileges by the governing body
- ❖ Failure to implement and enforce facility policies and procedures, including:
 - ◆ Failure to assure that a registered nurse held Advanced Cardiac Life Support certification, when providing post-operative care to a patient
 - ◆ Failure to report the death of a patient to the Department of Health within 24 hours
- ❖ Failure to provide appropriate and timely diagnostic procedures
- ❖ Failure to provide a safe environment, including safeguards to protect patients from cross-infection
- ❖ Failure to provide appropriate emergency equipment and supplies, including failure to have a functional emergency call system in bathrooms
- ❖ *Six facilities were considered for enforcement action, resulting in enforcement action taken against three facilities, in the form of administrative penalties totaling \$22,600.*

Birthing Centers

- ❖ *Three facilities were considered for enforcement action, and no enforcement action was taken against the facilities referred.*

End Stage Renal Disease

- ❖ Failure to adopt, implement, and enforce policies and procedures, regarding patient rights, to ensure patients were provided with a safe and comfortable treatment environment, including the following:
 - ◆ Failure to maintain water system components to control bacterial contaminant levels
 - ◆ Failure to monitor, report, and address abnormal lab values
 - ◆ Failure to administer physician prescribed medication

- ◆ Failure to store medications at manufacturer prescribed temperatures
- ◆ Failure of nursing staff to appropriately assess and intervene when patient status indicated
- ◆ Failure of the medical director to responsibly monitor patients
- ❖ *Two facilities were considered for enforcement action, resulting in enforcement action taken against one facility, in the form of administrative penalties totaling \$29,000.*

General & Special Hospitals

- ❖ Failure of the consultant dietician to supervise patient's dietary needs
- ❖ Failure to keep current patient nursing care plans
- ❖ Failure of the governing body to assure that the Quality Assurance Program (QAP) evaluated the provision of patient care
- ❖ Failure to enforce facility transfer policies and procedures
- ❖ Failure of the governing body to ensure that contracted blood banking services were furnished in a safe and effective manner
- ❖ Failure to provide well-organized surgical services, including:
 - ◆ Failure to safely transport donor organs
 - ◆ Failure to properly label donor organs for identification
- ❖ Failure of the governing body to implement and enforce medical staff bylaws, including allowing physicians to practice without completed credentialing procedures
- ❖ Failure of the QAP and medical staff to evaluate the quality of patient care, related to appropriateness of diagnosis and treatment
- ❖ Failure of the governing body to appoint a facility Chief Executive Officer (CEO) or administrator
- ❖ Failure to assure that medical records were accurately written, promptly completed, properly filed, properly retained, accessible, and inclusive of information necessary to monitor the patient's care

- ❖ Failure to assure that medical record services ensured the authentication of staff entries into patient records, by failure to obtain signature files of all nursing staff
- ❖ Failure of RNs to appropriately supervise the provision of patient care
- ❖ Failure to ensure that pharmaceutical services maintained control of narcotics
- ❖ Failure of the governing body to ensure the medical staff was accountable for the quality of care provided to patients by emergency department physicians, in regards to failure to review care provided and complaints submitted by patients and others
- ❖ Failure to assure the immediate availability of necessary nursing care, particularly during transport within the facility to diagnostic departments
- ❖ *Twenty-three facilities were considered for enforcement action, resulting in enforcement action taken against nine facilities, in the form of administrative penalties totaling \$36,975.*

Private Mental Hospitals

- ❖ *Two facilities were considered for enforcement action, and no enforcement action was taken against the facilities referred.*

Special Care Facilities

- ❖ *No facilities were considered for state licensure enforcement action.*