



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-7738

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TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD
Director and Chief Medical Officer

SUBJECT: KING/DREW MEDICAL CENTER JCAHO SURVEY RESULTS

As you know King/Drew Medical Center went through its triennial Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) survey last week. The preliminary report provided by JCAHO to the hospital granted continued full accreditation, conditioned upon JCAHO's acceptance of a plan of correction that satisfactorily addresses the findings identified during the survey.

King/Drew Medical Center will have three months, from JCAHO's posting of the final report, which should occur within the next two weeks, to provide a complete plan of correction to JCAHO. The areas in which JCAHO issued findings are:

- Assessment and Care/Services: JCAHO found instances in which the patient's history and physical was not completed in a timely manner.
- Assessment and Care/Services: JCAHO found instances in which insufficient documentation existed to validate the performance of various types of assessments (e.g., patient's nutritional status or functional status).
- Assessment and Care/Services: Although JCAHO found procedures had been conducted in a timely manner, in accordance with hospital policy, they identified problems in the timely documentation of such procedures. JCAHO

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noted that during the survey a protocol was written and implemented to correct the problems identified.

- **Assessment and Care/Services:** JCAHO found a number of instances in which the documentation on the interdisciplinary plan of care was done by nursing staff only and that other departments involved did not document their contribution on the patient's care plan. JCAHO did note the medical record contained this documentation in other areas.
- **Communication:** JCAHO identified a number of instances during its review in which insufficient documentation existed to confirm coordination of patient education among clinical staff.
- **Credentialed Practitioners:** The medical staff policy addressing peer review processes lacked a number of design elements related to selection of a peer review panel, time frame for conducting such a review, and participation by the individual being reviewed in the process.
- **Infection Control:** JCAHO noted a number of issues related to infection control practices, including storage of equipment, procedures for cleaning surgical instruments, and functioning of ventilation in negative air pressure isolation rooms.
- **Information Management:** A number of instances were identified in which the patient's outpatient medical record did not contain comprehensive information regarding items such as current medications, allergies, and operative and invasive procedures.
- **Medication Management:** JCAHO identified during its review several instances in which staff was unable to delineate a consistent process for identifying the first dose of medications. King/Drew Medical Center staff addressed this issue during the survey, which JCAHO noted in its report.
- **Patient Safety:** JCAHO found a number of instances in which equipment required better securing to its location or improved patient access.
- **Patient Safety:** Issues also were identified in the documentation of chemical and biological testing of water used in renal dialysis and other tests, as well as documentation of preventive maintenance on a ventilator. Many of the documentation problems date back to 2002 and mid-2003, prior to the appointment and assignment of the Management Oversight Group.

- Physical Environment: JCAHO identified a number of areas in the hospital building that require attention to ensure appropriate level of fire resistance, as well as to ensure proper ventilation in patient care areas.
- Quality Improvement Expertise/Activities: Issues were identified in the hospital's implementation of its policies related to the use of human resources indicators to evaluate the potential impact staffing policies (e.g., use of overtime) on patient care. Additionally, data collection and analysis was not complete and no conclusions from data were reported.
- Staffing: While noting staffing has improved in recent weeks in the Emergency Department, JCAHO identified staffing shortages in this area on several days in March and April.

JCAHO also issued a number of supplemental findings that are designed to assist the hospital in its ongoing performance improvement activities, but do not require the submission of a plan of correction. These supplemental findings address such issues as the use of patient restraints, pain assessment, credentialing of medical practitioners, peer reviews, and maintenance of medical records.

The final JCAHO report should be posted within the next two weeks. King/Drew Medical Center will have three months to submit "Evidence of Standards Compliance" (e.g., a plan of correction). The facility's leadership has already begun to develop the plan of correction to submit to JCAHO. JCAHO will conduct a one-day focused survey to validate compliance with the plan of correction within four months of notification it has accepted this plan.

I want to note the extraordinary leadership and effort that has been put forth by the new management and employees at King/Drew Medical Center in preparing for the JCAHO survey. The teamwork exhibited by the staff at the hospital was a tremendous factor in this successful JCAHO survey.

Please let me know if you have any questions.

TLG:ak

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors