

Appendix A: Summary of Plan of Correction

Over the past several months, Harris Health's Board of Trustees, along with the entire staff of Harris Health, including physicians, nurses, and hospital leaders worked with consultants from Alvarez & Marsal and experts from the Centers for Medicare and Medicaid Services (CMS) and the Texas Health and Human Services Commission (HHSC) as they conducted a full-scale review of our entire healthcare operation. We thank them for their thorough and professional review of our policies, processes and system performance.

The Plan of Correction documents the actions and initiatives Harris Health has and will continue to institute to correct the deficiencies noted by CMS. The following is a summary of those items by specific Condition of Participation area:

Governing Body

- Enhanced Board of Trustees' oversight of performance monitoring and effectiveness of all patient care quality matters through an enhanced quality reporting structure in regular board meetings, including oversight related to the implementation of the Plan of Correction submitted to CMS and HHSC
- Increased the frequency of reporting to the Harris Health Board of Trustees by the Chair of the Board Quality Committee related to the revised (Quality Assurance and Performance Improvement) QAPI Program

Patient Rights

- Strengthened practices to make sure patients are informed of their rights and provide their informed consent before procedures
- Conducted trainings to reinforce current policies for nursing care, including policies that document the proper set up and testing of hemodialysis machines and auditing to assure compliance
- Revised policies and practices to manage patient complaints and grievances, and conducted comprehensive staff education
- Strengthened Harris Health's Restraint and Seclusion policy to more strongly emphasize the prohibition on use of chemical restraints, and instituted auditing of charts to achieve 100% compliance
- Redesigned the process to better guide physicians in obtaining and documenting proper consent in the administration of psychoactive medications
- Updated policies on abuse, neglect and exploitation of patients so that it accurately reflects CMS guidelines and definition of neglect
- Instituted extensive education and auditing around policies that directly influence the provision of care in a safe setting

- Revised policies and practices to assure appropriate monitoring, documentation and reporting of temperature and humidity outside of acceptable ranges

QAPI (Quality Assurance and Performance Improvement)

- Conducted a gap analysis and developed an action plan that includes: establishment of a robust QAPI structure to ensure appropriate coordinated activities and oversight across the entire system, with a measurement methodology that appropriately monitors the effectiveness and safety of services and which allows activities to be prioritized
- Developed new education and auditing practices around the administration of blood/blood components
- Developed and implemented a QAPI plan to review contracted medical services and report through Board Quality Committee Structure

Nursing Services

- Restructured Nursing Services to make the Chief Nursing Executive accountable for assuring fiscal decisions and strategic planning for the provision of evidence-based nursing care is unified throughout the system
- Developed new education and auditing around the ordering of wound care interventions
- Established a plan and auditing mechanism for appropriate nurse staffing in Medical ICU
- Established a monitoring and auditing plan to assure documented nursing competencies in administration of moderate sedation
- Reeducated nursing workforce on the policy that addresses medications brought from home by the patient

Laboratory Services

- Established processes to ensure that laboratory point-of-care testing devices (i.e., i-Stat machines and glucometers) are stored in areas where appropriate temperature and humidity ranges are maintained
- Include education in annual competencies and new hire orientation for affected staff
- Revise policy to address escalation and remediation protocol for lab refrigerators, educate all applicable staff, and perform unannounced drills to ensure proper staff response to alarm

Infection Control

- Revised practices and educated supply chain workforce on how to properly label, transport, inspect and store clean equipment, as well as the procedure to properly disinfect equipment
- Fixed or replaced equipment in the kitchen areas, including dishwashers and refrigerators, to ensure safe handling and storage of food
- Created new processes to audit food sanitation standards and infection control practices specific to the kitchen
- Revised cleaning schedule to ensure all equipment is cleaned at the frequency needed
- Repaired sewer drains in the kitchen to maintain a sanitary environment
- Added new procedures to improve infection control, including additional oversight of the proper wearing of personal protective equipment (PPE) and cleaning of equipment
- Provided additional training for staff responsible for maintaining sterility of medical equipment and in the compounding area of the pharmacy

- Instituted a new process to clean patient rooms and prevent cross contamination while conducting housekeeping services
- Refurbished the procedural areas and replaced older equipment to ensure patient safety
- Revised Standard Precautions policy to reflect Centers for Disease Control and Prevention Guidelines for Isolation Precautions in the placement of patients

Surgical Services

- Added language to the Medical Staff Rules and Regulations to address documentation requirements related to anesthesia
- Instruments and vendor carts will be visually inspected for rust, damage and overall integrity
- All external chemical indicators will be inspected to differentiate processed/unprocessed packages
- Damaged/rusted instruments will be discarded or sent to sterile processing appropriately
- Vendor carts will be inspected by operating room personnel before entering restricted procedural spaces and prohibited if any damage/rust is noticed
- All bottom shelves of supply shelving units will be inspected for cleanliness and integrity and packages stored on them will be inspected for water stains and removed if found.
- All sterile processing staff will be reeducated on system guidelines and standards for sterile processing and will be incorporated into the onboarding education
- Modify elements of “pre-incision timeout” in the electronic medical record to ensure consistency with the Harris Health Universal Protocol Policy

Rehabilitation Services

- Conducted staffing assessment and identified hiring needs; began hiring efforts
- Implemented temperature and humidity logs, as appropriate
- Took equipment not appropriate for patient use out of service
- Implemented a missed visit work sheet in the electronic medical record to assist with documentation efficiency and improve work flow
- Will create an order set to improve communication between physicians and rehabilitation providers, reducing avoidable delays in care, including in the NICU service
- Rehabilitation Services leadership reviewed, revised and approved all policies and procedures related to Rehabilitation Services. Directors will review and update the policies tri-annually
- Rehabilitation leadership will conduct regular Environment of Care rounds
- Infection Prevention will include Rehabilitation Services in their regularly scheduled rounds