# Centers for Medicare and Medicaid Services Condition of Participation (CoP) Provider REVISED Plan of Correction

Provider Name	Harris Health System	Provider	450289	Dates of Survey	9/16/19-9/27/19
		Identification			
		Number			
Address	2525 Holly Hall	Survey Type	Full Survey	Tags	A
	Houston, TX 77054	_			

Tag A 000

What	Responsible	How	Sustainability
	Party		
Harris Health's	BOT	Harris Health has employed a Performance Improvement/Action	Harris Health will provide bi-weekly and
Board of Trustees		Plan Implementation (PII) structure for the organization and	then monthly reporting by the PII
(BOT) (the		implementation of planned initiatives to address the findings	Leadership Team of progress of PII
governing body),		indicated by CMS and DSHS during the course of the full survey	initiatives to the Chair of the BOT and/or
through its Chair, the		of Harris Health's compliance with the CoPs and EMTALA	Chair of the BQC as well as periodic
Chair of the BOT		conducted by the agencies.	reporting to the full BQC.
Quality Committee			
(BQC) and/or the		The PII structure utilizes a collection of distinct Work Streams	Harris Health will ensure regular
BQC, will actively		for the organization and assignment of the planned corrective	reporting to the Harris Health BOT by
oversee the		actions. Members of the Executive Leadership team serve as	the Chair of the BQC and/or the Chair of
development and		Implementation Leaders and/or Work Stream Leaders (PII	the BOT of progress of PII initiatives.
implementation of		Leadership Team) to oversee the development and	
the plan of correction		implementation of all corrective measures, as well as monitoring	
in response to the		and auditing efforts to ensure their effectiveness and	
findings of the		sustainability.	
Centers for Medicare			
and Medicaid		This PII structure and approach were presented to the BOT at its	
Services (CMS) and		meetings on 10/10/19 and 10/31/19.	
the Texas			
Department of State			
Health Services		Harris Health is continuing to utilize the PII structure for the	
DSHS) and to ensure		development and implementation of the plan of correction (POC)	
Harris Health's		in response to the findings included in the Form 2567 issued by	

Provider/Supplier Representative's Signature		Title	Date
Musi	_ George V. Masi	President and Chief Executive Officer	12/23/19

compliance with the	CMS and the Statement of Deficiency – State Form issued by	
Conditions of	DSHS.	
Participation (CoP).		
	Beginning the week of 11/25/19, the PII Leadership Team will	
	meet with the Chair of the BOT and/or Chair of the BQC bi-	
	weekly until such time as Harris Health undergoes re-survey by	
	CMS and DSHS, and monthly thereafter, to provide progress	
	reports on all Work Stream initiatives including updates on progress of implementation of plans of correction; outliers,	
	barriers or issues; results of audits and metrics related to each	
	plan of correction and any concerns related to the organization's	
	ability to implement plans of correction timely and/or sustain	
	improvements.	
	As directed by the Chair of the BQC, the PII Leadership Team	
	will provide progress updates of Work Stream activities to the full BQC.	
	Reporting to the BOT by the Chair of the BOT and/or the Chair	
	of the BQC will begin 12/5/19.	

### A 021 Compliance With Laws

A. Facility failed to maintain compliance with OSHA, maintaining safe use in the practice of chemicals. The facility's warehouse which houses hazardous chemicals did not have a decontamination shower available in case of possible chemical exposure.

What	Responsible	How	Completion	Sustainability
	Party		Date	·
Harris Health will	Chief	On 11/8/19, Harris Health installed a hand	12/11/19	Review:
ensure safe use in	Operating	washing sink and decontamination shower in		Harris Health will conduct weekly reviews
the practice of	Officer	the LBJ warehouse.		for a minimum of eight (8) weeks and until
chemicals by		D 10/11/10 H ' H 11 'H 1		one hundred percent (100%) compliance is
providing a hand		By 12/11/19, Harris Health will complete an		achieved, and biweekly thereafter, to assess
washing sink and decontamination		assessment of all areas requiring hand		compliance, including but not limited to,
shower at the LBJ		washing sinks, eyewash stations, or decontamination showers to ensure		availability of PPE, properly maintained eye wash stations and decontamination showers,
warehouse.		compliance with guidelines.		and staff knowledge of how to properly use
warehouse.		compitance with guidennes.		this equipment. Results will be reported
		Harris Health will educate one hundred		through SCM Performance Improvement
		percent (100%) of LBJ Supply Chain		Committee (PIC) at every scheduled
		Management ("SCM") staff members on		meeting.
		proper maintenance and use of the eyewash		
		and decontamination shower in accordance		Auditing:
		with Physical Environment departmental		Beginning 12/12/19, Harris Health will
		guideline PE.DG.01, Emergency Safety Eye		conduct weekly audits for compliance with
		Washes and Showers.		departmental guideline PE.DG.01,
				Emergency Safety Eye Washes and Showers
				by direct observation for a minimum of eight
				(8) weeks and until one hundred percent
				(100%) compliance is achieved and
				quarterly thereafter. Results of the audits
				will be reported to the Quality Review
				Committees (QRCs) and Quality
				Governance Council (QGC) for review and
				remediation if necessary.

	QAPI: Harris Health will initiate the development of a department/service level SCM QAPI plan by 12/18/19 that includes the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring quality and safety and reporting to the respective QRC, QGC and/or the Board Quality Committee (BQC) based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of LBJ SCM staff members, excluding those staff members who are on approved leave, on proper maintenance and use of the eyewash and decontamination shower in accordance with Physical Environment departmental guideline PE.DG.01, Emergency Safety Eye Washes and Showers. Staff members who are on approved leave will complete the education within thirty (30) days of their return. This education will also be provided to all new staff members during orientation.  Additionally, on an annual basis, SCM staff members will complete mandatory education that addresses this topic.

## B. Staff did not know how to locate SDS (Safety Data Sheets) in case of chemical exposure.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will ensure that all applicable staff are knowledgeable of how to access and use Safety Data Sheets (SDS).	Chief Operating Officer	Harris Health will educate SCM staff members on Policy 7201, <i>Management of Hazardous Substances</i> , which addresses handling, management, storage, transportation and disposal of hazardous materials, including how to access and use Safety Data Sheets.	12/11/19	Monitoring: Beginning 12/12/19, Harris Health will conduct weekly reviews of staff knowledge of how to access and use SDS through interviews for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Results of the audits will be reported to the SCM PIC.
				Education: Harris Health will educate one hundred percent (100%) of SCM staff, excluding those who are on approved leave, on Policy 7201, Management of Hazardous Substances. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, this information will be included in SCM new staff member orientation and provided annually as part of mandatory education.

#### A 023 Licensure of Personnel

The hospital failed to have a well-organized service in the Emergency Room with a plan of administrative authority and delineation of responsibilities for patient care.

Harris Health will continue to ensure that the scope of practice for EMT-P's in Emergency Centers (EC) is consistent with Texas statutory construct, EC protocols and standing delegated order sets that are collaboratively developed by EC Chiefs of Emergency Medicine, Medical Directors and Attending Physicians. Harris Health's interpretation of Texas Health & Safety Code Section 773.0496 is that an EMT-P is allowed to act under the delegation and supervision of a licensed physician and is authorized to provide Advanced Life Support (ALS) services in an EC setting. Further, Harris Health believes that applicable legislative history provides that ALS would include the initiation of IV therapy, endotracheal or esophageal intubation, electrical cardiac defibrillation of cardioversion, and drug therapy procedures. Additionally, the legislative history to Section 773.0496 of the Texas Health and Safety Code explains that allowing EMT-Ps to be employed by medical facilities in a more appropriate role would benefit both the EMT-P and the facility and would serve to extend the scope of where EMT-Ps could perform procedures. Similarly, recent revisions to the Texas Administrative Code further support the application of Texas Health & Safety Code Section 773.0496 in the manner described above. To that end, Harris Health would like to utilize EMT-Ps in their highest and best use in its Emergency Centers and would invite collaboration on the scope of practice issue so that Harris Health may continue to employ EMT-Ps in its Emergency Centers. If Harris Health's interpretation is incorrect and to the extent deficiencies exist with respect to the scope of practice for EMT-Ps in Harris Health's Emergency Centers, please accept the following plan of correction:

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Executive Vice	On or before 11/29/19, Harris Health will	12/18/19	The EMT-P protocol will be reviewed
ensure that EMT-Ps	Presidents of	create a formal document outlining the roles		biennially at the Medical Staff EC
operate within the	Ben Taub, LBJ	of Harris Health's Medical Staff and		Committee and the Medical Executive
scope of their	Hospitals, and	responsibilities of Harris Health EMT-Ps for		Board.
practice within	Ambulatory	blood draws, intravenous line (IV) placement		
Harris Health's	Care Services	with normal saline flush and IV removals.		Auditing:
<b>Emergency Centers</b>		EMT-Ps will work under the supervision of		Harris Health will audit EMT-P compliance
(ECs).		physicians when carrying out these		with the approved EMT-P protocol through
		responsibilities.		chart reviews for a period of eight (8) weeks
				and until one hundred percent (100%)
		By 11/27/19, the Emergency Center Medical		compliance is achieved and then quarterly
		Directors for Ben Taub Hospital and LBJ		thereafter. Results of the audit will be
		Hospital will create an EMT-P protocol		reported to the Medical Staff Emergency

governing the operation and practice (e.g., performing blood work and/or IV placement with a saline flush) of EMT-Ps in Harris Health's Emergency Centers. This protocol will be activated by a physician order only. Harris Health will also update the EMT-P profile in its electronic medical record to include the protocol.

By 11/27/19, Harris Health will revise the job description for EMT-Ps to specifically delineate an EMT-Ps scope of practice when operating within Harris Health's Emergency Centers pursuant to the Texas Health & Safety Code and the Texas Administrative Code.

Harris Health will educate one hundred percent (100%) of its EMT-P staff and Emergency Center Medical and Nursing Staff members on the EMT-Ps revised scope of practice and the Emergency Center Medical Director Protocol by 12/11/2019.

Beginning 12/2/19, Harris Health will standardize its EMT-P competencies by creating a comprehensive standard EMT-P orientation and annual education matrix with corresponding competency checklists that will be approved by the Harris Health Medical Staff Emergency Center Committee and the Medical Executive Board.

Harris Health will standardize the approach to verifying EMT-P competencies by requiring that all EMT-Ps have their competencies Center Committee and to the Quality Review Committees (QRCs) and the Quality Governance Council (QGC) for remediation and corrective action if necessary.

### **Education:**

Harris Health will educate one hundred percent (100%) of its EMT-P staff members and Emergency Center Medical and Nursing Staff members, excluding those who are on approved leave, on the EMT-P's revised scope of practice and the Emergency Center Medical Director protocol by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revised scope of practice and the EC Medical Director protocol will be included in the annual training and orientation for EMT-P staff and EC Medical and Nursing Staff members.

verified by direct observation.	

The hospital failed to have a well organized service in Hemodialysis with a plan of administrative authority and delineation of responsibilities for patient care.

What	Responsible	How	Completion	Sustainability
Harris Health will ensure that staff have demonstrated competency in hemodialysis water training.	Party Chief Nursing Executive	Hemodialysis Program Manager will develop a water training competency and skills checklist and ensuring completion of annual hemodialysis and hemodialysis water training, competencies and skills for Hemodialysis Registered Nurses and Dialysis Technicians.  Annual Water Training and Education requirements will be included in orientation and the mandatory annual competencies education matrix for all hemodialysis Registered Nurses and dialysis technicians.	Date 10/1/19	Auditing: Harris Health will be responsible for ensuring one hundred percent (100%) of current hemodialysis nurses and technicians have demonstrated competency in hemodialysis water training. Monthly audits of personnel records will be conducted by Harris Health to identify staff members who need to complete annual hemodialysis water training competency and skills checklist and will schedule training for all hemodialysis nurses and technicians. All hemodialysis nurses and technicians must complete all required training per educational calendar and hemodialysis annual competencies matrix. Educational compliance will be reported monthly to Acute Care Nephrology Dialysis Performance Improvement Committee (PIC) and presented at the QRC and QGC for review and if necessary, corrective action.  Response to Request for Clarification on 12/13/19:  To ensure ongoing skills verification of staff for competency in the hemodialysis water testing procedure, Harris Health System has implemented a monitoring plan to ensure staff

follows the requirements in the hemodialysis water testing procedure. The monitoring plan includes a weekly direct observation of staff performing total chlorine testing which allows just-in-time coaching to the staff in real time for any deficiencies identified during the monitoring observation. A weekly compliance report will be communicated to leadership for oversight and also reported to the Acute Care Nephrology Dialysis PIC.
QAPI: Harris Health will develop a Dialysis department/service level QAPI Plan that includes the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the Board Quality Committee (BQC) based on established criteria.
Education: One hundred percent (100%) of hemodialysis nursing staff and hemodialysis technicians must complete all required training in orientation and on the hemodialysis annual competencies matrix. Compliance with education requirements will be reported monthly to the Acute Care Nephrology Dialysis PIC and presented to the Quality Review Committees and the Quality Governance Council for review and corrective action if necessary.

## A 043 Governing Body

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health Board	BOT Chair	Associated with Harris Health's response to	12/18/19	Harris Health will ensure regular, but no
of Trustees (BOT)	and BOT	Tags A 263 and A 283 regarding QAPI, a		less than quarterly, reporting to the Harris
will implement	Quality	gap analysis will be conducted and		Health BOT of the activities of the BQC
measures to enhance	Committee	completed by 12/18/19 to identify		related to its oversight of the QAPI
the effectiveness of	(BQC) Chair	deficiencies and opportunities for		Program, including review of meeting
its oversight of the	and/or BQC	improvement regarding the QAPI Program		materials and minutes.
QAPI Program.		in the requirements. Based on the gap		
		analysis, Harris Health will develop a		
		comprehensive action plan (CAP) by		
		12/18/19 to address identified deficiencies		

		and opportunities for improvement related to		
		the QAPI Program. As part of the CAP, the		
		meetings of the Harris Health BQC will be		
		expanded to include additional agenda items		
		to allow for more comprehensive reporting		
		of QAPI activities such as 1) reports		
		regarding the system-level QAPI plan,		
		including the roll-up of departmental QAPI		
		activities with regular presentations by each		
		department related to their quality		
		performance improvement projects,		
		metrics/indicators appropriate for the patient		
		populations served and/or services provided		
		and outcomes, 2) quality monitoring reports		
		of all patient services provided by contract,		
		3) reports from the Patient Safety Committee		
		with more robust trended information of		
		incidents logged in eIRS, and 4) enhanced		
		Quality Scorecard reports including		
		important quality and patient safety metrics,		
		as well as operational metrics that may		
		provide early warning signals of potential		
		impacts to quality and patient safety.		
		impacts to quanty and patient safety.		
		Expanded meetings of the BQC will begin		
		on 1/9/20.		
Harris Health's	BOT	Harris Health has employed a Performance	Harris Health's	BOT
Board of Trustees	DOI	Improvement/Action Plan Implementation	Board of	101
(BOT) (the		(PII) structure for the organization and	Trustees	
governing body),		implementation of planned initiatives to	(BOT) (the	
through its Chair, the		address the findings indicated by CMS and	governing	
Chair of the BOT		DSHS during the course of the full survey of	body), through	
Quality Committee		Harris Health's compliance with the CoPs	its Chair, the	
(BQC) and/or the		and EMTALA conducted by the agencies.	Chair of the	
BQC, will actively		and ENTALA conducted by the agencies.	BOT Quality	
DQC, will actively			DOT Quality	

oversee the development and implementation of the plan of correction in response to the findings of the Centers for Medicare and Medicaid Services (CMS) and the Texas Department of State **Health Services** DSHS) and to ensure Harris Health's compliance with the Conditions of Participation (CoP).

The PII structure utilizes a collection of distinct Work Streams for the organization and assignment of the planned corrective actions. Members of the Executive Leadership team serve as Implementation Leaders and/or Work Stream Leaders (PII Leadership Team) to oversee the development and implementation of all corrective measures, as well as monitoring and auditing efforts to ensure their effectiveness and sustainability.

This PII structure and approach were presented to the BOT at its meetings on 10/10/19 and 10/31/19.

Harris Health is continuing to utilize the PII structure for the development and implementation of the plan of correction (POC) in response to the findings included in the Form 2567 issued by CMS and the Statement of Deficiency – State Form issued by DSHS.

Beginning the week of 11/25/19, the PII Leadership Team will meet with the Chair of the BOT and/or Chair of the BQC bi-weekly until such time as Harris Health undergoes re-survey by CMS and DSHS, and monthly thereafter, to provide progress reports on all Work Stream initiatives including updates on progress of implementation of plans of correction; outliers, barriers or issues; results of audits and metrics related to each plan of correction and any concerns related to the

Committee (BOC) and/or the BQC, will actively oversee the development and implementation of the plan of correction in response to the findings of the Centers for Medicare and Medicaid Services (CMS) and the Texas Department of State Health Services DSHS) and to ensure Harris Health's compliance with the Conditions of Participation (CoP).

Harris Health BOT	BQC Chair	organization's ability to implement plans of correction timely and/or sustain improvements.  As directed by the Chair of the BQC, the PII Leadership Team will provide progress updates of Work Stream activities to the full BQC.  Reporting to the BOT by the Chair of the BOT and/or the Chair of the BQC will begin 12/5/19.  Utilizing the PII structure and approach	12/5/19	Harris Health will provide bi-weekly and
part of Tag A 043 related to 1) the failed practice leading to a negative outcome of an obstetric patient and		perform Medical Screening Examinations. The PII Leadership Team will meet with the Chair of the BQC bi-weekly until such time as Harris Health undergoes re-survey by CMS and DSHS, and monthly thereafter, to provide progress reports on the		to the Harris Health BOT by the Chair of the BQC of progress of PII initiatives.
2) the lack of an appropriate designation of qualified medical personnel (QMP) to		implementation of the plans of correction; outliers, barriers or issues; results of audits and metrics related to each plan of correction and any concerns related to Harris Health's ability to implement the plans of correction		
perform Medical Screening Examinations.		timely and/or sustain improvements. Bi-weekly meetings with Chair of the BQC will begin week of 11/25/19. Reporting to the BOT by the Chair of the BQC will begin 12/5/19.		

1. The hospital's Medical, Anesthesia, and Nursing staff failed to effectively communicate amongst themselves concerning a critical situation.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will ensure effective communication amongst medical, anesthesia and nursing staff relating to critical situations with OB patients.	Chief Nursing Executive	Harris Health will ensure timely recognition, diagnosis and treatment for women developing critical illness will be achieved by consistent application and monitoring of compliance with Harris Health's Obstetrics Departmental Guideline, <i>M-13: Maternal Early Warning System (MEWS)</i> at Ben Taub and LBJ. Active and consistent utilization of the MEWS will encourage inter-specialty communication between the medical, anesthesia, and nursing staff.  On 11/14/19, Harris Health revised the Obstetric timeout to include a surgical safety statement. This surgical safety statement establishes expected communication between the clinical teams if the patient's condition deteriorates or if something occurs during the case that requires attention from members of the surgical team.  Beginning 10/4/19 and 11/22/19, the senior physician on a case, at LBJ and BT respectively, will lead an Obstetric Clinical Debrief prior to the surgeon leaving the operating room and to include – blood loss, medications including vasoactive drugs, blood administration and hemodynamic stability.	12/2/19	Review:  MEWS results will continue to be reviewed by the Administrative Director of Nursing for Women's Services and discussed in daily huddles.  Nursing leadership will audit both the timeout and debrief processes thirty (30) times per month for three (3) months with real-time feedback. Results of the audit will be reported to the Quality Review Committees (QRC), Quality Governance Council (QGC) and Board Quality Committee (BQC) for review and remediation if necessary.  The Chief Nursing Officer and Medical Chief of OB Service will observe deliveries, c-sections and other procedures to audit the team communication. They will observe three (3) cases per week, with at least one of the cases being surgical, beginning 12/12/19. These observations will continue for at least eight (8) weeks, with real-time feedback provided to the patient care team involved in the case being observed. Thereafter, the Chief Nursing Officer and Medical Chief of OB Service will observe at least one (1) case per month to audit the team communication.

By 11/30/19, LBJ Hospital will require that all leadership members of OB faculty, OB anesthesia faculty, Neonatology faculty, and Women's and Infant's nursing staff, complete TeamSTEPPS training. This training will focus on strengthening the culture of teamwork, communication, and safety. Based on this training, plans to foster patient safety will be created by attendees and disseminated to all OB personnel in two hour sessions throughout October and if necessary, through November until one hundred percent (100%) of staff have received the training.

# Response to Clarification Requested on 12/13/19:

Harris Health only required OB faculty, OB anesthesia faculty, Neonatology faculty, and Women's and Infant's nursing staff to complete the TeamSTEPPS training described above. While not required to complete the training described above, all resident physicians complete TeamSTEPPs training as a part of their onboarding at LBJ Hospital and the residents on the OB, **OB Anesthesia, and Neonatology services** were exposed to the training and many of the other performance improvement activities that have taken place as a result of this finding. Finally, Harris Health did not require medical students (i.e. trainees who have not graduated from medical school) to complete the training described above. While our medical students were

### **Auditing:**

Harris Health will audit for compliance with the consistent utilization of MEWS through observation and/or chart review for eight (8) weeks and until 100% compliance is achieved, then quarterly thereafter. Results of the audit will be reported to the QRC, QGC and BQC for review and remediation if necessary.

Sign in sheets for all staff that were required to take the TeamSTEPPS training will be reviewed by nursing and medical staff leaders to ensure 100% compliance.

of this finding, Harris Health determined not to extend this requirement to medical students given: (1) the brief time the medical students rotate through our facilities; and (2) the fact that medical students function only as observers in our clinical care settings and are not allowed to provide independent clinical care to our patients.		not to extend this requirement to medical students given: (1) the brief time the medical students rotate through our facilities; and (2) the fact that medical students function only as observers in our clinical care settings and are not allowed to provide independent clinical care to our
--	--	--

2. <u>Hospital #2's Obstetric Care (Triage and Labor and Delivery Units) failed to follow the AWHONN Staffing Needs standards by not ensuring that they had the appropriate number of nurses.</u>

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	The Women's and Infants Service Staffing	11/18/19	Harris Health will audit for compliance with
ensure appropriate	Nursing	Guidelines will be used to provide guidance		staffing guidelines through observation
staffing for the	Executive	for the nurse staffing in the Women and		and/or chart review for eight (8) weeks and
appropriate number		Infant's department. These Guidelines will be		until 100% compliance is achieved, then
of nurses for Women		reviewed at least annually to ensure they met		quarterly thereafter. Results of the audit will
and Infant's		contemporary practice, industry standards and		be reported to the System Nursing Executive
department,		that staffing levels are in accordance with		Committee, QRC, QGC and BQC for review
including the		industry benchmarks.		and remediation if necessary.
induction of labor.				

3. <u>Hospital 2 Obstetric Unit failed to have the required number of Intravenous pumps.</u>

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health LBJ	Chief	Harris Health acquired twenty (20) IV pumps	Initiated	Monitor:

			1	
Hospital will ensure	Nursing	and thirty nine (39) channel	10/4/19	Harris Health will monitor incident reports
IV pumps are	Executive	IV pumps for the LBJ Labor and Delivery		related to availability of IV pumps and
available on a timely		department. These are designated to each		channels. The investigation and resolution of
and immediate basis		labor and delivery room to provide quality		each incident is discussed with the unit
to address patient		care including efficient administration of time		leader. Occurrence reports and actions will
care relating to		critical medications.		be reported to the LBJ Quality Review
receiving vital				Committee and at the OB/GYN Performance
medications on time.				Improvement Committee (PIC) meeting.
				The Chief Nursing Executive will annually
				review patient volumes and number of
				available pumps and evaluate whether or not
				additional pumps need to be purchased.
				The number of out of service IV pumps will
				be reported to the Chief Nursing Executive
				by Bio-Medical Engineering every month.
				The Chief Nursing Executive will escalate
				any issues to the Pavilion
				EVPs/Administrators for resolution.
				2 v 1 s/ 1 diffinistrations for resolution.
				QAPI:
				Harris Health will develop a
				department/service level QAPI plan that
				includes the formation of a PIC with a
				uniform agenda, identification of
				metrics/indicators appropriate for measuring
				the quality and safety of care for the
				population served and the services provided
				and reporting to the respective Quality
				Review Committee (QRC), Quality
				Governance Council (QGC), and/or Board
				Quality Committee (BQC).

4. No finding noted.

- 5. Hospital #2's Obstetric Care (Triage and Labor and Delivery Units) failed to follow the AWHONN Staffing Needs standards by not ensuring that they had the appropriate number of nurses.
- 6. Hospital 2 failed to follow AWHONN standards for management of patient with Pitocin drip.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	The Women's and Infants Service Staffing	11/18/19	Harris Health will audit for compliance with
ensure appropriate	Nursing	Guidelines will be used to provide guidance		staffing guidelines through observation
staffing for the	Executive	for the nurse staffing in the Women and		and/or chart review for eight (8) weeks and
appropriate number		Infant's department. These Guidelines will be		until 100% compliance is achieved, then
of nurses for Women		reviewed at least annually to ensure they met		quarterly thereafter. Results of the audit will
and Infant's		contemporary practice, industry standards and		be reported to the System Nursing Executive
department,		that staffing levels are in accordance with		Committee, QRC, QGC and BQC for review
including the		industry benchmarks.		and remediation, if necessary.
induction of labor.				

7. The Governing Body failed to provide effective oversight of the Nursing Department. The Governing Body failed to ensure all policies, plans, reports requiring Governing Body review, and by-laws written and implemented by the Nursing Department were reviewed, approved, and/or adopted by the Governing Body.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	The CNE will present to the BOT for review	12/18/19	Harris Health will obtain BOT review and
ensure all policies,	Nursing	and approval/adoption all applicable policies,		approval/adoption of all applicable policies,
plans, reports	Executive	plans, and reports requiring governing body		plans, and reports requiring governing body
requiring governing	(CNE)	review and bylaws written and implemented		review and bylaws written and implemented
body review and		by the Nursing Department.		by the Nursing Department.
bylaws written and				
implemented by the				
Nursing Department				
will be reviewed,				
approved, and/or				

adopted by the BOT.		

- 8. The governing body failed to designate specific individuals as QMP (Qualified Medical Professional) that would be performing medical screening examinations in the emergency department.
- 9. The governing body did not approve the QMP to complete medical screening exam in Hospital 2.
- 10. The governing body failed to specify in the medical staff rules, regulations, and bylaws what the qualifications were for an individual to perform a medical screening examination. The governing body did not designate individuals who were qualified to perform a medical screening examination to patients presenting to the emergency center.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	Harris Health will revise its Medical Staff	12/5/19	A review of the minutes of the BOT to
ensure that the	Medical	Rules and Regulations and/or its Medical		ensure that the BOT approved and granted
qualifications of a	Executive	Staff Bylaws to include the qualifications		individual QMPs the specific clinical
QMP are set forth in		required to be a Harris Health QMP.		privilege to perform an MSE will be
Harris Health's				completed by the Medical Staff Services
Medical Staff		Harris Health's BOT will approve and grant		department monthly and reported to the
Bylaws and that		individual QMPs the specific clinical		Medical Executive Board quarterly.
Harris Health's BOT		privilege to perform an MSE. This clinical		
approves each Harris		privilege will be documented in the providers'		
Health QMP as		credentialing file.		
qualified to provide a		Harris Health will address this change in the		
medical screening		Rules and Regulations and/or Bylaws.		
examination (MSE)				

### A 115 Patient Rights

A. The facility's direct care staff failed to follow the manufacturer's direction for use when testing water used for hemodialysis for total chlorine.

What	Responsible	How	Completion	Sustainability
	Party		Date	

	Harris Health will provide education on Harris
	-
	Health Policy 4525.01, Hemodialysis for
	Acute Care Settings to one hundred percent
	(100%) of hemodialysis nursing staff,
	excluding those staff members on approved
	leave, by 12/11/19. Staff members who are on
	approved leave will be educated within five
	(5) days of their return and the education and
	training will be included as part of the new
	employee orientation for new members of the
	hemodialysis nursing staff and will also be
	included in their annual required education
	and competencies.

B. The facility failed to ensure that for hemodialysis machines in use that the dialysate solution had electrolyte analysis done by a laboratory. Failed to conduct conductivity and pH of the dialysate solution at the site of treatment.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	New dialysis machines will be cataloged in	12/11/19	Auditing:
ensure that all	Nursing	the Computerized Maintenance Management		Harris Health will generate a report from the
hemodialysis	Executive	System (CMMS) as a planned event for initial		CMMS system to validate testing
machines in use for		water testing, prior to use to ensure testing is		completion prior to use for RO and Dialysis
patient care are		completed prior to use. Program Manager of		machines. Machines will be tested per the
properly analyzed by		Dialysis and Biomedical Engineering		schedule. One hundred percent (100%)
a laboratory for		manager will jointly validate completion of		compliance for water testing of any
dialysate solution		required testing and authorize the equipment		machines is required prior to use. Test
electrolytes. In		for use.		results under the Action Level will be used
addition, testing of				to validate that the equipment and
conductivity and pH		On or before 11/27/19, Harris Health will		procedures in place are achieving the desired
of the dialysate		adopt and implement Harris Health Policy		results. Results will be provided to the
solution at the site of		4525.01 Hemodialysis for Acute Care Setting		Hemodialysis Medical Director. Compliance
treatment will be		to include the procedure for the		data will be reported monthly to Acute Care
performed		manufacturer's direction of testing dialysate		Nephrology PIC and quarterly to the QRC
				and QGC for review and remediation, if

for conductivity and pH procedure for necessary. following the manufacturer's directions for testing dialysate for conductivity and pH. Beginning 12/12/19, Harris Health will audit for compliance with the requirement in Harris Health Policy 4525.01, Hemodialysis Harris Health will educate the hemodialysis for Acute Care Setting for testing dialysate nursing staff on Harris Health Policy 4525.01, for conductivity and pH by direct Hemodialysis for Acute Care Settings observation for at least eight (8) weeks and requirements regarding the procedure for until one hundred percent (100%) following the manufacturer's directions for compliance is achieved, and then quarterly testing dialysate for conductivity and pH by thereafter. Results of the audit will be 12/11/19. reported to the Acute Care Nephrology Dialysis PIC and quarterly to the QRC and QGC for review and remediation, if necessary. **Education:** Harris Health will provide education on Harris Health Policy 4525.01, Hemodialysis for Acute Care Settings to one hundred percent (100%) of its hemodialysis nursing staff, excluding those on approved leave by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education and training will be included as part of the new employee orientation for new members of the hemodialysis nursing staff and will also be included in their

C. The facility failed to provide evidence that patients were informed of their rights in advance of furnishing patient care and prior to discharge.

annual required education and competencies.

What	Responsible	How	Completion	Sustainability
	Party		Date	

Harris Health will	SVP,	By 12/1/19, Harris Health will create an	12/1/19	Auditing:
ensure that at every	Corporate	electronic version of Harris Health's Patient		Beginning on 12/12/19, Harris Health will
emergency center,	Compliance	Rights and Responsibilities in Harris Health's		audit to ensure compliance with Harris
outpatient, day		electronic medical record that will be signed		Health Policy 4150 Patient Rights,
surgery, and		and printed at all points of entry at each visit		specifically that Registration staff members
inpatient registration		(once daily if multiple visits on the same day).		inform patients of their rights and
(initial registration				responsibilities, obtain each patient's
for the day),		Harris Health will revise the existing script		signature on their patient rights and
registration staff		that Harris Health's Registration staff uses to		responsibilities, and provide patients a copy
will:		ensure that (1) patients are informed of their		of their signed patient rights and
1. Inform patients		rights and responsibilities; (2) that		responsibilities through observation and
about their rights		Registration staff obtains each patient's		chart review for eight (8) weeks and until
and		signature on Harris Health's Patient Rights		one hundred percent (100%) compliance is
responsibilities;		and Responsibilities; and (3) that Harris		evident, and then quarterly thereafter.
2. Obtain each		Health provides every patient a copy of their		Results will be reported to the Quality
patient's		signed Harris Health Patient Rights and		Review Committees (QRC) and Quality
signature on		Responsibilities on or before 12/1/19.		Governance Council (QGC) for review and
Harris Health's				remediation, if necessary.
Patient Rights &		Harris Health will revise Harris Health Policy		
Responsibilities;		4150, <i>Patient Rights</i> to reflect the requirement		<b>Education:</b>
and		that for every patient visit, Harris Health must		Harris Health will educate one hundred
3. Provide every		inform patients of their rights and		percent (100%) of its Registration staff,
patient with a		responsibilities, that Registration staff must		excluding those who are on approved leave,
copy of their		obtain each patient's signature on their patient		on the revisions to Harris Health Policy
signed Patient		rights and responsibilities, and that Harris		4150 Patient Rights by 12/11/19. Staff
Rights and		Health must provide a copy of a patient's		members who are on approved leave will be
Responsibilities.		signed patient rights and responsibilities to the		educated within thirty (30) days of their
		patient at each visit.		return. In addition, the revisions will be
				included in the departmental orientation for
				all new Registration staff members and
				made a part of their annual mandatory
				education.

D. The facility failed to follow the process for resolution of patient grievance when the complaint required further investigation, was not resolved at the time of the complaint, and/or patient requested a response from the hospital.

What	Responsible	How	Completion	Sustainability
Harris Health will manage patient incidents as either a complaint or a grievance in compliance with policy.	SVP, Corporate Compliance	On or before 11/27/19, Harris Health will revise Harris Health Policy 4200, <i>Patient Complaint and Grievances Appendix A</i> to provide further guidance to assist in the classification of an incident as either a complaint or a grievance.  On or before 12/11/19, Harris Health will educate all of Harris Health's Patient Customer Relations staff members and Risk Management staff members on the revisions to Harris Health Policy 4200, <i>Patient Complaints and Grievances Appendix A</i> .  In addition, by 12/11/19, Harris Health will provide training on Harris Health's expectations and responsibilities regarding the prompt and satisfactory resolution of patient complaints to all Harris Health workforce members.	Date 12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the revisions to Harris Health Policy 4200, Patient Complaints and Grievances, Appendix A, specifically the accurate classification of patient incidents as either a complaint or grievance through a review of patient incidents for at least eight weeks and until one hundred percent (100%) compliance is achieved, then quarterly thereafter. The results of the audit will be reported to the QRC and QGC for review and remediation, if necessary.  Education: Harris Health will educate one hundred percent (100%) of its Patient Customer Relations staff and Risk Management staff, excluding those who are on approved leave, on the revisions to Harris Health Policy 4200, Patient Complaints and Grievances, Appendix A staff, by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included in the departmental orientation for all new Patient Customer Relations and Risk Management staff members and made a part of their annual mandatory education. In addition, this training will be included as part of Harris Health's annual mandatory

	edu	acation.

E. The facility failed to ensure patients had the right to make informed decisions regarding their care: Patients were administered/injected with psychoactive meds that were not deemed a psychiatric emergency without providing informed written consent prior to the administration of the medications.

	esponsible arty	How	Completion Date	Sustainability
Harris Health will ensure adherence to its prohibition on the Con	nior Vice esident, orporate ompliance	By 11/27/19, Harris Health will revise Harris Health Policy 7.02, <i>Restraint and Seclusion</i> to more strongly emphasize Harris Health's prohibition on the use of chemical restraints and clarify that psychoactive medication may only be administered in accordance with Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> .  By 11/27/19, Harris Health will revise Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> , to include the documentation requirements when psychoactive medication is being administered in response to a psychiatric emergency and requirement that written consent must be obtained when administering psychoactive medication in the absence of a psychiatric emergency.  By 12/11/19, Harris Health will educate applicable medical and nursing staff members on the revisions to Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> .  By 12/11/19, Harris Health will revise the	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will monitor compliance Harris Health's prohibition on the use of chemical restraints, by monitoring the volume of medications that are used to treat psychiatric conditions to ensure that those medications are being ordered and used appropriately and are not being used as a chemical restraint.  Specifically, Harris Health will audit ten (10) charts of patients whose physician ordered psychoactive medication per week per Harris Health hospital (i.e. Ben Taub Hospital, LBJ Hospital, and ACS) for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Further, at least seven (7) of the ten (10) charts reviewed for Ben Taub Hospital and LBJ Hospital will be charts of patients who were seen and treated in either the Ben Taub Emergency Center or the LBJ Emergency Center. Thereafter, Harris Health will audit fifty (50) patient charts per hospital each quarter for compliance. Audit results will be presented at the QRC and QGC for review and remediation, if necessary.

Epic Order Set used to order psychoactive drugs to alert providers when written consent for the use of psychoactive medications is required and facilitate and enable providers to satisfy the documentation requirements when psychoactive medication is being administered due to a psychiatric emergency.

In addition, beginning on 12/12/19, Harris Health will audit for compliance the requirements set forth in Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication regarding the requirement to obtain written consent when psychoactive medication is administered in the absence of a psychiatric emergency and the documentation requirements when psychoactive medication is administered in response to a psychiatric emergency for eight (8) weeks or until one hundred percent (100%) compliance is evident. Specifically, Harris Health will audit for compliance ten (10) patient charts per week per hospital and at least seven (7) of the ten (10) charts reviewed for Ben Taub Hospital and LBJ Hospital will be charts of patients who were seen and treated in the Ben Taub Emergency Center and the LBJ Emergency Center. Thereafter, Harris Health will audit fifty (50) patient charts at each hospital each quarter for compliance to include patients treated in the emergency centers. Audit results will be presented at the QRC and QGC for review and remediation, if necessary.

### **Education:**

Harris Health will educate one hundred percent (100%) of Nursing and Medical staff members, excluding those who are on approved leave, who work in Harris Health's emergency centers and Behavioral Health units on the revisions to Harris Health Policy 7.26, Consent to Treatment with

	Psychoactive Medication by 12/11/19. Staff
	members who are on approved leave will be
	educated within thirty (30) days of their
	return. In addition, Harris Health will
	include education on the requirements set
	forth Harris Health Policy 7.26, Consent to
	Treatment with Psychoactive Medication
	regarding the administration of psychoactive
	medication to all Nursing Staff members as
	part of their departmental orientation and as
	part of the annual mandatory education.
	Finally, all of Harris Health's Medical Staff
	will be educated on the requirements set
	forth in Harris Health Policy 7.26, Consent
	to Treatment with Psychoactive Medication
	as part of their orientation.

F (a). The facility failed to take timely/immediate action to ensure patient care needs were not neglected after repeated reports of patients not receiving vital medications on time at LBJ L&D.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health LBJ Hospital will ensure IV pumps are available on a timely and immediate basis to address patient care relating to receiving vital medications on time.	Chief Nursing Executive	Harris Health acquired twenty (20) IV pumps and thirty nine (39) channel IV pumps for the LBJ Labor and Delivery department. These are designated to each labor and delivery room to provide quality care including efficient administration of time critical medications.	Initiated 10/4/19	Monitoring: Harris Health will monitor incident reports related to availability of IV pumps and channels. The investigation and resolution of each incident is discussed with the unit leader. Occurrence reports and actions will be reported to the LBJ Quality Review Committee and at the OB/GYN Performance Improvement Committee (PIC).
				The Chief Nursing Executive will annually review patient volumes and number of available pumps and evaluate whether or not

	additional pumps need to be purchased.  The number of out of service pumps will be reported to the Chief Nursing Executive by
	Bio-Medical Engineering every month. <b>QAPI:</b>
	Harris Health will initiate the development an OB/GYN department/service level QAPI Plan by 12/18/19 that includes the formation of a Performance Improvement Committee with a uniform agenda, identification of
	metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established
	criteria.

F (b). The facility failed to ensure patient rights to be free from all forms of abuse and neglect by failing to thoroughly investigate and/or respond to an allegation of neglect in accordance with their policies and procedures.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	SVP,	On or before 11/27/19, Harris Health will	12/11/19	Auditing
appropriately	Corporate	revise Harris Health Policy 3001, Abuse,		Beginning on 12/12/19, Harris Health will
respond to,	Compliance	Neglect and Exploitation of Patients, and		audit for compliance with the proper
investigate and		Harris Health Policy 3.67, Mandatory		classification of incidents of patient neglect
report instances of		Reporting Requirements and Notification		in Harris Health's electronic incident
patient neglect.		Commitment to: (1) update the definition of		reporting system for eight (8) weeks and
		"neglect" so that it accurately reflects the		until one hundred percent (100%)
		CMS guidelines and the CMS definition of		compliance is achieved, and then quarterly
		neglect; (2) the specific regulatory authority		thereafter. The results of the audit will be
		and the contact information to report instances		reported to the Quality Review Committees
		of neglect; and (3) the specific time frame to		(QRC) and Quality Governance Council
		report substantiated instances of patient		(QGC) for review and remediation, if

neglect to the appropriate regulatory authorities.

On or before 12/2/19, Harris Health will update its electronic incident reporting system to include the category of "neglect" so that instances of neglect can be appropriately reported, classified, and investigated.

On or before 12/11/19, Harris Health will educate all staff members on the revisions to Harris Health Policy 3001 Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities and Harris Health Policy 3.67, Mandatory Reporting, regarding the following: (1) the updated definition of "neglect,"; (2) Harris Health's responsibility to report instances of neglect; and (3) the new category of "neglect" in Harris Health's electronic incident reporting system.

Harris Health's Office of Corporate Compliance will review the investigation, findings and actions for all allegations of neglect that have been completed by the office of Patient Safety and Risk Management to assure adequate efforts and actions are completed for all allegations of neglect. necessary.

In addition, one hundred (100%) of the allegations of neglect and the subsequent investigation and findings will be reported to Harris Health's Patient Safety Collaborative by Harris Health Patient Safety and Risk Management departments.

In addition, beginning on 12/12/19, Harris Health will notify the Office of Corporate Compliance to ensure that proper reporting to regulatory authorities occurs in accordance with Harris Health Policy 3.67, *Mandatory Reporting* for substantiated instances of patient neglect.

### **Education:**

Harris Health will educate one hundred percent (100%) of its staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 3001 Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities and Harris Health Policy 3.67, Mandatory Reporting by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions to both policies will be made a part of the Patient Customer Relations and Risk Management departmental orientation for new staff members and will also be included in Harris Health's annual mandatory education.

G. The facility failed to ensure restraints were discontinued at the earliest possible time according to the physician orders and facility policy.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that violent (4 point) restraints are removed from patients at the earliest opportunity.	SVP, Corporate Compliance	Harris Health Policy 7.02, Restraint and Seclusion will be reviewed and revised by 11/27/19 to address the requirements that Harris Health discontinue violent restraints as soon as possible assess and monitor the patient's condition for earliest possible removal.  Harris Health will educate all applicable staff members on the revisions to Harris Health Policy 7.02 Restraint and Seclusion, and Harris Health's responsibility to assess and monitor a patient's condition on an ongoing basis to determine whether and when a violent restraint can safely be discontinued.	12/11/19	Auditing: Beginning on December 12, 2019, Harris Health will perform an audit of one hundred percent (100%) of patient charts for patients who are placed in violent restraints to determine whether restraints were removed at the earliest possible opportunity for a period of eight (8) weeks and until one hundred percent (100%) compliance is evident. Thereafter, Harris Health will audit of one hundred percent (100%) of patient charts monthly for compliance. Results of the audits will be presented at Harris Health's QRC and QGC for review and remediation, if necessary.
				Education: Harris Health will educate one hundred percent (100%) of applicable Nursing and Medical Staff members, excluding those staff members who are on approved leave, on the revisions to Harris Health Policy 7.02, Restraint and Seclusion by 12/11/19. Staff members on approved leave will be educated on the revisions to Harris Health Policy 7.02, Restraint and Seclusion within thirty (30) days of their return. In addition, the revisions to Harris Health Policy 7.02, Restraint and Seclusion will be included in applicable nursing departmental orientation and will be made a part of Harris Health's annual mandatory education.

H. (a) Patients were administered psychotropic medications to control violent behaviors and were not seen face to face within one hour after administration to evaluate the effect of the intervention.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health's prohibition on the use of chemical restraints and that patients are <i>only</i> administered	Senior Vice President, Corporate Compliance	By 11/27/19, Harris Health will revise Harris Health Policy 7.02, <i>Restraint and Seclusion</i> to more strongly emphasize Harris Health's prohibition on the use of chemical restraints and clarify that psychoactive medication may only be administered in accordance with Harris Health Policy 7.26, <i>Consent to</i>	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will monitor compliance with Harris Health's prohibition on the use of chemical restraints, by monitoring the volume of medications that are used to treat psychiatric conditions to ensure that those medications are being
psychoactive medication when either written consent has been obtained or in response to a psychiatric emergency.		By 11/27/19, Harris Health will revise Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication, to include the documentation requirements when psychoactive medication is being administered in response to a psychiatric emergency and requirement that written consent must be obtained when administering psychoactive medication in the absence of a		ordered and used appropriately and are not being used as a chemical restraint.  Specifically, Harris Health will audit twenty-five (25) charts of patients whose physician ordered psychoactive medication per week per Harris Health hospital (i.e. Ben Taub Hospital, LBJ Hospital, and ACS) for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Further, at least fifteen (15) of the twenty-five (25) charts reviewed for Ben
		By 12/11/19, Harris Health will educate applicable medical and nursing staff members on the revisions to Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication.</i> By 12/11/19, Harris Health will revise the Epic Order Set used to order psychoactive drugs to alert providers when written consent		Taub Hospital and LBJ Hospital will be charts of patients who were seen and treated in either the Ben Taub Emergency Center or the LBJ Emergency Center. Thereafter, Harris Health will audit fifty (50) patient charts per hospital each quarter for compliance. Audit results will be presented at the QRC and QGC for review and remediation, if necessary.  In addition, beginning on12/12/19, Harris

for the use of psychoactive medications is required and facilitate and enable providers to satisfy the documentation requirements when psychoactive medication is being administered due to a psychiatric emergency.	Health will audit for compliance the requirements set forth in Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication regarding the requirement to obtain written consent when psychoactive medication is administered in the absence of a psychiatric emergency and the documentation requirements when psychoactive medication is administered in response to a psychiatric emergency for eight (8) weeks or until one hundred percent (100%) compliance is evident. Specifically, Harris Health will audit for compliance in twenty-five (25) patient charts per week per hospital and at least fifteen (15) of the twenty-five (25) charts reviewed for Ben Taub Hospital and LBJ Hospital will be charts of patients who were seen and treated in the Ben Taub Emergency Center and the LBJ Emergency Center. Thereafter, Harris Health will audit fifty (50) patient charts at each hospital each quarter for compliance to include patients treated in the emergency
	Health will audit fifty (50) patient charts at each hospital each quarter for compliance to
	Education: Harris Health will educate one hundred percent (100%) of Nursing and Medical staff members, excluding those who are on approved leave, who work in Harris Health's emergency centers and Behavioral Health

units on the revisions to Harris Health Policy
7.26, Consent to Treatment with
Psychoactive Medication by 12/11/19. Staff
members who are on approved leave will be
educated within thirty (30) days of their
return. In addition, Harris Health will
include education on the requirements set
forth Harris Health Policy 7.26, Consent to
Treatment with Psychoactive Medication
regarding the administration of psychoactive
medication to all Nursing Staff members as
part of their departmental orientation and as
part of the annual mandatory education.
Finally, all of Harris Health's Medical Staff
will be educated on the requirements set
forth in Harris Health Policy 7.26, Consent
to Treatment with Psychoactive Medication
as part of their orientation.

H. (b) Patients had four point physical restraints implemented to control violent behaviors and were not seen face to face within one hour after the initiation of four point restraints.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	SVP,	Harris Health will revise Harris Health Policy	12/11/19	Beginning on 12/12/19, Harris Health will
ensure that a face-to-	Corporate	7.02, Restraint and Seclusion by 11/27/19 to		perform an audit of one hundred percent
face evaluation/	Compliance	require that a face-to-face evaluation be		(100%) of patient charts for patients who are
assessment is		conducted within one hour after the placement		placed in violent restraints to determine
performed for all		of violent restraints and that the face-to-face		compliance the requirement that a face-to-
patients who are		evaluation may not occur simultaneously with		face evaluation is performed within one hour
placed in restraints		the assessment to determine the need for the		of placement of the restraints for a period of
within one hour after		placement of the restraint.		eight (8) weeks and until one hundred
the initiation of the				percent (100%) compliance is evident.
restraint(s).		Harris Health will educate all members of its		Thereafter, Harris Health will audit of one
		Medical Staff on the revisions to Harris		hundred percent (100%) of patient charts

Health Policy 7.02, Restraint and Seclusion,	m	onthly for compliance. Results of the
regarding the requirement that Medical Staff	au	idits will be presented at Harris Health's
members must timely assess their patients	Q	RC and QGC for review and remediation,
after placing an order for restraints and must	if	necessary.
conduct a face-to-face evaluation within one		
hour after placing an order for restraints.	$\mathbf{E}$	ducation:
	$\overline{H}$	arris Health will educate one hundred
	pe	ercent (100%) of applicable Nursing and
	M	ledical Staff members, excluding those
		aff members who are on approved leave,
	or	n the revisions to Harris Health Policy
	7.	02, Restraint and Seclusion by 12/11/19.
	St	aff members on approved leave will be
	ed	lucated on the revisions to Harris Health
	Po	olicy 7.02, Restraint and Seclusion within
	th	irty (30) days of their return. In addition,
		e revisions to Harris Health Policy 7.02,
	Re	estraint and Seclusion will be included in
	ap	oplicable nursing departmental orientation
	ar	nd will be made a part of Harris Health's
	ar	nnual mandatory education.

### A 117 Patient Rights – Notice of Rights

Facility failed to provide evidence that patients were informed of their patient rights in advance of furnishing patient care and prior to discharge.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will	SVP,	On or before 11/27/19, Harris Health will	12/11/19	Auditing:
ensure that at every	Corporate	create an electronic version of Harris		Beginning on 12/12/19, Harris Health will
emergency center,	Compliance	Health's Patient Rights and Responsibilities		audit to ensure compliance with Harris
outpatient, day		in Harris Health's electronic medical record		Health Policy 4150 Patient Rights,
surgery, and		that will be signed and printed at all points of		specifically that registration staff members
inpatient registration		entry at each visit (once daily if multiple visits		inform patients of their rights and
(once daily if		on the same day).		responsibilities, obtain each patient's
multiple visits on the				signature on their patient rights and
same day),		On or before 11/27/19, Harris Health will		responsibilities, and provide patients a copy
registration staff		revise the existing script that Harris Health's		of their signed Harris Health's Patient
will:		registration staff uses to ensure that: (1)		Rights and Responsibilities through
1. Inform patients		patients are informed of their rights and		observation and chart review for eight (8)
about their rights		responsibilities; (2) registration staff obtains		weeks and until one hundred percent (100%)
and		each patient's signature on Harris Health's		compliance is evident, and then monthly
responsibilities;		Patient Rights and Responsibilities; and (3)		thereafter. Results will be reported to the
2. Obtain each		Harris Health provides every patient a copy of		Quality Review Committee (QRC) and the
patient's		their signed Harris Health Patient Rights and		Quality Governance Council (QGC) for
signature on		Responsibilities.		review and remediation if necessary.
Harris Health's				
Patient Rights &		On or before 11/27/19. Harris Health will		Education:
Responsibilities;		revise Harris Health Policy 4150, <i>Patient</i>		Harris Health will educate one hundred
and		Rights to reflect the requirement that for every		percent (100%) of its registration staff,
3. Provide every		patient visit, Harris Health must inform		excluding those who are on approved leave,
patient with a		patients of their rights and responsibilities,		on the revisions to Harris Health Policy
copy of their		that registration staff must obtain each		4150 Patient Rights by 12/11/19. Staff
signed Patient		patient's signature on Harris Health's Patient		members who are on approved leave will be
Rights and		Rights and Responsibilities, and that Harris		educated within thirty (30) days of their
Responsibilities.		Health must provide a copy of a patient's		return. In addition, the revisions will be
		signed patient rights and responsibilities to the		included in the departmental orientation for

patient at each visit (once daily if multiple	all new Registration staff members and
visits on the same day).	made a part of their annual mandatory
	education.
By 12/11/19, Harris Health will educate its	
registration staff members on the revisions to	
Harris Health Policy 4150, <i>Patient Rights</i> .	

# A 118 Patient Rights: Grievances

The facility failed to follow the process for resolution of patient grievance when the complaint required further investigation, was not resolved at the time of the complaint, and/or patient requested a response from the hospital.

What	Responsible	How	Completion	Sustainability
Harris Health will ensure that Harris Health manages patient incidents as either a complaint or a grievance in compliance with Harris Health policy	Responsible Party SVP, Corporate Compliance	On or before 11/27/19, Harris Health will revise Harris Health Policy 4200, <i>Patient Complaint and Grievances Appendix A</i> to provide further guidance to assist in the classification of an incident as either a complaint or a grievance.  On or before 12/11/19, Harris Health will educate all of Harris Health's Patient Customer Relations staff members and Risk Management staff members on the revisions to Harris Health Policy 4200, <i>Patient Complaints and Grievances Appendix A</i> .  On or before 12/18/19, Harris Health will also provide training on Harris Health's expectations and responsibilities regarding the prompt and satisfactory resolution of patient complaints to all Harris Health workforce members.	Completion Date 12/18/19	Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the revisions to Harris Health Policy 4200, Patient Complaints and Grievances, Appendix A, specifically the accurate classification of patient incidents as either a complaint or grievance through a review of patient incidents for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, then quarterly thereafter. The results of the audit will be reported to the Quality Review Committee (QRC) and the Quality Governance Council (QGC) for review and remediation as necessary.  Education: Harris Health will educate one hundred percent (100%) of its Patient Customer Relations staff and Risk Management staff, excluding those who are on approved leave, on the revisions to Harris Health Policy 4200, Patient Complaints and Grievances, Appendix A by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included in the departmental orientation for all new Patient

		members and made a part of their annual mandatory education. In addition, this training
		will be included as part of Harris Health's
		annual mandatory education.

### A 131 Patient Rights: Informed Consent

Facility failed to ensure patients or their legally authorized representatives the right to make informed decisions regarding their care and treatment for psychoactive medications that were not deemed a psychiatric emergency.

What	Responsible Party	How	Completion	Sustainability
			Date	·
Ensure adherence	Senior Vice	By 11/27/19, Harris Health will	12/11/19	Auditing:
to Harris Health's	President,	revise Harris Health Policy 7.02,		Beginning on 12/12/19, Harris Health will
prohibition on the	Corporate	Restraint and Seclusion to more		monitor compliance Harris Health's prohibition
use of chemical	Compliance	strongly emphasize Harris		on the use of chemical restraints, by monitoring
restraints and that		Health's prohibition on the use of		the volume of medications that are used to treat
patients are <u>only</u>		chemical restraints and clarify		psychiatric conditions to ensure that those
administered		that psychoactive medication may		medications are being ordered and used
psychoactive		only be administered in		appropriately and are not being used as a chemical
medication when		accordance with Harris Health		restraint. Specifically, Harris Health will audit ten
either written		Policy 7.26, Consent to		(10) charts of patients whose physician ordered
consent has been		Treatment with Psychoactive		psychoactive medication per week per Harris
obtained or in		Medication.		Health hospital (i.e. Ben Taub Hospital, LBJ
response to a				Hospital, and ACS) for at least eight (8) weeks
psychiatric		By 11/27/19, Harris Health will		and until one hundred percent (100%) compliance
emergency.		revise Harris Health Policy 7.26,		is achieved. Further, at least seven (7) of the ten
		Consent to Treatment with		(10) charts reviewed for Ben Taub Hospital and
		Psychoactive Medication, to		LBJ Hospital will be charts of patients who were
		include the documentation		seen and treated in either the Ben Taub
		requirements when psychoactive		Emergency Center or the LBJ Emergency Center.
		medication is being administered		Thereafter, Harris Health will audit fifty (50)
		in response to a psychiatric		patient charts per hospital each quarter for
		emergency and requirement that		compliance. Audit results will be presented at the
		written consent must be obtained		Quality Review Committee (QRC) and the
		when administering psychoactive		Quality Governance Council (QGC) for review
		medication in the absence of a		and correction action if necessary.
		psychiatric emergency.		
				In addition, beginning on12/12/19, Harris Health

By 12/11/19, Harris Health will educate applicable medical and nursing staff members on the revisions to Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication.

By 12/11/19, Harris Health will revise the Epic Order Set used to order psychoactive drugs to alert providers when written consent for the use of psychoactive medications is required and facilitate and enable providers to satisfy the documentation requirements when psychoactive medication is being administered due to a psychiatric emergency.

will audit for compliance the requirements set forth in Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication regarding the requirement to obtain written consent when psychoactive medication is administered in the absence of a psychiatric emergency and the documentation requirements when psychoactive medication is administered in response to a psychiatric emergency for eight (8) weeks or until one hundred percent (100%) compliance is evident. Specifically, Harris Health will audit for compliance ten (10) patient charts per week per hospital and at least seven (7) of the ten (10) charts reviewed for Ben Taub Hospital and LBJ Hospital will be charts of patients who were seen and treated in the Ben Taub Emergency Center and the LBJ Emergency Center. Thereafter, Harris Health will audit fifty (50) patient charts at each hospital each quarter for compliance to include patients treated in the emergency centers. Audit results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and necessary corrective action.

#### **Education:**

Harris Health will educate one hundred percent (100%) of Nursing and Medical staff members, excluding those who are on approved leave, who work in Harris Health's emergency centers and Behavioral Health units on the revisions to Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In

addition, Harris Health will include education on
the requirements set forth Harris Health Policy
7.26, Consent to Treatment with Psychoactive
Medication regarding the administration of
psychoactive medication to all Nursing Staff
members as part of their departmental orientation
and as part of the annual mandatory education.
Finally, all of Harris Health's Medical Staff will
be educated on the requirements set forth in Harris
Health Policy 7.26, Consent to Treatment with
Psychoactive Medication as part of their
orientation.

Facility failed to ensure that Disclosure and Consents for medical and surgical procedures are completed accordingly.

What	<b>Responsible Party</b>	How	Completion	Sustainability
			Date	
Harris Health will	SVP, Corporate	On or before 11/27/19, Harris	12/11/19	Auditing:
ensure that it	Compliance	Health will revise Harris Health		Beginning on 12/12/19, Harris Health will audit
obtains a properly		Policy 4215, Consent for Medical		for compliance with requirements for the proper
executed informed		Treatment and Identification of a		completion of Harris Health's revised informed
consent from each		Surrogate Decision Maker, to list		consent forms by reviewing at least fifty (50)
patient prior to		all the elements required to be		patient charts for at least eight (8) weeks and until
surgery.		completed to constitute a properly		one hundred percent (100%) compliance is
		executed informed consent form,		achieved, then quarterly thereafter. The results of
		including but not limited to the		the audit will be reported to the QRC and the
		following: (1) witness signatures;		QGC for review and remediation, if necessary.
		(2) the name, title, and ID		
		numbers (as applicable) of the		<b>Education:</b>
		witness; and (3) the date and time		Harris Health will educate one hundred percent
		that the each individual who signs		(100%) of its Nursing and Medical Staff
		the informed consent form signed		members, excluding those who are on approved
		the form, including the patient		leave, on the revisions to Harris Health Policy
		and witness.		4215, Consent for Medical Treatment and
				Identification of a Surrogate Decision Maker, by

On or before 11/27/19, Harris	12/11/19. Staff members who are on approved
Health will revise applicable	leave will be educated within thirty (30) days of
consent forms so that they	their return. In addition, the revisions will be
conform with Harris Health	included in the departmental / new hire orientation
Policy 4215, Consent for Medical	for all new nursing staff members and Medical
Treatment and Identification of a	Staff members and included as part of Harris
Surrogate Decision Maker, to	Health's annual mandatory education.
include all elements required for a	
properly executed informed	
consent form, including but not	
limited to, who will be	
performing and involved in the	
patient's surgery or procedure	
(i.e. that Harris Health is a	
teaching facility and that residents	
and fellows, may be involved in	
the patient's medical/surgical	
treatment/procedure for which the	
patient is providing his or her	
consent), the proper identification	
and signature of a witness, and	
the date and time that the each	
individual who signs the informed	
consent form signed the form,	
including the patient and witness.	
In addition, Harris Health is in the	
process of implementing an	
electronic informed consent form.	
Once implemented, the electronic	
informed consent form will not	
only automatically capture the	
date and time that each signature	
on the form is obtained, but also	
ensure that all required elements	

1 11 0 1 0	
are completed before the form	
can be deemed "complete."	
Harris Health is targeting full	
implementation of the electronic	
informed consent form by 4/3/20.	
informed consent form by 4/3/20.	
O	
On or before 12/11/19, Harris	
Health will re-educate all of its	
Medical Staff and Nursing Staff	
on the proper execution of	
informed consent forms,	
including but not limited to the	
required elements, in accordance	
with the revisions to Harris	
Health Policy 4215, Consent to	
Medical Treatment and	
Identification of a Surrogate	
Decision Maker.	

# A Spanish speaking patient was not given a copy of the document in Spanish to read or keep.

What	Responsible Party	How	Completion	Sustainability
			Date	
Harris Health will	SVP, Corporate	On or before 11/27/19, Harris	12/11/19	Auditing:
ensure that all	Compliance	Health will revise Policy 4215,		Beginning 12/12/19, Harris Health will audit for
patients are		Consent for Medical Treatment		compliance with the utilization of the revised
provided all		and Identification of a Surrogate		informed consent forms for completion by
information		Decision Maker, to explicitly list		reviewing at least fifty (50) patient charts for at
necessary to make		all the elements that must be		least eight (8) weeks and until one hundred
informed decisions		disclosed to the patient during the		percent (100%) compliance is achieved, then
regarding their care		informed consent process,		quarterly thereafter. The results of the audit will
and/or treatment.		including but not limited to, who		be reported to the Quality Review Committees
		will be performing and involved		(QRC) and the Quality Governance Council
		in a patient's surgery / procedure.		(QGC) for review and remediation if necessary.
		Specifically, Harris Health Policy		

4215, Consent for Medical Treatment and Identification of a Surrogate Decision Maker, will be revised to require disclosure to patients that Harris Health is a teaching facility and that residents and fellows, who are under the supervision of attending (faculty) physicians, may be involved in the patient's medical /surgical surgery or procedure for which the patient is providing his or her consent.

Harris Health will also revise
Harris Health Policy 4215,
Consent for Medical Treatment
and Identification of a Surrogate
Decision Maker to provide that
patients need to be informed of
their right to obtain a copy of his
or her properly executed informed
consent form in his or her own
language.

On or before 11/27/19, Harris Health will revise applicable consent forms so that they are in conformance with Harris Health Policy 4215, Consent for Medical Treatment and Identification of a Surrogate Decision Maker. The forms will be revised to include that Harris Health is a teaching facility and that residents and

#### **Education:**

Harris Health will educate one hundred percent (100%) of its Nursing and Medical Staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 4215, Consent for Medical Treatment and Identification of a Surrogate Decision Maker, by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included in the departmental/new hire orientation for all new nursing staff members and Medical Staff members and included as part of Harris Health's annual mandatory education.

fellows, who are under the
supervision of attending (faculty)
physicians, may be involved in
the patient's medical/surgical
surgery or procedure for which
the patient is providing his or her
consent.
On or before 12/11/19, Harris
Health will educate all members
of its Nursing and Medical Staff
on the revisions to Harris
Health's Policy 4215, Consent for
Medical Treatment and
Identification of a Surrogate
Decision Maker as well as Harris
Health's revised consent forms.

## A 132 Patient Rights: Informed Decision

The facility's registration staff failed to ask about patient's current advance directives status in accordance with their policy, and/or provide the patients with accurate information concerning their rights on formulating advance directives.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	SVP,	On or before 12/1/19, Harris Health will	12/11/19	Auditing:
ensure that at every	Corporate	revise its Epic registration module to prompt		Beginning on 12/12/19, Harris Health will
emergency center,	Compliance	Harris Health Patient Access Management		audit to ensure compliance with the
outpatient, day		("Registration") staff to inform patients about		revisions to Harris Health Policy 4128,
surgery and		their right to formulate an Advance Directive,		Advance Directives, specifically that patients
inpatient		to ask each patient whether the patient does or		are being asked at each registration whether
registration (initial		does not have an Advance Directive, and to		he or she has an Advance Directive and that
registration for the		capture the patient's response.		Harris Health is documenting patients
day), registration				answers and obtaining copies of Advance
staff will:		On or before 12/1/19, Harris Health will		Directives when applicable through
1. Inform patients		revise the script that its Registration staff		observation and chart review for eight (8)
of their right to		utilizes when registering patients to ensure		weeks and until one hundred percent (100%)
have an		that Registration staff: (1) inform patients of		compliance, and then quarterly thereafter.
Advance		their right to formulate an Advance Directive;		Results of the audit will be reported to the
Directive;		(2) inquire whether the patient does or does		Quality Review Committees (QRC) and the
2. Ask patients if		not have an Advance Directive; (3) document		Quality Governance Council (QGC) for
they currently		whether the patient does or does not have an		review and remediation if necessary and to
have/would like		Advance Directive; (4) obtain a copy of the		the Board of Quality Committee (BQC).
more		patient's Advance Directive, if applicable,		
information		and send the document to the Health		Harris Health will also audit for nursing
regarding		Information Management Department to be		compliance with collection and completion
Advance		scanned into the patient's electronic medical		of patient Advance Directive status during
Directives; and		record; and (5) if the patient does not have an		their admission assessment and obtaining
3. Document		Advance Directive, ask the patient if he or she		copies of Advance Directives when
whether a		would like information on how to formulate		applicable through chart review for eight (8)
patient does or		an Advance Directive, and if the patient		weeks and until one hundred percent (100%)
does not have		would like information, provide the patient		compliance is evident and then quarterly

an Advance Directive in the Epic registration module. with Harris Health Form No. 283322, *Advance Directive*. Registration staff will be educated on the revised script.

On or before 11/27/19, Harris Health will revise Harris Health Policy 4128, *Advance Directives*, to specify when Harris Health must inquire whether the patient has an Advance Directive and if so, obtain a copy.

On or before 12/11/19, Harris Health will educate its Registration staff on the revisions to Harris Health Policy 4128, *Advance Directives*. Further, Harris Health will also educate Registration staff on the revision to the Epic registration module.

On or before 12/11/19, Harris Health will educate all members of its nursing staff to ensure that during the nursing admission assessment, nursing staff: (1) inform patients of their right to formulate an Advance Directive; (2) inquire whether the patient does or does not have an Advance Directive; (3) document whether the patient does or does not have an Advance Directive; (4) obtain a copy of the patient's Advance Directive, if applicable, and send the document to the Health Information Management Department to be scanned into the patient's electronic medical record; and (5) if the patient does not have an Advance Directive, ask the patient if he or she would like information on how to formulate an Advance Directive, and if the patient would like information, enter a request thereafter. Results of the audits will be reported to the Quality Review Committee (QRC) and the Quality Governance Council (QGC) for remediation if needed.

#### **Education:**

On or before 12/11/19, Harris Health will educate one hundred percent (100%) of its Registration staff, excluding those who are on approved leave, on the revisions to Harris Health Policy 4128, *Advance Directives*, and on the revisions to Harris Health's Epic Registration Module by 12/11/19. Staff who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included in the departmental orientation for all new Registration staff and will be made a part of Harris Health's annual mandatory education.

Harris Health will also educate one hundred percent (100%) of its Nursing Staff, excluding those who are on approved leave, on the requirement that nurses must ask patients their Advance Directive status, document their response, and obtain a copy when applicable by 12/11/19. Staff who are on approved leave will receive the education within thirty (30) days of their return. In addition, the education provided to the nursing staff will be included as part of the departmental orientation for nursing staff and made a part of Harris Health's annual mandatory education.

for Case Management to consult with the	
patient regarding same.	
On 10/21/19, Harris Health revised Harris	
, , , , , , , , , , , , , , , , , , ,	
Health Form No. 283322, Advance Directive,	
which is provided to patients who do not have	
an Advance Directive and would like more	
information on how to formulate an Advance	
Directive, to include the updated State	
website where patients may obtain Advance	
Directive forms.	

# A 144 Patient Rights: Care in Safe Setting

A. The facility's direct care staff failed to follow the manufacturer's direction for use when testing water used for hemodialysis for total chlorine.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that staff follow the manufacturer's direction for use when testing water used for hemodialysis for total chlorine.	Chief Nursing Executive	By 11/27/19, Harris Health will implement Harris Health Policy 4525.01 <i>Hemodialysis</i> for Acute Care Settings that will include the procedure for the manufacturer's direction of testing water for total chlorine.  Harris Health will educate hemodialysis nursing staff on Harris Health Policy 4525.01, Hemodialysis for Acute Care Settings requirements regarding the procedure for following the manufacturer's directions for testing water for total chlorine.	12/11/2019	Auditing: Beginning before 12/12/19, Harris Health will audit for compliance with the requirements set forth in Harris Health Policy 4525.01,  Hemodialysis for Acute Care Settings regarding water testing and for compliance with the competency of testing water pursuant to the manufacturer's directions by observing the water testing procedures by one (1) nurse per week for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved at both Ben Taub Hospital and LBJ Hospital to validate competency and adherence to the policy. Audit results will be reported to the Acute Care Nephrology Dialysis Performance Improvement Committee (PIC), to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and remediation if needed.  OAPI: Harris Health will develop an Acute Care Nephrology Dialysis department/service level
				QAPI Plan that includes the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the

population served and the services provided and reporting to the respective Quality Review Committees (QRC), Quality Governance Council (QGC) and/or the Board Quality Committee (BQC) based on established criteria.
Education: Harris Health will provide education on Harris Health Policy 4525.01, Hemodialysis for Acute Care Settings to one hundred percent (100%) of hemodialysis Nursing Staff, excluding those staff members on approved leave, by 12/11/19. Staff members who are on approved leave will be educated within five (5) days of their return and the education and training will be included as part of the new employee orientation for new members of the hemodialysis nursing staff and will also be included in their annual required education and competencies.

B. The facility failed to ensure that for hemodialysis machines in use that the dialysate solution had electrolyte analysis done by a laboratory. Failed to conduct conductivity and pH of the dialysate solution at the site of treatment.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	New dialysis machines will be cataloged in	12/11/19	Auditing:
ensure that all	Nursing	the Computerized Maintenance Management		Harris Health will generate a report from the
hemodialysis	Executive	System (CMMS) as a planned event for		CMMS system to validate testing completion
machines in use for		initial water testing, prior to use to ensure		prior to use for RO and Dialysis machines.
patient care are		testing is completed prior to use. Program		Machines will be tested per the schedule. One
properly analyzed		Manager and Bio-Med manager will jointly		hundred percent (100%) compliance for water
by a laboratory for		validate completion of required testing and		testing of any machines is required prior to

dialysate solution electrolytes. In addition, testing of conductivity and pH of the dialysate solution at the site of treatment will be performed. authorize the equipment for use.

By 11/27/19, Harris Health will adopt and implement Harris Health Policy 4525.01 *Hemodialysis for Acute Care Setting* to include the procedure for the manufacturer's direction of testing dialysate for conductivity and pH.

By 12/11/19, Harris Health will educate hemodialysis nursing staff on Harris Health Policy 4525.01, *Hemodialysis for Acute Care Settings* requirements regarding the procedure for following the manufacturer's directions for testing dialysate for conductivity and pH.

# Response to Request for Clarification on 12/13/2019:

Harris Health's Biomedical Engineering Department has reviewed and implemented a process to conduct water quality testing which includes the initial electrolyte analysis, along with four (4) consecutive weekly endotoxin and colony counts performed by a laboratory for all new Dialysis machines before the machines will be released for patient treatment. Only machines with test results within the acceptable electrolyte analysis, endotoxin and colony count values below the "Action Level" will be released for patient treatment.

use. Test results under the Action Level will be used to validate that the equipment and procedures in place are achieving the desired results. Results will be provided to the Hemodialysis Medical Director. Compliance data will be reported monthly to Acute Care Nephrology Dialysis PIC and quarterly to the QRC and QGC for review and remediation, if necessary.

Beginning 12/12/19, Harris Health will audit for compliance with the requirement in Harris Health Policy 4525.01, *Hemodialysis for Acute Care Settings* for testing dialysate for conductivity and pH by direct observation for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Results of the audit will be reported to the Acute Care Nephrology Dialysis PIC and quarterly to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and remediation, if necessary.

# Response to Request for Clarification on 12/13/2019:

#### **Monitoring:**

To ensure the Biomedical Engineering
Department follows the internal procedure
for initial electrolyte analysis on new
dialysis machines before releasing the
machines for patient treatment, a
verification process will be implemented
requiring the program manager, the

	medical director, and the biomedical engineering technician to conduct a final check and validation of the completion of the water quality testing before releasing new machines for patient treatment. The verification process must be completed on one hundred percent (100%) of new machines released for patient treatment. The compliance data will be reported to the Acute Care Nephrology Dialysis PIC monthly and quarterly to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for oversight.  Education: Harris Health will provide education on Harris Health Policy 4525.01, Hemodialysis for Acute Care Settings to one hundred percent (100%) of its hemodialysis Nursing Staff, excluding those on approved leave by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education and training will be included as part of the new employee orientation for new members of the hemodialysis nursing staff and will also be included in their annual required education and competencies.
--	---

# C. The facility failed to ensure patients received care in a safe setting as a bathroom call light cord was inaccessible. Sharp objects were accessible to patients on psychiatric unit.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure safe settings for patient care by ensuring emergency call pull cords in restrooms are accessible.	Executive Vice Presidents of Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	On 9/18/19, the pull cord located in the restroom in Unit 3A, room 1-1 of Ben Taub Hospital was assessed for clear access to the emergency call pull cord and has been verified to be accessible.  Harris Health will educate all nursing, EVS, and biomedical engineering staff members on the requirement that there must be clear access to the emergency call pull cord(s) within restrooms.	12/11/2019	Auditing: Beginning on 12/12/19, Harris Health will audit by direct observation the accessibility of emergency call pull cords in restrooms for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to the Ben Taub or LBJ Hospital Safety Committee meetings as well as to Harris Health's Quality Review Committees (QRC) and the Quality Governance Council (QGC).  Education: Harris Health will educate one hundred percent (100%) of its nursing, EVS, and biomedical engineering staff members, excluding those members who are on approved leave, on the requirement that there must be clear access to the emergency call pull cord(s) within restrooms by 12/11/19. Staff members who are on approved leave will be educated on the requirement within thirty (30) days of their return. In addition, the requirement will be included in the departmental orientation for all new nursing, EVS, and biomedical engineering staff members.

What	Responsible	How	Completion	Sustainability

	Party		Date	
Harris Health will ensure that sharp objects are not accessible to patients on psychiatric units.	Chief Nursing Executive	Harris Health removed all metal staples and staplers that use metal staples from the psychiatric units and replaced them with staple-less staplers on 10/15/19. In addition, all other unauthorized sharp items will be removed from the psychiatric units.  By 12/11/19, Harris Health will provide education to applicable staff regarding: (1) identifying objects and environmental issues specific to the psychiatric patient population that pose a risk to patient safety; and (2) the requirement to immediately remove any identified sharp objects located on a psychiatric unit.	12/11/2019	Review: Verification of the absence of sharp objects on psychiatric units will be assessed at the beginning of each shift using the "pre-flight (start of shift) checklist" and on the weekly Environment of Care rounds.  Auditing: Beginning 12/12/19, Harris Health will review one hundred percent (100%) of the "pre-flight (start of shift) checklists" and Environment of Care Rounds for at least eight (8) weeks and until one hundred percent (100%) compliance with verification of the absence of sharp items on the psychiatric unit. Thereafter, Harris Health will review ten (10) random "pre-flight (start of shift) checklists" and ten (10) Environment of Care Rounds each quarter for compliance with verification of the absence of sharp items on the psychiatric unit. The results of the audit will be reported to nursing executive leadership and the Quality Review Committee (QRC) for review and any necessary remediation.
				Education: Harris Health will educate one hundred percent (100%) of the applicable staff members, excluding those who are on approved leave, on the need to identify objects and environmental issues that pose a risk to patient safety and the requirement to immediately remove identified sharp objects

from a psychiatric unit by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, all new applicable staff
members will be educated on the above
requirements as part of their departmental
orientation.

D. The facility failed to ensure patients received care in a safe setting in that patients did not have the facility required allergy band to prevent administration of contraindicated medications.

What	Responsible	How	Completion	Sustainability
	Party		Date	,
Harris Health will	Chief	By 11/27/19, Harris Health will standardize	12/11/2019	Auditing:
ensure patient	Nursing	the armband process for all Harris Health		Beginning 12/12/19, Harris Health will audit
rights by providing	Executive	Pavilions by revising Harris Health Policy		for compliance with the revisions to Harris
allergy bands to		415, Patient Allergies, to bring Harris Health		Health Policy 415, Patient Allergies during
prevent		utilization of patient allergy bands in		unit rounding and direct observation to
administration of		compliance with the Texas Administrative		identify the presence of a "plain red" armband
contraindicated		Code, specifically that a red allergy arm		on patients on the unit compared against list
medications.		band will be used on the same arm as the		of all patients with allergies from the patient
		patient's hospital identification band to		charts that will be provided by the floor
		indicate that a patient has an allergy or		nursing staff.
		allergies and that the specific allergy or		
		allergies must be determined from the		Harris Health will also audit for compliance
		patient's medical record.		with the revisions to Harris Health Policy 415,
				Patient Allergies, through direct observation
		By 12/11/19, Harris Health will educate its		and unit rounding for a minimum of eight (8)
		nursing staff members on the revision to		weeks and until one hundred percent (100%)
		Harris Health Policy 415, Patient Allergies,		compliance is achieved, then quarterly
		with respect to allergy arm bands.		thereafter. Audit results will be reported to
				nursing leadership, the Chief Nursing
				Executive, and to the Quality Review
				Committees (QRC) and Quality Governance
				Council (QGC) for review and remediation if

necessary.
Education: Harris Health will educate one hundred percent (100%) of its Nursing Staff, excluding those on approved leave, on the revisions to
Harris Health Policy 415, <i>Patient Allergies</i> by 12/11/19. Staff members who are on approved
leave will be educated within thirty (30) days
of their return and the education will be made a part of departmental orientation for new Nursing Staff members.

E. The nursing staff failed to conduct assessments and measurements of wounds to determine if current treatments are effective. The nursing staff failed to clearly document wound care orders and failed to ensure recommended preventive measures were being followed for patients at risk for skin breakdown and to prevent further breakdown.

What	Responsible	How	Completion	Sustainability
	Party		Date	
To provide safe	Chief	On or before 11/27/19, Harris Health Policy	12/11/19	Auditing:
patient care, Harris	Nursing	431, Pressure Injury Prevention and		Beginning 12/12/19, Harris Health will audit
Health nursing staff	Executive	Treatment will be revised to clarify		the medical records of ten (10) patients who
will conduct skin		frequency of pressure injury assessment,		have pressure injuries per week for Ben Taub
assessments and		from twice daily to every shift.		Hospital, and ten (10) charts for LBJ Hospital
document				for a minimum of eight (8) weeks and until
measurements of		By 12/11/19, Harris Health will provide		one hundred percent (100%) compliance with
wounds to		targeted education on the revisions to Harris		the assessment and documentation
determine		Health Policy 431, Pressure Injury		requirements in Harris Health Policy 431,
effectiveness of		Prevention and Treatment to the Nursing		Pressure Injury Prevention and Treatment.
treatments.		Staff.		Thereafter, Harris Health will audit fifty (50)
				patient charts at each hospital, each quarter for
				compliance. Audit results will be presented at
				the Quality Review Committees (QRC) and
				Quality Governance Council (QGC) for
				review and if necessary, corrective action.

		Education:
		Harris Health will provide education to one
		hundred percent (100%) of the Nursing Staff,
		excluding those who are on approved leave,
		on the revisions to Harris Health Policy 431,
		<i>Pressure Injury Prevention and Treatment</i> by
		12/11/19. Staff members who are on approved
		leave will complete the education within thirty
		(30) days of their return. Harris Health's
		Nursing Staff will receive education and
		training on Harris Health Policy 431, <i>Pressure</i>
		Injury Prevention and Treatment in
		orientation and as part of their annual required
		education/competencies.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	By 11/27/19, Harris Health will develop a	12/11/19	Auditing:
ensure that nursing	Nursing	standardized smart text note for the Wound		Beginning on 12/12/19, Harris Health will use
staff document	Executive	Ostomy Continence Nurse (WOCN) Note to		the HAPI audit tool to audit the medical
wound care orders		include pertinent wound information and		records of ten (10) patients who have pressure
and adhere to		treatment. This note will be located in the		injuries per week for Ben Taub Hospital, and
recommendations		Epic medical record in a fixed location, for		one hundred percent (100%) of charts for LBJ
from Wound		ease of reference by staff.		Hospital for a minimum of eight (8) weeks
Ostomy Continence				and until one hundred percent (100%)
Nurse (WOCN).		To ensure nursing staff adhere to physician		compliance with wound care orders and
		wound care orders, Harris Health will		recommendations. Thereafter, Harris Health
		initiate development of an Epic order set		will audit 50 patient charts at each hospital,
		used to order wound care interventions by		each quarter for compliance. Audits will be
		11/27/19.		reviewed by Directors of Nursing, and
				deficiencies will be remedied in real time.
		By 12/11/19 Harris Health will provide		Audit results will be presented at the Quality
		education on adherence to wound care		Review Committees (QRC) and Quality

	orders and recommendations to the Nursing	Governance Council (QGC) for review and if
		i = · ·
	Staff.	necessary, corrective action.
	Harris Health will also provide targeted	
	education on the order sets to providers.	Education:
		Harris Health will provide targeted education
	Harris Health Policy 431, <i>Pressure Injury</i>	to one hundred percent (100%) of the Nursing
	Prevention and Treatment, was reviewed to	Staff, excluding those staff members who are
	ensure all components of wound care	on approved leave, on adherence to wound
	prevention, identification and assessment	care orders and recommendations by
	addressed. Wound Care Program Managers	12/11/19. Staff members who are on approved
	will standardize and implement a Hospital	leave will complete the education within
	Acquired Pressure Injuries (HAPI) audit tool	thirty (30) days of their return. In addition,
	for validation of appropriate patient	Harris Health's nursing staff will receive
	prevention actions to ensure compliance.	education and training on adherence to wound
	prevention actions to ensure compilation	care orders and recommendations as part of
		their orientation and in annual required
		<u> </u>
		education/competencies.
		Order set training will also be included in
		Medical Staff orientation and be made a part
		of annual education.
<u> </u>		or annual education.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	Harris Health Policy 431 Pressure Injury	12/11/19	Auditing:
ensure that nursing	Nursing	Prevention and Treatment was reviewed to		Beginning on 12/12/19, Harris Health will use
staff prevent,	Executive	ensure all components of wound care		the HAPI audit tool to audit one hundred
identify and assess		prevention, identification and assessment		percent (100%) of patients from Ben Taub
avoidable pressure		addressed. Wound Care Program Managers		Hospital and LBJ Hospital with Braden Score
ulcers/injuries.		will standardize and implement a Hospital		of 18 or less for at least eight (8) weeks and
		Acquired Pressure Injuries (HAPI) audit tool		until one hundred percent (100%) compliance
		for validation of appropriate patient		with actions to prevent, identify, and asses
		prevention actions to ensure compliance. In		pressure injuries. Thereafter, Harris Health
		addition, an audit will be developed to		will audit thirty (30) patient charts at each
		validate proper use of the Braden scoring		hospital each quarter for compliance. Audit

system. This initiative will be completed by	regults will be presented at the Quality
system. This initiative will be completed by	results will be presented at the Quality
11/27/19.	Review Committees (QRC) and Quality
	Governance Council (QGC) for review and if
By 12/11/19 Harris Health will provide	necessary, corrective action
targeted education on the prevention,	-
identification and assessment for avoidable	Education:
pressure injuries to the Nursing Staff. Harris	Harris Health will provide education to one
Health's Nursing Staff will receive	hundred percent (100%) of the Nursing Staff,
education and training on education on the	excluding those staff members who are on
prevention, identification and assessment for	approved leave, on the prevention,
avoidable pressure injuries as part of their	identification and assessment for avoidable
orientation and in annual required	pressure injuries by 12/11/19. Staff members
education/competencies.	who are on approved leave will complete the
	education within thirty (30) days of their
	return. Education on the prevention,
	identification and assessment for avoidable
	pressure injuries will be included in
	orientation and annual required education
	/competencies.

# F. Hospital 1 failed to monitor humidity and failed to ensure end users were notified if temperatures were outside of acceptable ranges.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health	Executive	By 11/15/19, Point-of-Care (POC)	12/11/19	Review:
will ensure that	Vice	Supervisor(s) will identify all locations		Per policy revisions, the list documenting all
the i-Stat &	Presidents for	where i-Stat and Glucometers devices are		locations where i-Stat and Glucometers are
Glucometer	Ben Taub,	stored and will create a document detailing		stored will be reviewed by POC Supervisor(s) to
devices are	LBJ and	those locations.		ensure that it still accurately captures all
stored within the	Ambulatory			locations where i-Stat and Glucometers are used
manufacturer's	Care Services	By 12/2/19, Harris Health will place		and stored. If any new locations are added for
temperature and		temperature & humidity monitoring devices		the i-Stat or Glucometer, the list will be
humidity		in the area or room where the I-stat &		updated.
specifications.		glucometers devices are stored.		
		Nursing staff will at least check once daily		Auditing:

the temperature and humidity of the area where the I-stat and Glucometers are stored and will document each on Harris Health Form No. 284531, *Sterile Storage Temp and Humidity Log*. If it is determined that either the temperature or humidity is out of range per the manufacturer's specifications, nursing staff will not use any devices in the room or area and will escalate to facilities engineering department for remediation and laboratory to notify for instrument issues; and order, collect, and send specimen to the main lab for testing.

Harris Health will also explore the use of remote monitoring of temperature and humidity in the applicable areas.

The i-Stat or Precision Xceed Pro Glucometer has internal fail-safe system that will disable the testing if temperature (environmental specification) is out of the operating range. By 12/2/19, process will be set in place for Nursing Staff to escalate to the Lab Supervisor for instructions for addressing instrument error.

On or before 11/27/19, Harris Health will revise the i-Stat and Glucometer (i-STAT procedure POC.PC.2.570.2.08.02 and Precision Xceeed Glucometer procedure POC.PC.2.500.11.10.03), to address the requirements to maintain temperature and humidity in rooms or areas where the noted devices are stored.

Beginning 12/12/19, Harris Health will conduct weekly audits for compliance that the temperature and humidity logs are being checked daily by nursing to ensure compliance with the manufacturer's specifications. Audits will be conducted for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the QRCs and QGC for review and if necessary, corrective action.

#### **Education:**

Harris Health will educate one hundred percent (100%) of the applicable lab and Nursing Staff members, excluding those who are on approved leave, on the revisions to the procedures for I-stat and glucometers by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included as part of the departmental orientation for new lab and nursing staff members and will be made a part of their annual mandatory education.

G. <u>Hospital 2 failed to follow manufacturer recommended environmental specifications for proper instrument testing conditions. The Facility's Emergency Care (EC) staff failed to follow Hospital (2's) policy for Quality Control for Refrigerator, Freezer and Platelet Incubator.</u>

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that the i-Stat & Glucometer devices are stored within the manufacturer's temperature and humidity specifications.	Executive Vice Presidents for Ben Taub, LBJ and Ambulatory Care Services	By 11/15/19, Point-of-Care (POC) Supervisor(s) will identify all locations where i-Stat and Glucometers devices are stored and will create a document detailing those locations.  By 12/2/19, Harris Health will place temperature & humidity monitoring devices in the area or room where the I-stat & glucometers devices are stored.  Nursing staff will at least check once daily the temperature and humidity of the area where the I-stat and Glucometers are stored and will document each on Harris Health Form No. 284531, Sterile Storage Temp and Humidity Log. If it is determined that either the temperature or humidity is out of range per the manufacturer's specifications, nursing staff will not use any devices in the room or area and will escalate to facilities engineering department for remediation and laboratory to notify for instrument issues; and order, collect, and send specimen to the main lab for testing.  Harris Health will also explore the use of remote monitoring of temperature and humidity in the applicable areas.	12/11/19	Review: Per policy revisions, the list documenting all locations where i-Stat and Glucometers are stored will be reviewed by POC Supervisor(s) to ensure that it still accurately captures all locations where i-Stat and Glucometers are used and stored. If any new locations are added per the i-Stat or Glucometer, the list will be updated.  Auditing: Beginning 12/12/19, Harris Health will conduct weekly audits for compliance that the temperature and humidity logs are being checked daily by nursing to ensure compliance with the manufacturer's specifications. Audits will be conducted for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.  Education: Harris Health will educate one hundred percent (100%) of the applicable lab and

	The i-Stat or Precision Xceed Pro Glucometer has internal fail-safe system that will disable the testing if temperature (environmental specification) is out of the operating range. By 12/2/19, process will be set in place for Nursing Staff to escalate to the Lab Supervisor for instructions for addressing instrument error.  On or before 11/27/19, Harris Health will revise the i-Stat and Glucometer (i-STAT procedure POC.PC.2.570.2.08.02 and Precision Xceeed Glucometer procedure POC.PC.2.500.11.10.03), to address the requirements to maintain temperature and humidity in rooms or areas where the noted devices are stored.	are on approcedum 12/11/19 approved (30) day revisions departments in the control of the control	staff members, excluding those who pproved leave, on the revisions to the res for I-stat and glucometers by 9. Staff members who are on d leave will be educated within thirty is of their return. In addition, the s will be included as part of the ental orientation for new lab and staff members and will be made a part annual mandatory education.
--	---	--	---

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Executive	By 11/27/19, the Lab Directors and CLIA	12/11/19	Review:
ensure protocols	Vice	Medical Directors will revise Harris Health		Beginning on 12/12/19, Lab leadership at
are being followed	Presidents for	Policy 1308, Storage and Operating		each pavilion will also conduct a monthly,
for refrigerators	Ben Taub,	Parameters for Refrigerators, Freezers, and		unannounced drill for three (3) consecutive
storing blood or	LBJ and	Warmers to address the protocol to be		months to ensure staff responds to the
blood products.	Ambulatory	followed to escalate and remediate when		refrigerator alarm in compliance with the
	Care Services	refrigerators not located in the lab that are		procedure outlined in the revised Harris
		storing blood alarm due to the refrigerator		Health Policy 1308, Storage and Operating
		being out of range for temperature.		Parameters for Refrigerators, Freezers, and
				Warmers. Thereafter, or until compliance is
		Harris Health will immediately educate all		evident, unannounced drills will be conducted
		applicable staff, including but not limited to,		quarterly. Any identified fallouts will be
		EC staff members on the revisions to Harris		reported to the QRC and QGC for review and

Health Policy 1308, Storage and Operating Parameters for Refrigerators, Freezers, and Warmers by 12/11/19.	Education: Harris Health will educate one hundred percent (100%) of all applicable staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 1308, Storage and Operating Parameters for Refrigerators, Freezers, and Warmers by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included when the departmental orientation for applicable staff and will be made a part of the applicable staff's mandatory education.
--	--

#### A 145 Patient Rights: Free From Abuse/Harassment

A. <u>Facility failed to ensure patient rights to be free from all forms of abuse and neglect by failing to take timely action to ensure patient care needs were not neglected at Hospital #2 after repeated reports of patients not receiving vital medications on time due to the Labor and Delivery Unit not having access to the required equipment for administration of medication.</u>

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			
Harris Health will establish a comprehensive process for the review and analysis of	Chief Quality and Safety Officer (CSQO)	1. Harris Health will enhance its process for capturing incidents (e.g., eIRS, auditing, rounding, etc.), reviewing and evaluating for determining necessary actions such as root cause analysis (RCA), peer review, and other corrective	The enhanced process and reporting will be initiated by 12/18/19.	Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program using agreed upon metrics and report the results to the Board Quality Committee (BQC).
patient safety and quality incidents.		<ul> <li>measures.</li> <li>Harris Health will develop a process for more extensive tracking and trending of incidents to be reported to the Quality Governance Council (QGC) and Board Quality Committee (BQC).</li> <li>The QAPI plan will be completed by 1/31/20.</li> </ul>		Harris Health will enhance reporting of patient safety and quality incidents to the Quality Governance Council (QGC) and Board Quality Committee (BQC).

B. Facility failed to ensure patient rights to be free from all forms of abuse and neglect by failing to thoroughly investigate and/or respond to an allegation of neglect in accordance with their policies and procedures.

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			
Harris Health will	SVP,	On or before 11/27/19, Harris Health will	12/11/19	Auditing:
ensure it	Corporate	revise Harris Health Policy 3001, Abuse,		Beginning on 12/12/19, Harris Health
appropriately	Compliance	Neglect and Exploitation of Patients, and		will audit for compliance with the
responds to,		Harris Health Policy 3.67, Mandatory		proper classification of incidents of
investigates and		Reporting Requirements and Notification		patient neglect in Harris Health's
reports instances of		Commitment to: (1) update the definition		electronic incident reporting system for

patient neglect.

of "neglect" so that it accurately reflects the CMS guidelines and the CMS definition of neglect; (2) the specific regulatory authority and the contact information to report instances of neglect; and (3) the specific time frame to report substantiated instances of patient neglect

On or before 12/2/19, Harris Health will update its electronic incident reporting system to include the category of "neglect" so that instances of neglect can be appropriately reported, classified, and investigated.

to the appropriate regulatory authorities.

On or before 12/11/19, Harris Health will educate all staff members on the revisions to Harris Health Policy 3001, Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities and Harris Health Policy 3.67, Mandatory Reporting, regarding the following: (1) the updated definition of "neglect,"; (2) Harris Health's responsibility to report instances of neglect; and (3) the new category of "neglect" in Harris Health's electronic incident reporting system.

Harris Health's Office of Corporate Compliance will review the investigation, findings and actions for all allegations of neglect that have been completed by the office of Patient Safety and Risk a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. The results of the audit will be reported to the Quality Review Committee (QRC) and the Quality Governance Council (QGC) for review and remediation if necessary.

In addition, one hundred percent (100%) of the allegations of neglect and the subsequent investigation and findings will be reported to Harris Health's Patient Safety Collaborative by Harris Health Patient Safety and Risk Management departments.

In addition, beginning on 12/12/19, Harris Health will notify the Office of Corporate Compliance when appropriate to ensure that proper reporting to regulatory authorities occurs in accordance with Harris Health Policy 3.67, *Mandatory Reporting* for substantiated instances of patient neglect.

#### **Education:**

Harris Health will educate one hundred percent (100%) of its staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 3001, Abuse, Neglect, and Exploitation of Patients Occurring at

Management to assure adequate efforts	Harris Health System Facilities and
and actions are completed for all	Harris Health Policy 3.67, <i>Mandatory</i>
allegations of neglect.	Reporting by 12/11/19. Staff members
	who are on approved leave will be
	educated within thirty (30) days of
	their return. In addition, the revisions
	to both policies will be made a part of
	the Patient Customer Relations and
	Risk Management departmental
	orientation for new staff members and
	will also be included in Harris Health's
	annual mandatory education.

# A 174 Patient Rights: Restraint or Seclusion

The facility failed to ensure restraints were discontinued at the earliest possible time according to the physician orders and facility policy.

What	<b>Responsible Party</b>	How	Completion	Sustainability
			Date	
Harris Health will	SVP, Corporate	Harris Health Policy 7.02,	12/11/19	Auditing:
ensure that violent	Compliance	Restraint and Seclusion will be		Beginning on 12/12/19, Harris Health will perform
(4 point) restraints		reviewed and revised by 11/27/19		an audit of one hundred percent (100%) of patient
are removed from		to address the requirements that		charts for patients who are placed in violent
patients at the		Harris Health discontinue violent		restraints to determine whether restraints were
earliest		restraints as soon as possible and		removed at the earliest possible opportunity. Audits
opportunity.		assess and monitor the patient's		will be conducted for a period of at least eight (8)
		condition for earliest possible		weeks and until one hundred percent (100%)
		removal.		compliance is evident. Thereafter, Harris Health will
				audit one hundred percent (100%) of patient charts
		By 12/11/19, Harris Health will		quarterly for compliance. Results of the audits will
		educate all applicable staff		be presented at Harris Health's Quality Review
		members on the revisions to		Committees (QRC) and Quality Governance
		Harris Health Policy 7.02		Council (QGC) for review and any necessary
		Restraint and Seclusion, and		corrective action.
		Harris Health's responsibility to		
		assess and monitor a patient's		Education:
		condition on an ongoing basis to		Harris Health will educate one hundred percent
		determine whether and when a		(100%) of applicable Nursing and Medical Staff
		violent restraint can safely be		members, excluding those staff members who are on
		discontinued.		approved leave, on the revisions to Harris Health
				Policy 7.02, Restraint and Seclusion by 12/11/19.
				Staff members on approved leave will be educated
				on the revisions to Harris Health Policy 7.02,
				Restraint and Seclusion within thirty (30) days of their return. In addition, the revisions to Harris
				·
				Health Policy 7.02, <i>Restraint and Seclusion</i> will be
				included in applicable nursing departmental

		orientation and will be made a part of Harris
		Health's annual mandatory education.

#### A 178 Patient Rights: Restraint or Seclusion

The facility failed to have a physician or other Licensed Independent Practitioner (LIP) see the patient face to face within one hour after initiation of a restraint used for the management of violent or self-destructive behaviors. Patients were administered psychotropic medications to control violent behaviors and were not seen face to face within one hour after administration to evaluate the effect of the intervention.

What	Responsible Party	How	Completion	Sustainability
			Date	·
Harris Health will	SVP, Corporate	Harris Health will revise Harris	12/11/19	Auditing:
ensure that a face-	Compliance	Health Policy 7.02, Restraint and		Beginning on 12/12/19, Harris Health will perform
to-face evaluation/		Seclusion by 11/27/19 to require		an audit of one hundred percent (100%) of patient
assessment is		that a face-to-face evaluation be		charts for patients who are placed in violent
performed for all		conducted within one hour after		restraints to determine compliance the requirement
patients who are		the placement of violent restraints		that a face-to-face evaluation is performed within
placed in restraints		and that the face-to-face		one hour of placement of the restraints. Audits will
within one hour		evaluation may not occur		be conducted for a period of at least eight (8) weeks
after the initiation		simultaneously with the		and until one hundred percent (100%) compliance is
of the restraint(s).		assessment to determine the need		evident. Thereafter, Harris Health will audit of one
		for the placement of the restraint.		hundred percent (100%) of patient charts monthly
				for compliance. Results of the audits will be
		By 12/11/19, Harris Health will		presented at Harris Health's Quality Review
		educate all members of its		Committees (QRC) and Quality Governance
		Medical Staff on the revisions to		Council (QGC) for review and any necessary
		Harris Health Policy 7.02,		corrective action.
		Restraint and Seclusion regarding		
		the requirement that Medical		Education:
		Staff members must timely assess		Harris Health will educate one hundred percent
		their patients after placing an		(100%) of applicable Nursing and Medical Staff
		order for restraints and must		members, excluding those staff members who are on
		conduct a face-to-face evaluation		approved leave, on the revisions to Harris Health
		within one hour after placing an		Policy 7.02, Restraint and Seclusion by 12/11/19.
		order for restraints.		Staff members on approved leave will be educated
				on the revisions to Harris Health Policy 7.02,
				Restraint and Seclusion within thirty (30) days of

their return. In addition, the revisions to Harris Health Policy 7.02, <i>Restraint and Seclusion</i> will be included in applicable nursing departmental
orientation and will be made a part of Harris Health's annual mandatory education.

What	Responsible Party	How	Completion	Sustainability
	·		Date	•
Ensure adherence	Senior Vice	By 11/27/19, Harris Health will	12/11/19	Auditing:
to Harris Health's	President,	revise Harris Health Policy 7.02,		Beginning on 12/12/19, Harris Health will monitor
prohibition on the	Corporate	Restraint and Seclusion to more		compliance Harris Health's prohibition on the use of
use of chemical	Compliance	strongly emphasize Harris		chemical restraints, by monitoring the volume of
restraints and that		Health's prohibition on the use of		medications that are used to treat psychiatric
patients are <i>only</i>		chemical restraints and clarify		conditions to ensure that those medications are
administered		that psychoactive medication may		being ordered and used appropriately and are not
psychoactive		only be administered in		being used as a chemical restraint. Specifically,
medication when		accordance with Harris Health		Harris Health will audit ten (10) charts of patients
either written		Policy 7.26, Consent to Treatment		whose physician ordered psychoactive medication
consent has been		with Psychoactive Medication.		per week per Harris Health hospital (i.e. Ben Taub
obtained or in				Hospital, LBJ Hospital, and ACS) for at least eight
response to a		By 11/27/19, Harris Health will		(8) weeks and until one hundred percent (100%)
psychiatric		revise Harris Health Policy 7.26,		compliance is achieved. Further, at least seven (7)
emergency.		Consent to Treatment with		of the ten (10) charts reviewed for Ben Taub
		Psychoactive Medication, to		Hospital and LBJ Hospital will be charts of patients
		include the documentation		who were seen and treated in either the Ben Taub
		requirements when psychoactive		Emergency Center or the LBJ Emergency Center.
		medication is being administered		Thereafter, Harris Health will audit fifty (50) patient
		in response to a psychiatric		charts per hospital each quarter for compliance.
		emergency and requirement that		Audit results will be presented at the Quality
		written consent must be obtained		Review Committee (QRC) and the Quality
		when administering psychoactive		Governance Council (QGC) for review and
		medication in the absence of a		correction action if necessary.
		psychiatric emergency.		
				In addition, beginning on12/12/19, Harris Health
		By 12/11/19, Harris Health will		will audit for compliance the requirements set forth

educate applicable medical and nursing staff members on the revisions to Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication.

By 12/11/19, Harris Health will revise the Epic Order Set used to order psychoactive drugs to alert providers when written consent for the use of psychoactive medications is required and facilitate and enable providers to satisfy the documentation requirements when psychoactive medication is being administered due to a psychiatric emergency.

in Harris Health Policy 7.26, Consent to Treatment with Psychoactive Medication regarding the requirement to obtain written consent when psychoactive medication is administered in the absence of a psychiatric emergency and the documentation requirements when psychoactive medication is administered in response to a psychiatric emergency for eight (8) weeks or until one hundred percent (100%) compliance is evident. Specifically, Harris Health will audit for compliance ten (10) patient charts per week per hospital and at least seven (7) of the ten (10) charts reviewed for Ben Taub Hospital and LBJ Hospital will be charts of patients who were seen and treated in the Ben Taub Emergency Center and the LBJ Emergency Center. Thereafter, Harris Health will audit fifty (50) patient charts at each hospital each quarter for compliance to include patients treated in the emergency centers. Audit results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and necessary corrective action.

#### **Education:**

Harris Health will educate one hundred percent (100%) of Nursing and Medical staff members, excluding those who are on approved leave, who work in Harris Health's emergency centers and Behavioral Health units on the revisions to Harris Health Policy 7.26, *Consent to Treatment with Psychoactive Medication* by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, Harris Health will include education on the requirements set forth Harris Health Policy 7.26,

Consent to Treatment with Psychoactive Medication regarding the administration of psychoactive medication to all Nursing Staff members as part of
their departmental orientation and as part of the annual mandatory education. Finally, all of Harris Health's Medical Staff will be educated on the
requirements set forth in Harris Health Policy 7.26,  Consent to Treatment with Psychoactive Medication as part of their orientation.

#### **A 263 QAPI**

A. The hospital system failed to follow their own Quality Manual 2019 to assist the pavilions with oversight, support or continual improvement of quality patient care to ensure safe and efficient treatment in Hospital #1 and #2 and Outpatient Services (ACS) of 3 Pavilions.

What	Responsible Party	How	<b>Completion Date</b>	Sustainability
Harris Health	Chief Quality	1. Harris Health will conduct a gap analysi	s 12/18/19	Harris Health will ensure
will establish a	and Patient	to identify deficiencies and opportunitie	s	documentation of the gap analysis
robust QAPI	Safety	for improvement in the requirements.		and a QAPI Corrective Action Plan
program that	Officer	2. Based on the gap analysis, Harris Health	1	(CAP) to include specific
meets the	(CQSO)	will develop a comprehensive action pla	ın	milestone and timelines.
requirements of		to address identified deficiencies and		
the Conditions of		opportunities for improvement (QAPI		Harris Health will provide monthly
Participation and		CAP), including but not limited to:		reporting of progress to the Harris
the accreditation		a. QAPI structure to ensure appropriate	;	Health Quality Governance
requirements.		and coordinated activities and oversi	ght	Council (QGC) and the Board of
		across the system (Board of Trustees	;/	Trustees (BOT)/Board Quality
		system/pavilion/ department/unit).		Committee (BQC).
		b. QAPI activities and processes		
		prioritized according to high risk, high	gh	Harris Health's CQSO will
		volume and/or problem-prone areas.		conduct an annual assessment of
		c. Measurement system for data and		the effectiveness of the QAPI
		relevant metrics to measure and		Program and report the results to
		monitor the effectiveness and safety	of	the BQC.
		services and quality of care.		
		d. Performance improvement (PI) proce	ess	
		that includes a documented and		
		systematic approach to identifying,		
		selecting and reporting PI initiatives.		
		This approach will consider criteria		
		such as regulatory requirements, pati	ent	
		safety, and health outcomes and		
		progress.		

e. Executive ownership (board and senior	
leadership).	

B. Facility's Quality Assessment Performance Improvement Committee failed to develop and implement a robust system which addressed all aspects of dialysis care and services in the facility (Hospital #1). Failed to ensure staff providing care and services to patients receiving hemodialysis treatment were assessed for competency.

What	Responsible Party	How	<b>Completion Date</b>	Sustainability
Harris Health will develop a comprehensive Dialysis Services QAPI Plan.	Chief Quality and Safety Officer	<ol> <li>Harris Health will develop a comprehensive Dialysis Services QAPI Plan that includes the formation of a Performance Improvement Committee (PIC) and identification of indicators appropriate for the patient population served and the services provided.</li> <li>The Dialysis Services QAPI Plan will identify activities and processes that require measurement, monitoring and reporting to the Quality Governance Council (QGC) and Board Quality Committee (BQC), including personnel competency requirements.</li> <li>Harris Health will establish criteria for frequency of reporting Dialysis Services QAPI activities to the QGC and BQC, including when not meeting established quality metrics or targets for goals, processes, and personnel.</li> <li>The Dialysis Services QAPI Plan will be implemented by 1/31/20.</li> </ol>	The QAPI plan development will be initiated by 12/18/19.	Harris Health will ensure documentation of Dialysis Services QAPI Plan.  Harris Health will report Dialysis Services QAPI activities, processes and results/metrics to Quality Governance Council (QGC) and Board Quality Committee (BQC) according to established standards and criteria.  Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.

C. The hospital system failed to take timely action to ensure patient care needs were not neglected at Hospital #2 after repeated reports of patients not receiving vital medications on time due to the Labor and Delivery Unit not having access to the required equipment for administration of medication.

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			
Harris Health will establish a comprehensive process for the review and analysis of patient safety and quality incidents.	Chief Quality and Safety Officer	Harris Health will enhance its process for capturing incidents (e.g., eIRS, auditing, rounding, etc.), reviewing and evaluating for determining necessary actions such as root cause analysis (RCA), peer review, and other corrective measures.  Harris Health will develop a process for more extensive tracking and trending of incidents to be reported to the Quality Governance Council (QGC) and Board Quality Committee (BQC).  The enhanced process and reporting will be	The development of the enhanced process and reporting will be initiated by 12/18/19.	Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program using agreed upon metrics and report the results to the Board Quality Committee (BQC).  Harris Health will enhance reporting of patient safety and quality incidents to the Quality Governance Council (QGC) and BQC.
		implemented by 1/31/20.		

D. The hospital system failed to ensure the laboratory services were integrated into the hospital-wide QAPI program and failed to implement strategies and monitor the effectiveness of corrective actions the laboratory implemented.

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			
Harris Health	Chief Quality	1. Harris Health will develop a	The QAPI plan	Harris Health will ensure documentation
will develop a	and Safety	comprehensive Laboratory Services QAPI	development will be	of Laboratory Services QAPI Plan.
comprehensive	Officer	Plan that includes the formation of a PIC	initiated by 12/18/19.	
Laboratory		and identification of indicators appropriate		Harris Health will report Laboratory
Services QAPI		for the patient population served and the		Services QAPI activities, processes and
Plan.		services provided.		results/metrics to Quality Governance
		2. The Laboratory Services QAPI Plan will		Council (QGC) and Board Quality
		identify activities and processes that		Committee (BQC) according to
		require measurement, monitoring and		established standards and criteria.

reporting to the Quality Governance	
Committee (QGC) and Board Quality	Harris Health's CQSO will conduct an
Committee (BQC).	annual assessment of the effectiveness of
3. Harris Health will establish criteria for	the QAPI Program and report the results
frequency of reporting Laboratory Service	to the BQC.
QAPI activities to the QGC and BQC,	
including when not meeting established	
quality metrics or targets for goals,	
processes, and personnel.	
4. Harris Health will establish a process for	
policy creation, revision, and approval that	
is aligned with the system policy office.	
5. The Laboratory Services QAPI Plan will	
be implemented by 1/31/20.	

## E. The hospital system failed to include contracted services in the QAPI process to ensure patient safety.

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			
Harris Health	Chief Quality	1. Harris Health will develop a	The QAPI plan	Harris Health will ensure documentation
will establish a	and Safety	comprehensive QAPI Plan for Contracted	development will be	of QAPI plan for Contracted Services.
comprehensive	Officer	Services that includes the formation of a	initiated by 12/18/19.	
QAPI plan		contracting oversight committee.		Harris Health will provide review and
for contracted		2. Harris Health will establish a		reporting of contracted services through
services.		comprehensive list of metrics for		the QGC and BQC, including regular
		evaluating and monitoring effectiveness of		reporting of standardized key quality
		the quality of patient care services		indicators for contracted services and
		delivered by contractors.		reporting of exceptions and related
		3. Harris Health will establish a process for		corrective action plans.
		reporting to the Quality Governance		
		Committee (QGC) and Board Quality		Harris Health's CQSO will conduct an
		Committee (BQC)/BOT on contracted		annual assessment of the effectiveness of
		patient care services arrangements		the QAPI Program and report the results
		including regular reporting of standardized		to the BQC.
		key quality indicators for Contracted		

Services and reporting of exceptions and related corrective action plans and recommendations for retention according to renewal schedules.	
4. The QAPI Plan for Contracted Services	
will be implemented by 1/31/20.	

#### A 283 Quality Improvement Activities

A. The hospital system failed to follow their own Quality Manual 2019 to assist the pavilions with oversight, support or continual improvement of quality patient care to ensure safe and efficient treatment in Hospital #1 and #2 and Outpatient Services (ACS) of 3 Pavilions.

What	Responsible Party	How	<b>Completion Date</b>	Sustainability
Harris Health	Chief Quality	1. Harris Health will conduct a gap analysis	12/18/19	Harris Health will ensure
will establish a	and Patient	to identify deficiencies and opportunities		documentation of the gap analysis
robust QAPI	Safety	for improvement in the requirements.		and a QAPI Corrective Action Plan
program that	Officer			(CAP) to include specific
meets the	(CQSO)	2. Based on the gap analysis, Harris Health		milestone and timelines.
requirements of		will develop a comprehensive action plan		
the Conditions of		to address identified deficiencies and		Harris Health will provide monthly
Participation and		opportunities for improvement (QAPI		reporting of progress to the Harris
the accreditation		CAP), including but not limited to:		Health Quality Governance
requirements.		a. QAPI structure to ensure		Council (QGC) and the Board of
		appropriate and coordinated		Trustees (BOT)/Board Quality
		activities and oversight across the		Committee (BQC).
		system (Board of Trustees/		
		system/pavilion/ department/unit).		Harris Health's CQSO will
		b. QAPI activities and processes		conduct an annual assessment of
		prioritized according to high risk,		the effectiveness of the QAPI
		high volume and/or problem-prone		Program and report the results to
		areas.		the BQC.
		c. Measurement system for data and		
		relevant metrics to measure and		
		monitor the effectiveness and		
		safety of services and quality of		
		care.		
		d. Performance improvement (PI)		
		process that includes a documented		
		and systematic approach to		
		identifying, selecting and reporting		

PI initiatives. This approach will	
consider criteria such as regulatory	
requirements, patient safety, and	
health outcomes and progress.	
e. Executive ownership (board and	
senior leadership).	

B. <u>Facility's Quality Assessment Performance Improvement Committee failed to develop and implement a robust system which addressed all aspects of dialysis care and services in the facility (Hospital #1). Failed to ensure staff providing care and services to patients receiving hemodialysis treatment were assessed for competency.</u>

What	Responsible Party	How	<b>Completion Date</b>	Sustainability
Harris Health will develop a comprehensive Dialysis Services QAPI Plan.	Chief Quality and Safety Officer	<ol> <li>Harris Health will develop a comprehensive Dialysis Services QAPI Plan that includes the formation of a Performance Improvement Committee (PIC) and identification of indicators appropriate for the patient population served and the services provided.</li> <li>The Dialysis Services QAPI Plan will identify activities and processes that require measurement, monitoring and reporting to the Quality Governance Council (QGC) and Board Quality Committee (BQC), including personnel competency requirements.</li> <li>Harris Health will establish criteria for frequency of reporting Dialysis Services QAPI activities to the QGC and BQC, including when not meeting established quality metrics or targets for goals, processes, and personnel.</li> <li>The Dialysis Services QAPI Plan will be</li> </ol>	The QAPI plan development will be initiated by 12/18/19.	Harris Health will ensure documentation of Dialysis Services QAPI Plan.  Harris Health will report Dialysis Services QAPI activities, processes and results/metrics to QGC and BQC according to established standards and criteria.  Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.

implemented by 1/31/20.	implemented by 1/31/20.		
-------------------------	-------------------------	--	--

C. The hospital system failed to take timely action to ensure patient care needs were not neglected at Hospital #2 after repeated reports of patients not receiving vital medications on time due to the Labor and Delivery Unit not having access to the required equipment for administration of medication.

Responsible	How	<b>Completion Date</b>	Sustainability
Party			
Chief Quality and Safety Officer	<ol> <li>Harris Health will enhance its process for capturing incidents (e.g., eIRS, auditing, rounding, etc.), reviewing and evaluating for determining necessary actions such as root cause analysis (RCA), peer review, and other corrective measures.</li> <li>Harris Health will develop a process for more extensive tracking and trending of incidents to be reported to the Quality Governance Council (QGC) and Board Quality Committee (BQC).</li> <li>The enhanced process and reporting will</li> </ol>	The development of the enhanced process and reporting will be initiated by 12/18/19.	Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.  Harris Health will enhance reporting of patient safety and quality incidents to the Quality Governance Council (QGC) and Board Quality Committee (BQC).
	Party Chief Quality and Safety	Party  Chief Quality and Safety  Officer  1. Harris Health will enhance its process for capturing incidents (e.g., eIRS, auditing, rounding, etc.), reviewing and evaluating for determining necessary actions such as root cause analysis (RCA), peer review, and other corrective measures.  2. Harris Health will develop a process for more extensive tracking and trending of incidents to be reported to the Quality Governance Council (QGC) and Board Quality Committee (BQC).	Chief Quality and Safety  Officer  1. Harris Health will enhance its process for capturing incidents (e.g., eIRS, auditing, rounding, etc.), reviewing and evaluating for determining necessary actions such as root cause analysis (RCA), peer review, and other corrective measures.  2. Harris Health will develop a process for more extensive tracking and trending of incidents to be reported to the Quality Governance Council (QGC) and Board Quality Committee (BQC).  3. The enhanced process and reporting will

D. The hospital system failed to ensure the laboratory services were integrated into the hospital-wide QAPI program and failed to implement strategies and monitor the effectiveness of corrective actions the laboratory implemented.

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			
Harris Health	Chief Quality	1. Harris Health will develop a	The QAPI plan	Harris Health will ensure documentation
will develop a	and Safety	comprehensive Laboratory Services QAPI	development will be	of Laboratory Services QAPI Plan.
comprehensive	Officer	Plan that includes the formation of a PIC	initiated by 12/18/19.	
Laboratory		and identification of indicators appropriate		Harris Health will report Laboratory
Services QAPI		for the patient population served and the		Services QAPI activities, processes and
Plan.		services provided.		results/metrics to Quality Governance
		2. The Laboratory Services QAPI Plan will		Council (QGC) and Board Quality

iden	tify activities and processes that	Committee (BQC) according to
	ire measurement, monitoring and	established standards and criteria.
	orting to the Quality Governance	established standards and effection
_	ncil (QGC) and Board Quality	Harris Health's CQSO will conduct an
	nmittee (BQC).	annual assessment of the effectiveness of
	ris Health will establish criteria for	the QAPI Program and report the results
	uency of reporting Laboratory Service	to the BQC.
_	PI activities to the Quality Governance	to the BQC.
	ncil (QGC) and Board Quality	
	nmittee (BQC), including when not	
	` ` ` ' ' '	
	ting established quality metrics or	
1	ets for goals, processes, and personnel.	
	ris Health will establish a process for	
_	cy creation, revision, and approval that	
	igned with the system policy office.	
	Laboratory Services QAPI Plan will	
be in	mplemented by 1/31/20.	

## E. The hospital system failed to include contracted services in the QAPI process to ensure patient safety.

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			
Harris Health will establish a comprehensive QAPI plan for contracted services.	Chief Quality and Safety Officer	<ol> <li>Harris Health will develop a comprehensive QAPI Plan for Contracted Services that includes the formation of a contracting oversight committee.</li> <li>Harris Health will establish a comprehensive list of metrics for evaluating and monitoring effectiveness of the quality of patient care services delivered by contractors.</li> <li>Harris Health will establish a process for</li> </ol>	The QAPI plan development will be initiated by 12/18/19.	Harris Health will ensure documentation of QAPI plan for Contracted Services.  Harris Health will provide review and reporting of contracted services through the QGC and Board of Trustees Quality Committee, including regular reporting of standardized key quality indicators for contracted services and reporting of exceptions and related corrective action
		reporting to the QGC and BQC/BOT on		plans.
		contracted patient care services arrangements including regular reporting		Harris Health's CQSO will conduct an

of standardized key quality indicators for	annual assessment of the effectiveness of
Contracted Services and reporting of	the QAPI Program and report the results
exceptions and related corrective action	to the BQC.
plans and recommendations for retention	
according to renewal schedules.	
4. The QAPI Plan for Contracted Services	
will be implemented by 1/31/20.	

There was no evidence that the Facility's QAPI program ensured staff providing care and services to patients receiving hemodialysis treatment were assessed for competency.

What	Responsible Party	How	<b>Completion Date</b>	Sustainability
Harris Health will ensure that staff have demonstrated competency in hemodialysis water training.	Chief Nursing Executive	Hemodialysis Program Manager will develop a water training competency and skills checklist and ensuring completion of annual hemodialysis and hemodialysis water training, competencies and skills for Hemodialysis Registered Nurses and Dialysis Technicians.  Annual Water Training and Education requirements will be included in orientation and the mandatory annual competencies education matrix for all hemodialysis Registered Nurses and dialysis technicians.	10/1/19	Auditing: Harris Health will be responsible for ensuring one hundred percent (100%) of current hemodialysis nurses and technicians have demonstrated competency in hemodialysis water training. Monthly audits of personnel records will be conducted by Harris Health to identify staff members who need to complete annual hemodialysis water training competency and skills checklist and will schedule training for all hemodialysis nurses and technicians. All hemodialysis nurses and technicians must complete all required training per educational calendar and hemodialysis annual competencies matrix. Educational compliance will be reported monthly to Acute Care Nephrology Dialysis Performance Improvement Committee (PIC) and presented at the Quality

Review Committees (QRC) and
Quality Governance Council (QGC) for
review and if necessary corrective
action.
QAPI:
Harris Health will initiate the
development of a Dialysis
department/service level QAPI Plan by
12/18/19 that includes the formation of
a Performance Improvement
<u> </u>
Committee with a uniform agenda,
identification of metrics/indicators
appropriate for measuring the quality
and safety of care for the population
served and the services provided and
reporting to the respective Quality
Review Committees (QRC), Quality
Governance Council (QGC) and/or the
Board Quality Committee (BQC) based
on established criteria.
<b>Education:</b>
One hundred percent (100%) of
hemodialysis nursing staff and
hemodialysis technicians must
complete all required training in
orientation and on the hemodialysis
annual competencies matrix.
Compliance with education
requirements will be reported monthly
to the Acute Care Nephrology Dialysis
PIC and presented to the Quality
Review Committees (QRC) and the
Quality Governance Council (QGC) for

	review and corrective action if
	necessary.

The hospital failed to ensure the Hospital #1 transfusion of blood/blood components procedure included objectively defined transfusion reaction signs and symptoms to ensure transfusion reactions were promptly investigated.

	npletion Date	Sustainability
Harris Health will ensure the Nursing Executive Substitute Party P		Auditing: Beginning 12/12/19, Harris Health will audit one hundred percent (100%) of patient charts per week for completion of required vital signs, identification of transfusion reaction signs and symptoms and physician notification at each pavilion for a minimum of eight weeks and until one hundred percent (100%) compliance with identification of a transfusion reaction from signs and symptoms of transfusion reactions.  Thereafter, Harris Health will audit fifty (50) patient charts at each pavilion, each quarter for compliance. Audit results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and necessary corrective action.  Education: Harris Health will provide education on blood transfusion vital signs, reaction signs and symptoms with specific parameters and ranges, including the

symptoms and intervention, and specific signs	required notification to the physician and
and symptoms of a suspected transfusion	to one hundred percent (100%) of nursing
reaction.	staff, excluding staff members who are
	on approved leave. Staff members who
On or before 12/12/19, a monitoring plan will	are on approved leave will be educated
be developed and implemented to monitor the	immediately upon their return. New
identification of transfusion reactions and	members of Harris Health's nursing staff
physician notification of a suspected	will receive education and training on
transfusion reaction.	blood transfusion reaction signs and
	symptoms in orientation and all nursing
	staff will be educated on the same as part
	of their annual required
	education/competencies.

# A 308 QAPI Governing body, Standard Tag

No contracted services were monitored through the QAPI process for any of the pavilions.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will establish a comprehensive QAPI plan for contracted services.	Chief Quality and Safety Officer	<ol> <li>Harris Health will develop a comprehensive QAPI Plan for Contracted Services that includes the formation of a contracting oversight committee.</li> <li>Harris Health will establish a comprehensive list of metrics for evaluating and monitoring effectiveness of the quality of patient care services delivered by contractors.</li> <li>Harris Health will establish a process for reporting to the Quality Governance Council (QGC) and Board of Trustees Quality Committee (BQC)/Board of Trustees on contracted patient care services arrangements including regular reporting of standardized key quality indicators for Contracted Services and reporting of exceptions and related corrective action plans and recommendations for retention according to renewal schedules.</li> <li>The QAPI Plan for Contracted</li> </ol>	Development of a QAPI plan for contracted services will be initiated by 12/18/19.	Harris Health will ensure documentation of QAPI plan for Contracted Services.  Harris Health will provide review and reporting of contracted services through the QGC and BQC including regular reporting of standardized key quality indicators for contracted services and reporting of exceptions and related corrective action plans.  Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.

	Services will be implemented by	
	1/31/20.	

## A 385 Nursing Services

A. The hospital failed to ensure that clear lines of authority had been established to show there was only one hospital wide unified nursing service.

What	Responsible	How	Completio	Sustainability
	Party		n Date	·
Harris Health will	Harris Health	Harris Health has established that the Chief	12/05/19	BOT Minutes indicating approval of the
ensure that a	System Chief	Nursing Executive is the accountable		nursing restructure.
unified nursing	Executive	individual for nursing practice for Harris		
structure is	Officer	Health, assuring evidence-based practice,		
established with		fiscal decisions, and strategic planning for the		
clear lines of		provision of nursing care are unified across the		
administrative		pavilions. The Chief Nursing Executive is an		
authority of the		Executive Vice President position and reports		
Nursing Services to		directly to the Chief Executive Officer. The		
the Chief Nurse		three (3) Chief Nursing Officers for Ben Taub,		
Executive.		LBJ, and Ambulatory Care Services report		
		directly to the Chief Nursing Executive.		
		Harris Health's PeopleSoft HRIS system has		
		also been revised to reflect the reporting		
		structure related to the Chief Nursing		
		Executive.		
		Harris Health's Chief Executive Officer		
		notified Harris Health's Executive Leadership		
		Team of the reporting changes related to the		
		Chief Nursing Executive		
		On or before 11/20/19, all staff members will		
		receive an official communication from the		
		Chief Executive Officer communicating and		
		reinforcing Harris Health's organization		
		structure for nursing services, with the Chief		

Nursing Executive as the accountable individual for nursing practice for Harris Health.		
On 12/5/19, Harris Health will obtain approval from the Harris Health Board of Trustees of the nursing restructure.		

Nursing staff failed to clearly document wound care orders and implement preventative measures for patients at risk for skin breakdown and to prevent further skin breakdown for patients with wounds.

What	Responsible	How	Completion Date	Sustainability
	Party			
Harris Health will	Chief	By 11/27/19, Harris Health will develop a	12/11/19	Auditing:
ensure that nursing	Nursing	standardized smart text note for WOCN note to		Harris Health will audit one hundred
staff document	Executive	include pertinent wound information and		percent (100%) of charts for patients with
wound care orders		treatment.		pressure injuries per week for Ben Taub
and adhere to				Hospital, and one hundred percent (100%)
recommendations		To ensure nursing staff adhere to physician		of charts for LBJ Hospital for at least
from Wound		wound care orders, Harris Health will develop		eight (8) weeks and until one hundred
Ostomy		an Epic Order Set used to order wound care		percent (100%) compliance with wound
Continence Nurse		interventions by 11/27/19.		care orders and recommendations.
(WOCN).				Thereafter, Harris Health will audit 50
( = == .).		By 12/11/19 Harris Health will provide		patient charts at each hospital, each
		education on adherence to wound care orders		quarter for compliance. Audits will be
		and recommendations to Harris Health's		reviewed by Directors of Nursing, and
		Nursing Staff. Harris Health will also provide		deficiencies will be remedied in real time.
		targeted education on the order sets to Medical		Audit results will be presented at the
		Staff members.		Quality Review Committees (QRC) and
		Starr memoers.		Quality Governance Council (QGC) for
		Harris Health Policy 431, Pressure Injury		review and if necessary, corrective action.
		Prevention and Treatment will be reviewed to		review and it necessary, corrective action.
				Education
		ensure all components of wound care		Education:
		prevention, identification and assessment are		Harris Health will provide targeted

addressed. Wound Care Program Managers will standardize and implement a Hospital Acquired Pressure Injury audit tool for validation of appropriate patient prevention actions to ensure compliance.	education to one hundred percent (100%) of the Nursing Staff, excluding those staff members who are on approved leave, on adherence to wound care orders and recommendations by 12/11/19. Staff members who are on approved leave, will complete the education within thirty (30) days of their return. Harris Health's Nursing Staff will receive education and training on adherence to wound care orders and recommendations as part of their orientation.
	Order set training will be included in Medical Staff orientation and annual education.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Ensure that nursing	Chief	Harris Health Policy 431, Pressure Injury	12/11/19	Monitoring:
staff prevent,	Nursing	Prevention and Treatment will be reviewed		Harris Health will audit one hundred
identify and assess	Executive	to ensure all components of wound care		percent (100%) of patients with Braden
avoidable pressure		prevention, identification and assessment are		Score of 18 or less from Ben Taub and LBJ
ulcers/injuries		addressed. Wound Care Program Managers		Hospital for at least eight (8) weeks and
		will standardize and implement a Hospital		until one hundred percent (100%)
		Acquired Pressure Injury audit tool for		compliance with actions to prevent,
		validation of appropriate patient prevention		identify, and asses pressure injuries.
		actions to ensure compliance. In addition, an		Thereafter, Harris Health will audit thirty
		audit will be developed to validate proper		(30) patient charts at each hospital each
		use of the Braden scoring system. This		quarter for compliance. Audit results will
		initiative will be completed by 11/27/19.		be presented at the Quality Review
				Committee (QRC) and Quality Governance
		By 12/11/19, Harris Health will provide		Council (QGC) for review and if necessary
		targeted education on the prevention,		corrective action

identification and assessment for avoidable	
pressure injuries to the Nursing Staff. Harris	Education:
Health's Nursing Staff will receive education	Harris Health will provide education to one
and training on education on the prevention,	hundred percent (100%) of the Nursing
identification, and assessment for avoidable	Staff, excluding those who are on approved
pressure injuries as part of their orientation	leave, on the prevention, identification, and
and in annual required	assessment for avoidable pressure injuries
education/competencies.	by 12/11/19. Staff members who are on
	approved leave will complete the education
	within thirty (30) days of their return.
	Education on the prevention, identification,
	and assessment for avoidable pressure
	injuries will be included in orientation and
	annual required education /competencies.

## B. Nursing staff failed to conduct assessments and measurements of wounds to determine if current treatments are effective.

What	Responsible	How	Completi	Sustainability
	Party		on Date	
To provide safe	Chief	On or before 11/27/19, Harris Health Policy	12/11/19	Monitoring:
patient care, Harris	Nursing	431, Pressure Injury Prevention and		Beginning on 12/12/19, Harris Health will
Health nursing staff	Executive	Treatment will be revised to clarify		audit one hundred percent (100%) of charts
will conduct skin		frequency of pressure injury assessment,		for patients with pressure injuries per week for
assessments and		from twice daily to every shift.		Ben Taub Hospital and for LBJ Hospital for a
document				minimum of eight (8) weeks and until one
measurements of		Harris Health will provide targeted education		hundred percent (100%) compliance with the
wounds to		on the revisions to Harris Health Policy 431,		assessment and documentation requirements
determine		Pressure Injury Prevention and Treatment to		in Harris Health Policy 431, <i>Injury Prevention</i>
effectiveness of		the Nursing Staff.		and Treatment. Thereafter, Harris Health will
treatments.				audit fifty (50) patient charts at each hospital,
				each quarter for compliance. Audit results will
				be reported to the QRCs and QGC for review
				and if necessary, corrective action.
				-
				<b>Education:</b>

	Harris Health will provide education to one
	hundred percent (100%) of the Nursing Staff,
	excluding those who are on approved leave,
	on the revisions to Harris Health Policy 431,
	Pressure Injury Prevention and Treatment by
	12/11/19. Staff members who are on approved
	leave will complete the education within thirty
	(30) days of their return. Harris Health's
	Nursing Staff will receive education and
	training on Harris Health Policy 431, <i>Pressure</i>
	Injury Prevention and Treatment in
	orientation and as part of their annual required
	education/competencies.

C. Nursing staff failed to prevent, identify and assess avoidable pressure ulcers/injuries.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	Harris Health Policy 431, Pressure Injury	12/11/19	Review:
ensure that nursing	Nursing	Prevention and Treatment will be reviewed		Harris Health nursing unit leaders will
staff prevent,	Executive	to ensure all components of wound care		conduct weekly leadership skin rounds and
identify and assess		prevention, identification and assessment are		real-time coaching and progressive
avoidable pressure		addressed. Wound Care Program Managers		counseling as indicated on all patients with
ulcers/injuries.		will standardize and implement a Hospital		Braden score 18 or less for appropriate
		Acquired Pressure Injury audit tool for		interventions. The completion of leadership
		validation of appropriate patient prevention		rounds and results will be reported each
		actions to ensure compliance. In addition,		week to the Pavilion Chief Nursing Officer.
		an audit will be developed to validate proper		Completion of weekly leadership rounds and
		use of the Braden scoring system. This		results will be reported monthly to the Harris
		initiative will be completed by 11/27/19.		Health Chief Nursing Executive, and to the
				Quality Review Committees (QRC).
		By 12/11/19, Harris Health will provide		
		targeted education on the prevention,		Auditing:
		identification, and assessment for avoidable		Beginning on 12/12/19, Harris Health will
		pressure injuries to one hundred percent		audit for compliance with actions to prevent,

(100%) of the nursing staff. Harris Health's nursing staff will receive education and training on education on the prevention, identification, and assessment for avoidable pressure injuries as part of their orientation and in annual required education/competencies.	identify, and asses pressure injuries through chart reviews for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is evident and then quarterly thereafter. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.
	Education: Harris Health will educate one hundred percent (100%) of appropriate nursing staff members, excluding those who are on approved leave, regarding the prevention, identification, and assessment for avoidable pressure injuries by 12/11/19. Staff members on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new nursing staff members' departmental orientation and will be made a part of Harris Health's annual mandatory education.

# Hospital #2 failed to provide nurse staffing per policy in the Medical ICU for the time period of August 1-31, 2019.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	Staffing grids will be reviewed and revised	12/18/19	Auditing:
ensure a plan for	Nursing	as necessary to reflect appropriate staffing		Beginning on 12/12/19, Harris Health will
adequate ICU	Executive	ratios by 11/27/19.		audit Harris Health's compliance with the
nursing staffing.				staffing grid and plan through direct
		Beginning 11/27/19 staffing plans for ICU at		observation for a period of at least eight
		LBJ will be reviewed annually and modified		weeks or until 100% compliance is evident,
		to plan for an adequate number and skill mix		and then quarterly thereafter. Results of the
		for the patient care needs for patients in the		audit will be reported to the Quality Review

ICII Feedback from the Ctoffine Admin-	Committees (ODC) and the Quality
ICU. Feedback from the Staffing Advisory	Committees (QRC) and the Quality
Committee will be included and the plans	Governance Council (QGC) for review and
will be approved by the Governing Body.	any necessary corrective action.
A shift assignment staffing worksheet will	Education:
be developed by 11/22/19 to reflect the	Harris Health will educate one hundred
staffing grid and staffing plan for the unit to	percent (100%) of LBJ ICU Charge Nurses,
provide a tool and resource to assist charge	excluding those who are on approved leave,
nurses with appropriate staffing assignments	regarding updated staffing plans, resource
to meet patient needs.	utilization, and escalation of staffing
to meet patient needs.	concerns by 12/11/19. Staff members who
An education plan will be developed by	are on approved leave will be educated on
12/11/19 to educate Charge Nurses on the	the revisions within thirty (30) days of their
	return. In addition, the revisions will be
use of staffing grids as well as inform	· · · · · · · · · · · · · · · · · · ·
appropriate personnel on the staffing plan for	included as part of all new LBJ ICU Charge
the LBJ ICU. Education will include staffing	Nurses' and House Supervisors'
plan, resource utilization, and escalation of	departmental orientation.
staffing concerns.	
Harris Health will provide targeted	
education to identified applicable staff,	
including LBJ ICU Charge Nurses and	
House Supervisors on the LBJ ICU staffing	
plan to 100% of the designated staff. LBJ	
ICU Charge Nurses and House Supervisors	
will receive education and training on the	
staffing plan for LBJ ICU as part of	
orientation to their role.	
orientation to their role.	

Facility failed to ensure training and competencies were current for nurses administering moderate sedation.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	On 10/14/19, the method used to track	12/11/19	Review:
ensure training and	Nursing	annual training requirements for nurses who		A monthly review of all nurses eligible to

competencies are	Executive	perform moderate sedation was reviewed	perform moderate sedation will be
current for nurses		and modified to clarify expiration dates for	performed by the pavilion Chief Nursing
administering		training. All nurses eligible to perform	Officers and will be reported monthly to the
noderation		moderate sedation will be notified of the	Chief Nursing Executive.
sedation.		modifications to the training plan and	
		schedule.	Auditing:
			Beginning on 12/12/19, Harris Health will
		A review of competency expiration for all	audit Harris Health's completion of
		nurses who perform moderate sedation will	moderate sedation competencies through a
		be conducted by 11/18/19.	review of personnel files for a period of at
			least eight (8) weeks and until one hundred
		When training has expired, the nurse will not	percent (100%) compliance is evident, and
		perform moderate sedation until after	then quarterly thereafter. Results of the aud
		completion of the training. The direct	will be reported to the QRC and QGC for
		supervisor of the nurse will be notified, and	review and any necessary corrective action.
		the identified nurse will be informed to	
		immediately complete training before	<b>Education:</b>
		providing moderate sedation to patients.	Harris Health will educate one hundred
			percent of the members of its nursing staff
		If training is not completed by the required	who perform moderate sedation, excluding
		due date, progressive disciplinary action will	those who are on approved leave, on the
		begin. For nursing staff on approved leave,	requirement and schedule for the required r
		the required training will be completed	training by 12/11/19. Staff members who a
		immediately upon their return and prior to	on approved leave will be educated on the
		performing moderate sedation.	revisions within thirty (30) days of their
			return. In addition, this will be included as
		Starting 11/18/19, the Clinical Resource	part of orientation and will be made a part of
		Nurse will maintain a spreadsheet of all RNs	Harris Health's annual mandatory educatio
		who perform moderate sedation in their	
		department.	

# Nursing staff failed to administer drugs according to acceptable standards of practice and professional guideline.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that nursing staff administer drugs according to acceptable standards of practice and professional guidelines by disinfecting the rubber septum of vials prior to drawing the medication into the syringe.	Chief Nursing Executive	Harris Health Policy 535, <i>Medication Administration</i> will be updated to include recommendations from the CDC for safe injection practices for disinfecting vials prior to withdrawing medication on or before 11/27/2019.  Nursing staff who draw medications from vials will be educated on the necessity to disinfect the rubber septum of vials prior to drawing medication into the syringe on or before 12/11/2019.	12/11/19	Review: Harris Health's nursing leadership will perform visual observation audits on nursing practice of disinfecting the septum of a vial for two (2) events of removing medication from a vial each day/unit or area. These visual observations will be conducted for eight (8) weeks and until one hundred percent (100%) compliance is reached. Thereafter, two (2) observations per week in each unit or area will be done quarterly for compliance. Results of the audits will be reported quarterly to the Quality Review Committees and Quality Governance Council.
				Education: Harris Health will educate one hundred percent (100%) of the appropriate members of Harris Health's Nursing Staff, excluding those members who are on approved leave, on the revisions to Harris Health Policy 535, <i>Medication Administration</i> by 12/11/19. Staff members who are on approved leave will complete the education within thirty (30) days of their return to work and new members of Harris Health's Nursing Staff will receive education and training on Harris Health Policy 535, <i>Medication Administration</i> , as part of their departmental orientation.

# A. Nursing staff at Hospital 1 failed to ensure vital signs were assessed during and after blood transfusions.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	On or before 11/27/19, Harris Health will	12/12/19	Auditing:
ensure vital signs	Executive	review and revise Harris Health Policy 4170,		Beginning 12/12/19, Harris Health will audit
are taken before,		Blood/Blood Component Administration to		one hundred percent (100%) of blood
during, and after		clarify assessment of vital signs prior to,		transfusion patient charts each week for
blood transfusion.		during and after a blood transfusion.		completion of required vital signs,
				identification of transfusion reaction signs
		On or before 12/11/19, all nurse clinicians		and symptoms, and physician notification at
		will complete the newly developed Blood		each hospital for at least eight (8) weeks and
		Administration Nursing Education module,		until one hundred percent (100%)
		which includes information on collecting		compliance with identification of a
		vital signs before, during, and after blood		transfusion reaction from signs and
		transfusion, specific sign and symptoms		symptoms of transfusion reactions.
		along with parameters and ranges for		Thereafter, Harris Health will audit fifty (50)
		recognition of a suspected transfusion		patient charts at each pavilion, each quarter
		reaction, notification to the physician of a		for compliance. Audit results will be
		suspected transfusion reaction, and		presented at the QRC and QGC for review
		requirements from the policy and Epic		and if necessary, corrective action.
		changes.		77.7
				Education:
		A monitoring plan will be developed and		Harris Health will provide education on
		implemented to include the frequency of		blood transfusion vital signs, reaction signs
		monitoring, audit tool used, and reporting		and symptoms with specific parameters and
		requirement.		ranges, including the required notification to
				the physician to one hundred percent (100%)
				its Nursing Staff, excluding those staff
				members who are on approved leave, by
				12/11/19. Staff members who are on
				approved leave will complete the education
				with thirty (30) days of their return to work.
				Harris Health's Nursing Staff will also

	receive education and training on blood transfusion reaction signs and symptoms in orientation and as part of their annual
	required education and competencies.

# B. Nursing staff at Hospital 2 failed to titrate (adjust dosage based on patient response to medication) IV medications per physician orders.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will assure registered nurses titrate IV medications per physician orders.	Chief Nursing Executive	Registered nurses in settings where they titrate IV medications will complete, annually, education to include training on titratable medications.  Re-education for one hundred percent (100%) of appropriate nursing staff on IV titration per physician orders, including nursing escalation, and notification process will be completed by 12/11/19.	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with proper IV titration practices through chart reviews for a period of at least eight (8) weeks or until 100% compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and any necessary corrective action.  Education Harris Health will provide education on titratable medications to one hundred percent (100%) of the appropriate members of Harris Health's Nursing Staff, excluding those members who are on approved leave, by 12/11/19 Staff members who are on approved leave will complete the education within thirty (30) days of their return to work.

# C. <u>Hospital 2 failed to develop training material specific to objective indicators of blood transfusion reactions that the nursing staff should monitor for and report.</u>

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	The Blood Administration Nursing	12/18/19	<b>Education</b>
ensure development	Nursing	Education module will be reviewed and		Harris Health will provide education on
of training material	Executive	updated by a nursing taskforce on or before		blood transfusion vital signs, reaction signs
specific to objective		11/27/19 to include information on		and symptoms with specific parameters and
indicators of blood		collecting vital signs before, during, and		ranges, including the required notification to
transfusion		after blood transfusion, specific sign and		the physician to 100% of nursing staff. Staff
reactions that the		symptoms along with parameters and ranges		members who did not receive education due
nursing staff should		for recognition of a suspected transfusion		to being on approved leave will complete the
monitor for and		reaction, notification to the physician of a		education within thirty days of their return to
report.		suspected transfusion reaction, and		work. Harris Health's nursing staff will
-		requirements from the policy and Epic		receive education and training on blood
		changes.		transfusion reaction signs and symptoms in
				orientation and their annual required
		All nurse clinicians will complete the newly		education / competencies.
		developed Blood Administration Nursing		
		Education module, which includes		
		information on collecting vital signs before,		
		during, and after blood transfusion, specific		
		sign and symptoms along with parameters		
		and ranges for recognition of a suspected		
		transfusion reaction, notification to the		
		physician of a suspected transfusion		
		reaction, and requirements from the policy		
		and Epic changes on or before 12/11/19.		

## Nursing staff at Hospital 1 failed to ensure that patient home medications were secured.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that patients' home medications are secured in adherence to policy.	Chief Nursing Executive	Harris Health will reeducate one hundred percent (100%) of its Nursing Staff on the process set forth in Harris Health Policy 521, Patient Medications Brought from Home, for educating patients on Harris Health's home medication policy and securing home medications that will not be used during the patient's hospitalization.	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit compliance with Harris Health Policy 521, Patient Medications Brought from Home, through daily unit rounding for a period of at least eight (8) weeks or until one hundred percent (100%) compliance is evident, and then quarterly thereafter.  Results of the audit will be reported to the QRC and QGC for review and if necessary, corrective action.  Education: Harris Health will reeducate one hundred percent (100%) of Nursing Staff, excluding those who are on approved leave, on the process set forth in Harris Health Policy 521, Patient Medications Brought from Home, for educating patients on Harris Health's home medication policy and securing home medications that will not be used during the patient's hospitalization by 12/11/19. Staff members who are on approved leave will complete the education within thirty (30) days of their return to work. This education will also be included in the orientation of all new Nursing Staff.

## A 386 Organization of Nursing Services

A. The hospital failed to ensure that clear lines of authority had been established to show there was only one hospital wide unified nursing service.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	Harris Health has established that the Chief	12/5/19	BOT Minutes indicating approval of the
ensure that a	Executive	Nursing Executive is the accountable		nursing restructure.
unified nursing	Officer	individual for nursing practice for Harris		
structure is		Health, assuring evidence-based practice,		
established with		fiscal decisions, and strategic planning for the		
clear lines of		provision of nursing care are unified across the		
administrative		pavilions. The Chief Nursing Executive is an		
authority of the		Executive Vice President position and reports		
Nursing Services to		directly to the Chief Executive Officer. The		
the Chief Nurse		three (3) Chief Nursing Officers for Ben Taub,		
Executive.		LBJ, and Ambulatory Care Services report		
		directly to the Chief Nursing Executive.		
		Harris Health's PeopleSoft HRIS system has		
		also been revised to reflect the reporting		
		structure related to the Chief Nursing		
		Executive.		
		Harris Health's Chief Executive Officer		
		notified Harris Health's Executive Leadership		
		Team of the reporting changes related to the		
		Chief Nursing Executive		
		On or before 11/20/19, all staff members will		
		receive an official communication from the		
		Chief Executive Officer communicating and		
		reinforcing Harris Health's organization		
		structure for nursing services, with the Chief		

Nursing Executive as the accountable individual for nursing practice for Harris Health.	
On 12/5/19, Harris Health will obtain approval from the Harris Health Board of Trustees of the nursing restructure.	

B. Nursing staff failed to clearly document wound care orders and implement preventative measures for patients at risk for skin breakdown and to prevent further skin breakdown for patients with wounds.

What	Responsible	How	Completion	Sustainability
	Party		Date	·
Harris Health will	Chief	By 11/27/19, Harris Health will develop a	12/11/19	Auditing:
ensure that nursing	Nursing	standardized smart text note for WOCN note to		Harris Health will audit one hundred
staff document	Executive	include pertinent wound information and		percent (100%) of charts for patients with
wound care orders		treatment.		pressure injuries per week for Ben Taub
and adhere to				Hospital, and one hundred percent (100%)
recommendations		To ensure nursing staff adhere to physician		of charts for LBJ Hospital for at least eight
from Wound		wound care orders, Harris Health will develop		(8) weeks and until one hundred percent
Ostomy		an Epic Order Set used to order wound care		(100%) compliance with wound care
Continence Nurse		interventions by 11/27/19.		orders and recommendations. Thereafter,
(WOCN).				Harris Health will audit 50 patient charts
		By 12/11/19 Harris Health will provide		at each hospital, each quarter for
		education on adherence to wound care orders		compliance. Audits will be reviewed by
		and recommendations to Harris Health's		Directors of Nursing, and deficiencies will
		Nursing Staff. Harris Health will also provide		be remedied in real time. Audit results
		targeted education on the order sets to Medical		will be presented at the Quality Review
		Staff members.		Committees (QRC) and Quality
				Governance Council (QGC) for review
		Harris Health Policy 431, Pressure Injury		and if necessary, corrective action.
		Prevention and Treatment will be reviewed to		
		ensure all components of wound care		<b>Education:</b>
		prevention, identification and assessment are		Harris Health will provide targeted

standardize and implement a Hospital Acquired Pressure Injury audit tool for validation of appropriate patient prevention actions to ensure compliance. In addition, an audit will be developed to validate proper use of the Braden scoring system. This initiative will be completed by 11/27/19.	members who are adherence to wou recommendations members who are complete the educ days of their return Nursing Staff will training on adherence.	aff, excluding those staff on approved leave, on and care orders and by 12/11/19. Staff on approved leave, will cation within thirty (30) on. Harris Health's I receive education and ence to wound care
	orders and recommend their orientation a education/compet	mendations as part of and in annual required

What	Responsible	How	Completion	Sustainability
	Party		Date	-
Ensure that nursing	Chief	Harris Health Policy 431, Pressure Injury	12/11/19	Monitoring:
staff prevent,	Nursing	Prevention and Treatment will be reviewed		Harris Health will audit one hundred
identify and assess	Executive	to ensure all components of wound care		percent (100%) of patients with Braden
avoidable pressure		prevention, identification and assessment are		Score of 18 or less from Ben Taub and LBJ
ulcers/injuries		addressed. Wound Care Program Managers		Hospital for at least eight (8) weeks and
		will standardize and implement a Hospital		until one hundred percent (100%)
		Acquired Pressure Injury audit tool for		compliance with actions to prevent,
		validation of appropriate patient prevention		identify, and asses pressure injuries.
		actions to ensure compliance. In addition, an		Thereafter, Harris Health will audit thirty
		audit will be developed to validate proper		(30) patient charts at each hospital each
		use of the Braden scoring system. This		quarter for compliance. Audit results will
		initiative will be completed by 11/27/19.		be presented at the QRC and QGC for
				review and if necessary corrective action
		By 12/11/19, Harris Health will provide		
		targeted education on the prevention,		Education:

identification and assessment for avoida	ble Harris Health will provide education to one
pressure injuries to the Nursing Staff. H	hundred percent (100%) of the Nursing
Health's Nursing Staff will receive educ	ation Staff, excluding those who are on approved
and training on education on the prevent	ion, leave, on the prevention, identification, and
identification, and assessment for avoidation	able assessment for avoidable pressure injuries
pressure injuries as part of their orientat	by 12/11/19. Staff members who are on
and in annual required	approved leave will complete the education
education/competencies.	within thirty (30) days of their return.
	Education on the prevention, identification,
	and assessment for avoidable pressure
	injuries will be included in orientation and
	annual required education /competencies.

## C. Nursing staff failed to conduct assessments and measurements of wounds to determine if current treatments are effective.

What	Responsible	How	Completi	Sustainability
	Party		on Date	
To provide safe	Chief	On or before 11/27/19, Harris Health Policy	12/11/19	Monitoring:
patient care, Harris	Nursing	431, Pressure Injury Prevention and		Beginning on 12/12/19, Harris Health will
Health nursing staff	Executive	Treatment will be revised to clarify		audit one hundred percent (100%) of charts
will conduct skin		frequency of pressure injury assessment,		for patients with pressure injuries per week for
assessments and		from twice daily to every shift.		Ben Taub Hospital and for LBJ Hospital for a
document				minimum of eight (8) weeks and until one
measurements of		Harris Health will provide targeted education		hundred percent (100%) compliance with the
wounds to		on the revisions to Harris Health Policy 431,		assessment and documentation requirements
determine		Pressure Injury Prevention and Treatment to		in Harris Health Policy 431, <i>Injury Prevention</i>
effectiveness of		the nursing staff.		and Treatment. Thereafter, Harris Health will
treatments.				audit fifty (50) patient charts at each hospital,
				each quarter for compliance. Audit results will
				be reported to the QRC and QGC for review
				and if necessary, corrective action.
				Education:
				Harris Health will provide education to one
				hundred percent (100%) of the nursing staff,

excluding those who are on approved leave, on the revisions to Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> by 12/11/19. Staff members who are on approved leave will complete the education within thirty (30) days of their return. Harris Health's Nursing Staff will receive education and training on Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> in orientation and as part of their annual required
orientation and as part of their annual required education/competencies.

# D. Nursing staff failed to prevent, identify and assess avoidable pressure ulcers/injuries.

What	Responsible	How	Completion	Sustainability
	Party		Date	-
Harris Health will	Chief	Harris Health Policy 431, Pressure Injury	12/11/19	Review:
ensure that nursing	Nursing	Prevention and Treatment will be reviewed		Harris Health nursing unit leaders will
staff prevent,	Executive	to ensure all components of wound care		conduct weekly leadership skin rounds and
identify and assess		prevention, identification and assessment are		real-time coaching and progressive
avoidable pressure		addressed. Wound Care Program Managers		counseling as indicated on all patients with
ulcers/injuries.		will standardize and implement a Hospital		Braden score 18 or less for appropriate
		Acquired Pressure Injury audit tool for		interventions. The completion of leadership
		validation of appropriate patient prevention		rounds and results will be reported each
		actions to ensure compliance. In addition,		week to the Pavilion Chief Nursing Officer.
		an audit will be developed to validate proper		Completion of weekly leadership rounds and
		use of the Braden scoring system. This		results will be reported monthly to the Harris
		initiative will be completed by 11/27/19.		Health Chief Nursing Executive, and to the
				Quality Review Committees (QRC).
		By 12/11/19, Harris Health will provide		
		targeted education on the prevention,		Auditing:
		identification, and assessment for avoidable		Beginning on 12/12/19, Harris Health will
		pressure injuries to one hundred percent		audit for compliance with actions to prevent,

	1.1 .0
(100%) of the nursing staff. Harris Health's nursing staff will receive education and training on education on the prevention, identification, and assessment for avoidable pressure injuries as part of their orientation and in annual required	identify, and asses pressure injuries through chart reviews for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is evident and then quarterly thereafter. Results of the audit will be reported to the QRC and QGC for review
education/competencies.	Education: Harris Health will educate one hundred percent (100%) of appropriate nursing staff members, excluding those who are on approved leave, regarding the prevention, identification, and assessment for avoidable pressure injuries by 12/11/19. Staff members on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new nursing staff members' departmental orientation and will be made a part of Harris Health's annual mandatory education.

# A 392 Staffing and Delivery of Care

Hospital 2 failed to provide adequate numbers of nurses to provide care for patients.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure a plan for adequate ICU nursing staffing.	Chief Nursing Executive	Staffing grids will be reviewed and revised as necessary to reflect appropriate staffing ratios by 11/27/19.  Beginning 11/27/19 staffing plans for ICU at LBJ will be reviewed annually and modified to plan for an adequate number and skill mix for the patient care needs for patients in the ICU. Feedback from the Staffing Advisory Committee will be included and the plans will be approved by the Governing Body.  A shift assignment staffing worksheet will be developed by 11/22/19 to reflect the staffing grid and staffing plan for the unit to provide a tool and resource to assist charge nurses with appropriate staffing assignments to meet patient needs.  An education plan will be developed by 12/11/19 to educate Charge Nurses on the use of staffing grids as well as inform appropriate personnel on the staffing plan for the LBJ ICU. Education will include staffing plan, resource utilization, and escalation of staffing concerns.  Harris Health will provide targeted education	12/18/19	Auditing: Beginning on 12/12/19, Harris Health will audit Harris Health's compliance with the staffing grid and plan through direct observation and/or chart review for a period of at least eight (8) weeks or until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and any necessary corrective action.  Education: Harris Health will educate one hundred percent (100%) of applicable staff, excluding those who are on approved leave, regarding updated staffing plans, resource utilization, and escalation of staffing concerns by 12/11/19. Staff members who are on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new applicable staff's departmental orientation.

to identified applicable staff, including LBJ	
ICU Charge Nurses and House Supervisors on	
the LBJ ICU staffing plan. LBJ ICU Charge	
Nurses and House Supervisors will receive	
education and training on the staffing plan for	
LBJ ICU as part of orientation to their role.	

#### A 405 Administration of Drugs

Facility failed to administer drugs according to acceptable standards of practice and professional guidelines (failure to disinfect the rubber septum of vials prior to drawing the medication into the syringe).

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that nursing staff administer drugs according to acceptable standards of practice and professional guidelines by disinfecting the rubber septum of vials prior to drawing the medication into the syringe.	Chief Nursing Executive	Harris Health Policy 535,  Medication Administration will be updated to include recommendations from the CDC for safe injection practices for disinfecting vials prior to withdrawing medication on or before 11/27/2019.  Nursing staff who draw medications from vials will be educated on the necessity to disinfect the rubber septum of vials prior to drawing medication into the syringe on or before 12/11/2019.	12/11/19	Auditing: Harris Health nursing leadership will perform visual observation audits on nursing practice of disinfecting the septum of a vial for two (2) events of removing medication from a vial each day/unit or area. These visual observations will be conducted for eight (8) weeks and until one hundred percent (100%) compliance is reached.  Thereafter, two (2) visual observation audits per week in each unit or area will be done quarterly for compliance and results will be reported to the Quality Review Committees and Quality Governance Council for corrective action as necessary.  Education: Harris Health will provide education on revisions to Harris Health Policy 535, Medication Administration to one hundred percent (100%) of appropriate Nursing Staff members, excluding those who are on approved leave. Staff members who are on approved leave will complete the education within thirty (30)

		days of their return to work. New members of Harris Health's Nursing Staff will also receive education and training on Harris Health Policy 535 as part of departmental orientation.

#### A 409 Blood Transfusion and IV Medications

A. Hospital 1 failed to ensure vital signs were assessed during and after blood transfusions.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure vital signs are taken before, during, and after blood transfusion.	Chief Nursing Executive	On or before 11/27/19, Harris Health will review and revise Harris Health Policy 4170, Blood/Blood Component Administration to clarify assessment of vital signs prior to, during and after a blood transfusion.  On or before 12/11/19, all nurse clinicians will complete the newly developed Blood Administration Nursing Education module, which includes information on collecting vital signs before, during, and after blood transfusion, specific sign and symptoms along with parameters and ranges for recognition of a suspected transfusion reaction, notification to the physician of a suspected transfusion reaction, and requirements from the policy and Epic changes.  A monitoring plan will be developed and implemented to include the frequency of monitoring, audit tool used, and reporting requirement.	12/12/19	Auditing: Beginning 12/12/19, Harris Health will audit one hundred percent (100%) of blood transfusion patient charts each week for completion of required vital signs, identification of transfusion reaction signs and symptoms, and physician notification at each hospital for at least eight (8) weeks and until one hundred percent (100%) compliance with identification of a transfusion reaction from signs and symptoms of transfusion reactions.  Thereafter, Harris Health will audit fifty (50) patient charts at each pavilion, each quarter for compliance. Audit results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.  Education: Harris Health will provide education on blood transfusion vital signs, reaction signs and symptoms with specific parameters and ranges, including the required notification to the physician to one hundred percent (100%) its Nursing Staff, excluding those staff

	members who are on approved leave, by 12/11/19. Staff members who are on approved leave will complete the education with thirty (30) days of their return to work. Harris Health's Nursing Staff will also receive education and training on blood transfusion reaction signs and symptoms in orientation and as part of their annual required education and competencies.
--	--

B. Hospital 2 failed to titrate (adjust dosage based on patient response to medication) IV medications per physician orders. Hospital 2 failed to develop training material specific to objective indicators of blood transfusion reactions that the nursing staff should monitor for and report.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will assure registered nurses titrate IV medications per physician orders.	Chief Nursing Executive	Registered nurses in settings where they titrate IV medications will complete, annually, education to include training on titratable medications.  Re-education for one hundred percent (100%) of appropriate nursing staff on IV titration per physician orders, including nursing escalation, and notification process will be completed by 12/11/19.	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with proper IV titration practices through chart reviews for a period of at least eight (8) weeks and until 100% compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and any necessary corrective action.  Education Harris Health will provide education on
				titratable medications to one hundred

	percent (100%) of the appropriate members
	of Harris Health's Nursing Staff, excluding
	those members who are on approved leave,
	by 12/11/19 Staff members who are on
	approved leave will complete the education
	within thirty (30) days of their return to
	work.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure development of training material specific to objective indicators of blood transfusion reactions that the nursing staff should monitor for and report.	Chief Nursing Executive	The Blood Administration Nursing Education module will be reviewed and updated by a nursing taskforce on or before 11/27/19 to include information on collecting vital signs before, during, and after blood transfusion, specific sign and symptoms along with parameters and ranges for recognition of a suspected transfusion reaction, notification to the physician of a suspected transfusion reaction, and requirements from the policy and Epic changes.  All nurse clinicians will complete the newly developed Blood Administration Nursing Education module, which includes information on collecting vital signs before, during, and after blood transfusion, specific sign and symptoms along with parameters and ranges for recognition of a suspected transfusion reaction, notification to the physician of a suspected transfusion reaction, and requirements from the policy and Epic changes on or before 12/11/19.	12/18/19	Education Harris Health will provide education on blood transfusion vital signs, reaction signs and symptoms with specific parameters and ranges, including the required notification to the physician to one hundred percent (100%) of Nursing Staff. Staff members who did not receive education due to being on approved leave will complete the education within thirty days of their return to work. Harris Health's nursing staff will receive education and training on blood transfusion reaction signs and symptoms in orientation and their annual required education / competencies.

## A 413 Self Administration – Drugs from Home

Hospital 1 failed to ensure that patient home medications were secured.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will ensure that patients' home medications are secured in adherence to policy.	Chief Nursing Executive	Harris Health will reeducate one hundred percent (100%) of its Nursing Staff on the process set forth in Harris Health Policy 521, Patient Medications Brought from Home, for educating patients on Harris Health's home medication policy and securing home medications that will not be used during the patient's hospitalization.	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit compliance with Harris Health Policy 521, Patient Medications Brought from Home, through chart reviews for a period of at least eight (8) weeks or until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and if necessary, corrective action.  Education: Harris Health will reeducate one hundred percent (100%) of Nursing Staff, excluding those who are on approved leave, on the process set forth in Harris Health Policy 521, Patient Medications Brought from Home, for educating patients on Harris Health's home medication policy and securing home medications that will not be used during the patient's hospitalization by 12/11/19. Staff members who are on approved leave will complete the education within thirty (30) days of their return to work. This education will also be included in the orientation of all new Nursing Staff.

#### A 492 Pharmacist Responsibilities

A. Pharmacy failed to provide training for safe handling of hazardous medications.

	Responsible	How	Completion	Sustainability
Harris Health will consure all	Party Chief Pharmacy Officer	On 9/30/19, Harris Health reeducated staff on the requirements set forth in Harris Health Policy 594.00, <i>Handling Hazardous Drugs</i> including but not limited to, receiving, transport, retrieval, administering, storage, and disposal guidelines, to include: ensuring that during delivery employees utilize personal protective equipment (PPE), medication is in a closed bin, and cart has extra PPE and a chemo spill kit.  Harris Health will update its chemotherapy process audit tool to assess compliance with receiving, transport, retrieving and storage of hazardous drugs (HD) on or before 11/15/19.	Date 11/15/19	Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with Harris Health Policy 594.00, Handling Hazardous Drugs and specifically, the receipt, transport, retrieval, and storage of hazardous drugs, through direct observation and daily rounding for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. The results of the audit will be reported to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and corrective action if needed.  Education: Harris Health will educate one hundred percent (100%) of all pharmacy staff members, excluding those who are on approved leave, regarding Policy 594.00, Handling Hazardous Drugs 12/11/19. Staff members on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new pharmacy staff members departmental orientation and will be made a part of Harris

# B. Hospital 2 failed to ensure that pharmaceutical services were provided in accordance with accepted standards for storage of bags of IV fluids.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Executive	On 9/25/19, Harris Health developed a	12/02/19	Auditing:
ensure that	Vice	process to ensure that sterile supplies		Beginning 12/12/19, Harris Health will
temperature and	President for	delivered to the LBJ warehouse are relocated		audit for compliance with relevant policies
humidity are	LBJ Hospital	to temperature and humidity controlled		and procedures, including but not limited
monitored in LBJ's	_	locations within 24-hours of receipt.		to, assessing the warehouse for presence of
clean supply				sterile supplies and time elapsed in
warehouse.		On or before 12/2/19, Harris Health will		warehouse, requirements for temperature
		include remote temperature and humidity		and humidity monitoring, and staff
		monitoring to its Building Automation		knowledge of the same through direct
		System ("BAS") in the LBJ warehouse and		observation, rounding, and staff interviews
		Smith Clinic dock. Once implemented,		for at least eight (8) weeks and until one
		Harris Health will follow the temperature		hundred percent (100%) compliance is
		and humidity guidelines set forth in Policy		achieved, and then quarterly thereafter.
		1308.01, Maintaining Appropriate		Specifically, the audits will include
		Temperature and Relative Humidity in		assessment of appropriate conditions,
		Operative, Procedural and Storage Areas for		availability of PPE and completion of
		Sterile Instrumentation, and will notify		eyewash and decontamination shower logs.
		Harris Health's Facilities Engineering		Results of the audit will be reported to the
		department of the addition of the LBJ		SCM PIC, QRC and QGC for review and
		warehouse on the BAS.		remediation if necessary.

# C. Hospital policy failed to address the cleaning of the Pyxis.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	As of 10/8/19, Harris Health has updated	10/11/10	Review:
ensure appropriate	Pharmacy	Harris Health Policy 7200, Environmental	12/11/19	Harris Health will perform monthly unit
cleaning of Pyxis	Officer	Services Cleaning Guidelines to include		inspections to validate cleanings of the Pyxis
Machines.		external cleaning of medication Pyxis at least		machine and include an inspection of the
		weekly.		external conditions of the Pyxis machine. If
		D 11/20/10 H		fallouts are discovered, those will be
		By 11/20/19, Harris Health will update Harris		automatically escalated to unit area
		Health Policy 550.00, Automated Dispensing		managers and assigned pharmacy supervisor
		Cabinets to support internal cleaning of		for mitigation.
		medication Pyxis machines whenever medications are delivered to the Pyxis by		A 1:4:
		pharmacy personnel and at least weekly.		Auditing: Beginning on 12/12/19, Harris Health will
		pharmacy personner and at least weekly.		audit to ensure compliance with Pyxis
				machine cleaning requirements set forth in
		On or before 11/18/19, Harris Health will		Harris Health Policy 550.00, <i>Automated</i>
		develop a cleaning log to be completed by		Dispensing Cabinets and Harris Health
		pharmacy staff for tracking compliance with		Policy 7200, Environmental Services
		interior cleaning. Pharmacy supervisor will		Cleaning Guidelines through direct
		review the log each week with the director of		observation and rounding for a period of at
		pharmacy for immediate follow-up, beginning		least eight (8) weeks and until one hundred
		11/18/19.		percent (100%) compliance is achieved, and
				then quarterly thereafter. The results of the
		A cleaning schedule for the inside of the		audit will be reported to the QRC and QGC
		medication Pyxis machine (weekly and as		for review and corrective action if necessary.
		needed) will be implemented by the pharmacy		
		staff by 11/24/19.		Education:
				Harris Health will educate one hundred
		Harris Health will educate all pharmacy staff		percent (100%) of all pharmacy staff
		members on the revised policy and process by		members, excluding those who are on
		12/11/19.		approved leave, regarding the cleaning of

EOC rounds will be amended to include	Pyxis machines by 12/11/19. Staff members on approved leave will be educated on the
inspection of external conditions of Pyxis	revisions within thirty (30) days of their
machine by 11/30/19.	return. In addition, the revisions will be
	included as part of all new pharmacy staff
	members' departmental orientation and will
	be made a part of annual training.

## A 494 Pharmacy Drug Records

The facility failed to develop accountability procedures to ensure controlled medications that were dispensed as continuous IV infusion were not diverted by unauthorized persons.

What	Responsible	How	Completion	Sustainability
	Party		Date	·
Harris Health	Chief Pharmacy	Harris Health currently	12/11/19	Audit:
will ensure	Officer	uses tamper resistant		Beginning on 12/12/19, Harris Health will audit to
Controlled		port seals to protect		ensure compliance with Harris Health Policy 582.00,
Substance (CS)		from potential		Management and Accountability of Controlled
is secure during		diversion and will do		Substances, specifically that Harris Health is utilizing
IV infusion in		so on an ongoing basis.		port-less tubing while infusing controlled substances
the nursing units				by direct observation for a period of at least eight (8)
where		As of 9/26/19, Harris		weeks and until one hundred percent (100%)
continuous		Health has updated		compliance is achieved and then quarterly thereafter.
infusions are		Harris Health Policy		Results of the audit will be reported to the Quality
provided.		582.00, Management		Review Committees (QRC) and the Quality
		and Accountability of		Governance Council (QGC) for review and corrective
		Controlled Substances		action if necessary.
		to specify using port-		
		less tubing with CS for		<b>Education:</b>
		infusion and has		Harris Heath will educate one hundred percent
		implemented the		(100%) of its Nursing Staff members, excluding
		practice described in		those who are on approved leave, on the revisions to
		the policy.		Harris Health Policy 582.00, Management and
				Accountability of Controlled Substances, by
		On or before 12/11/19,		December 11, 2019. Nursing staff members who are
		Harris Health will		on approved leave will be educated within thirty (30)
		educate its Nursing		days of their return. In addition, the revisions to the
		Staff on the revisions		policy will be included in the departmental
		to Harris Health Policy		orientation for all new Nursing Staff members and
		582.00, Management		will be made a part of Harris Health's annual
		and Accountability of		mandatory education.
		Controlled Substances.		

XX : XX 14	
Harris Health will create an observational	
audit tool for pharmacy	
and nursing to monitor	
compliance of portless	
tubing use while	
infusing CS by	
11/18/19.	

# A 503 Controlled Drugs Kept Locked

Facility failed to store controlled substances in a secure manner.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will	Chief	Effective 9/26/19, a process was	12/11/19	Review:
ensure controlled	Pharmacy	implemented where upon receipt, controlled	12/11/17	Harris Health's pharmacy director will
substances (CS)	Officer	substances delivered to the pharmacy		obtain a list of approved persons with badge
delivered to	Officer	warehouse are promptly secured and locked		access to the pharmacy warehouse at LBJ
pharmacy		per Harris Health Policy 582.00,		and review for appropriateness no less than
warehouse are		Management and Accountability of		quarterly.
stored in a secure		Controlled Substances. A lockable cabinet		quarterly.
manner.		was purchased and installed on 9/26/19 for		
manner.		storage of CS while in the pharmacy		Auditing:
		warehouse and during transport to the main		Beginning on 12/12/19, Harris Health will
		pharmacy.		audit for compliance with Harris Health
		pharmae).		Policy 582.00, Management and
		On or before 11/27/19, Department of		Accountability of Controlled Substances and
		Pharmacy (Procedure 3.80, <i>Pharmacy</i>		Department of Pharmacy Procedure 3.80,
		Controlled Substances will be updated to		Pharmacy Controlled Substances, and
		include specific storage requirements		specifically the receipt and transport process
		(locking of controlled substances promptly		of controlled substances through direct
		on receipt) when items are received in		observation and rounding for a period of at
		warehouse and during transport to the main		least eight (8) weeks and until one hundred
		pharmacy.		percent (100%) compliance is evident, and
				then quarterly thereafter. Results of the audit
		On 10/7/19, Harris Health's pharmacy		will be reported to the Quality Review
		director reviewed the list of all staff with		Committees (QRC) and the Quality
		badge access to the warehouse and reduced		Governance Council (QGC) for review and
		the list with badge access to registered		if necessary, corrective action.
		pharmacists, pharmacy interns, and		
		technicians. The list was reduced from 241		<b>Education:</b>
		to 125 pharmacy staff members. Other		Harris Health will educate one hundred

percent (100%) of all pharmacy staff persons requiring entry must request entry from pharmacy staff members and will need members, excluding those who are on to sign entry log. approved leave, regarding the revisions to Harris Health Policy 582.00, Management Harris Health will provide education to all and Accountability of Controlled Substances pharmacy staff, including those in the and the revisions to Department of Pharmacy warehouse, regarding the revisions to Harris Procedure 3.80, Pharmacy Controlled Health Policy 582.00, Management and Substances by 12/11/19. Staff members on Accountability of Controlled Substances and approved leave will be educated on the Department of Pharmacy Procedure 3.80, revisions within thirty (30) days of their Pharmacy Controlled Substances. This return. In addition, the revisions will be education will be completed on or before included as part of all new pharmacy staff members' departmental orientation and will 12/11/19. be made a part of Harris Health's annual On 10/21/19, the Pharmacy Quality Manager mandatory education. created the Controlled Substance Audit Tool to include observations of the receiving and storage of CS in the warehouse.

## A 505 Unusable Drugs Not Used

Hospital failed to ensure that expired medications were removed from pharmacy stock.

What	Responsible	How	Completion	Sustainability
	Party		Date	•
Harris Health will	Chief	Harris Health conducts monthly unit	12/11/19	Review/Audits:
ensure that expired	Pharmacy	inspections of Harris Health owned and		Harris Health will continue to conduct
medications are	Officer	operated clinical units to identify and remove		monthly unit inspections and audits of its
removed from		outdated medications from inventory.		owned and operated clinical units to identify
Harris Health stock.				and remove outdated medications from
		Specific to the Teen Clinics located at Ben		inventory. Inspection results will be
		Taub and LBJ Hospitals, the clinics do not		reviewed by the Pharmacy Director for
		fall under Harris Health's hospital license or		immediate follow up and reported at the
		provider ID. Harris Health and Baylor		Quality Review Committees (QRC) and the
		College of Medicine have entered into an		Quality Governance Council (QGC) at least
		agreement whereby Harris Health provides		quarterly.
		the space for the clinic, but is not responsible		
		for any of the clinical care that is provided in		Education:
		the clinics, including what medications are		Harris Heath will educate one hundred
		used. However, Harris Health's Chief		percent of its pharmacy staff members,
		Pharmacy Officer will ensure that the Teen		excluding those who are on approved leave,
		Clinics pharmacists-in-charge are engaged to		on the requirements set forth in the
		ensure no expired medications are on site.		Department of Pharmacy Procedure 3.46,
		Harris Health does not supply Teen Clinic's		Expired Drug-Beyond Use Date Preparation
		medications. Because the Teen Clinic is a		Removal, and Department of Pharmacy
		separate entity and with separate license,		Procedure 3.47, <i>Returning Prescriptions</i> , by
		Harris Health will set an expectation with		December 11, 2019. Pharmacy staff
		Teen Clinic leadership that periodic routine		members who are on approved leave will be
		expiration checks of medications must be		educated within 30 days of their return. In
		completed and any expired product removed		addition, the requirements set forth in both
		from Harris health property. This initiative		procedures will be included in the
		will be completed by 12/6/19.		departmental orientation for all new
				pharmacy staff members.

Harris Health will reeducate pharmacy staff on existing pharmacy procedures regarding removal of outdated (Department of Pharmacy Procedure 3.46, <i>Expired Drug-Beyond Use Date Preparation Removal</i> ) and return to stock (Department of Pharmacy Procedure 3.47, <i>Returning Prescriptions</i> ) medications by 12/11/19.	Teen Clinic: Harris Health will inform Teen Clinic leadership of the importance of monthly medication area inspection to ensure patient safety.
Harris Health will validate area compliance with existing state board requirements using unit inspection rounding tool conducted by pharmacy quality staff.	

## A 619 Organization

The facility failed to provide an organized, clean and sanitary dietary department for Hospital 1.

What	Responsible	How	Completion	Sustainability
Harris Health will ensure that hair and beard covers are worn by kitchen staff and visitors at all times.	System Vice President of Operations	Beginning on 9/25/19, Harris Health purchased and deployed hair and beard covers at all kitchen locations.  Upon deployment of hair and beard covers, Food and Nutrition Services ("FNS") management team will correct and discipline staff per Harris Health Policy 6.10, <i>Dress and Appearance, Appendix F</i> , section 3 to ensure staff is following the policy.	Date 12/11/19	Review: Harris Health will conduct monthly reviews and report the results to the FNS Directors and VPs of Operations.  QAPI: Harris Health will initiate the development of a FNS department/service level QAPI Plan by 12/18/19 that include the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance through direct observation for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Results of the audits will be shared with the departmental leadership and will be reported at the Infection Prevention Committee, the Quality Review Committees (QRC), and the Quality Governance Council (QGC).

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will also ensure that food storage bins are clean and plastic scoop handles are not sitting on food in storage bins.	System Vice President of Operations	Beginning on 11/8/19, Harris Health ordered replacement ingredient bins with scoop holders for all kitchen locations.  Harris Health FNS staff and management will monitor and document the cleanliness of food storage bins on a daily basis. Each FNS director will review the documentation on a weekly basis and take appropriate action for non-compliance in accordance with Harris Health Policy 6.20, <i>Employee Discipline</i> .  On or before 12/11/19, all FNS staff will be trained on appropriate infection prevention practices and cleaning of kitchen equipment, utensils and storage bins.	12/11/19	Review: Harris Health will conduct monthly audits and report the results to the FNS Directors and VPs of Operations.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance through daily rounding and direct observation for eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Results of the audit will be shared with the departmental leadership, and reported at each FNS Performance Improvement Committee, and at the QRC and QGC for review and remediation if necessary.
				QAPI: Harris Health will initiate the development of a FNS department/service level QAPI Plan by 12/18/19 that include the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.  Education: Harris Health will educate one hundred percent (100%) of FNS staff, excluding those

	who are on approved leave, on the standards for food storage bins by 12/11/19. Staff
	members who are on approved leave will
	complete the education within thirty (30) days
	of their return. The education will also be
	included in annual education and new staff
	member orientation for the department.

What	Responsible Party	How	Completion	Sustainability
Harris Health will ensure that chef knives, large meat slicer, and manual tomato slicer are free of food debris when stored and ready for use.	Party System Vice President of Operations	On 11/8/19, Harris Health revised the equipment cleaning schedule to ensure that all kitchen equipment is cleaned daily and deep cleaned at a minimum once per week.  Harris Health FNS management added the equipment cleaning training to all monthly scheduled mandatory training sessions.	Date 12/11/19	Review: Harris Health will conduct monthly audits and report the results to the FNS Directors and VPs of Operations.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance through daily rounding and direct observation for eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Results of the audit will be shared with the departmental leadership, and reported at each FNS Performance Improvement Committee, and at the QRC and QGC for review and remediation if necessary.  QAPI: Harris Health will initiate the development of a FNS department/service level QAPI Plan by
				12/18/19 that include the formation of a Performance Improvement Committee with a uniform agenda, identification of
				metrics/indicators appropriate for measuring

and/of the BQC	ed and the services provided the respective QRC, QGC based on established criteria.
percent (100%) who are on apprequipment clean Staff members will complete th days of their retu be included in an	ill educate one hundred of FNS staff, excluding those oved leave, on the revised sing schedule by 12/11/19. who are on approved leave e education within thirty (30) turn. The education will also nnual education and new staff tion for the department.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	System Vice	Beginning on 11/15/19 Harris Health Food	12/11/19	Review:
ensure that all	President of	and Nutrition Services ("FNS") staff began to		Harris Health will conduct monthly reviews
cutting boards are	Operations	inspect cutting boards daily and replace worn		and report the results to the FNS Directors
clean and free of		out cutting boards with new boards. Harris		and VPs of Operations.
debris.		Health will maintain and inventory of new		
		cutting boards to allow for immediate		Auditing:
		replacement when needed.		Beginning 12/12/19, Harris Health will audit
				for compliance with the requirement to
		On or before 12/11/19, all FNS staff will be		inspect and replace worn out cutting boards
		trained appropriate on infection prevention		through direct observation and daily
		practices and cleaning of kitchen equipment,		rounding for eight (8) weeks and until one
		utensils and storage bins.		hundred percent (100%) compliance is
		-		achieved, and then monthly thereafter.
				Results of the audits will be shared with the
				departmental leadership, and will also be
				reported at each FNS Performance

What	Responsible Party	How	Completion Date	Sustainability
				Improvement Committee, the QRC and QGC.
				QAPI: Harris Health will initiate the development of a FNS department/service level QAPI Plan by 12/18/19 that include the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.
				Education: Harris Health will educate one hundred percent (100%) of FNS staff, excluding those staff members who are on approved leave, on the requirement to inspect and replace worn out cutting boards, by 12/11/19. Staff members who are on approved leave will complete the education within thirty (30) days of their return. This education will also be included in annual education and new staff member orientation for the department.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will	System Vice	Harris Health Facilities and Engineering	12/13/19	Auditing:
ensure that the mop	President of	department will resurface the mop drain on or		Beginning 12/12/19, Harris Health will audit

What	Responsible	How	Completion	Sustainability
	Party		Date	-
drain at the Ben Taub facility is repaired, clean and sanitary.	Operations	before 12/13/19.  Harris Health FNS staff will clean the mop and sink drain daily and deep clean weekly. FNS management will review the documentation of completion of this activity.		for compliance through direct observation and daily rounding for eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Results of the audits will be shared with the departmental leadership. They will also be reported at each FNS Performance Improvement Committee, the QRC and QGC for review and remediation if necessary.  QAPI: Harris Health will initiate the development of a FNS department/service level QAPI Plan by 12/18/19 that include the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	System Vice	Education:	12/11/19	Review:
ensure that mops	President of	Harris Health FNS Management will re-		Harris Health will conduct monthly reviews
are not stored in	Operations	educate staff on proper cleaning and storage		and report the results to the FNS Directors
dirty water.		of mops and post signage for proper use and		and VPs of Operations.
-		storage of mops in all kitchens.		-

	Auditing: Harris Health will audit for compliance through direct observation and daily rounding for eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter.  Results of the audit will be shared with the
	departmental leadership, and will also be reported at each FNS Performance Improvement Committee, the QRC and QGC.
	QAPI: Harris Health will initiate the development of a FNS department/service level QAPI Plan by 12/18/19 that include the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of its FNS staff members, excluding those who are on approved leave, on the proper cleaning and storage of mops on or before 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. New FNS staff members will also receive education on the proper cleaning of mops as

I		part of their departmental orientation.
		part of their departmental offentation.

What	Responsible	How	Completion	Sustainability
Harris Health will ensure that butter is stored at the required and appropriate temperature.	System Vice President of Operations	On or before 12/13/19, Harris Health will purchase Coldmaster® food containers to store cold food items for tray line.  Food and Nutrition Services supervisors will verify that all cold food items are properly stored within temperature range at each meal.  On or before 12/11/19, staff members will be educated on proper storage and temperature parameters for cold foods	Date 12/13/19	Review: Harris Health will conduct monthly reviews and report the results to the FNS Directors and VPs of Operations.  Auditing: Harris Health will audit for compliance through direct observation and daily rounding for eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Results of the audit will be shared with the departmental leadership, and will also be reported at each FNS Performance Improvement Committee, the QRC and QGC for review, and remediation if needed.  QAPI: Harris Health will initiate the development a FNS department/service level QAPI Plan by 12/18/19 that include the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.
				<b>Education:</b>

	Harris Health will educate one hundred
	percent (100%) of the Food and Nutrition
	Services staff members, excluding those staff
	members on approved leave, on the proper
	storage and temperature parameters for cold
	foods, by 12/11/19. Staff members who are o
	approved leave will complete the education
	within thirty (30) days of their return. The
	education will also be included in annual
	education and new staff member orientation
	for the department.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	System Vice	Harris Health will purchase internal	12/13/19	Auditing:
ensure that all	President of	thermometers and place inside refrigerators		Harris Health will audit for compliance
kitchen	Operations	and coolers.		through direct observation and daily
refrigerators and				rounding for eight (8) weeks and until one
freezers have		All thermometers will be checked for		hundred percent (100%) compliance is
internal		calibration on a monthly basis. This		achieved and then quarterly thereafter.
thermometers.		information will be documented by Food and		Results of the audit will be shared with the
		Nutrition Services ("FNS") staff and reviewed		departmental leadership and will also be
		by FNS System Quality Assurance		reported at each FNS Performance
		Coordinator, with escalation to FNS		Improvement Committee, the QRC and
		Administrative Director for corrective action		QGC for review and remediation if
		if needed.		necessary.
		Staff members will be educated on		QAPI:
		documentation requirements for temperature		Harris Health will initiate the development
		monitoring of refrigerators and coolers.		of a FNS department/service level QAPI
				Plan by 12/18/19 that include the formation
				of a Performance Improvement Committee
				with a uniform agenda, identification of
				metrics/indicators appropriate for measuring
				the quality and safety of care for the

population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.
Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those staff members who are on approved leave, on the documentation requirements for temperature monitoring of the refrigerators and coolers by 12/11/19. Staff members who are on approved leave will complete the education within thirty (30) days of their return. The education will also be included in annual education and new employee orientation for the department.

#### A 701 Maintenance of Physical Plant

Hospital 1, Hospital 2 and clinic 3 administrative staff failed to ensure that the physical environment was maintained to protect the safety and wellbeing of the patients as evidenced by:

Hospital 1: AED not working, patient bathroom emergency call light pulls absent or wrapped around grab bars, numerous wall mounted fluorescent lights not working, leaking pipe in basement with exposed electrical wire nearby, eye wash station absent in area where chemicals are stored, dust on ice machine and other areas.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will ensure all AEDs and cabinets housing them are in good working order.	Executive Vice President of Ben Taub Hospital	An assessment of the AED identified by the surveyors was made and it was determined that the cabinet was recently installed and the vendor who performed the installation did not remove the shipping tape covering the door contact pins which prevented activation of an audible alarm indicating the AED storage box was opened. The tape was removed and the audible alarm was verified.  The AED unit has been catalogued in the Computerized Maintenance Management System (CMMS) for annual inspection and maintenance.	9/28/19	The monitoring of the AED functionality and audible cabinet alarm is being performed using the planned maintenance events in the CMMS. A report will be generated to ensure all planned maintenance events are performed according to the schedule. Compliance data will be reported to the Physical Environment Committee oversight.
Harris Health will ensure that the physical environment is maintained to protect the safety and wellbeing of its patients.	Executive Vice President of Ben Taub Hospital	Immediate Remediation By 9/27/19, the EVS staff, facilities engineering technicians, and hospital operations had cleaned the tops of ice machines, replaced the light fixtures, and removed dirty equipment identified. The following corrections have been regarding the identified deficiencies:  • Cleaned and removed insects seen in 5	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit the appropriateness of the physical environment to include adequacy of lighting, pipes and hardware, through direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported

overhead ceiling lights in corridor 81 of	by exception to Harris Health's Quality
the basement.	Review Committee (QRC) and Quality
• The 2 dirty IV poles found in room B-	Governance Council (QGC) for review an
MM81 003ab were removed from the	remediation if necessary.
clean equipment storage.	
• The light fixtures in the following areas	
were checked, replaced and cleaned as	
appropriate:	
o EC sort room	
o EVS closet room 1-EC 60 003	
o 1 ED 70 001	
o EC bulk storage room	
o Storage room F10	
<ul> <li>Ped triage room 1 PE 51 008</li> <li>Biohazard room on unit 5C</li> </ul>	
• The top of the ice machines seen in the EC Core D and ice machine in patient unit	
room 61 C 82 001 have been cleaned.	
The soiled linens in Soiled Linen Room	
61C81014 were picked up for cleaning	
and dirty blue gloves were removed.	
<ul> <li>Leaking pipes in the mechanical room in</li> </ul>	
the basement were repaired.	
the busement were repaired.	
<b>Long Term Remediation</b>	
On or before 12/11/19, Harris Health will	
ensure the maintenance and safety of the	
physical environment by implementing start	
of shift ("preflight") checklists for use by unit	
departmental leadership. Further, Harris	
Health will implement a comprehensive	
rounding strategy to identify and address	
environmental deficiencies, hazards and	

		unsafe practices.		
		In addition, on 9/28/19 Appendix A of Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> was reviewed and updated to reflect the joint responsibility of Environmental Services ("EVS"), Food and Nutrition staff, and Facilities Engineering to ensure ice machines are cleaned and maintained, as well as the required frequency. Thereafter, EVS, Food and Nutrition Services, and Facilities Engineering staff were informed of the changes in the responsibilities and duties.		
		By 12/8/19, questions will be built in the rounding tool to support the EVS team in assessing the environment. Once the tool is developed, EVS staff members will be trained in person on how to use the electronic rounding application to submit their assessment.		
Call lights pull cord were released/ unwrapped from the grab bar in the following locations:  OB/GYN clinic in the Ben Taub Tower room 424  OB clinic in the Ben Taub Tower	Executive Vice President of Ben Taub Hospital	Immediate Remediation On 9/18/19 the emergency call pull cord located in the Ben Taub Tower room 424, Ben Taub Tower room 486, and Unit 5C tub room were assessed and the emergency pull cords were verified to be accessible.  On 9/26/19 an emergency call pull cord was installed in the patient restroom number 1-EC 70 005 in the Ben Taub Emergency Center.	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit by direct observation the accessibility of emergency call pull cords in restrooms for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to the Ben Taub or LBJ Hospital Safety Committee meetings as well as to Harris Health's Quality Review Committees (QRC) and Quality Governance

room 486		By 12/1/19, Harris Health will install		Council (QGC) for review and corrective
• Unit 5C tub		emergency pull cords in patient restroom		action if necessary.
		numbers 3-C 51 027 in the Ben Taub		action if necessary.
room				Harris Haalth will also conduct a periodic
		Emergency Center and in patient restroom		Harris Health will also conduct a periodic
Call lights will be		number 6-GI 70 005 in Ben Taub Hospital.		risk assessment of public suite restrooms to
installed in the		Harris Health will assign an annunciated		determine any new or replacement needs
following locations:		response notification to the nearest nursing		related to emergency pull cords.
Bathroom in		unit.		
1-EC 70 005				Education:
<ul> <li>Bathroom on</li> </ul>		<b>Long Term Remediation</b>		Harris Health will educate one hundred
unit 3C 3-C		On or before 12/11/19, Harris Health will		percent (100%) of its nursing, EVS, and
51 027		ensure the maintenance and safety of the		biomedical engineering staff members,
Bathroom on		physical environment by implementing start		excluding those members who are on
6F GI Suite		of shift ("preflight") checklists for use by unit		approved leave, on the requirement that
6-GI 70 005		departmental leadership. Further, Harris		there must be clear access to the emergency
0 01 / 0 000		Health will implement a comprehensive		call pull cord(s) within restrooms by
		rounding strategy to identify and address		12/11/19. Staff members who are on
		environmental deficiencies, hazards and		approved leave will be educated on the
		unsafe practices.		requirement within thirty (30) days of their
				return. In addition, the requirement will be
		Harris Health will educate all nursing,		included in the departmental orientation for
		Environmental Services ("EVS"), and		all new nursing, EVS, and biomedical
		biomedical engineering staff members on the		engineering staff members.
		requirement that there must be clear access to		
		the emergency call pull cord(s) within		
		restrooms.		
Eye wash stations	Executive	On 9/28/19, the Facilities Engineering	9/28/19	Beginning on 12/12/19, Harris Health will
will be available in	Vice	department at Ben Taub installed the eye	7,20,17	audit by direct observation the accessibility
all required areas of	Presidents of	wash station in the mechanical room in the		of emergency call pull cords in restrooms
Harris Health.	Ben Taub,	basement. An inspection and testing log for		for eight (8) weeks and until one hundred
mains meath.	LBJ and	proper maintenance and function was put in		percent (100%) compliance is evident, and
	Ambulatory	place to ensure the eye wash station is		then quarterly thereafter. Results will be
	Care Services	checked weekly.		reported by exception to the Ben Taub or
	Care Services	checked weekly.		
		Dan Toule focilities stoff dt-d		LBJ Hospital Safety Committee meetings as
		Ben Taub facilities staff was educated on the		well as to Harris Health's Quality Review

		weekly inspection and testing requirement. The newly installed eye wash station was included in the inventory list for routine check and maintenance by the safety specialist.		Council and Quality Governance Council for review and corrective action if necessary.
Harris Health will ensure that the physical environment is maintained to protect the safety and well- being of its patients.	Executive Vice President of Ben Taub Hospital	On 9/28/19, Facilities Engineering leadership removed and discarded the expired reagent bottles, and the director of facilities engineering updated the log sheet for the brine tank to include checks for reagent expiration.  On 9/28/19 a monthly planned maintenance event was cataloged in the CMMS to capture the inspection and maintenance of the water softener room. An inspection task was added to the inspection log for the brine tank to check for reagent expiration.	9/28/19	The monthly monitoring of the maintenance of the water softener room will be performed using the planned maintenance events in the CMMS. A report will be generated to ensure all planned maintenance events are performed according to the schedule. Compliance data will be reported to the Physical Environment Committee oversight.
Harris Health will ensure that the physical environment is maintained to protect the safety and well- being of its patients.	Executive Vice President of Ben Taub Hospital	On 9/27/19, Harris Health engaged a contract vendor to clean the parking garage stairwells.  On 9/27/19 Harris Health increased the frequency of inspection of the grounds (outside the physical plant) in the Computerized Maintenance Management System (CMMS). Additional resources will be used to support the ground maintenance effort.	9/27/19	Beginning on 12/12/19, Harris Health will audit by direct observation the cleanliness of the grounds weekly for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to the Ben Taub or LBJ Hospital Safety Committee meetings as well as to Harris Health's Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and remediation if necessary.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will ensure a safe setting for patient care by installing emergency pull cords where necessary.	Executive Vice Presidents of Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	On 9/26/19 emergency call pull cords were installed in the patient restroom number 1-EC 70 005 in the Ben Taub Emergency Center.  By 12/1/19, Harris Health will install emergency pull cords in patient restroom numbers 3-C 51 027 in the Ben Taub Emergency Center and inpatient restroom number 6-GI 70 005 in Ben Taub Hospital. Harris Health will assign an annunciated response notification to the nearest nursing unit.	12/1/19	Harris Health will conduct a periodic risk assessment of public suite restrooms to determine any new or replacement needs related to emergency pull cords.

Hospital 2: improper storage of potentially hazardous dialysis solution, stained ceiling tiles noted in multiple departments, torn vinyl on numerous chairs in patient/family waiting areas, dialysis solution stored in an environment not temperature controlled.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will relocate dialysis chemicals to areas that align with manufacturer specifications.	Executive Vice President of LBJ Hospital	Minn-care solutions for dialysis were relocated to a controlled, secured location on 9/27/19.  Upon delivery of dialysis solutions to the warehouse, the warehouse staff will deliver the solutions to the designated storage space.	12/06/19	Harris Health will audit for compliance with the proper storage of dialysis chemicals through direct observation and rounding for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Results of the audit will be reported to the
		The designated storage space for dialysis solutions is being monitored for temperature and humidity.		Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and remediation if necessary.
		On or before 12/06/2019, Harris Health will relocate dialysis chemicals to a permanent location that aligns with manufacturer		

		specifications.		
Harris Health will maintain the physical environment by ensuring stained ceiling tiles are replaced.	Executive Vice President of LBJ Hospital	Immediate Remediation: By 10/10/19, Facility Engineering had conducted an assessment of stained ceiling tiles and will replace stained ceiling tiles throughout the facility as they are identified.  Long Term Remediation: By 12/11/19, Harris Health will ensure the maintenance and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.	12/11/19	Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment through direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to Harris Health's Quality Review Committee (QRC) and Quality Governance Council (QGC) for review and remediation if necessary.
Harris Health will maintain the physical environment by ensuring the appropriate condition of furniture.	Executive Vice President of LBJ Hospital	Immediate Remediation: By 9/20/19, Harris Health had removed the damaged chairs from use and engaged the upholstery vendor for repair.  Long Term Remediation: By 12/11/19 Harris Health will ensure the maintenance and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.	12/11/19	Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment through direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to Harris Health's Quality Review Council and Quality Governance Council.

Clinic 3: leaking chemicals in chemical storage cabinet, numerous wall mounted fluorescent lights not working, dirty floor drain.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will maintain a clean and sanitary environment in all patient care areas.	Executive Vice President of Ambulatory Care Services	<ul> <li>Immediate Remediation:         <ul> <li>The light fixtures in the clean storage room in the laboratory and the electrical room at MLK Health Center were replaced on 9/28/19 and 10/7/19 respectively.</li> <li>The exterior door's sweep was replaced to prevent insects/rodents from entering the building on 10/23/19.</li> <li>The floor drain in the Sterile Instrument room was cleaned on 9/29/19.</li> <li>The spill caused by an overturned chemical container was cleaned up and the chemical container was removed on 9/28/19.</li> </ul> </li> </ul>	12/11/19	Beginning 12/12/19, Harris Health will audit the appropriateness of the patient care environment through direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to Harris Health's Quality Review Council and Quality Governance Council.
		Long Term Remediation By 12/11/19 Harris Health will ensure the maintenance and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.  The facility management team reviewed and added additional tasks to the rounding		

schedule in the Computerized Maintenance
Management System. A work order with
instruction for inspection and maintenance
will be generated for facility staff to follow
and complete.

#### A 724 Facilities, Supplies, Equipment Maintenance

Facility failed to properly maintain patient care equipment and supplies in Hospitals 1 and 2 and Clinic #6: Hospital 1:

- A. Biomed inspections not completed for patient care equipment in radiology and emergency departments
- B. x-ray machine in radiology and equipment in rehab was not maintained in a sanitary manner
- C. patient equipment was not stored appropriately
- D. trash and dirty linen were not disposed of in a sanitary and safe manner
- E. housekeeping cart was left unattended and unlocked, providing public access to hazardous cleaning materials.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure all patient care equipment and supplies are properly maintained	Executive Vice President of Ben Taub Hospital	On 10/28/19 the biomedical engineering team located the two Vortex Genie 2 units at issue at Ben Taub and removed them from service.  Service literature was purchased, and the Harris Health biomedical engineering technician performed preventive maintenance on the units and re-issued the units for use.  By 10/28/19, a preventive maintenance schedule was created in the CMMS system to ensure future maintenance is performed per schedule.  Harris Health staff will be re-educated on the requirement in Harris Health Policy 7507.01, <i>Maintenance of Equipment</i> that all purchased equipment must be routed through the biomedical engineering so they may ensure proper testing before operation, and track for future preventive maintenance.	12/11/19	On a monthly basis, Harris Health's Biomedical Engineering department will generate a report of the completion of all scheduled maintenance events from the Computerized Maintenance Management System to ensure that scheduled equipment maintenance was completed timely. Compliance data will be reported to Leadership and Pavilion Safety Committee and to the Quality Review Committees (QRC) and Quality Governance Council (QGC) quarterly for oversight and enforcement.  Education: Harris Health will educate one hundred percent (100%) of applicable staff members, excluding those who are on approved leave, on Harris Health Policy 7507.01,  Maintenance of Equipment, by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return.

Harris Health will ensure all patient care equipment and supplies are properly maintained	Executive Vice President of Ben Taub Hospital	<ul> <li>Immediate Remediation:         <ul> <li>Equipment was appropriately cleaned and improperly stored equipment was moved to an appropriate storage location:</li></ul></li></ul>	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment through direct observation and daily rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter.  Results will be reported by exception to Harris Health's Quality Review Committee (QRC) and Quality Governance Council (QGC) for review and remediation if necessary.
		Long Term Remediation: By 12/11/19, Harris Health will ensure the maintenance and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.		
Harris Health will ensure the safety of its patients by preventing access to hazardous chemicals on EVS carts.	Executive Vice President of Ben Taub Hospital	By 10/16/19, locks were ordered and installed on EVS carts to prevent unauthorized access to hazardous cleaning chemicals. All carts now have been fitted with locks or have been taken out of service.	12/11/19	Auditing: Beginning on December 12, 2019, Harris Health will audit the security of EVS carts through direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and

The EVS operations manager will provide staff education and reinforcement on the safe use and storage of cleaning solutions and proper labeling of solutions.	then quarterly thereafter. Results will be reported by exception to Harris Health's QRC and QGC.  Education:
Long Term Remediation: By 12/11/19, Harris Health will ensure the maintenance and safety of the physical environment by implementing preflight (start of shift) checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.	Harris Health will educate one hundred percent (100%) of its EVS staff members, excluding those who are on approved leave, on the safe use and storage of cleaning solutions and proper labeling of solutions, by December 11, 2019. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education will also be included in new staff members departmental orientation.

## Hospital 2:

- F. Emergency crash carts were not maintained and inspected in a manner that ensured the safety and quality of supplies and equipment in the carts
- G. Environmental issues were observed to include: unsafe storage of equipment and supplies; unsanitary conditions related to cracked countertop and Pyxis medication storage; and improper disposal of trash.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will:	Chief Quality	On or before 11/27/19, Harris Health will	12/12/19	Auditing:
prohibit the use of	and Patient	revise Policy 4471, Emergency		Beginning on 12/12/19, Harris Health will audit
rubber bands in	Safety	Resuscitation Cart (Crash Cart) to address		for completeness, cleanliness and quality five
crash carts;	Officer	the following practices:		(5) crash carts each twice per month at LBJ
prohibit the practice		<ul> <li>Rubber bands will be prohibited.</li> </ul>		Hospital and Ben Taub Hospital and two (2)
of tucking scalpels		Rubber bands used to secure items		crash carts from Ambulatory Care Services
into crash cart areas		will be replaced with resealable		twice per month for the first two (2) months
that include sealed,		zipper storage bags to hold items.		(total of ten (10) crash carts each at LBJ and
sterile items;				Ben Taub and four (4) at ACS per month) and

replace compromised and/or discolored peel packs; replace, high-level disinfect, and store in a closed, sealed pouch until ready for use any non- packaged oral airway and		<ul> <li>Any scalpels tucked into areas that include sealed, sterile items will be removed.</li> <li>Any peel pack items that have been compromised in any way and/or are discolored will be replaced.</li> <li>Any non-packaged oral airways and laryngoscope blades used to intubate a patient will be replaced, high-level disinfected, and stored in a closed, sealed pouch until ready</li> </ul>		until one hundred percent (100%) compliance is achieved. Thereafter, Harris Health will audit eight (8) crash carts each month at LBJ Hospital and Ben Taub Hospital and four (4) crash cart per month from Ambulatory Care Services (ACS) on an ongoing basis. Audit results will be reported to the QRC and QGC for review and remediation if necessary.  Education: Harris Health will educate one hundred percent
laryngoscope blades used to intubate a patient; replace and store appropriately any nonsterile supplies in the crash cart that are stored in a manner that compromises sterile supplies; replace and reprocess compromised sterile supplies.		<ul> <li>Any nonsterile supplies in the crash cart that are stored in a manner that causes compromise of sterile supplies will be replaced and stored appropriately.</li> <li>All compromised sterile supplies will be replaced and reprocessed.</li> <li>Central Supply department staff will be educated on the revisions to Harris Health Policy 4471, <i>Emergency Resuscitation Cart</i> (<i>Crash Cart</i>) on or before 12/11/19.</li> <li>Beginning on or before 12/12/19, Central Supply departments at Ben Taub and LBJ</li> </ul>		(100%) of Central Supply staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 4471, <i>Emergency Resuscitation Cart (Crash Cart)</i> by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education will be included in new employee departmental orientation.
		will perform integrity checks of all crash carts in the facility to confirm adherence to the aforementioned policy considerations.		
Harris Health will utilize crash cart drawer trays to optimize placement	Chief Quality and Patient Safety Officer	On or before 12/11/19, all crash carts will be outfitted with crash cart drawer trays that will allow for organized, effective placement of crash cart items.	12/12/19	Auditing: Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five (5) crash carts each twice per month at LBJ

of crash cart contents  Harris Health will	Chief Quality	On or before 12/11/19, securement bags	12/12/19	Hospital and Ben Taub, Hospital and two (2) crash carts from Ambulatory Care Services twice per month for the first two (2) months (total of ten (10) crash carts each at LBJ and Ben Taub and four (4) at ACS per month) and until one hundred percent (100%) compliance is achieved. Thereafter, Harris Health will audit eight (8) crash carts each month at LBJ Hospital and Ben Taub Hospital and four (4) crash carts per month from Ambulatory Care Services (ACS) on an ongoing basis. Audit results will be reported to the QRC and QGC for review and remediation if necessary.  Auditing:
implement the use of securement bags to	and Patient Safety	will be utilized upon installation of crash cart trays. The securement bags encase the		Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five
protect crash cart	Officer	entire tray in a plastic, perforated covering		(5) crash carts each twice per month at LBJ
tray contents and allow staff to detect		that allows for detecting if the tray has been accessed.		Hospital and Ben Taub, Hospital and two (2) crash carts from Ambulatory Care Services
whether a tray has		accosed.		twice per month for the first two (2) months
been accessed.				(total of ten (10) crash carts each at LBJ and
				Ben Taub and four (4) at ACS per month) and
				until one hundred percent (100%) compliance
				is achieved. Thereafter, Harris Health will audit
				eight (8) crash carts each month at LBJ
				Hospital and Ben Taub Hospital and four (4)
				crash carts per month from Ambulatory Care
				Services ACS on an ongoing basis. Audit results will be reported to the QRC and QGC
				for review and remediation if necessary.
Harris Health will	Chief Quality	On or before 12/11/19, if during regular	12/12/19	Auditing:
replace sterilized	and Patient	integrity checks by the Central Supply	,,,	Beginning on 12/12/19, Harris Health will audit
items that have been	Safety	department it is discovered that a sterilized		for completeness, cleanliness and quality five
unused for at least	Officer	item has remained unused for at least one		(5) crash carts each twice per month at LBJ
one year.		(1) year following facility-based		Hospital and Ben Taub, Hospital and two (2)

sterilization, the item will be replaced and	crash carts from Ambulatory Care Services
sterilized/reprocessed. Items sterilized	twice per month for the first two (2) months
outside of the facility will be replaced	(total of ten (10) crash carts each at LBJ and
based on manufacturer	Ben Taub and four (4) at ACS per month) and
recommendations/designated expiration	until one hundred percent (100%) compliance
dates. Outdated contents of crash carts will	is achieved. Thereafter, Harris Health will audit
be replaced.	eight (8) crash carts each month at LBJ
	Hospital and Ben Taub Hospital and four (4)
	crash carts per month from Ambulatory Care
	Services ACS on an ongoing basis. Audit
	results will be reported to the QRC and QGC
	for review and remediation if necessary.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief Quality	Harris Health will revise the daily crash	12/12/19	Auditing:
ensure the integrity	and Patient	cart nursing checklist to include the crash		Beginning on 12/12/19, Harris Health will audit
of crash cart locking	Safety	cart lock serial number on or before		for completeness, cleanliness and quality five
mechanisms by	Officer	12/11/19.		(5) crash carts each twice per month at LBJ
requiring a check of				Hospital and Ben Taub, Hospital and two (2)
lock serial numbers		Central Supply will record the crash cart		crash carts from Ambulatory Care Services
against recorded		lock serial number on the daily crash cart		twice per month for the first two (2) months
crash cart		nursing checklist form when cart is		(total of ten (10) crash carts each at LBJ and
documentation		exchanged.		Ben Taub and four (4) at ACS per month) and
				until one hundred percent (100%) compliance
		During daily crash cart checks, appropriate		is achieved. Thereafter, Harris Health will audit
		nursing staff will ensure that the serial		eight (8) crash carts each month at LBJ
		number on the lock matches the serial		Hospital and Ben Taub Hospital and four (4)
		number recorded on the daily crash cart		crash cart per month from Ambulatory Care
		nursing checklist.		Services ACS on an ongoing basis. Audit
		_		results will be reported to the QRC and QGC
		Instances of nonmatching serial numbers		for review and remediation if necessary.
		will result in immediate replacement of the		·
		crash cart and investigation.		In addition, beginning on 12/12/19, Harris
		_		Health will also audit for completeness the

Educate all nursing staff on the new process to compare crash cart lock serial numbers with serial numbers logged on daily crash cart nursing checklist. The education will also include actions necessary if the serial numbers do not match.	crash cart nursing checklist by direct observation and daily rounding for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, then quarterly thereafter. Audit results will be reported to the QRC and QGCfor review and remediation if necessary.
	Education: Harris Health will educate one hundred percent (100%) of the Nursing Staff, excluding those who are on approved leave, on the new process to compare crash cart serial numbers with serial numbers logged on daily crash cart nursing checklist by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and the education will be included in new employee departmental orientation.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will ensure all patient care equipment and supplies are properly maintained	Executive Vice President of Ben Taub Hospital	Harris Health will ensure the maintenance and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.	12/12/19	Auditing: Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment by direct observation and daily rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to Harris Health's QRC and QGC for review and remediation if necessary.
Harris Health engaged the vendor	Executive Vice	Immediate Remediation: By 12/1/19, facility Engineering will	12/11/19	Auditing: Beginning on December 12, 2019, Harris

to replace the cracked countertop identified in the PACU area.  Harris Health will ensure the appropriate collection and disposal of solid waste.	President of LBJ Hospital	engage a vendor to replace the counter top.  By 11/30/19, Hospital operations and EVS leadership will review of the current process for solid waste collection and disposal.  Long Term Remediation: By 12/11/19, Harris Health will ensure the maintenance and safety of the physical environment by implementing preflight (start of shift) checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices		Health will audit the appropriateness of the patient care environment by direct observation and daily rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter.  Results will be reported by exception to Harris Health's QRC and QGC.
Harris Health will ensure appropriate cleaning of Pyxis Machines.	Chief Pharmacy Officer	By 11/20/19, Harris Health will update Harris Health Policy 550.00, <i>Automated Dispensing Cabinets</i> to support internal cleaning of medication Pyxis machines whenever medications are delivered to the Pyxis by pharmacy personnel and at least weekly.  As of 10/8/19, Harris Health has updated Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> to include	12/11/19	Review: Harris Health will perform monthly unit inspections to validate cleanings of the Pyxis machine and include an inspection of the external conditions of the Pyxis machine. If fallouts are discovered, those will be automatically escalated to unit area managers and assigned pharmacy supervisor for mitigation.  Auditing:

	D 1 1 40/40/40 TT 1 TT 14 191
external cleaning of medication Pyxis at	Beginning on 12/12/19, Harris Health will
least weekly.	audit to ensure compliance with Pyxis machine
	cleaning requirements by direct observation
On or before 11/18/19, Harris Health will	and daily rounding set forth in Harris Health
develop a cleaning log to be completed by	Policy 550.00, Automated Dispensing Cabinets
pharmacy staff for tracking compliance.	and Harris Health Policy 7200, Environmental
Pharmacy supervisor will review the log	Services Cleaning Guidelines for a period of at
each week with the director for immediate	least eight (8) weeks and until one hundred
follow-up, beginning 11/18/19.	percent (100%) compliance is achieved, and
	then quarterly thereafter. The results of the
A cleaning schedule for the inside of the	audit will be reported to the QRC and QGC for
medication Pyxis machine (weekly and as	review and corrective action if necessary.
needed) will be implemented by the	
pharmacy staff by 11/24/19.	<b>Education:</b>
	Harris Health will educate one hundred percent
Harris Health will educate all pharmacy	(100%) of all pharmacy staff members,
staff members on the revised policy and	excluding those who are on approved leave,
process by 12/11/19.	regarding the cleaning of Pyxis machines by
	12/11/19. Staff members on approved leave
EOC rounds will be amended to include	will be educated on the revisions within thirty
inspection of external conditions of Pyxis	(30) days of their return. In addition, the
machine by 11/30/19.	revisions will be included as part of all new
	pharmacy staff members' departmental
	orientation and will be made a part of annual
	training.

Clinic 8: Glucometer lacked a biomedical inspection per policy.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Glucometers are	Chief Quality	A review of Glucometer manufacturer's	11/12/19	This action is a one-time verification. No
Point-Of-Care item	and Patient	recommendation was completed on		monitoring is indicated.
purchased by the	Safety	11/12/19 and confirmed that no preventive		
Patient Care Units.	Officer	maintenance is required for this item.		
This item does not				

require inspection or			
preventative			
maintenance by the			
Biomedical			
Engineering			
department, and			
therefore it is not			
cataloged as a			
maintenance item in			
the Computerized			
Maintenance			
Management			
System. Thus, a			
preventive			
maintenance sticker			
was not issued by			
the Biomedical			
Engineering			
department. If there			
is issue encountered			
during use, the unit			
is discarded and			
replaced with the			
new one.			

## A 747: Infection Control

A. <u>Hospital 2 failed to ensure patient equipment (IV poles and IV pumps) were properly labeled, transported, inspected and stored in a safe manner.</u>

What	Responsible	How	Complete	Sustainability
Harris Health will ensure that patient equipment such as IV poles and pumps are properly labeled, transported, inspected, and stored in a safe manner.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	By 11/27/19, Harris Health will revise the Supply Chain Management ("SCM") Departmental Guideline and Procedure No. 4.004, <i>Disinfection of Equipment</i> , to reflect the requirement that Harris Health must properly label, transport, and inspect patient equipment, as well as specify that Harris Health must properly store clean patient equipment in a designated area.  Harris Health will educate all Supply Chain Management staff members on the revisions to Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> .  In addition, Harris Health will compile a list of departments that maintain their own patient equipment.  Harris Health will also educate the applicable staff members in departments who maintain their own patient equipment on the updated Supply Chain Management Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> .	Date 12/11/19	Monitoring: Beginning on 12/12/19, Harris Health will conduct weekly reviews to ensure compliance with the requirements in revised Supply Chain Management Departmental Guideline and Procedure No. 4004, Disinfection of Equipment for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and biweekly thereafter.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, Disinfection of Equipment through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and monthly thereafter, to assess compliance with IP standards. Audit results will be presented at the SCM Performance Improvement Committee (PIC), Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.

	Harris Health will initiate the development of an SCM department/service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective Quality Review Committee (QRC), Quality Governance Council (QGC), and/or Board Quality Committee (BQC) based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the Supply Chain Management staff members, excluding those who are on approved leave, on the revisions to Departmental Guideline and Procedure 4.004, Disinfection of Equipment, by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all Supply Chain Management staff members annual mandatory education.
	In addition, Harris Health will educate all applicable staff members in departments who maintain their own patient equipment, excluding those staff members who are on approved leave, on the requirements of Departmental Guideline and Procedure 4.004,

Disinfection of Equipment by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return
and the education will also be added to the
affected departments new employee
orientation and annual education requirements.

B. <u>Hospital 2 failed to identify and label patient equipment used in isolation rooms and contaminated areas. Failed to ensure appropriate cleaning methods were performed to all soiled and contaminated patient equipment.</u>

What	Responsible	How	Complete	Sustainability
VV II at	Party		Date	Sustainability
Harris Health will properly identify and label patient equipment that is used in isolation rooms and contaminated areas.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	By 11/27/19, Harris Health will revise Supply Chain Management Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> to specify the proper procedure for labeling and identifying equipment used in isolation rooms and contaminated areas.  Harris Health will educate all Supply Chain Management staff and other applicable staff on the revisions to Departmental Guideline 4.004, <i>Disinfection of Equipment</i> by 12/11/19.	12/11/19	Monitoring: Beginning on 12/12/19, Harris Health will conduct weekly reviews to ensure compliance with the requirements in revised Supply Chain Management Departmental Guideline and Procedure No. 4004, Disinfection of Equipment with respect to adherence to the proper procedure for labeling and identifying equipment used in isolation rooms and contaminated areas for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and biweekly thereafter. Results will be presented at the SCM Performance Improvement Committee (PIC).  Auditing: Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, Disinfection of Equipment through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%)

	compliance is achieved and monthly thereafter, to assess compliance with identifying and labeling equipment. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
	Harris Health will initiate the development of an SCM department/service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective Quality Review Committee (QRC), Quality Governance Council (QGC), and/or Board Quality Committee (BQC) based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the Supply Chain Management staff members, excluding those who are on approved leave, on the revisions to Departmental Guideline and Procedure 4.004.  Disinfection of Equipment, by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all Supply Chain Management staff members

In addition, Harris Health will educate all applicable staff members in departments who maintain their own patient equipment, excluding those staff members who are on approved leave, on the requirements of Departmental Guideline and Procedure 4.004, Disinfection of Equipment by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education will also be added to the affected departments' new employee		annual mandatory education.
		applicable staff members in departments who maintain their own patient equipment, excluding those staff members who are on approved leave, on the requirements of Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education will also be added to the

What	Responsible	How	Complete	Sustainability
	Party		Date	
Ensure that	Harris Health	Harris Health will re-educate all Supply	12/11/19	Monitoring:
appropriate cleaning	Executive	Chain Management and Environmental		Beginning on 12/12/19, Harris Health will
methods are used to	Vice	Services ("EVS") staff members, and		conduct weekly reviews to ensure compliance
clean soiled and	Presidents for	applicable staff members in departments that		with the requirements in revised Supply Chain
contaminated patient	Ben Taub	maintain their own patient equipment, on		Management Departmental Guideline and
equipment.	Hospital, LBJ	proper cleaning methods for soiled and		Procedure No. 4004, Disinfection of
	Hospital, and	contaminated equipment in accordance with		Equipment, Harris Health Policy 7200,
	Ambulatory	Supply Chain Management ("SCM")		Environmental Services Cleaning Guidelines,
	Care Services	Departmental Guideline and Procedure No.		Harris Health Policy 1303, <i>PreCleaning</i> ,
		4.004, Disinfection of Equipment; Harris		Sterilization, High and Low Level Disinfection
		Health Policy 7200, Environmental Services		and Storage of Processed Patient Care
		Cleaning Guidelines; Harris Health Policy		Devices, and Harris Health Policy 1303.01,
		1303, PreCleaning, Sterilization, High and		Cleaning of Patient Equipment and Medical
		Low Level Disinfection and Storage of		Devices for a minimum of eight (8) weeks and
		Processed Patient Care Devices; and Harris		until one hundred percent (100%) compliance
		Health Policy 1303.01, Cleaning of Patient		is achieved, and biweekly thereafter. Results
		Equipment and Medical Devices.		will be presented at the SCM Performance

	Improvement Committee (PIC).
	Auditing: Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, Disinfection of Equipment, Harris Health Policy 7200, Environmental Services Cleaning Guidelines, Harris Health Policy 1303, PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices, and Harris Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and monthly thereafter. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
	Harris Health will initiate the development of an SCM department/service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC, and/or Board Quality Committee (BQC) based on established criteria.

Education:
Harris Health will educate one hundred
percent (100%) of its SCM and EVS staff
members and applicable staff members in
departments that maintain their own patient
equipment, excluding those staff members
who are on approved leave, on the proper
cleaning methods for soiled and contaminated
equipment in accordance with the
aforementioned policies by 12/11/19. Staff
members who are on approved leave will be
educated within thirty (30) days of their return
and the education will also be included as part
of the departmental orientation for all new
Supply Chain Management, Environmental
Services, and applicable staff members as well
as incorporated into the annual mandatory
education for the same staff members.

C. <u>Hospital 2 failed to follow facility's policies and procedures to prevent the spread of infection and provide proper decontamination area to cleanse, sanitize, and store patient equipment.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	By 11/27/19, Harris Health will revise Harris	12/11/19	Monitoring:
follow its policies	Executive	Health Policy 1303.01, Cleaning of Patient		Beginning on 12/12/19, Harris Health will
and procedures to	Vice	Equipment and Medical Devices and Supply		conduct weekly reviews to ensure compliance
prevent the spread of	Presidents for	Chain Management Departmental Guideline		with the requirements in Harris Health Policy
infection and provide	Ben Taub	and Procedure No. 4.004, Disinfection of		1303.01, Cleaning of Patient Equipment and
proper	Hospital, LBJ	Equipment, to reflect the appropriate process		Medical Devices and revised Supply Chain
decontamination area	Hospital, and	for decontamination of patient equipment to		Management Departmental Guideline and
to cleanse, sanitize,	Ambulatory	include the availability and use of PPE and		Procedure No. 4004, Disinfection of
and store patient	Care Services	the provision of an appropriate		Equipment, as it related to the appropriate
equipment.		decontamination area.		process for decontamination of patient
				equipment, for a minimum of eight (8) weeks

Harris Health will educate all Supply Chain Management staff on the revisions to Harris Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices and Supply Chain Management Departmental Guideline 4.004, Disinfection of Equipment.

and until one hundred percent (100%) compliance is achieved, and biweekly thereafter. Results will be presented at the SCM Performance Improvement Committee (PIC).

#### **Auditing:**

Beginning on 12/12/19, Harris Health will audit compliance with Harris Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices and revised Supply Chain Management Departmental Guideline and Procedure No. 4004, Disinfection of *Equipment*, as it related to the appropriate process for decontamination of patient equipment through direct observation and rounding, for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and quarterly thereafter. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.

#### **QAPI:**

Harris Health will initiate the development of an SCM department/service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective Quality Review Committee (QRC), Quality Governance Council (QGC), and/or Board Quality

	Committee (BQC) based on established criteria.
	Education:
	Harris Health will educate one hundred
	percent (100%) of its Supply Chain Management staff, excluding those staff
	members who are on approved leave, on the appropriate process for decontamination of
	patient equipment in accordance with the
	aforementioned policies by 12/11/19. Staff members who are on approved leave will be
	educated within thirty (30) days of their return.
	New employees will be educated on the policies as part of their departmental
	orientation and the revisions will be made a
	part of Supply Chain Management staff members' annual mandatory education.

D. The Infection Control Preventionist failed to monitor the appropriate use of disinfectant in the decontamination area, warehouse, telemonitor room, shared room, training, and oversight to the central supply technicians and EVS for proper cleaning, sanitation, and storage of patient equipment. Hospital 2 failed to provide the technicians with proper PPE, adequate ventilation, MSDS info, eyewash station and hot water to cleanse the cleaning area and for proper hand hygiene.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	Harris Health will develop an Infection	12/18/19	Harris Health will obtain approval of the
ensure that LBJ	Executive	Prevention Plan for LBJ Supply Chain		Infection Prevention plan from the IP
Infection Prevention	Vice	Management, by performing initial risk		Committee and then through the QRCs and
(IP) monitors the	Presidents for	assessments of the decontamination area,		QGC.
appropriate use of	Ben Taub	warehouse, and telemonitor room to identify		
disinfectant in the	Hospital, LBJ	potential risks and provide a basis for infection		
decontamination	Hospital, and	prevention, surveillance, and control activities.		
area, warehouse,	Ambulatory	After identification of risks, Harris Health will		

telemonitor room,	Care Services	develop processes and education and focus	
shared room,		surveillance efforts towards the identified risks	
training, and		and ensure that all regulatory requirements are	
provides oversight to		met.	
the central supply			
technicians and EVS			
for proper cleaning,			
sanitation, and			
storage of patient			
equipment.			

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	By 11/27/19, Harris Health will revise Harris	12/11/19	Auditing:
ensure that Supply	Executive	Health Policy 1303.01, Cleaning of Patient		Beginning 12/12/19, Harris Health will audit
Chain Management	Vice	Equipment and Medical Devices to specify the		for compliance with Harris Health Policy
staff is provided with	Presidents for	requirements for a dirty equipment room,		1303.01, Cleaning of Patient Equipment and
proper PPE, adequate	Ben Taub	including when and where decontamination		Medical Devices for at least eight (8) weeks
ventilation, MSDS	Hospital, LBJ	showers and sinks are needed, and the		and until one hundred percent (100%)
information, eyewash	Hospital, and	availability of Safety Data Sheets ("SDS").		compliance is achieved, and then quarterly
stations, and hot	Ambulatory			thereafter. Specifically, the audits will
water to cleanse the	Care Services	LBJ's dirty equipment room has been		include assessment of appropriate conditions,
cleaning area and for		relocated to an area with hot water, appropriate		availability of PPE and completion of
proper hand hygiene.		ventilation. Further, PPE has been made		eyewash and decontamination shower logs
		available at the entrance. In addition, LBJ has		through direct observation and rounding.
		added a decontamination shower and sink to		Results of the audit will be reported to the
		the LBJ warehouse.		SMC PIC, Quality Review Committees and
				the Quality Governance Council for review
		Harris Health will educate all Supply Chain		and remediation if necessary.
		Management staff on the revisions to Harris		
		Health Policy 1303.01, Cleaning of Patient		<b>Education:</b>
		Equipment and Medical Devices.		Harris Health will educate one hundred
				percent (100%) of its Supply Chain
				Management staff, excluding those staff
				members who are on approved leave, on the

	revisions to Policy 1303.01, Cleaning of
	Patient Equipment and Medical Devices, by
	12/11/19. Staff members who are on
	approved leave will be educated within thirty
	(30) days of their return. New employees
	will be educated on the policies as part of
	their departmental orientation and the
	revisions will be made a part of Supply
	Chain Management staff members' annual
	mandatory education.

## E. Hospital 2 failed to ensure that temperature and humidity were monitored in a clean supply warehouse where bags of IV fluids were stored.

What	Responsible	How	Complete	Sustainability
	Party		Date	-
Harris Health will	Harris Health	On 9/25/19, Harris Health developed a process	12/02/19	Auditing:
ensure that	Executive	to ensure that sterile supplies delivered to the		Beginning 12/12/19, Harris Health will audit
temperature and	Vice	LBJ warehouse are relocated to temperature		for compliance with relevant policies and
humidity are	Presidents for	and humidity controlled locations within 24-		procedures, including but not limited to,
monitored in LBJ's	Ben Taub	hours of receipt.		assessing the warehouse for presence of
clean supply	Hospital, LBJ			sterile supplies and time elapsed in
warehouse.	Hospital, and	On or before 12/2/19, Harris Health will		warehouse, requirements for temperature and
	Ambulatory	include remote temperature and humidity		humidity monitoring, and staff knowledge of
	Care Services	monitoring to its Building Automation System		the same through direct observation,
		("BAS") in the LBJ warehouse and Smith		rounding and staff interviews for at least
		Clinic dock. Once implemented, Harris Health		eight (8) weeks and until one hundred
		will follow the temperature and humidity		percent (100%) compliance is achieved, and
		guidelines set forth in Policy 1308.01,		then quarterly thereafter. Specifically, the
		Maintaining Appropriate Temperature and		audits will include assessment of appropriate
		Relative Humidity in Operative, Procedural		conditions, availability of PPE and
		and Storage Areas for Sterile Instrumentation,		completion of eyewash and decontamination
		and will notify Harris Health's Facilities		shower logs. Results of the audit will be
		Engineering department of the addition of the		reported to the SMC PIC, QRC and QGC for
		LBJ warehouse on the BAS.		review and remediation if necessary.

# F. <u>Hospital 2 failed to ensure that sterile and clean patient medical supplies were stored in a clean and sanitary environment in a temperature and humidity controlled room.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Ensure that sterile	Harris Health	Harris Health will monitor the temperature and	12/12/19	Monitoring:
and clean patient	Executive	humidity all clean supply rooms in accordance		Beginning 12/12/19, Harris Health's nursing
medical supplies are	Vice	with the temperature and humidity guidelines		staff will review the completeness of logs for
stored in a clean and	Presidents for	set forth in Harris Health Policy 1308.01,		clean supply rooms in their respective areas
sanitary environment	Ben Taub	Maintaining Appropriate Temperature and		for a minimum of eight (8) weeks and until
in a temperature and	Hospital, LBJ	Relative Humidity in Operative, Procedural		one hundred percent (100%) compliance is
humidity-controlled	Hospital, and	and Storage Areas for Sterile Instrumentation.		achieved, and biweekly thereafter. Results
room.	Ambulatory	Specifically, Harris Health initiated or will		will be reported at the respective Quality
	Care Services	initiate monitoring as follows:		Review Committees (QRC).
		LBJ – 9/24/19		
		BT - 10/1/19		Auditing:
		ACS – 11/22/19		Beginning 12/12/19, Harris Health will audit
				for compliance with the storage of patient
				medical supplies in a clean and temperature
				and humidity controlled environment by
				direct observation and rounding for at least
				eight (8) weeks and until one hundred
				percent (100%) compliance is achieved, and
				then quarterly thereafter. Results of the audit
				will be reported to the Supply Chain
				Management PIC, QRC and QGC for review
				and remediation if necessary.

# G. Hospital 2 failed to maintain a sanitary environment in the kitchen.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that refrigerator shelves are not rusted.	System Vice President of Operations	Beginning on 11/1/19, Harris Health Food and Nutrition Services ("FNS") staff has begun inspecting refrigerator shelves daily and remediates any applicable findings, working with Facilities Engineering, as needed.	12/12/19	Monitoring: Beginning 12/12/19, this information will be documented by FNS staff and reviewed by Harris Health FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and monthly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that kitchen ice machines are mold and mildew free.	System Vice President of Operations	Beginning on 11/11/19, Harris Health Food and Nutrition Services ("FNS") Management is monitoring to ensure that the ice machine surface is cleaned daily and deep cleaned monthly per the developed cleaning schedule.	11/11/19	Monitoring: Beginning 11/11/19, this information will be documented by FNS staff and reviewed by FNS leadership, with escalation for corrective action if needed.
				Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.
				QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that missing grout and broken tiles are repaired.	System Vice President of Operations	On 11/12/19, Harris Health submitted work order #1419508 to replace broken and missing tiles in the dish area.  FNS management will identify all areas that need repair on an ongoing basis as part of the daily rounding process. Repair delays will be escalated to the Director of Facilities Engineering and VP of Operations at the applicable hospital.	12/13/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and monthly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that that kitchen door jams and threshold are painted and clean.	System Vice President of Operations	On 11/1/19, Harris Health removed the doors, cleaned area, and painted surfaces. Food and Nutrition Services ("FNS") management will identify all areas that need repair on an ongoing basis as part of the daily rounding process. Repair delays will be escalated to the Director of Facilities Engineering and VP of Operations at the applicable hospital.	11/1/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	On 11/8/19, Harris Health revised the dish	11/8/19	Monitoring:
ensure that all	President of	machine cleaning schedule to increase		Beginning $12/12/19$ , the environment will be
kitchen dishwashers	Operations	cleaning frequency from weekly to daily.		reviewed by FNS leadership, with escalation

are clean and meet sanitary conditions. (A749)		for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8)
		weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
		QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring
		the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	On 11/8/19 Harris Health revised the	12/11/19	Monitoring:
ensure that food	President of	equipment cleaning schedule to ensure that		Beginning 12/12/19, the environment will be
storage bins are	Operations	all kitchen equipment and storage bins are		reviewed by FNS leadership, with escalation for
clean.		cleaned at least weekly or more frequently,		corrective action if needed.
		as needed.		
				Auditing:
		Education:		Beginning on 12/12/19, Harris Health will audit

TNIC M	The second secon
FNS Management will re-educate staff on proper cleaning and use of food storage bins at all scheduled mandatory training sessions.	compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
	QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper cleaning and use of food storage bins by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will ensure that ice cream freezers are clean and do not have ice buildup.	System Vice President of Operations	Harris Health has purchased a new freezer for the LBJ facility kitchen and is expecting delivery mid to late November 2019.  FNS Management team revised the equipment cleaning schedule to include daily and weekly cleaning of all kitchen equipment, including freezers, by FNS staff.  FNS will be educated on expectations regarding daily and monthly cleaning of the ice cream freezers.	12/11/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review
				and if necessary, corrective action.  QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
				Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on cleaning of the freezers by 12/11/19. Staff members on approved leave will be educated

	within thirty (30) days of their return and new
	staff members will receive the education as
	part of their departmental orientation. This
	education will also be included as part of all
	FNS staff members' annual mandatory
	education.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will replace missing grout between multiple tiles in the food prep area at LBJ.	System Vice President of Operations	On 9/16/19, Harris Health submitted work order # 1424881 to replace the missing grout on the kitchen floor. FNS management will identify all areas that need repair on an ongoing basis as part of the daily rounding process. Repair delays will be escalated to the Director of Facilities Engineering and VP of Operations at the applicable hospital.	12/13/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
				QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will	System Vice	FNS Management will re-educate all FNS	12/11/19	Monitoring:
ensure that food	President of	staff on labeling and dating of all food items		Beginning 12/12/19, proper labeling of food
items are properly	Operations	at all mandatory training sessions. Labeling		will be reviewed by FNS leadership, with
labeled.		guides will be posted in all food storage areas.		escalation for corrective action if needed.
				Auditing:
				Beginning on 12/12/19, Harris Health will
				audit compliance with proper labeling of food
				through direct observation and rounding for a
				minimum of eight (8) weeks and until one
				hundred percent (100%) compliance is achieved then quarterly thereafter. Audit
				results will be presented at the FNS
				Performance Improvement Committee (PIC),
				QRC and QGC for review and if necessary,
				corrective action.
				QAPI:
				Harris Health will initiate the development of
				a FNS department/ service level QAPI plan by
				12/18/19 that includes the formation of a PIC
				with a uniform agenda, identification of
				metrics/indicators appropriate for measuring
				the quality and safety of care for the
				population served and the services provided
				and reporting to the respective QRC, QGC,
				and/or BQC based on established criteria.
				Education:
				Harris Health will educate one hundred
				percent (100%) of the FNS staff members,
				excluding those who are on approved leave, on

	proper labeling of food by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as
	part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
, , , <u>, , , , , , , , , , , , , , , , </u>	Party		Date	S discussions
Harris Health will	System Vice	On 11/8/19, Harris Health revised the	12/11/19	Monitoring:
ensure that food	President of	equipment cleaning schedule to ensure that		Beginning 12/12/19, the environment will be
storage bins are	Operations	all kitchen equipment and storage bins are		reviewed by FNS leadership, with escalation
clean.		cleaned at least weekly or more frequently, as needed.		for corrective action if needed.
				Auditing:
		FNS Management will re-educate staff on		Beginning on 12/12/19, Harris Health will
		proper cleaning and use of food storage bins		audit compliance through direct observation
		at all scheduled mandatory training sessions.		and rounding for a minimum of eight (8)
				weeks and until one hundred percent (100%)
				compliance is achieved and then quarterly
				thereafter. Audit results will be presented at
				the FNS Performance Improvement
				Committee (PIC), QRC and QGC for review and if necessary, corrective action.
				and it necessary, corrective action.
				QAPI:
				Harris Health will initiate the development of
				a FNS department/ service level QAPI plan by
				12/18/19 that includes the formation of a PIC
				with a uniform agenda, identification of
				metrics/indicators appropriate for measuring
				the quality and safety of care for the
				population served and the services provided

and reporting to the respective QRC, QGC and/or BQC based on established criteria.
Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper cleaning and use of food storage bins by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will maintain a sanitary environment in the kitchen by ensuring that all kitchen equipment and utensils are properly cleaned.	System Vice President of Operations	FNS management assessment that was completed on 11/8/19, the equipment cleaning schedule was revised to ensure that all kitchen equipment and utensils are properly cleaned.  On 12/2/19, Harris Health FNS Management will add equipment and utensil cleaning to all monthly scheduled mandatory training sessions.	Date 12/11/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.

	QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper cleaning of kitchen utensils by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	FNS Management will re-educate staff on	12/11/19	Monitoring:
ensure that food	President of	labeling and dating of all food items at all		Beginning 12/12/19, proper labeling of food
items are properly	Operations	mandatory training sessions. Labeling guides		will be reviewed by FNS leadership, with
labeled.		will be posting in all food storage areas.		escalation for corrective action if needed.
				Auditing:
				Beginning on 12/12/19, Harris Health will
				audit compliance with proper labeling of food
				through direct observation and rounding for a

	minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
	QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper labeling of food by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will maintain a sanitary environment in the kitchen by ensuring that all kitchen equipment and utensils are properly cleaned.	_	FNS management assessment, which was completed on 11/8/19, the equipment cleaning schedule was revised to ensure that all kitchen equipment and utensils are properly cleaned.  Harris Health FNS Management added equipment and utensil cleaning to all monthly scheduled mandatory training sessions.	_	Monitoring: Beginning 12/12/19, proper cleaning of kitchen equipment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance with proper labeling of food through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC),
				QRC and QGC for review and if necessary, corrective action.  QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.  Education: Harris Health will educate one hundred percent (100%) of the FNS staff members,

	proper cleaning of kitchen equipment by
	12/11/19. Staff members on approved leave
	will be educated within thirty (30) days of
	their return and new staff members will
	receive the education as part of their
	departmental orientation. This education will
	also be included as part of all FNS staff
	members' annual mandatory education.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will employ proper drying techniques for pots, pans, cups, and all kitchen utensils.	System Vice President of Operations	On 10/29/19, Harris Health purchased new drying racks for all kitchens.  By December 11, 2019, FNS management will re-educate staff on proper drying techniques.	12/11/19	Monitoring:  Beginning 12/12/19, proper drying of kitchen equipment and utensils will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance with proper drying of kitchen equipment and utensils through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  QAPI: Harris Health will initiate the development of a FNS department/ service level QAPI plan by 12/18/19 that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring

the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, or proper drying of kitchen utensils by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

H. <u>Hospital 1 and 2 failed to maintain a sanitary environment in the physical therapy department. Hospital #2 failed to properly sanitize the fluid therapy machine in between patients and no cleaning process was implemented. Hospital #1 failed to have documentation of the hydrocollator temperatures and failed to have clean linen available for patient use in the outpatient specialty clinic #4.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Executive	On 9/19/19, Harris Health updated the	11/13/19	Monitoring:
maintain a sanitary	Vice	Infection Control Log to include temperature		Beginning on 12/12/19, Rehab leadership will
environment in the	Presidents for	readings and initials and will ensure		conduct weekly department environment of
physical therapy	Ben Taub	temperature logging requirements are met.		care rounds that include direct observation of
department.	Hospital, LBJ			the existence of PM stickers and the
	Hospital, and	On 9/19/19, Harris Health conducted an		appropriate condition of all equipment in the
	Ambulatory	inspection and took equipment not		department, with one hundred percent (100%)
	Care Services	appropriate for patient use out of service,		of deficiencies addressed by the leadership.
		such as the paraffin wax machine (retired and		
		replaced) and fluidotherapy machine		Audit:
		(retired). Department leadership also		Beginning on December 12, 2019, Harris

confirmed that all equipment has the appropriate preventative maintenance (PM) sticker. Harris Health will educate one hundred percent (100%) of physical therapy staff about the changes to the Infection Control Log.

Health will audit the Infection Control Log temperature readings through direct observation and rounding for compliance with required temperature parameters for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter.

#### **QAPI:**

Harris Health will initiate the development of a Rehab Services department/service level QAPI Plan by 12/18/19 that includes the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.

#### **Education:**

Harris Health has educated one hundred percent (100%) of its physical therapy staff members, excluding those who are on approved leave, regarding the changes to the Infection Control Log. Staff members who are still on approved leave will be educated within thirty (30) days of their return. In addition, as of 9/20/19, all new physical therapy staff members will receive education regarding the use of the Infection Prevention Log as part of their new employee orientation.

## I. Hospital #1 failed to provide a clean and sanitary environment for patient areas 5G, 5F, and 3A.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will maintain a clean and sanitary environment in all patient care areas	Executive Vice Presidents of Ben Taub, LBJ and Ambulatory Care Services	Immediate Remediation By 9/27/19, Facilities Engineering technicians and Environmental Services ("EVS") staff had cleaned the noted areas, removed debris, assessed for leaks and repaired cabinet as identified.  • Unit 5G & 5F medication room – under sink cabinets were cleaned and assessed for water leak.  • Unit 5F EVS Supply Room – Two spray cleaning bottles which are partially filled with no label to identify contents were discarded.  • Unit 5F EVS Supply Room – cleaned the floor and horizontal surfaces and removed the soiled dust mop from wall on top of the cleaning supplies.  • Patient Room 5G02-4 – The dirty towels on the floor of the shared bathroom were removed. A ¼-full urinal was emptied and cleaned.  • Unit 3A – The EKG Machine was cleaned and returned to service.  • Unit 3A Clean Supply Room – The cabinet under sink was cleaned.  • Patient Room 3A 1-1 – The dirty wet towels found were removed. The patient gown seen was also removed. The 2 used EKG leads stuck to the handicapped bar in the patient	12/11/19	Auditing: Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment through direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to Harris Health's QRC and QGC for review and remediation if necessary.  Education: Harris Health will educate one hundred percent (100%) of its EVS staff members, excluding those who are on approved leave, on the safe use and storage of cleaning solutions and chemicals by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. New staff members will be educated as part of their departmental orientation.

shower were removed and discarded.		
Long Term Remediation		
Harris Health will ensure the maintenance and		
safety of the physical environment by		
1		
I		
1		
1		
or before 12/11/19.		
Harris Health will develop, implement and		
train EVS staff on a rounding process to		
1		
1		
assessment.		
storage of cleaning solutions and chemicals		
will be provided to one hundred percent		
(100%) of EVS staff.		
	safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices on or before 12/11/19.  Harris Health will develop, implement and train EVS staff on a rounding process to ensure a clean environment is maintained on or before 12/12/19. A set of questions will be built in the rounding tool to support the EVS team in assessing the environment. Once the tool is developed, EVS personnel will be trained in person on how to use the electronic rounding application to submit their assessment.  Additional education on the safe use and storage of cleaning solutions and chemicals will be provided to one hundred percent	Long Term Remediation  Harris Health will ensure the maintenance and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices on or before 12/11/19.  Harris Health will develop, implement and train EVS staff on a rounding process to ensure a clean environment is maintained on or before 12/12/19. A set of questions will be built in the rounding tool to support the EVS team in assessing the environment. Once the tool is developed, EVS personnel will be trained in person on how to use the electronic rounding application to submit their assessment.  Additional education on the safe use and storage of cleaning solutions and chemicals will be provided to one hundred percent

J. Hospital #1 and #2 failed to properly isolate patients with infectious diseases by co-mingling patients in the same patient rooms.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	Harris Health Policy 3000, Standard	12/11/19	Audit:
ensure that patients	Executive	Precautions will be updated by 11/27/19,		Beginning on 12/12/19, Harris Health will

_		
with infectious	utilizing CDC Guidelines for Isolation	audit Harris Health's compliance with bed
disease are placed in	Precautions, (updated version July 2019;	placement of patients with infectious disease
a correct room when	pages 86-87) to establish correct types of	through direct observation and rounding for a
placed in a shared	rooms where patients with an infectious	period of at least eight weeks or until 100%
room.	disease may be placed.	compliance is evident, and then quarterly
	The hospital Chief Nursing Officers ("CNO")	thereafter. Results of the audit will be
	and Infection Prevention will be informed	reported to the QRC and QGC for review and
	daily of bed placements for patients with an	any necessary corrective action.
	infectious disease by the House Supervisors	
	beginning on or before 12/11/19.	<b>Education:</b>
		Harris Health will reeducate one hundred
	Harris Health will educate one hundred	percent (100%) of appropriate staff,
	percent (100%) of appropriate staff on the	excluding those who are on approved leave,
	updated Harris Health Policy 3000, Standard	on Harris Health Policy 3000, Standard
	Precautions for assignment of patients with an	<i>Precautions</i> for the process of assignment of
	infectious disease to a hospital bed by	patients with an infectious disease to a
	12/11/19. Additionally, appropriate staff will	hospital bed by 12/11/19. Staff members who
	receive education and training on bed	are on approved leave will be complete their
	placement for patients with an infectious	education immediately upon their return.
	disease in orientation.	This education will be included in the
	discuse in origination.	orientation for applicable new nursing staff.
		offendation for approache new natisting start.

K. <u>Hospital #1 and #2 failed to ensure that tuberculosis skin tests (TST) given to employees as part of the infection control program were recorded with all information necessary to ensure that test results were accurate and/or correct.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health System	Chief	On 9/25/19, Harris Health's Occupational	11/20/19	Auditing:
will follow the	Medical	Health department revised its practice to		Documentation of time of TST application
proper procedure for	Executive	require documentation of the time of TST		and read and compliance with performing the
TST testing		application for all TST testing in a		TST read within 48-72 hours of TST
documentation to		"comments" field in its <i>ReadySet</i> software		application will be monitored weekly by the
ensure TST tests are		system. Documentation of time of TST read		Occupational Health Manager for at least

read within the time
ranges recommended
by the Centers for
Disease Control and
Prevention (CDC).

was already occurring in ReadySet.

On 10/11/19, Harris Health's *ReadySet* software system was modified to include a discrete field where time of TST application will be documented.

By 11/20/19, Occupational Health staff will be re-educated regarding the requirement to document time of TST administration and reading in *ReadySet* and that TST reading must occur within 48-72 hours of TST application to be valid and not require retesting. This education is also included in the Occupational Health Department's new employee orientation and TST testing requirements are a part of the Occupational Health Department's annual competency assessment. Staff members who did not receive education due to being on PTO or FMLA will complete the education immediately upon their return.

By 11/20/19, a report from *ReadySet* will be utilized to review TST application and read times to ensure tests are read within 48-72 hours of TST application.

eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Any deficiency will be addressed with the individual staff member and their director. Audit results will be reported to Infection Prevention Committee monthly and to QRCs and QGC for review and any necessary corrective action.

Occupational Health will send updates to operations regarding Harris Health staff members' compliance with TST testing on a monthly basis. Harris Health System Human Resources department along with operations will rigorously enforce Harris Health Policy 3.55.10, *Vaccine Preventable Disease Policy*, and staff members who are not compliant with TST testing requirements will not be allowed to provide patient care and/or services or have direct patient contact. These staff members will also be subject to disciplinary action, up to and including termination, for continued non-compliance with TST testing requirements.

L. <u>Hospital #2 failed to keep separate clean and dirty items, including clean containers from soiled linens, to separate clean beds from dirty beds, to keep clean patient supplies from touching the floors and/or being exposed to dirty mops, and to ensure there was no blood or body fluids on the floor in patients room.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will reinforce to staff the responsibility for appropriate handling and/or timely reporting of unclean surfaces (e.g. blood/body fluids).	Chief Nursing Executive	One hundred percent (100%) of applicable staff will be reeducated regarding responsibility for appropriate handling and/or timely reporting of unclean surfaces (e.g. blood/body fluids).	12/11/19	Monitor: Beginning on 12/12/19, Harris Health will monitor the appropriate handling and/or timely reporting of unclean surfaces for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, then quarterly thereafter. Audit results will be provided to pavilion nursing leadership as well as QRC.  Education: Harris Health will reeducate one hundred percent (100%) of appropriate staff, excluding those staff members who are on
				approved leave, on the appropriate handling and/or timely reporting of unclean surfaces by 12/11/19. Staff members who are on approved leave will complete the education immediately upon their return. This education will also be included in the orientation of all new applicable staff.

# M. <u>Hospital #1 failed to ensure a clean and sanitary environment in the Occupational Therapy room and five patient bathrooms in the mental health inpatient unit.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief	Harris Health Occupational Therapy	12/11/19	Monitor:
ensure a clean and	Nursing	leadership will develop a "Room		Beginning on 12/12/19, Occupational Therapy
sanitary environment	Executive	Surveillance Checklist" to be completed by		leadership will review the "Room Surveillance
in the Occupational		Occupational Therapy leadership and will		Checklist" for compliance. Additionally,
Therapy rooms		escalate all support needed to ensure the		Environmental Rounds will assess whether
A747M, A749M,		room is clean and sanitary to the appropriate		there is a clean and sanitary environment in the
X240M		service line.		Occupational Therapy room.
				Audit: Beginning on 12/12/19, Harris Health will audit for compliance with the "Room Surveillance Checklist" for at least eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the QRCs and QGC for review and for remediation if needed.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	Beginning on 11/15/19, Harris Health's	11/15/19	Monitor:
ensure a clean and	Executive	nursing and/or nursing support staff began to		Beginning 12/12/19, Harris Health nursing
sanitary environment		check patient bathrooms and showers hourly to		leadership will conduct weekly rounds using
in patient bathrooms		determine if cleaning is needed. If it is		an Environmental Rounds Checklist in
in the mental health		determined that cleaning is needed, the nursing		psychiatric units, to include a cleaning log
inpatient unit.		staff member will report to Environmental		for the bathrooms and showers. The
		Services that a cleaning is needed.		Environmental Rounds Checklist and Hourly
				Rounds Checklist will be collected and

On or before 11/15/19, a log will be created to document the dates and times of each hourly inspection and cleaning (if needed) of patient showers and restrooms, along with the name and ID number of the staff who performed the inspection and cleaning.	reviewed by the Administrative Director of Nursing bi-weekly for compliance. Results of Environmental Rounds will be reported to the Chief Nursing Officer and to the Quality Review Committee.

- N. Hospital #2's nursing staff failed to demonstrate appropriate hand hygiene and PPE use when providing wound care and failed to demonstrate appropriate hand hygiene and proper disinfection of patient equipment when administering medication to a patient.
- O. Hospital #1 failed to perform hand hygiene before performing an Interventional Radiology procedure.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will develop and deploy a reeducation plan for all staff, including providers, to ensure consistent, appropriate hand	Chief Medical Executive	All system-wide staff including providers will be reeducated, on proper hand hygiene practices, as detailed in Harris Health Policy 1402, <i>Hand Hygiene Guidelines</i> , including specific situational examples of proper hand hygiene by 12/11/19. Staff will complete a post training quiz to indicate understanding	12/18/19	Monitor: Harris Health will review documented instances of non-compliance on a monthly basis and determine if appropriate corrective actions have been applied, including, but not limited to reeducation and /or disciplinary measures.
Harris Health will deploy a process to provide immediate feedback for hand hygiene violations and address repeat offenders.		of training content.  Departmental leaders will enforce appropriate hand hygiene use and provide progressive discipline, such as reeducation/counseling as necessary.  Executive leaders will engage medical school partners to create and sustain the shared goal of appropriate hand hygiene use to reduce and prevent infection by 12/18/19.		Audit: Beginning on 12/12/19, Harris Health will audit Harris Health's compliance with appropriate hand hygiene practices through direct observation for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.
Harris Health will communicate hand				Education: Harris Health will reeducate one hundred

hygiene expectations to the affiliated medical schools.		percent (100%) of system-wide staff including providers, and excluding those who are on approved leave, regarding appropriate hand hygiene practices by 12/11/19. Staff members on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new staff members' orientation and will be made a part of Harris Health's annual mandatory education.
		-

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief	By 11/27/19, Harris Health will revise Harris	12/18/19	Monitor:
review and update	Medical	Health Policy 3003, Personal Protective		Harris Health will review documented
Policy 3003,	Executive	Equipment, to ensure it is up-to-date with the		instances of non-compliance on a monthly
Personal Protective		current infection prevention practices and the		basis and determine if appropriate corrective
Equipment, as		CDC guidelines, including correct donning		actions have been applied, including, but not
needed to ensure		and doffing procedures.		limited to reeducation and /or disciplinary
provisions are				measures.
aligned with CDC				
PPE guidelines.		By 12/11/19, Harris Health will ensure		Audit:
		system-wide reeducation of one hundred		Beginning on 12/12/19, Harris Health will
Harris Health will		(100%) of applicable staff and medical staff		audit Harris Health's compliance with
develop and deploy a		who are required to use PPE. Staff will		appropriate PPE practices through direct
reeducation plan for		complete a post training quiz to indicate		observation for a period of at least eight
all clinical leaders,		understanding of training content.		weeks and until one hundred percent (100%)
staff, residents, and				compliance is evident, and then quarterly
other healthcare		Departmental leaders will enforce appropriate		thereafter. Results of the audit will be
personnel who are		PPE use and provide progressive discipline,		reported to the QRC and QGC for review and
required to use PPE,		such as reeducation/counseling as necessary.		any necessary corrective action.
to ensure consistent,				

appropriate PPE		Education:
practices.	Executive leaders will engage medical school	Harris Health will reeducate one hundred
	partners to create and sustain the shared goal	percent (100%) of system-wide staff
Harris Health will	of appropriate PPE use to reduce and prevent	including providers, and excluding those who
deploy a process to	infection by 12/18/19.	are on approved leave, regarding appropriate
provide immediate		PPE practices by 12/11/19. Staff members on
feedback for PPE		approved leave will be educated on the
violations and		revisions within thirty (30) days of their
address repeat		return. In addition, the revisions will be
offenders.		included as part of all new staff members'
		orientation and will be made a part of Harris
Harris Health will		Health's annual mandatory education.
communicate PPE		
expectations to the		
affiliated medical		
schools.		

P. <u>Hospital #1 failed to implement infection control practices of cleaning and disinfecting contaminated equipment as evidenced by failure to clean and disinfect Hansen connectors, wands and all surfaces of contaminated hemodialysis machine and hemodialysis machines observed terminally cleaned. In addition, a failure to wash and sanitize contaminated hands during central venous catheter care.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	By 11/27/19 Harris Health will adopt and	12/11/19	Auditing:
ensure staff	Executive	implement Harris Health Policy 4525.01		Beginning 12/12/19, Harris Health will audit
compliance with		Hemodialysis for Acute Care Setting to include		for compliance with Harris Health Policy
infection control		infection control practices for hemodialysis,		4525.01, Hemodialysis for Acute Care
practices, including		including cleaning and disinfecting		Settings infection control requirements
cleaning and		contaminated equipment and handwashing		through direct observation and rounding for
disinfecting		during central venous catheter care.		at least eight (8) weeks and until one hundred
contaminated				percent (100%) compliance is achieved and
equipment and		By 12/11/19, Harris Health will educate one		then quarterly. Results will be reported to the
handwashing during		hundred percent (100%) of hemodialysis		Acute Care Nephrology Dialysis
central venous		nursing staff on Harris Health Policy 4525.01		Performance Improvement Committee (PIC),
catheter care.				QRC and QGC for review and remediation if

Hemodialysis for Acute Care Setting regarding	necessary.
the above.	
	QAPI:
	Harris Health will initiate the development of
	an Acute Care Nephrology Dialysis
	department/service level QAPI Plan by
	12/18/19 that includes the formation of a
	Performance Improvement Committee with a
	uniform agenda, identification of
	metrics/indicators appropriate for measuring
	the quality and safety of care for the
	population served and the services provided
	and reporting to the respective QRC, QGC
	and/or the BQC based on established criteria.
	<b>Education:</b>
	Harris Health will educate one hundred
	percent (100%) of its hemodialysis nursing
	staff, excluding those staff members who are
	on approved leave, on the requirements of
	Harris Health Policy 4525.01 by 12/11/19.
	Staff members who are on approved leave
	will be educated within thirty (30) days of
	their return and the education and training
	will be included as part of the new employee
	orientation for new members of the
	hemodialysis nursing staff and will also be
	included in their annual required education
	and competencies.

Q. Hospital #2's warehouse failed to ensure dialysis solutions were stored in a clean and temperature controlled area (Cross Reference: A749, X420)

What	Responsible	How	<b>Complete Date</b>	Sustainability
	Party			

Harris Health will	Executive	Minn-care and Renal Pure solutions for	12/06/19	Harris Health will audit for compliance
relocate dialysis	Vice	dialysis were relocated to a controlled,		with the proper storage of dialysis
chemicals to areas	President of	secured location on 9/27/19.		chemicals through direct observation and
that align with	LBJ Hospital			rounding for at least eight (8) weeks and
manufacturer		Upon delivery of dialysis solutions to the		until one hundred percent (100%)
specifications.		warehouse, the warehouse staff will deliver		compliance is achieved and then quarterly
		the solutions to the designated storage		thereafter. Results of the audit will be
		space.		reported to the QRC and QGC for review
				and remediation if necessary.
		The designated storage space for dialysis		
		solutions is being monitored for temperature and humidity.		
		temperature and numerty.		
		On or before 12/06/2019, Harris Health will		
		relocate dialysis chemicals to a permanent		
		location that aligns with manufacturer		
		specifications.		

R. Hospital #1 failed to ensure that manufacturer's directions regarding probe covers (sterile sheaths) were followed for use of endocavity transducers in the OB clinic. Also, the facility failed to store transvaginal probes per manufacturer guidelines.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	On or before 11/27/19, Harris Health will	12/11/19	Monitoring:
ensure standards of	Executive	review and revise Harris Health Policy 1303,		Harris Health Directors of Ultrasound will
infection prevention	Vice	Pre-Cleaning, Sterilization, High- and Low-		conduct 10 interviews per week in each
and patient safety by	Presidents for	Level Disinfection, and Storage of Processed		hospital and applicable clinic to include both
using sterile sheaths	Ben Taub	Patient Care Devices to require sterile		sonographer and medical provider interviews
in all areas of Harris	Hospital, LBJ	sheaths for use with endocavitary probes.		at each hospital for a minimum of four (4)
Health where	Hospital, and			weeks and until one hundred percent (100%)
endocavity probes	Ambulatory	On or before 12/1/19, Harris Health		compliance with the use of a sterile sheath, per
are used	Care Services	discontinued the use of non-sterile sheaths		Harris Health Policy 1303, <i>Pre-Cleaning</i> ,
		for use with endocavitary probes and		Sterilization, High and Low Level
		removed any other sheaths from all areas		Disinfection, and Storage of Processed Patient
		immediately.		Care Devices. Thereafter, Harris Health will

On or before 12/1/19, Harris Health acquired sterile sheaths to be used with endocavitary probes per manufacturer's recommendations for all applicable areas.

Harris Health will educate applicable medical and sonographer staff in ultrasound, colorectal clinic, and OB clinics on the revisions to Harris Health Policy 1303, *Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices*, specifically that sterile sheaths must be used with endocavitary probes by 12/11/19.

conduct twenty (20) interviews at each hospital and applicable clinic, each quarter for compliance. Non- compliance will be addressed immediately with department and department director. Interview results will be presented at the QRC and QGC for review and necessary corrective action.

#### **Education:**

Harris Health will provide targeted education on the revisions to Harris Health Policy 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices to one hundred percent (100%) of sonographers and medical staff who perform endocavitary studies, excluding those staff members who are on approved leave, by 12/11/19. Staff members who are on approved leave will receive the education within thirty (30) days of their return. New sonographers will receive education and training on the revisions to Harris Health Policy 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices as part of orientation. New medical staff members will receive training on the policy as part of orientation to Harris Health.

## A 749: Infection Control Program

S. <u>Hospital 2 failed to ensure patient equipment (IV poles and IV pumps) were properly labeled, transported, inspected and stored in a safe manner.</u>

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that patient equipment such as IV poles and pumps are properly labeled,	Party Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	By 11/27/19, Harris Health will revise the Supply Chain Management ("SCM") Departmental Guideline and Procedure No. 4.004, <i>Disinfection of Equipment</i> , to reflect the requirement that Harris Health must properly label, transport, and inspect patient equipment, as well as specify that Harris Health must properly store clean patient equipment in a designated area.  Harris Health will educate all Supply Chain Management staff members on the revisions to Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> .  In addition, Harris Health will compile a list of departments that maintain their own patient equipment.  Harris Health will also educate the applicable staff members in departments who maintain their own patient equipment on the updated Supply Chain Management Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> .	12/11/19	Monitoring: Beginning on 12/12/19, Harris Health will conduct weekly reviews to ensure compliance with the requirements in revised Supply Chain Management Departmental Guideline and Procedure No. 4004, Disinfection of Equipment for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and biweekly thereafter.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, Disinfection of Equipment through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and monthly thereafter, to assess compliance with IP standards. Audit results will be presented at the SCM Performance Improvement Committee (PIC), Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.

	Response to Clarification Received on
	<b>12/13/19:</b>
	Monitoring:
	Beginning on 12/12/19, Harris Health will
	monitor for compliance with the
	requirements in revised Supply Chain
	Management Departmental Guideline and
	Procedure No. 4004, Disinfection of
	Equipment through direct observation and
	rounding. The frequency with which Harris
	Health will monitor will be at least weekly
	for a duration of at least eight (8) weeks and
	until one hundred percent (100%)
	compliance is achieved. Thereafter, the
	frequency with which Harris Health will
	monitor for compliance will be at least
	biweekly. Results will be presented at the
	SCM Performance Improvement
	Committee (PIC).
	Auditing:
	Beginning on 12/12/19, Harris Health will
	audit/monitor for compliance with SCM
	Departmental Guideline and Procedure
	_
	4.004, Disinfection of Equipment through
	direct observation and rounding. The
	frequency with which Harris Health will
	audit will be at least weekly for a duration
	of at least eight (8) weeks and until one
	hundred percent (100%) compliance is
	achieved. Thereafter, the frequency with
	which Harris Health will audit for
	compliance will be at least quarterly. Audit
	results will be presented at the SCM
	results will be presented at the Selvi

Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
QAPI: Harris Health will develop an SCM department/service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective Quality Review Committee (QRC), Quality Governance Council (QGC), and/or Board Quality Committee (BQC) based on established criteria.
Education: Harris Health will educate one hundred percent (100%) of the Supply Chain Management staff members, excluding those who are on approved leave, on the revisions to Departmental Guideline and Procedure 4.004, Disinfection of Equipment, by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all Supply Chain Management staff members annual mandatory education.
In addition, Harris Health will educate all applicable staff members in departments who

	maintain their own patient equipment,
	excluding those staff members who are on
	approved leave, on the requirements of
	Departmental Guideline and Procedure 4.004,
	Disinfection of Equipment by 12/11/19. Staff
	members who are on approved leave will be
	educated within thirty (30) days of their return
	and the education will also be added to the
	affected departments new employee
	orientation and annual education requirements.

T. <u>Hospital 2 failed to identify and label patient equipment used in isolation rooms and contaminated areas. Failed to ensure appropriate cleaning methods were performed to all soiled and contaminated patient equipment.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	By 11/27/19, Harris Health will revise	12/11/2019	Monitoring:
properly identify and	Executive	Supply Chain Management Departmental		Beginning on 12/12/19, Harris Health will
label patient	Vice	Guideline and Procedure 4.004, Disinfection		conduct weekly reviews to ensure compliance
equipment that is	Presidents for	of Equipment to specify the proper procedure		with the requirements in revised Supply Chain
used in isolation	Ben Taub	for labeling and identifying equipment used		Management Departmental Guideline and
rooms and	Hospital, LBJ	in isolation rooms and contaminated areas.		Procedure No. 4004, Disinfection of
contaminated areas.	Hospital, and			Equipment with respect to adherence to the
	Ambulatory	Harris Health will educate all Supply Chain		proper procedure for labeling and identifying
	Care Services	Management staff and other applicable staff		equipment used in isolation rooms and
		on the revisions to Departmental Guideline		contaminated areas for a minimum of eight (8)
		4.004, Disinfection of Equipment by		weeks and until one hundred percent (100%)
		12/11/19.		compliance is achieved, and biweekly
				thereafter. Results will be presented at the
				SCM Performance Improvement Committee
				(PIC).
				Auditing:
				Beginning on 12/12/19, Harris Health will
				audit compliance with SCM Departmental

1	<u> </u>	
		Guideline and Procedure 4.004, Disinfection of
		Equipment through direct observation and
		rounding for a minimum of eight (8) weeks
		and until one hundred percent (100%)
		compliance is achieved and monthly
		thereafter, to assess compliance with
		identifying and labeling equipment. Audit
		results will be presented at the SCM
		Performance Improvement Committee (PIC),
		QRC and QGC for review and if necessary,
		corrective action.
		<b>Response to Clarification Received on</b>
		<b>12/13/19:</b>
		<b>Monitoring:</b>
		Beginning on 12/12/19, Harris Health will
		monitor for compliance with the
		requirements in revised Supply Chain
		Management Departmental Guideline and
		Procedure No. 4004, Disinfection of
		<b>Equipment</b> with respect to adherence to the
		proper procedure for labeling and
		identifying equipment used in isolation
		rooms and contaminated areas through
		direct observation and rounding. The
		frequency with which Harris Health will
		monitor will be at least weekly for a
		duration of at least eight (8) weeks and until
		one hundred percent (100%) compliance is
		achieved. Thereafter, the frequency with
		which Harris Health will monitor for
		compliance will be at least biweekly. Results
		will be presented at the SCM Performance
		Improvement Committee (PIC).

	Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with SCM Departmental Guideline and Procedure 4.004, Disinfection of Equipment through direct observation and rounding. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly.  Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop an SCM department/service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective Quality Review Committee (QRC), Quality Governance Council (QGC), and/or Board Quality Committee (BQC) based on established criteria.
	Education: Harris Health will educate one hundred

	percent (100%) of the Supply Chain Management staff members, excluding those who are on approved leave, on the revisions to Departmental Guideline and Procedure 4.004, Disinfection of Equipment, by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This
	education will also be included as part of all Supply Chain Management staff members annual mandatory education.  In addition, Harris Health will educate all applicable staff members in departments who maintain their own patient equipment, excluding those staff members who are on
	approved leave, on the requirements of Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education will also be added to the affected departments' new employee orientation and annual education requirements.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Ensure that	Harris Health	Harris Health will re-educate all Supply	12/11/2019	Monitoring:
appropriate cleaning	Executive	Chain Management and Environmental		Beginning on 12/12/19, Harris Health will
methods are used to	Vice	Services ("EVS") staff members, and		conduct weekly reviews to ensure compliance
clean soiled and	Presidents for	applicable staff members in departments that		with the requirements in revised Supply Chain
contaminated patient	Ben Taub	maintain their own patient equipment, on		Management Departmental Guideline and
equipment.	Hospital, LBJ	proper cleaning methods for soiled and		Procedure No. 4004, Disinfection of

Hospital, and Ambulatory
Care Services

Care Servic

Equipment, Harris Health Policy 7200, Environmental Services Cleaning Guidelines, Harris Health Policy 1303, PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices, and Harris Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and biweekly thereafter. Results will be presented at the SCM Performance Improvement Committee (PIC).

#### **Auditing:**

Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, Disinfection of Equipment, Harris Health Policy 7200, Environmental Services Cleaning Guidelines, Harris Health Policy 1303, PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices, and Harris Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and monthly thereafter. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.

Response to Clarification Received on 12/13/19:

	N/ ouitoring
	Monitoring: Beginning on 12/12/19, Harris Health will
	monitor for compliance with the
	requirements in revised Supply Chain
	Management Departmental Guideline and
	Procedure No. 4004, Disinfection of
	Equipment, Harris Health Policy 7200,
	Environmental Services Cleaning Guidelines,
	Harris Health Policy 1303, PreCleaning,
	Sterilization, High and Low Level
	Disinfection and Storage of Processed
	Patient Care Devices, and Harris Health
	Policy 1303.01, Cleaning of Patient
	Equipment and Medical Devices through
	direct observation and rounding. The
	frequency with which Harris Health will
	monitor will be at least weekly for a
	duration of at least eight (8) weeks and until
	one hundred percent (100%) compliance is
	achieved. Thereafter, the frequency with
	which Harris Health will monitor for
	compliance will be at least biweekly. Results
	will be presented at the SCM Performance
	Improvement Committee (PIC).
	Auditing:
	Beginning on 12/12/19, Harris Health will
	audit for compliance with the requirements
	in revised Supply Chain Management
	Departmental Guideline and Procedure No.
	4004, Disinfection of Equipment, Harris
	Health Policy 7200, Environmental Services
	Cleaning Guidelines, Harris Health Policy
	1303, PreCleaning, Sterilization, High and
l l	2000) 2 To Commissing, Section, and the

Low Level Disinfection and Storage of **Processed Patient Care Devices, and Harris** Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices through direct observation and rounding. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the SCM **Performance Improvement Committee** (PIC), QRC and QGC for review and any necessary corrective action. **QAPI:** Harris Health will develop an SCM department/service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC, and/or Board Quality Committee (BQC) based on established criteria. **Education:** Harris Health will educate one hundred percent (100%) of its SCM and EVS staff members and applicable staff members in departments that maintain their own patient

	equipment, excluding those staff members
	who are on approved leave, on the proper
	cleaning methods for soiled and contaminated
	equipment in accordance with the
	aforementioned policies by 12/11/19. Staff
	members who are on approved leave will be
	educated within thirty (30) days of their return
	and the education will also be included as part
	of the departmental orientation for all new
	Supply Chain Management, Environmental
	Services, and applicable staff members as well
	as incorporated into the annual mandatory
	education for the same staff members.

U. <u>Hospital 2 failed to follow facility's policies and procedures to prevent the spread of infection and provide proper decontamination area to cleanse, sanitize, and store patient equipment.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	By 11/27/19, Harris Health will revise Harris	12/11/2019	Monitoring:
follow its policies	Executive	Health Policy 1303.01, Cleaning of Patient		Beginning on 12/12/19, Harris Health will
and procedures to	Vice	Equipment and Medical Devices and Supply		conduct weekly reviews to ensure compliance
prevent the spread of	Presidents for	Chain Management Departmental Guideline		with the requirements in Harris Health Policy
infection and provide	Ben Taub	and Procedure No. 4.004, Disinfection of		1303.01, Cleaning of Patient Equipment and
proper	Hospital, LBJ	Equipment, to reflect the appropriate process		Medical Devices and revised Supply Chain
decontamination area	Hospital, and	for decontamination of patient equipment to		Management Departmental Guideline and
to cleanse, sanitize,	Ambulatory	include the availability and use of PPE and		Procedure No. 4004, Disinfection of
and store patient	Care Services	the provision of an appropriate		Equipment, as it related to the appropriate
equipment.		decontamination area.		process for decontamination of patient
				equipment, for a minimum of eight (8) weeks
		Harris Health will educate all Supply Chain		and until one hundred percent (100%)
		Management staff on the revisions to Harris		compliance is achieved, and biweekly
		Health Policy 1303.01, Cleaning of Patient		thereafter. Results will be presented at the
		Equipment and Medical Devices and Supply		SCM Performance Improvement Committee
		Chain Management Departmental Guideline		(PIC).

4.004, Disinfection of Equipment.	
	Auditing:
	Beginning on 12/12/19, Harris Health will
	audit compliance with Harris Health Policy
	1303.01, Cleaning of Patient Equipment and
	Medical Devices and revised Supply Chain
	Management Departmental Guideline and
	Procedure No. 4004, Disinfection of
	Equipment, as it related to the appropriate
	process for decontamination of patient
	equipment through direct observation and
	rounding, for a minimum of eight (8) weeks
	and until one hundred percent (100%)
	compliance is achieved, and quarterly
	thereafter. Audit results will be presented at
	the SCM Performance Improvement
	Committee (PIC), QRC and QGC for review
	and if necessary, corrective action.
	<b>Response to Clarification Received on</b>
	12/13/19:
	<u> </u>
	<b>Monitoring:</b>
	Beginning on 12/12/19, Harris Health will
	monitor for compliance with the
	requirements in Harris Health Policy
	1303.01, Cleaning of Patient Equipment and
	Medical Devices and revised Supply Chain
	<b>Management Departmental Guideline and</b>
	Procedure No. 4004, Disinfection of
	Equipment, as it related to the appropriate
	process for decontamination of patient
	equipment through direct observation and
	rounding. The frequency with which Harris
	Health will monitor will be at least weekly
	iteatin win moment win he at least weekly

		for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will monitor for compliance will be at least biweekly. Results will be presented at the SCM Performance Improvement Committee (PIC).  Auditing:  Beginning on 12/12/19, Harris Health will audit for compliance with the requirements in Harris Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices and revised Supply Chain Management Departmental Guideline and Procedure No. 4004, Disinfection of Equipment, as it related to the appropriate process for decontamination of patient equipment through direct observation and rounding. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
		Harris Health will develop an SCM

	department/service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective Quality Review Committee (QRC), Quality Governance Council (QGC), and/or Board Quality Committee (BQC) based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of its Supply Chain Management staff, excluding those staff members who are on approved leave, on the appropriate process for decontamination of patient equipment in accordance with the aforementioned policies by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. New employees will be educated on the policies as part of their departmental
	orientation and the revisions will be made a part of Supply Chain Management staff members' annual mandatory education.

V. The Infection Control Preventionist failed to monitor the appropriate use of disinfectant in the decontamination area, warehouse, telemonitor room, shared room, training, and oversight to the central supply technicians and EVS for proper cleaning, sanitation, and storage of patient equipment. Hospital 2 failed to provide the technicians with proper PPE, adequate ventilation, MSDS info, eyewash station and hot water to cleanse the cleaning area and for proper hand hygiene.

What	Responsible	How	Complete	Sustainability
	Party		Date	

Harris Health will	Harris Health	Harris Health will develop an Infection	12/18/2019	Harris Health will obtain approval of the
ensure that LBJ	Executive	Prevention Plan for LBJ Supply Chain		Infection Prevention plan from the IP
<b>Infection Prevention</b>	Vice	Management, by performing initial risk		Committee and then through the QRCs and
(IP) monitors the	Presidents for	assessments of the decontamination area,		QGC.
appropriate use of	Ben Taub	warehouse, and telemonitor room to identify		
disinfectant in the	Hospital, LBJ	potential risks and provide a basis for		
decontamination	Hospital, and	infection prevention, surveillance, and control		
area, warehouse,	Ambulatory	activities. After identification of risks, Harris		
telemonitor room,	Care Services	Health will develop processes and education		
shared room,		and focus surveillance efforts towards the		
training, and		identified risks and ensure that all regulatory		
provides oversight to		requirements are met.		
the central supply				
technicians and EVS				
for proper cleaning,				
sanitation, and				
storage of patient				
equipment.				

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	By 11/27/19, Harris Health will revise Harris	12/11/19	Auditing:
ensure that Supply	Executive	Health Policy 1303.01, Cleaning of Patient		Beginning 12/12/19, Harris Health will audit
Chain Management	Vice	Equipment and Medical Devices to specify the		for compliance with Harris Health Policy
staff is provided with	Presidents for	requirements for a dirty equipment room,		1303.01, Cleaning of Patient Equipment and
proper PPE, adequate	Ben Taub	including when and where decontamination		Medical Devices for at least eight (8) weeks
ventilation, MSDS	Hospital, LBJ	showers and sinks are needed, and the		and until one hundred percent (100%)
information, eyewash	Hospital, and	availability of Safety Data Sheets ("SDS").		compliance is achieved, and then quarterly
stations, and hot	Ambulatory			thereafter. Specifically, the audits will
water to cleanse the	Care Services	LBJ's dirty equipment room has been		include assessment of appropriate conditions,
cleaning area and for		relocated to an area with hot water, appropriate		availability of PPE and completion of
proper hand hygiene.		ventilation. Further, PPE has been made		eyewash and decontamination shower logs
		available at the entrance. In addition, LBJ has		through direct observation and rounding.
		added a decontamination shower and sink to		Results of the audit will be reported to the
		the LBJ warehouse.		SMC PIC, Quality Review Committees and

the Quality Governance Council for review and remediation if necessary. Harris Health will educate all Supply Chain Management staff on the revisions to Harris Health Policy 1303.01, Cleaning of Patient **Response to Clarification Received on** Equipment and Medical Devices. 12/13/19: Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with Harris Health Policy 1303.01, Cleaning of Patient Equipment and Medical Devices. **Specifically, the audits will include** assessment of appropriate conditions, availability of PPE and completion of eyewash and decontamination shower logs through direct observation and rounding. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action. **Education:** Harris Health will educate one hundred percent (100%) of its Supply Chain Management staff, excluding those staff members who are on approved leave, on the revisions to Policy 1303.01, Cleaning of

	Patient Equipment and Medical Devices, by
	12/11/19. Staff members who are on
	approved leave will be educated within thirty
	(30) days of their return. New employees
	will be educated on the policies as part of
	their departmental orientation and the
	revisions will be made a part of Supply
	Chain Management staff members' annual
	mandatory education.

## W. Hospital 2 failed to ensure that temperature and humidity were monitored in a clean supply warehouse where bags of IV fluids were stored.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Harris Health	On 9/25/19, Harris Health developed a process	12/02/2019	Auditing:
ensure that	Executive	to ensure that sterile supplies delivered to the		Beginning 12/12/19, Harris Health will audit
temperature and	Vice	LBJ warehouse are relocated to temperature		for compliance with relevant policies and
humidity are	Presidents for	and humidity controlled locations within 24-		procedures, including but not limited to,
monitored in LBJ's	Ben Taub	hours of receipt.		assessing the warehouse for presence of
clean supply	Hospital, LBJ			sterile supplies and time elapsed in
warehouse.	Hospital, and	On or before 12/2/19, Harris Health will		warehouse, requirements for temperature and
	Ambulatory	include remote temperature and humidity		humidity monitoring, and staff knowledge of
	Care Services	monitoring to its Building Automation System		the same through direct observation,
		("BAS") in the LBJ warehouse and Smith		rounding and staff interviews for at least
		Clinic dock. Once implemented, Harris Health		eight (8) weeks and until one hundred
		will follow the temperature and humidity		percent (100%) compliance is achieved, and
		guidelines set forth in Policy 1308.01,		then quarterly thereafter. Specifically, the
		Maintaining Appropriate Temperature and		audits will include assessment of appropriate
		Relative Humidity in Operative, Procedural		conditions, availability of PPE and
		and Storage Areas for Sterile Instrumentation,		completion of eyewash and decontamination
		and will notify Harris Health's Facilities		shower logs. Results of the audit will be
		Engineering department of the addition of the		reported to the SMC PIC, QRC and QGC for
		LBJ warehouse on the BAS.		review and remediation if necessary.

	Response to Clarification Received on 12/13/19:  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with relevant policies and procedures, including but not limited to, assessing the warehouse for presence of sterile supplies and time elapsed in warehouse, requirements for temperature and humidity monitoring, and staff knowledge of the same through direct observation, rounding and staff interviews. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
--	--

X. <u>Hospital 2 failed to ensure that sterile and clean patient medical supplies were stored in a clean and sanitary environment in a temperature and humidity controlled room.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Ensure that sterile	Harris Health	Harris Health will monitor the temperature and	12/12/19	Monitoring:
and clean patient	Executive	humidity all clean supply rooms in accordance		Beginning 12/12/19, Harris Health's nursing

medical supplies are	Vice	with the temperature and humidity guidelines	ctoff v	will review the completeness of logs for
stored in a clean and	Presidents for	set forth in Harris Health Policy 1308.01,		supply rooms in their respective areas
		· · · · · · · · · · · · · · · · · · ·		** *
sanitary environment	Ben Taub	Maintaining Appropriate Temperature and		minimum of eight (8) weeks and until
in a temperature and	Hospital, LBJ	Relative Humidity in Operative, Procedural		undred percent (100%) compliance is
humidity-controlled	Hospital, and	and Storage Areas for Sterile Instrumentation.		ved and biweekly thereafter. Results
room.	Ambulatory	Specifically, Harris Health initiated or will		e reported at the respective Quality
	Care Services	initiate monitoring as follows:	Revie	w Committees (QRC).
		LBJ – 9/24/19		
		BT – 10/1/19	Audit	ting:
		ACS – 11/22/19	Begin	ning 12/12/19, Harris Health will audit
				ompliance with the storage of patient
				cal supplies in a clean and temperature
				umidity controlled environment by
				observation and rounding for at least
				(8) weeks and until one hundred
				nt (100%) compliance is achieved, and
			-	
			-	quarterly thereafter. Results of the audit
				e reported to the Supply Chain
				gement PIC, QRC and QGC for review
			and re	emediation if necessary.
			Respo	onse to Clarification Received on
			<b>12/13</b>	<mark>/19:</mark>
			Moni	toring:
				ning on 12/12/19, Harris Health's
				ng staff will monitor for
				leteness of temperature and humidity
			_	or clean supply rooms in their
				ctive areas through direct
				vation and rounding. The frequency
				which Harris Health will monitor will
				least weekly for a duration of at least
				(8) weeks and until one hundred
			perce	nt (100%) compliance is achieved.

	Thereafter, the frequency with which Harris Health will monitor for compliance will be at least biweekly. Results will be reported at the respective Quality Review Committees (QRC).  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the storage of patient medical supplies in a clean and temperature and humidity controlled environment through direct observation and rounding. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the SCM Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
--	---

## Y. Hospital 2 failed to maintain a sanitary environment in the kitchen.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	Beginning on 11/1/19, Harris Health Food and	12/12/19	Monitoring:
ensure that	President of	Nutrition Services ("FNS") staff has begun		Beginning 12/12/19, this information will be
refrigerator shelves	Operations	inspecting refrigerator shelves daily and		documented by FNS staff and reviewed by
are not rusted.		remediates any applicable findings, working		Harris Health FNS leadership, with escalation

with Facilities Engineering, as needed.	for corrective action if needed.
	Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and monthly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:
	Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that refrigerator shelves are not rusted through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.
	Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that refrigerator shelves are not rusted. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with

	which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will ensure that kitchen ice machines are mold and mildew free.	System Vice President of Operations	Beginning on 11/11/19, Harris Health Food and Nutrition Services ("FNS") Management is monitoring to ensure that the ice machine surface is cleaned daily and deep cleaned monthly per the developed cleaning schedule.	11/11/19	Monitoring: Beginning 11/11/19, this information will be documented by FNS staff and reviewed by FNS leadership, with escalation for corrective action if needed.
				Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly

thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance until be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and	
Committees (PIC), Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	thereafter. Audit results will be presented at
Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	the FNS Performance Improvement
Council (QGC) for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	Committee (PIC), Quality Review
Council (QGC) for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	Committees (QRC) and Quality Governance
Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit will which Harris Health will audit will which Harris Health will audit will which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	, - /
Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	Response to Clarification Received on
Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	Monitoring:
FNS staff will monitor to ensure that kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
kitchen ice machines are mold and mildew free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing:  Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
free through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
action.  Auditing: Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Auditing:  Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	action.
Beginning on 12/12/19, Harris Health will audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	Auditing
audit for compliance with the requirement that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
that kitchen ice machines are mold and mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
mildew free. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
weeks and until one hundred percent (100%) compliance is achieved.  Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
(100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance	
will be at least quarterly. Audit results will be presented at the FNS Performance	
be presented at the FNS Performance	
Improvement Committee (PIC), QRC and	
1	Improvement Committee (PIC), QRC and

		QGC for review and any necessary corrective action.
		OAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will ensure that missing grout and broken tiles are repaired.	System Vice President of Operations	On 11/12/19, Harris Health submitted work order #1419508 to replace broken and missing tiles in the dish area.  FNS management will identify all areas that need repair on an ongoing basis as part of the daily rounding process. Repair delays will be escalated to the Director of Facilities Engineering and VP of Operations at the applicable hospital.	12/13/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and monthly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
				Response to Clarification Received on

<u>12/13/19:</u>
Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to identify all areas that need repair through direct observation and rounding. The frequency with which Harris Health will monitor will be at least daily. Results will be reported to FNS leadership for review and any necessary corrective action.
Auditing: Beginning on 12/12/19, Harris Health will audit to identify all areas that need repair. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
QAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of
metrics/indicators appropriate for measuring

	the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
--	---

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that that kitchen door jams and threshold are painted and clean.	System Vice President of Operations	On 11/1/19, Harris Health removed the doors, cleaned area, and painted surfaces. Food and Nutrition Services ("FNS") management will identify all areas that need repair on an ongoing basis as part of the daily rounding process. Repair delays will be escalated to the Director of Facilities Engineering and VP of Operations at the applicable hospital.	11/1/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to identify all areas that need repair through direct observation and rounding. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for

	Auditing: Beginning on 12/12/19, Harris Health will audit to identify all areas that need repair. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	On 11/8/19, Harris Health revised the dish	11/8/19	Monitoring:
ensure that all	President of	machine cleaning schedule to increase		Beginning 12/12/19, the environment will be
kitchen dishwashers	Operations	cleaning frequency from weekly to daily.		reviewed by FNS leadership, with escalation

are clean and meet	for corrective action if needed.
sanitary conditions.	
(A749)	Auditing:
	Beginning on 12/12/19, Harris Health will
	audit compliance through direct observation
	and rounding for a minimum of eight (8)
	weeks and until one hundred percent (100%)
	compliance is achieved and then quarterly
	thereafter. Audit results will be presented at
	the FNS Performance Improvement
	Committee (PIC), QRC and QGC for review
	and if necessary, corrective action.
	Response to Clarification Received on
	12/13/19:
	1.0/1.274
	Monitoring:
	Beginning on 12/12/19, Harris Health's FNS
	staff will monitor to ensure that all kitchen
	dishwashers are clean and meet sanitary
	conditions. The frequency with which
	Harris Health will monitor will be daily.
	Results will be reported to FNS leadership
	for review and any necessary corrective
	action.
	Auditing
	Auditing: Beginning on 12/12/19, Harris Health will
	audit to ensure that all kitchen dishwashers
	are clean and meet sanitary conditions. The
	frequency with which Harris Health will
	audit will be at least weekly for a duration
	of at least eight (8) weeks and until one
	hundred percent (100%) compliance is
	achieved. Thereafter, the frequency with

	which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	On 11/8/19 Harris Health revised the	12/11/19	Monitoring:
ensure that food	President of	equipment cleaning schedule to ensure that		Beginning 12/12/19, the environment will be
storage bins are	Operations	all kitchen equipment and storage bins are		reviewed by FNS leadership, with escalation
clean.		cleaned at least weekly or more frequently,		for corrective action if needed.
		as needed.		
				Auditing:
		Education:		Beginning on 12/12/19, Harris Health will
		FNS Management will re-educate staff on		audit compliance through direct observation
		proper cleaning and use of food storage bins		and rounding for a minimum of eight (8)
		at all scheduled mandatory training sessions.		weeks and until one hundred percent (100%)
				compliance is achieved and then quarterly
				thereafter. Audit results will be presented at
				the FNS Performance Improvement

Committee (PIC), QRC and and if necessary, corrective a Response to Clarification R 12/13/19;  Monitoring: Beginning on 12/12/19, Har staff will monitor to ensure storage bins are clean. The which Harris Health will m daily. Results will be report leadership for review and a corrective action.  Auditing: Beginning on 12/12/19, Har audit to ensure that food stocken. The frequency with the Health will add will be at a duration of at least eight (until one hundred percent (compliance is achieved. The frequency with which Harria audit for compliance will be quarterly. Audit results will the FNS Performance Imprometer (PIC), QRC and review and any necessary of the properties	ris Health's FNS that food requency with onitor will be ed to FNS ny necessary  ris Health will rage bins are chich Harris east weekly for 8) weeks and 100%) ereafter, the s Health will at least be presented at ovement QGC for orrective action.
--	--

for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper cleaning and use of food storage bins by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How		Sustainability
	Party		Date	
Harris Health will	System Vice	Harris Health has purchased a new freezer for	12/11/19	Monitoring:
ensure that ice cream	President of	the LBJ facility kitchen and is expecting		Beginning 12/12/19, the environment will be
freezers are clean and	Operations	delivery mid to late November 2019.		reviewed by FNS leadership, with escalation
do not have ice				for corrective action if needed.
buildup.		FNS Management team revised the equipment		
		cleaning schedule to include daily and weekly		Auditing:
		cleaning of all kitchen equipment, including		Beginning on 12/12/19, Harris Health will
		freezers, by FNS staff.		audit compliance through direct observation
				and rounding for a minimum of eight (8)
		FNS will be educated on expectations		weeks and until one hundred percent (100%)
		regarding daily and monthly cleaning of the		compliance is achieved and then quarterly
		ice cream freezers.		thereafter. Audit results will be presented at

		the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that ice cream freezers are clean and do not have ice buildup. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit to ensure that ice cream freezers are clean and do not have ice buildup. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
		<b>QAPI:</b> Harris Health will develop a FNS department/

	service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on cleaning of the freezers by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	On 9/16/19, Harris Health submitted work	12/13/19	Monitoring:
replace missing grout	President of	order # 1424881 to replace the missing grout		Beginning 12/12/19, the environment will be
between multiple	Operations	on the kitchen floor. FNS management will		reviewed by FNS leadership, with escalation
tiles in the food prep		identify all areas that need repair on an		for corrective action if needed.
area at LBJ.		ongoing basis as part of the daily rounding		
		process. Repair delays will be escalated to		Auditing:
		the Director of Facilities Engineering and VP		Beginning on 12/12/19, Harris Health will
		of Operations at the applicable hospital.		audit compliance through direct observation
				and rounding for a minimum of eight (8)
				weeks and until one hundred percent (100%)

	compliance is achieved and then quarterly
	thereafter. Audit results will be presented at
	the FNS Performance Improvement
	Committee (PIC), QRC and QGC for review
	and if necessary, corrective action.
	Response to Clarification Received on
	12/13/19:
	Monitoring:
	Beginning on 12/12/19, Harris Health's FNS
	staff will monitor to identify all areas that
	need repair through direct observation and
	rounding. The frequency with which Harris
	Health will monitor will be daily. Results
	will be reported to FNS leadership for
	review and any necessary corrective action.
	review and any necessary corrective action.
	Auditing:
	Beginning on 12/12/19, Harris Health will
	audit to identify all areas that need repair.
	The frequency with which Harris Health
	will audit will be at least weekly for a
	duration of at least eight (8) weeks and until
	one hundred percent (100%) compliance is
	achieved. Thereafter, the frequency with
	which Harris Health will audit for
	compliance will be at least quarterly. Audit
	results will be presented at the FNS
	Performance Improvement Committee
	(PIC), QRC and QGC for review and any
	necessary corrective action.
	accessing convenience account
<b>'</b>	

	Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
--	---

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that food items are properly labeled.	System Vice President of Operations	FNS Management will re-educate all FNS staff on labeling and dating of all food items at all mandatory training sessions. Labeling guides will be posted in all food storage areas.	12/11/19	Monitoring: Beginning 12/12/19, proper labeling of food will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance with proper labeling of food through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.

	Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that food items are properly labeled. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.
	Auditing: Beginning on 12/12/19, Harris Health will audit to ensure that food items are properly labeled. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC,

	QGC, and/or BQC based on established criteria.  Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper labeling of food by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.
--	---

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will ensure that food storage bins are clean.	System Vice President of Operations	On 11/8/19, Harris Health revised the equipment cleaning schedule to ensure that all kitchen equipment and storage bins are cleaned at least weekly or more frequently,	12/11/19	Monitoring: Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.
		as needed.  FNS Management will re-educate staff on proper cleaning and use of food storage bins at all scheduled mandatory training sessions.		Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.

	Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that food storage bins are clean. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing:
	Beginning on 12/12/19, Harris Health will audit to ensure that food storage bins are clean. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC,

	QGC and/or BQC based on established
	criteria.
	Education:
	Harris Health will educate one hundred
	percent (100%) of the FNS staff members,
	excluding those who are on approved leave, on
	proper cleaning and use of food storage bins by 12/11/19. Staff members on approved leave
	will be educated within thirty (30) days of
	their return and new staff members will
	receive the education as part of their
	departmental orientation. This education will
	also be included as part of all FNS staff members' annual mandatory education.
	members annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will maintain a sanitary environment in the kitchen by ensuring that all kitchen equipment and utensils are properly cleaned.	System Vice President of Operations	FNS management assessment that was completed on 11/8/19, the equipment cleaning schedule was revised to ensure that all kitchen equipment and utensils are properly cleaned.  On 12/2/19, Harris Health FNS Management will add equipment and utensil cleaning to all monthly scheduled mandatory training sessions.	<b>Date</b> 12/11/19	Monitoring:  Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.  Auditing: Beginning on 12/12/19, Harris Health will audit compliance through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.
				the FNS Performance Improvement

, , , , , , , , , , , , , , , , , , ,	
	Response to Clarification Received on
	<u>12/13/19:</u>
	Monitoring:
	Beginning on 12/12/19, Harris Health's FNS
	staff will monitor to ensure that all kitchen
	equipment and utensils are properly
	cleaned. The frequency with which Harris
	Health will monitor will be daily. Results
	will be reported to FNS leadership for
	review and any necessary corrective action.
	·
	Auditing:
	Beginning on 12/12/19, Harris Health will
	audit to ensure that all kitchen equipment
	and utensils are properly cleaned. The
	frequency with which Harris Health will
	audit will be at least weekly for a duration
	of at least eight (8) weeks and until one
	hundred percent (100%) compliance is
	achieved. Thereafter, the frequency with
	which Harris Health will audit for
	compliance will be at least quarterly. Audit
	results will be presented at the FNS
	Performance Improvement Committee
	(PIC), QRC and QGC for review and any
	necessary corrective action.
	OADI
	QAPI:
	Harris Health will develop a FNS department/
	service level QAPI plan that includes the
	formation of a PIC with a uniform agenda,
	identification of metrics/indicators appropriate
	for measuring the quality and safety of care for
	the population served and the services

provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper cleaning of kitchen utensils by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	FNS Management will re-educate staff on	12/11/19	Monitoring:
ensure that food	President of	labeling and dating of all food items at all		Beginning 12/12/19, proper labeling of food
items are properly	Operations	mandatory training sessions. Labeling guides		will be reviewed by FNS leadership, with
labeled.		will be posting in all food storage areas.		escalation for corrective action if needed.
				Auditing:
				Beginning on 12/12/19, Harris Health will
				audit compliance with proper labeling of food
				through direct observation and rounding for a
				minimum of eight (8) weeks and until one
				hundred percent (100%) compliance is
				achieved and then quarterly thereafter. Audit
				results will be presented at the FNS
				Performance Improvement Committee (PIC),
				QRC and QGC for review and if necessary,

	corrective action.
	Response to Clarification Received on 12/13/19:
	Monitoring: Beginning on 12/12/19, Harris Health's FNS
	staff will monitor to ensure that food items are properly labeled. The frequency with
	which Harris Health will monitor will be
	daily. Results will be reported to FNS leadership for review and any necessary
	corrective action.
	Auditing:
	Beginning on 12/12/19, Harris Health will
	audit to ensure that food items are properly labeled. The frequency with which Harris
	Health will audit will be at least weekly for a duration of at least eight (8) weeks and
	until one hundred percent (100%)
	compliance is achieved. Thereafter, the frequency with which Harris Health will
	audit for compliance will be at least
	quarterly. Audit results will be presented at the FNS Performance Improvement
	Committee (PIC), QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop a FNS department/
	service level QAPI plan that includes the
	formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate
	for measuring the quality and safety of care for

the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper labeling of food by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will maintain a sanitary environment in the kitchen by ensuring that all kitchen	System Vice President of Operations	FNS management assessment, which was completed on 11/8/19, the equipment cleaning schedule was revised to ensure that all kitchen equipment and utensils are properly cleaned.	12/11/19	Monitoring: Beginning 12/12/19, proper cleaning of kitchen equipment will be reviewed by FNS leadership, with escalation for corrective action if needed.
equipment and utensils are properly cleaned.		Harris Health FNS Management added equipment and utensil cleaning to all monthly scheduled mandatory training sessions.		Auditing: Beginning on 12/12/19, Harris Health will audit compliance with proper labeling of food through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Audit results will be presented at the FNS

		Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that all kitchen equipment and utensils are properly cleaned. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and any necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit to ensure that all kitchen equipment and utensils are properly cleaned. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.
		QAPI: Harris Health will develop a FNS department/

	service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper cleaning of kitchen equipment by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	System Vice	On 10/29/19, Harris Health purchased new	12/11/19	Monitoring:
employ proper	President of	drying racks for all kitchens.		Beginning 12/12/19, proper drying of kitchen
drying techniques for	Operations			equipment and utensils will be reviewed by
pots, pans, cups, and		By December 11, 2019, FNS management		FNS leadership, with escalation for corrective
all kitchen utensils.		will re-educate staff on proper drying		action if needed.
		techniques.		
				Auditing:
				Beginning on 12/12/19, Harris Health will
				audit compliance with proper drying of kitchen
				equipment and utensils through direct

	observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and quarterly thereafter. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.  Response to Clarification Received on
	Monitoring: Beginning on 12/12/19, Harris Health's FNS staff will monitor to ensure that proper drying techniques are used for pots, pans, cups, and all kitchen utensils. The frequency with which Harris Health will monitor will be daily. Results will be reported to FNS leadership for review and
	Auditing: Beginning on 12/12/19, Harris Health will audit to ensure that proper drying techniques are used for pots, pans, cups, and all kitchen utensils. The frequency with which Harris Health will audit will be at
	least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the FNS Performance Improvement Committee (PIC), QRC and QGC for

	review and any necessary corrective action.
	QAPI: Harris Health will develop a FNS department/ service level QAPI plan that includes the formation of a PIC with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.
	Education: Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on proper drying of kitchen utensils by 12/11/19. Staff members on approved leave will be educated within thirty (30) days of their return and new staff members will receive the education as part of their departmental orientation. This education will also be included as part of all FNS staff members' annual mandatory education.

Z. <u>Hospital 1 and 2 failed to maintain a sanitary environment in the physical therapy department. Hospital #2 failed to properly sanitize the fluid therapy machine in between patients and no cleaning process was implemented. Hospital #1 failed to have documentation of the hydrocollator temperatures and failed to have clean linen available for patient use in the outpatient specialty clinic #4.</u>

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Executive	On 9/19/19, Harris Health updated the	11/13/19	Monitoring:

maintain a sanitary	Vice	Infection Control Log to include temperature	Beginning on 12/12/19, Rehab leadership will
environment in the	Presidents for	readings and initials and will ensure	conduct weekly department environment of
physical therapy	Ben Taub	temperature logging requirements are met.	care rounds that include direct observation of
department.	Hospital, LBJ		the existence of PM stickers and the
	Hospital, and	On 9/19/19, Harris Health conducted an	appropriate condition of all equipment in the
	Ambulatory	inspection and took equipment not	department, with one hundred percent (100%)
	Care Services	appropriate for patient use out of service,	of deficiencies addressed by the leadership.
		such as the paraffin wax machine (retired and	
		replaced) and fluidotherapy machine	Audit:
		(retired). Department leadership also	Beginning on December 12, 2019, Harris
		confirmed that all equipment has the	Health will audit the Infection Control Log
		appropriate preventative maintenance (PM)	temperature readings through direct
		sticker.	observation and rounding for compliance with
			required temperature parameters for a period
		Harris Health will educate one hundred	of at least eight (8) weeks and until one
		percent (100%) of physical therapy staff	hundred percent (100%) compliance is
		about the changes to the Infection Control	achieved and then quarterly thereafter.
		Log.	
			Response to Clarification Received on
			<u>12/13/19:</u>
			Monitoring:
			Beginning on 12/12/19, Harris Health will
			monitor to ensure that a sanitary
			environment is maintained in the physical
			therapy department through direct
			observation and rounding, to include
			ensuring the appropriate condition of all
			equipment in the department and the
			presence of PM stickers on all applicable
			equipment. The frequency with which
			Harris Health will monitor will be at least
			weekly. Results will be presented to Rehab
			leadership for review and necessary

corrective action.

	Auditing: Beginning on 12/12/19, Harris Health will audit to ensure that a sanitary environment is maintained in the physical therapy department through direct observation and rounding, to include ensuring the appropriate condition of all equipment in the department and the presence of PM stickers on all applicable equipment. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the QRC and QGC for review and any necessary corrective action.
	QAPI: Harris Health will develop a Rehab Services department/service level QAPI Plan that includes the formation of a Performance Improvement Committee with a uniform agenda, identification of metrics/indicators appropriate for measuring the quality and safety of care for the population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.
	Education:

Harris Health has educated one hundred
percent (100%) of its physical therapy staff
members, excluding those who are on
approved leave, regarding the changes to the
Infection Control Log. Staff members who are
still on approved leave will be educated within
thirty (30) days of their return. In addition, as
of 9/20/19, all new physical therapy staff
members will receive education regarding the
use of the Infection Prevention Log as part of
their new employee orientation.

## AA. Hospital #1 failed to provide a clean and sanitary environment for patient areas 5G, 5F, and 3A.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will maintain a clean and sanitary environment in all patient care areas	-	Immediate Remediation By 9/27/19, Facilities Engineering technicians and Environmental Services ("EVS") staff had cleaned the noted areas, removed debris, assessed for leaks and repaired cabinet as identified.  • Unit 5G & 5F medication room – under sink cabinets were cleaned and assessed for water leak.  • Unit 5F EVS Supply Room – Two spray cleaning bottles which are partially filled with no label to identify contents were discarded.  • Unit 5F EVS Supply Room – cleaned the floor and horizontal surfaces and removed	_	Auditing: Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment through direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to Harris Health's QRC and QGC for review and remediation if necessary.  Response to Request for Clarification on 12/13/19:  Beginning on 12/12/19, Harris Health will
		the soiled dust mop from wall on top of the cleaning supplies.  • Patient Room 5G02-4 – The dirty towels on		audit the appropriateness of the patient care environment, to include infection prevention and staff knowledge, by
		anchi Room 3002-4 – The unity towers on		conducting nursing leadership rounds on

the floor of the shared bathroom were removed. A ¼-full urinal was emptied and cleaned.

- Unit 3A The EKG Machine was cleaned and returned to service.
- Unit 3A Clean Supply Room The cabinet under sink was cleaned.
- Patient Room 3A 1-1 The dirty wet towels found were removed. The patient gown seen was also removed. The 2 used EKG leads stuck to the handicapped bar in the patient shower were removed and discarded.

## **Long Term Remediation**

Harris Health will ensure the maintenance and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices on or before 12/18/19.

Harris Health will develop, implement and train EVS staff on a rounding process to ensure a clean environment is maintained on or before 12/12/19. A set of questions will be built in the rounding tool to support the EVS team in assessing the environment. Once the tool is developed, EVS personnel will be trained in person on how to use the electronic rounding application to submit their assessment.

all inpatient care units, to include units 3A, 5F, and 5G, at Hospital 1. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the QRC and QGC for review and any necessary corrective action.

#### **Education:**

Harris Health will educate one hundred percent (100%) of its EVS staff members, excluding those who are on approved leave, on the safe use and storage of cleaning solutions and chemicals by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. New staff members will be educated as part of their departmental orientation.

Additional education on the safe use and storage of cleaning solutions and chemicals will be provided to one hundred percent (100%) of EVS staff.	
Response to Request for Clarification on 12/13/19:  Long Term Remediation Harris Health will ensure the maintenance	
and safety of the physical environment by implementing start of shift ("preflight") checklists for use by unit departmental leadership. Specifically, preflight checklists will be implemented on all inpatient care units (to include 3A, 5F, and 5G). Further,	
Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices on or before 12/18/19.	

## BB. Hospital #1 and #2 failed to properly isolate patients with infectious diseases by co-mingling patients in the same patient rooms.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	Harris Health Policy 3000, Standard	12/11/2019	Audit:
ensure that patients	Executive	Precautions will be updated by 11/27/19,		Beginning on 12/12/19, Harris Health will
with infectious		utilizing CDC Guidelines for Isolation		audit Harris Health's compliance with bed
disease are placed in		Precautions, (updated version July 2019;		placement of patients with infectious disease
a correct room when		pages 86-87) to establish correct types of		through direct observation and rounding for a
placed in a shared		rooms where patients with an infectious		period of at least eight weeks or until 100%
room.		disease may be placed.		compliance is evident, and then quarterly

The hospital Chief Nursing Officers ("CNO") and Infection Prevention will be informed daily of bed placements for patients with an infectious disease by the House Supervisors beginning on or before 12/11/19.

Harris Health will educate one hundred percent (100%) of appropriate staff on the updated Harris Health Policy 3000, *Standard Precautions* for assignment of patients with an infectious disease to a hospital bed by 12/11/19. Additionally, appropriate staff will receive education and training on bed placement for patients with an infectious disease in orientation.

thereafter. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.

# Response to Request for Clarification on 12/13/19:

Beginning on 12/12/19, Harris Health will audit for compliance with bed placement of patients with infectious disease(s) through direct observation and rounding. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the QRC and QGC for review and any necessary corrective action.

## **Education:**

Harris Health will reeducate one hundred percent (100%) of appropriate staff, excluding those who are on approved leave, on Harris Health Policy 3000, *Standard Precautions* for the process of assignment of patients with an infectious disease to a hospital bed by 12/11/19. Staff members who are on approved leave will be complete their education immediately upon their return. This education will be included in the orientation for applicable new nursing staff.

CC.	Hospital #1 and #2 failed to ensure that tuberculosis skin tests (TST) given to employees as part of the infection control program were
record	ded with all information necessary to ensure that test results were accurate and/or correct.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health System will follow the proper procedure for TST testing documentation to ensure TST tests are read within the time ranges recommended by the Centers for Disease Control and Prevention (CDC).	Chief Medical Executive	On 9/25/19, Harris Health's Occupational Health department revised its practice to require documentation of the time of TST application for all TST testing in a "comments" field in its <i>ReadySet</i> software system. Documentation of time of TST read was already occurring in <i>ReadySet</i> .  On 10/11/19, Harris Health's <i>ReadySet</i> software system was modified to include a discrete field where time of TST application will be documented.  By 11/20/19, Occupational Health staff will be re-educated regarding the requirement to document time of TST administration and reading in <i>ReadySet</i> and that TST reading must occur within 48-72 hours of TST application to be valid and not require retesting. This education is also included in the Occupational Health Department's new employee orientation and TST testing requirements are a part of the Occupational Health Department's annual competency assessment. Staff members who did not receive education due to being on PTO or FMLA will complete the education	11/20/2019	Auditing: Documentation of time of TST application and read and compliance with performing the TST read within 48-72 hours of TST application will be monitored weekly by the Occupational Health Manager for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Any deficiency will be addressed with the individual staff member and their director. Audit results will be reported to Infection Prevention Committee monthly and to QRCs and QGC for review and any necessary corrective action.  Occupational Health will send updates to operations regarding Harris Health staff members' compliance with TST testing on a monthly basis. Harris Health System Human Resources department along with operations will rigorously enforce Harris Health Policy 3.55.10, Vaccine Preventable Disease Policy, and staff members who are not compliant with TST testing requirements will not be allowed to provide patient care and/or services or have direct patient contact.

immediately upon their return.  By 11/20/19, a report from <i>ReadySet</i> will be utilized to review TST application and read times to ensure tests are read within 48-72 hours of TST application.	These staff members will also be subject to disciplinary action, up to and including termination, for continued non-compliance with TST testing requirements.  Response to Request for Clarification on 12/13/19:  Beginning on 12/12/19, Harris Health will audit for compliance with requirements related to documentation of time of TST application and read and with performing the TST read within 48-72 hours of TST application through a record review. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Any deficiency will be timely addressed with the individual staff member and their director. Audit results will be presented at the QRC and QGC for review and any necessary corrective action.
--	---

DD. Hospital #2 failed to keep separate clean and dirty items, including clean containers from soiled linens, to separate clean beds from dirty beds, to keep clean patient supplies from touching the floors and/or being exposed to dirty mops, and to ensure there was no blood or body fluids on the floor in patients room.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	One hundred percent (100%) of applicable	12/11/2019	Monitor:

reinforce to staff the responsibility for appropriate handling and/or timely reporting of unclean surfaces (e.g. blood/body fluids).	Executive	staff will be reeducated regarding responsibility for appropriate handling and/o timely reporting of unclean surfaces (e.g. blood/body fluids).	Beginning on 12/12/19, Harris Health will monitor the appropriate handling and/or timely reporting of unclean surfaces for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, then quarterly thereafter. Audit results will be provided to pavilion nursing leadership as well as QRC.  Response to Request for Clarification on 12/13/19:  Beginning on 12/12/19, Harris Health will
			monitor for the appropriate handling and/or timely reporting of unclean surfaces through direct observation and rounding. The frequency with which Harris Health will monitor will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will monitor for compliance will be at least quarterly. Results will be presented to pavilion nursing leadership and the QRC for review and any necessary corrective action.  Education: Harris Health will reeducate one hundred percent (100%) of appropriate staff,
			excluding those staff members who are on approved leave, on the appropriate handling and/or timely reporting of unclean surfaces by 12/11/19. Staff members who are on

	approved leave will complete the education immediately upon their return. This
	education will also be included in the orientation of all new applicable staff.

EE. Hospital #1 failed to ensure a clean and sanitary environment in the Occupational Therapy room and five patient bathrooms in the mental health inpatient unit.

	Occupational Therapy rooms through review of the "Room Surveillance Checklist" and environmental rounding. The frequency with which Harris Health will monitor will be at least weekly. Results will be presented to Occupational Health leadership for review and necessary corrective action.
	Auditing: Beginning on 12/12/19, Harris Health will audit to ensure a clean and sanitary environment in the Occupational Therapy rooms through review of the "Room Surveillance Checklist". The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred
	percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Audit results will be presented at the QRC and QGC for review and any necessary corrective action.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	Beginning on 11/15/19, Harris Health's	11/15/2019	Monitor:
ensure a clean and	Executive	nursing and/or nursing support staff began to		Beginning 12/12/19, Harris Health nursing
sanitary environment		check patient bathrooms and showers hourly		leadership will conduct weekly rounds using
in patient bathrooms		to determine if cleaning is needed. If it is		an Environmental Rounds Checklist in
in the mental health		determined that cleaning is needed, the		psychiatric units, to include a cleaning log
inpatient unit.		nursing staff member will report to		for the bathrooms and showers. The

Environmental Services that a cleaning is needed.  On or before 11/15/19, a log will be created to document the dates and times of each hourly inspection and cleaning (if needed) of patient showers and restrooms, along with the name and ID number of the staff who performed the inspection and cleaning.	Environmental Rounds Checklist and Hourly Rounds Checklist will be collected and reviewed by the Administrative Director of Nursing bi-weekly for compliance. Results of Environmental Rounds will be reported to the Chief Nursing Officer and to the Quality Review Committee.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, nursing leadership will monitor to ensure a clean and sanitary environment in patient bathrooms in the mental health inpatient unit through use of an Environmental Rounds Checklist in psychiatric units, to include a cleaning log for the bathrooms and showers. The frequency with which
	unit through use of an Environmental Rounds Checklist in psychiatric units, to include a cleaning log for the bathrooms

FF. Hospital #2's nursing staff failed to demonstrate appropriate hand hygiene and PPE use when providing wound care and failed to demonstrate appropriate hand hygiene and proper disinfection of patient equipment when administering medication to a patient.

GG. Hospital #1 failed to perform hand hygiene before performing an Interventional Radiology procedure.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief	All system-wide staff including providers	12/18/2019	Monitor:
develop and deploy a	Medical	will be reeducated, on proper hand hygiene		Harris Health will review documented

reeducation plan for all staff, including providers, to ensure consistent, appropriate hand hygiene practices.	Executive	practices, as detailed in Harris Health Policy 1402, <i>Hand Hygiene Guidelines</i> , including specific situational examples of proper hand hygiene by 12/11/19. Staff will complete a post training quiz to indicate understanding of training content.	instances of non-compliance on a monthly basis and determine if appropriate corrective actions have been applied, including, but not limited to reeducation and /or disciplinary measures.
Harris Health will deploy a process to provide immediate feedback for hand hygiene violations and address repeat offenders.  Harris Health will communicate hand hygiene expectations to the affiliated medical schools.		Departmental leaders will enforce appropriate hand hygiene use and provide progressive discipline, such as reeducation/counseling as necessary.  Executive leaders will engage medical school partners to create and sustain the shared goal of appropriate hand hygiene use to reduce and prevent infection by 12/18/19.	Audit: Beginning on 12/12/19, Harris Health will audit Harris Health's compliance with appropriate hand hygiene practices through direct observation for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.  Response to Request for Clarification on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health will monitor Harris Health's compliance with appropriate hand hygiene practices through a review of instances of non-compliance and any corrective actions taken. The frequency with which Harris Health will monitor will be at least monthly. Results will be presented to the QRC for review and necessary corrective action.  Auditing: Beginning on 12/12/19, Harris Health will audit Harris Health's compliance with appropriate hand hygiene practices through

			direct observation. Specifically, Harris Health will audit compliance with appropriate hand hygiene practices on all patient care units and procedural areas, to include GI, OR, Cardiac Cath Lab, and Interventional Radiology. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.  Education: Harris Health will reeducate one hundred percent (100%) of system-wide staff including providers, and excluding those who are on approved leave, regarding appropriate hand hygiene practices by 12/11/19. Staff members on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new staff members' orientation and will be made a part of Harris Health's annual mandatory education.
--	--	--	---

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief	By 11/27/19, Harris Health will revise Harris	12/18/19	Monitor:

review and update
Policy 3003,
Personal Protective
Equipment, as
needed to ensure
provisions are
aligned with CDC
PPE guidelines.
_
Harris Health will
develop and deploy
reeducation plan for
all clinical leaders,

Harris Health will develop and deploy a reeducation plan for all clinical leaders, staff, residents, and other healthcare personnel who are required to use PPE, to ensure consistent, appropriate PPE practices.

Harris Health will deploy a process to provide immediate feedback for PPE violations and address repeat offenders.

Harris Health will communicate PPE expectations to the affiliated medical schools.

### Medical Executive

Health Policy 3003, *Personal Protective Equipment*, to ensure it is up-to-date with the current infection prevention practices and the CDC guidelines, including correct donning and doffing procedures.

By 12/11/19, Harris Health will ensure system-wide reeducation of one hundred (100%) of applicable staff and medical staff who are required to use PPE. Staff will complete a post training quiz to indicate understanding of training content.

Departmental leaders will enforce appropriate PPE use and provide progressive discipline, such as reeducation/counseling as necessary.

Executive leaders will engage medical school partners to create and sustain the shared goal of appropriate PPE use to reduce and prevent infection by 12/18/19.

Harris Health will review documented instances of non-compliance on a monthly basis and determine if appropriate corrective actions have been applied, including, but not limited to reeducation and /or disciplinary measures.

#### **Audit:**

Beginning on 12/12/19, Harris Health will audit Harris Health's compliance with appropriate PPE practices through direct observation for a period of at least eight weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.

# Response to Request for Clarification on 12/13/19:

### **Monitoring:**

Beginning on 12/12/19, Harris Health will monitor Harris Health's compliance with appropriate PPE use use through a review of instances of non-compliance and any corrective actions taken. The frequency with which Harris Health will monitor will be at least monthly. Results will be presented to the QRC for review and necessary corrective action.

#### Auditing:

Beginning on 12/12/19, Harris Health will audit Harris Health's compliance with

	appropriate PPE use through direct observation. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.
	Education: Harris Health will reeducate one hundred percent (100%) of system-wide staff including providers, and excluding those who are on approved leave, regarding appropriate PPE practices by 12/11/19. Staff members on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new staff members' orientation and will be made a part of Harris Health's annual mandatory education.

HH. Hospital #1 failed to implement infection control practices of cleaning and disinfecting contaminated equipment as evidenced by failure to clean and disinfect Hansen connectors, wands and all surfaces of contaminated hemodialysis machine and hemodialysis machines observed terminally cleaned. In addition, a failure to wash and sanitize contaminated hands during central venous catheter care.

What	Responsible	How	Complete	Sustainability
	Party		Date	
Harris Health will	Chief Nursing	By 11/27/19 Harris Health will adopt and	12/11/2019	Auditing:

ensure staff
compliance with
infection control
practices, including
cleaning and
disinfecting
contaminated
equipment and
handwashing during
central venous
catheter care.

#### Executive

implement Harris Health Policy 4525.01 *Hemodialysis for Acute Care Setting* to include infection control practices for hemodialysis, including cleaning and disinfecting contaminated equipment and handwashing during central venous catheter care.

Harris Health Dialysis leadership completed an assessment of patient curtains. Based on the assessment, hanging fabric curtains have been removed from the units. Portable, wipeable privacy screen are available in the unit for patient privacy when required. Cleaning the portable privacy screen is completed after use with an approved disinfectant.

By 12/11/19, Harris Health will educate one hundred percent (100%) of hemodialysis nursing staff on Harris Health Policy 4525.01 *Hemodialysis for Acute Care Setting* regarding the above.

# Response to Request for Clarification on 12/13/19:

• An interdisciplinary team comprised of dialysis nurses, an infection control practitioner, and nursing leadership reviewed and updated the Infection Control Practices using best practice guidelines and recommendations from the CDC,

Beginning 12/12/19, Harris Health will audit for compliance with Harris Health Policy 4525.01, *Hemodialysis for Acute Care Settings* infection control requirements through direct observation and rounding for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly. Results will be reported to the Acute Care Nephrology Dialysis Performance Improvement Committee (PIC), QRC and QGC for review and remediation if necessary.

# Response to Request for Clarification on 12/13/19:

Beginning on 12/12/19, the frequency with which Harris Health will audit for compliance with infection control practices in the dialysis setting will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent compliance is achieved. The audits will include conducting observations of staff performing terminal cleaning of dialysis machines and hand hygiene practice during connecting and disconnecting of catheters. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. **Results will be reported to the Acute Care Nephrology** Dialysis **Performance** Improvement Committee (PIC), QRC and QGC for review and remediation if necessary.

AAMI, and the manufacturers. The clinical resource nurse developed a skills validation **QAPI:** Harris Health will develop an Acute Care checklist to include terminal Nephrology Dialysis department/service cleaning of dialysis equipment between patients; hand hygiene level OAPI Plan that includes the formation of a Performance Improvement Committee practices during the performance of with a uniform agenda, identification of catheter connect and disconnect procedures. Staff training involved metrics/indicators appropriate for measuring the quality and safety of care for the in-person in-services along with population served and the services provided demonstration and return and reporting to the respective ORC, OGC demonstration. and/or the BQC based on established criteria. **Education:** Harris Health will educate one hundred percent (100%) of its hemodialysis nursing staff, excluding those staff members who are on approved leave, on the requirements of Harris Health Policy 4525.01 and cleaning of portable privacy screens by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education and training will be included as part of the new employee orientation for new members of the hemodialysis nursing staff and will also be included in their annual required education and competencies. Response to Request for Clarification on 12/13/2019: **Staff education was provided on Infection Control practices including terminal** 

	cleaning of dialysis machine between patient use, dialysis station between patient use, and hand hygiene practices
	during catheter care (connecting and
	disconnecting of catheter).

II. Hospital #2's warehouse failed to ensure dialysis solutions were stored in a clean and temperature controlled area (Cross Reference: A749, X420)

What	Responsible	How	<b>Complete Date</b>	Sustainability
Harris Health will relocate dialysis chemicals to areas that align with manufacturer specifications.	Executive Vice President of LBJ Hospital	Minn-care and Renal Pure solutions for dialysis were relocated to a controlled, secured location on 9/27/19.  Upon delivery of dialysis solutions to the warehouse, the warehouse staff will deliver the solutions to the designated storage space.  The designated storage space for dialysis solutions is being monitored for temperature and humidity.  On or before 12/06/2019, Harris Health will relocate dialysis chemicals to a permanent location that aligns with manufacturer specifications.	12/06/2019	Harris Health will audit for compliance with the proper storage of dialysis chemicals through direct observation and rounding for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved and then quarterly thereafter. Results of the audit will be reported to the QRC and QGC for review and remediation if necessary.

JJ. Hospital #1 failed to ensure that manufacturer's directions regarding probe covers (sterile sheaths) were followed for use of endocavity transducers in the OB clinic. Also, the facility failed to store transvaginal probes per manufacturer guidelines.

What Responsible H	How Complete	Sustainability
--------------------	--------------	----------------

	Party		Date	
Harris Health will ensure standards of infection prevention and patient safety by using sterile sheaths in all areas of Harris Health where endocavity probes are used	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	On or before 11/27/19, Harris Health will review and revise Harris Health Policy 1303, Pre-Cleaning, Sterilization, High- and Low-Level Disinfection, and Storage of Processed Patient Care Devices to require sterile sheaths for use with endocavitary probes.  On or before 12/1/19, Harris Health discontinued the use of non-sterile sheaths for use with endocavitary probes and removed any other sheaths from all areas immediately.  On or before 12/1/19, Harris Health acquired sterile sheaths to be used with endocavitary probes per manufacturer's recommendations for all applicable areas.  Harris Health will educate applicable medical and sonographer staff in ultrasound, colorectal clinic, and OB on the revisions to Harris Health Policy 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices, specifically that sterile sheaths must be used with endocavitary probes by 12/11/19.	12/11/19	Monitoring: Harris Health Directors of Ultrasound will conduct 10 interviews per week in each hospital and applicable clinic to include both sonographer and medical provider interviews at each hospital for a minimum of four (4) weeks and until one hundred percent (100%) compliance with the use of a sterile sheath, per Harris Health Policy 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices. Thereafter, Harris Health will conduct twenty (20) interviews at each hospital and applicable clinic, each quarter for compliance. Non- compliance will be addressed immediately with department and department director. Interview results will be presented at the QRC and QGC for review and necessary corrective action.  Response to Clarification Received on 12/13/19:  Monitoring: Beginning on 12/12/19, Harris Health will monitor to ensure standards of infection prevention and patient safety are met by using sterile sheaths in all areas of Harris Health where endocavity probes are used through staff interviews. The frequency with which Harris Health will monitor will be at least weekly for a duration of at least four (4) weeks and until one hundred percent (100%) compliance is achieved.

Thereafter, the frequency with which Harris Health will monitor for compliance will be at least biweekly. Results will be presented at the QRC and QGC for review and necessary corrective action.
Education: Harris Health will provide targeted education on the revisions to Harris Health Policy 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices to one hundred percent (100%) of sonographers and medical staff who perform endocavitary studies, excluding those staff members who are on approved leave, by 12/11/19. Staff members who are on approved leave will receive the education within thirty (30) days of their return. New sonographers will receive education and training on the revisions to Harris Health Policy 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices as part of orientation. New medical staff members will receive training on the policy as part of orientation to Harris Health.

### A 940: Surgical Services

### **Hospital 1:**

A. The facility failed to ensure the TEE and transvaginal probes were stored in a manner that would protect them from damage or contamination and that was consistent with national guidelines and manufacturer's recommendations such as hanging vertically in a cabinet and storing in a clean environment. Also, that the facility followed their own policy on "PreCleaning, Sterilization, High and Low Level Disinfectant, and Storage of the processed patient care devices." The facility failed to monitor the temperature and humidity of the storage room where TEE probes were stored.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will ensure the proper storage of TEE and transvaginal probes are consistent with national guidelines and manufacturer's recommendations.	Executive Vice Presidents of Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services.	Harris Health revised: (a) Harris Health Policy 1303, Pre-Cleaning, Sterilization, High- and Low-Level Disinfection, and Storage of Processed Patient Care Devices; and (b) Harris Health Policy 1303.03, Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection to be consistent with national guidelines and manufacturer's recommendations related to proper storage of TEE and endocavitary probes, including temperature and humidity requirements in the room where the probes are stored.	9/27/19	Review: Harris Health departments where scopes and probes are stored will perform a weekly review of the storage of TEE Probes and Transvaginal Probes for compliance with Harris Health Policies 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices, and Harris Health Policy 1303.03, Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection. This review will be performed weekly for eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, monthly reviews will be conducted for four (4)
		Harris Health provided targeted education on the revisions to Harris Health Policies 1303, Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices and Harris Health Policy 1303.03, Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection to applicable staff		consecutive months and one hundred percent (100%) compliance is continuously demonstrated. Any identified deficiencies will be immediately escalated to the Director of the unit and remediated. All fallouts will be reported to the Pavilion Quality Review Committees (QRC) and if necessary, to the system-level Quality Governance Council

on or before 9/27/19. The targeted education	(QGC).
included the proper storage of TEE probes	
and transvaginal probes and all endocavitary	Auditing:
probes. This education will also be included	Beginning on 12/12/19, Harris Health will
in new employee orientation and annual	conduct a weekly audit regarding the proper
mandatory education for the applicable staff.	storage, including temperature and humidity
	requirements in the room where the probes
	are stored, of all endocavitary probes
	through direct observation for eight (8)
	weeks and until one hundred percent (100%)
	compliance is achieved. Thereafter, monthly
	audits will be conducted for four (4)
	consecutive months and until one hundred
	percent (100%) compliance is continuously
	demonstrated. Any identified deficiencies
	will be immediately escalated to the Director
	of the unit and remediated. All fallouts will
	be reported to the Pavilion Quality Review
	Committees (QRC) and if necessary, to the
	system-level Quality Governance Council
	(QGC).
	Response to Clarification Received on
	12/13/19:
	Review:
	The frequency with which Harris Health
	will perform this review will be weekly for
	a duration of at least eight (8) weeks and
	until one hundred percent (100%)
	compliance is achieved. Thereafter, the
	frequency with which Harris Health will
	perform this review will be at least
	monthly for four (4) consecutive months

		and until one hundred percent (100%) compliance is continuously demonstrated.
		Auditing:  The frequency with which Harris Health will perform this audit will be weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will perform this audit will be at least monthly for four (4) consecutive months and until one hundred percent (100%) compliance
		is continuously demonstrated.

B. The facility failed to ensure the temperature in the OR was within acceptable standards to inhibit microbial growth, reduce the risk of infection, promote patient comfort, and assure the physical safety of all patients. There was no documentation on the log after a follow up that indicated corrective action had been taken regarding the out of range temperatures. The staff was not knowledgeable of the temperature requirements prior to opening sterile cases in the OR. There was no continuous monitoring of temperature and humidity in the Cath Labs, and Cath Lab storage room.

What	Responsible	How	Completion	Sustainability
	Party		Date	
To ensure patient	Chief	On 11/6/19, Harris Health revised Harris	12/11/19	Review:
safety as it relates	Operating	Health Policy 1308.01, Maintaining		Harris Health's Pavilion Engineering
to infection	Officer	Appropriate Temperature and Relative		Directors will perform a daily review of
prevention		Humidity Ranges in Operative, Procedural,		work orders for temperature/humidity fall

requirements for temperature and humidity, Harris Health will establish a notification process for temperature and humidity outside of acceptable ranges for areas monitored by the Building Automation System (BAS)

and Storage Areas for Sterile
Instrumentation, to include a staff
notification process when temperature and
humidity measurements are outside of
acceptable ranges.

On or before 12/10/19, Harris Health's Facility Engineering department will develop a plan to transition the current process of tracking of user requests for adjustment of temperatures and annotations of corrections from a log book to a work-order based system to ensure enhanced transparency and accountability for system management.

On or before 12/11/19, Harris Health's Facility Engineering department will educate applicable staff regarding Harris Health Policy 1308.01, *Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation*, specifically:

- 1. How staff will be notified when temperature and humidity measurements are outside of acceptable ranges;
- 2. How staff will be aware of normal and fault conditions;
- 3. What staff must do when there is an alarm condition; and
- 4. How staff must utilize the work order process for reporting and tracking of alarm conditions.

outs and appropriate resolution, in compliance with Harris Health Policy 1308.01, Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation. Harris Health's Pavilion Engineering Directors will also evaluate data from Building Automation System ("BAS") and work orders on a monthly basis to identify trends or systemic issues driving out of range parameters, and implement timely corrective action as needed.

Harris Health's Facilities Engineering will also conduct periodic surveillance of audit logs within BAS, and conduct an annual review of current design guidelines and established standards.

#### **Auditing:**

Harris Health will perform a weekly audit of BAS readouts to ensure compliance with Harris Health Policy 1308.01,

Maintaining Appropriate Temperature and Relative Humidity Ranges in

Operative, Procedural, and Storage

Areas for Sterile Instrumentation for eight (8) weeks and until one hundred percent (100%) compliance is reached and then quarterly thereafter. Audit results will be reported to the Quality Review

Committees (QRC) and Quality

Governance Council (QGC) for review

The frequency with which Harris Health will perform this review will be daily.  2. Harris Health's Pavilion Engineering Directors will evaluate data from Building Automation System ("BAS") and work orders to identify trends or systemic issues driving out of range parameters, and implement timely corrective action as needed.  The frequency with which Harris		Iealth will perform this review will be aily.  Harris Health's Pavilion Engineering Directors will evaluate data from Guilding Automation System ("BAS") and work orders to identify trends or systemic issues driving out of range arameters, and implement timely orrective action as needed.
--	--	---

	Engineering will also conduct periodic surveillance of audit logs within BAS.  The frequency with which Harris Health will perform this review will be at least quarterly.  4. Harris Health's Facilities Engineering will conduct an annual review of current design guidelines and
	established standards.  The frequency with which Harris Health will perform this review will be at least annually.  Auditing:
	The frequency with which Harris Health will perform this audit will be weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will perform this audit will be at least monthly for four (4) consecutive months and until one hundred percent (100%) compliance is continuously demonstrated.
	Education: Harris Health will educate one hundred percent (100%) of applicable staff members, excluding those who are on approved leave, on Harris Health Policy

				1308.01, Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation by 12/11/19. Staff members who are on approved leave will receive the education within thirty (30) days of returning and will be included in new staff member orientation and the annual mandatory education for identified applicable staff members.
To ensure patient	Chief	On 10/31/19, Harris Health performed a	12/11/19	Review:
safety as it relates to infection	Operating Officer	temperature and humidity sensor validation study for the ORs at both Harris Health		Harris Health's Facilities Engineering will conduct periodic surveillance of audit
prevention	Officer	hospitals. Sensor readouts at the Building		logs within BAS, and conduct an annual
requirements for		Automation System ("BAS") console were		review of current design guidelines and
temperature and		tested and compared to manual readings in		established standards.
humidity, Harris		ORs where the BAS sensors are located.		
Health will		The study revealed the necessity to relocate		Response to Clarification Received on
establish a		some sensors and add additional sensors to		<u>12/13/19:</u>
notification		certain ORs to ensure accurate temperature		1 II II . 141. 2 T
process for temperature and		and humidity readings.		1. Harris Health's Facilities  Engineering will also conduct periodic
humidity outside				surveillance of audit logs within BAS.
of acceptable		Pursuant to the temperature and humidity		but remained of unutral logs within 2:180
ranges for areas		sensor validation survey, Harris Health will		The frequency with which Harris
monitored by the		relocate sensors and add additional sensors		Health will perform this review will be
Building		to certain ORs to ensure accurate		at least quarterly.
Automation		temperature and humidity readings on or		2. Harris Harlish E. 1977
System (BAS)		before 11/22/19.		2. Harris Health's Facilities  Engineering will conduct an annual
		On 9/27/19, Harris Health installed visible		review of current design guidelines and
		temperature and humidity room monitors in		established standards.
		each OR and Cath Lab so staff can ensure		Designation of the second of t
		environmental conditions are appropriate		The frequency with which Harris

		Harris Health will provide education to the appropriate staff on how to read the temperature and humidity room monitors, including what temperature and humidity ranges are appropriate for the room, how to respond to out of range readings, and understanding alarm conditions. This education will also be included in new employee orientation and annual mandatory education for all applicable staff.		Health will perform this review will be at least annually.  Education: Harris Health will educate one hundred percent (100%) of identified applicable staff members, excluding those identified applicable staff members who are on approved leave, on how to read the temperature and humidity room monitors, and the appropriate ranges for each room, and how to respond to out of range readings, by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days upon their return.
To ensure patient safety as it relates to infection prevention requirements for temperature and humidity, Harris Health will establish a notification process for temperature and humidity outside of acceptable ranges for areas monitored by the Building Automation	Chief Operating Officer	On or before 12/15/19, Harris Health will install room monitoring sensors within the Cath Lab clean storage room so that the temperature and humidity can be continuously monitored through the Building Automation System ("BAS").  Harris Health formed a temperature and humidity governance group to define areas to be monitored, how parameters will be established, and who is responsible for parameter education and management. The first meeting of the group was on 10/18/19.  On 9/28/19, Harris Health created Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural</i> ,	12/15/19	Annual validation study of sensors being continuously monitored on BAS will be performed as part of scheduled services testing and documented within the computerized maintenance management system (CMMS) – pending implementation of engineering task order for CMMS 11/15/19.  Facilities Engineering will conduct periodic surveillance of audit logs within BAS, and conduct an annual review of current design guidelines and established standards.  Response to Clarification Received on 12/13/19:

System (BAS) and Storage Areas for Sterile 1. Harris Health's Facilities *Instrumentation* to specify the temperature **Engineering will also conduct periodic** and humidity requirements for areas in surveillance of audit logs within BAS. operating and procedural settings and in storage areas for sterile instrumentation. The frequency with which Harris Health will perform this review will be at least quarterly. Harris Health will educate all applicable staff on Harris Health Policy 1308.01, Maintaining Appropriate Temperature and 2. Harris Health's Facilities Relative Humidity Ranges in Operative, **Engineering will conduct an annual** Procedural, and Storage Areas for Sterile review of current design guidelines and Instrumentation. This education will also established standards. be included in new employee orientation and annual mandatory education for The frequency with which Harris applicable staff. Health will perform this review will be at least annually. Facilities Engineering is responsible to update BAS alarm Parameters consistent with Appendix A in Harris Health Policy 1308.01, Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation. Facilities Engineering will create master list of all monitored parameters for both hospitals and perform validation with appropriate code references (TAC for existing structures or FGI for new or renovated areas). **Education:** Harris Health will educate one hundred

		percent (100%) of all identified applicable staff, excluding those staff members who are on approved leave, on Harris Health Policy 1308.01,  Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education will also be included in orientation for all new identified applicable staff members as well as annual mandatory education for identified applicable staff.
--	--	--

C. The facility failed to ensure documentation in the surgical chart that the time out was accurately completed and included all elements of a complete time out.

What	Responsible	How	Completion	Sustainability
	Party		Date	-
Harris Health will	Chief	By 11/22/19, Administrative Director of	12/11/19	Auditing:
ensure accurate	Medical	Nursing of Perioperative Services will request		Harris Health will develop an automated
completion of time	Executive	the necessary modification to Epic to include		report to monitor for completion of all
out in surgical		modification of elements of "pre-incision		required elements of time outs in accordance
charts and inclusion		time-out" to ensure consistency with the		with Harris Health Policy 7.20, <i>Universal</i>
of all elements of a		Harris Health Policy 7.20, <i>Universal</i>		<i>Protocol</i> . Reports will be run daily and
complete time out.		<i>Protocol.</i> Specifically, an item will be added		monitored by the Quality Department for a
		to verify that "all activity was stopped,		period of at least eight (8) weeks and until
		including music, prior to and during the time-		one hundred percent (100%) compliance is
		out process." An IT ticket was submitted to		achieved and quarterly thereafter. Results
		initiate modifications to be made in Epic.		will be reported to pavilion QRC and QGC

T	for review and remediation.
D 12/11/10 -111:1-1	for review and remediation.
By 12/11/19, all applicable staff members will	D A. Clariff and an Descinden
be educated regarding the new item added to	Response to Clarification Received on
Epic to document verification that "all activity	<u>12/13/19:</u>
was stopped, including music, prior to and	
during the time out process."	The frequency with which Harris Health
	will perform this audit will be weekly for
	a duration of at least eight (8) weeks and
	until one hundred percent (100%)
	compliance is achieved. Thereafter, the
	frequency with which Harris Health will
	audit for compliance will be at least
	quarterly. Audit results will be presented
	at the QRC and QGC for review and any
	necessary corrective action.
	<b>Education:</b>
	Harris Health will educate one hundred
	percent (100%) of applicable staff members
	excluding those who are on approved leave,
	regarding the new item added to Epic
	Optime by 12/11/19. Staff members on
	approved leave will be educated on the
	revisions within thirty (30) days of their
	return. In addition, the revisions will be
	included as part of all new pharmacy staff
	members' departmental orientation and will
	be made a part of Harris Health's annual
	mandatory education.

D. The facility failed to ensure a sanitary environment for the provision of surgical services and patient care for 25 areas

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Executive	Harris Health will ensure the maintenance and	12/18/19	Beginning on 12/12/19, Harris Health will

ensure a sanitary environment for the provision of surgical services and patient care.

Vice President of Ben Taub safety of the physical environment by implementing preflight (start of shift) checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.

# Response to Clarification Received on 12/13/19:

The hospital addressed the identified deficiencies (on or before 12/18/19 unless otherwise noted) through the following corrections:

#### Cath Lab 1:

Flooring was replaced on 12/14/19. All six doors were painted, and the edges were repaired with metal plates. Walls were patched and painted. The rubber mats on the floor were disposed of and replaced. The Cath Lab table was thoroughly cleaned and staff was reeducated on the cleaning process. The base of the Cath Lab table was also painted. The surgical tables were disposed of and replaced. The rusted hamper was disposed of and replaced. The step stool with rubber mat was disposed of and replaced. The expired supplies noted during survey were immediately discarded. Supply bins were cleaned. Corrugated cardboard was removed and supplies are being stored in bins.

Cath Lab 2:

audit the environment in surgical services by direct observation and rounding for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to the Ben Taub or LBJ Hospital Safety Committee meetings as well as to Harris Health's QRC and QGC for review and remediation, if necessary.

# Response to Clarification Received on 12/13/19:

Beginning on 12/12/19, Harris Health will audit the environment in surgical services by direct observation and rounding. The frequency with which Harris Health will audit will be at least weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will audit for compliance will be at least quarterly. Results will be reported by exception to the Ben Taub or LBJ Hospital Safety Committee meetings as well as to Harris Health's QRC and QGC for review and remediation, if necessary.

Flooring was replaced on 12/14/19. Harris Health installed a door edge cover, kickplates on both sides of the door, new hinges and new push/pull plates to cover the existing holes on 12/14/19. The Cath Lab table was thoroughly cleaned and dusted, and the table base was repainted. The rusty surgical table and linen hamper were disposed of and replaced. The step stools with rubber mats were disposed of and replaced. The torn lead radiation flap was disposed of and replaced. The wall was repaired and painted and frames were caulked on 12/16/19. The open supplies and expired supplies noted during survey were immediately discarded. The cabinet door handle was repaired. The expired catheters noted during survey were discarded immediately. Sterile and nonsterile supplies were separated in the cabinets. The broken probe was disposed of and replaced. Cath Lab Supply/Sterile Storage Room: The bins on the shelves were thoroughly cleaned and dusted. The rusted dolly was taken out of service. Sterile and nonsterile supplies were separated. The corrugated cardboard boxes were removed and the micropuncture kits are now stored in a bin. The rusted shelves with tape reside on the storage racks could not be cleaned properly so the racks were disposed of and new

racks were purchased.

**Sterile Processing Clean Preparation Area: Sterile Processing staff was trained on** concurrent visual inspection at decontamination stage and prior to wrapping in peel pack. The Red Cart, Blue Cart #1, Red Zimmer Cart and Blue Cart #2 were all replaced and are now on a regular cleaning/inspection schedule. Work order #1429454 was placed to repair the floor in front of the autoclaves and next to the metal carts storing extra surgical instruments. **Sterile Processing Instrument Storage** Room: The shelf liner on the metal rack was replaced with a solid piece that does not have any gaps. The instrument sets with faded external chemical indicators noted during survey were removed and reprocessed, and Sterile Processing staff was educated on how to observe for this issue. The Dupuy and Biomet instruments were removed and reprocessed and Sterile **Processing staff was educated on proper** condition of the peel packs. Floor 3 Hallway The wall in the charting area was patched and painted on 12/17/19. **OR 15:** The staff member who left the blood products in the room unattended was

reeducated on proper protocol. The rusted

metal linen cart was removed and replaced with a plastic cart. The wall was patched and painted. The door was painted and door guards were reinstalled on 12/17/19. The fluid warmer was disposed of and replaced with a new one. EVS staff was reeducated on allowing the mattresses to dry properly. Regarding the anesthesia carts, items are no longer stored near the medication waste containers. Moreover, the medication waste containers are no longer attached to the carts; they are now freestanding. **Labor and Delivery Storage Room:** The dirty/dusty cabinet was cleaned and then emptied; it is not needed for supply storage and is no longer in use. The counters now contain only sterile supplies. Sterile and nonsterile supplies are now separated. The linoleum floor was replaced to resolve the issue of disintegrating seams. Cleaning expectations were reinforced to ensure the floor remains free of debris and dust. Staff was educated on packaging within the PPH carts. Items are now removed from the exterior packaging when appropriate to avoid potential overstuffing of the cart and subsequent damage to the product. Also, sterile and nonsterile supplies are no longer stored in the same drawers in the cart. OR #6 Appropriate OR staff were educated on

proper drying of the mattresses and removal of trash during each cleaning. Thirty eight (38) new IV poles were ordered and received specifically for the **Operating Rooms and rusted IV poles were** taken out of service. Facilities Engineering replaced the section of the flooring with disintegrated seams. EVS has been educated to let the floors dry completely before replacing mats. **Probe Storage Room (OG-10):** A probe storage cabinet was added. GI Lab #3: The anesthesia cart noted was disposed of and replaced. The IV poles were disposed of and replaced. The bins in the cabinets were thoroughly cleaned. Facilities **Engineering replaced the section of the** flooring with disintegrated seams/ cracks. The walls were patched and painted. **Sterile Processing staff was reeducated on** the proper storage of packaged items to prevent damage to the packaging. On 12/13/19 the GI cart was refurbished by **Biomedical Engineering with new wheels** and paint and is now rust-free. Sterile and nonsterile supplies are now separated within the cart. OR #7

The hamper and sharps container were moved away from the sterile supplies.
Regarding the anesthesia carts, items are

no longer stored near the medication waste containers. The medication waste containers are no longer attached to the carts; they are now freestanding. Staff was educated not to use rubber bands with sterile packaging. Appropriate OR staff has been educated regarding the use of shoe covers when cleaning blood off the floor. **OR #11** The anesthesia cart noted during survey was taken out of service and replaced with a new cart. Additionally, items on the cart are no longer stored near the medication waste containers. Moreover, the medication waste containers are no longer attached to the carts; they are now freestanding. Facilities Engineering painted/sealed the exposed wood on the wooden plank. Forty one (41) wall tiles were replaced. Thirty eight (38) new IV poles have been received for the OR and replaced the rusty poles noted during survey.

# Equipment Storage Cove Area – Outside OR #3:

The tubing identified during survey was discarded. The rusty spine table was taken out of service, disposed of, and replaced with a spare. The orthopedic table is now stored on a shelving unit instead of leaning against the wall. The damaged wall was patched and painted. The fluid warmer was disposed of and replaced.

## **Anesthesia Workroom: Facilities Engineering repaired the trim on** the shelves. The rusty chairs were taken out of service and discarded. **Cove Outside of the Anesthesia Workroom:** Staff was reeducated regarding keeping sterile and nonsterile supplies separated. Harris Health ordered two (2) new "utility carts" that were received on 12/6/19 and replace two carts including the one noted as rusty during survey. The wall was patched and painted. Sub Sterile Area Between OR 11 and OR The wall was patched and painted by Facilities Engineering. Sterile Core Area: The cart containing instruments for airway examinations was removed from service and not replaced. Items are now processed and kept in sterile containers that are appropriately labeled instead of being kept on the cart. **Bronchoscopy Scope Processing Room:** Staff has been educated on proper storage of PPE, which entails a wall mounted rack

for gloves and a cabinet for masks and gowns. The drip pan for the bronchoscopy scopes was disposed of and replaced. The linen hamper was thoroughly cleaned and

	,	
dusted.		
Bronchoscopy Sur		
Sterile and nonste	<mark>rile supplies were</mark>	
separated on the s	nelving. The corrugated	
boxes were remov	ed and items are now put	
into bins in the su	oply room. The specimen	
cup found on the f	loor during survey was	
discarded.		
Sterile Processing	Clean Preparation Area:	
The drain issue wa		
	ng. Regarding the large	
	cal Engineering has been	
	nanufacturer to have the	
	The stickers are blowing	
	cause of the force of the	
	sterilizers. Once the	
	d and tested, there will	
	and tested, there will	
	perly. Once baffles have	
	ere will be a chamber	
	chambers which is	
expected to be con	pleted by 2/28/2020.	
G4	December in otion A	
	Decontamination Area:	
	and residue were	
cleaned on 9/30/19	and weekly thereafter.	
G, N. T.	Ct. D	
Sterile Instrument		
	red and was installed on	
	no longer corrugated	
	torage room. Items are	
	cardboard boxes and	
stored appropriate	ely.	

### OR #14: **EVS and OR techs were educated on their** responsibilities to ensure no blood remains after cases. Staff was educated on the need to let the table dry properly after cleaning. Wheel casters were replaced as were the linen carts. Regarding the anesthesia carts, items are no longer stored near the medication waste containers. Moreover, the medication waste containers are no longer attached to the carts; they are now freestanding. The main door to the OR was painted and door guards were reinstalled on 12/17/19. **Anesthesia Supply Storage Area:** The blades and LMAs were removed from service as they had not been used recently. Corrugated cardboard was removed from the area and supplies are no longer stored in corrugated cardboard. **GI Lab Processing Room:** Harris Health has engaged an architect to redesign the processing room to meet applicable standards. MER #20190913T072640 was submitted on 9/13/19 which includes a new sink to be

E. The facility failed to ensure that the patient was provided all the information necessary to make an informed decision about their care.

installed as part of the project (work order

**#1429336).** 

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	SVP,	On or before 11/27/19, Harris Health will	12/11/19	Auditing:
ensure that all	Corporate	revise Policy 4215, Consent for Medical		Beginning 12/12/19, Harris Health will audit
patients are	Compliance	Treatment and Identification of a Surrogate		for compliance with the utilization of the
provided all		Decision Maker, to explicitly list all the		revised informed consent forms by
information		elements that must be disclosed to the patient		reviewing at least fifty (50) patient charts for
necessary to make		during the informed consent process,		at least eight weeks and until one hundred
informed decisions		including but not limited to, who will be		percent (100%) compliance is achieved, then
regarding their care		performing and involved in a patient's surgery		quarterly thereafter. The results of the audit
and/or treatment		/ procedure. Specifically, Harris Health Policy		will be reported to the QRC and QGC for
		4215, Consent for Medical Treatment and		review and remediation if necessary.
		Identification of a Surrogate Decision Maker,		
		will be revised to require disclosure to		Response to Request for Clarification on
		patients that Harris Health is a teaching		<b>12/13/19:</b>
		facility and that residents and fellows, who		
		are under the supervision of attending		Beginning on 12/12/19, Harris Health will
		(faculty) physicians, may be involved in the		audit for compliance with the utilization
		patient's medical /surgical surgery or		of the revised informed consent forms by
		procedure for which the patient is providing		reviewing at least fifty (50) patient charts.
		his or her consent.		The frequency with which Harris Health
				will audit will be at least weekly for a
		Harris Health will also revise Harris Health		duration of at least eight (8) weeks and
		Policy 4215, Consent for Medical Treatment		until one hundred percent (100%)
		and Identification of a Surrogate Decision		compliance is achieved. Thereafter, the
		<i>Maker</i> to provide that patients need to be		frequency with which Harris Health will
		informed of their right to obtain a copy of his		audit for compliance will be at least
		or her properly executed informed consent		quarterly. The results of the audit will be
		form in his or her own language.		reported to the Quality Review
				Committees (QRC) and the Quality
		On or before 11/27/19, Harris Health will		Governance Council (QGC) for review
		revise applicable consent forms so that they		and remediation if necessary.
		are in conformance with Harris Health Policy		•
		4215, Consent for Medical Treatment and		Education:
		Identification of a Surrogate Decision Maker.		Harris Health will educate one hundred

·	
The forms will be revised to include that	percent (100%) of its Nursing and Medical
Harris Health is a teaching facility and that	Staff members, excluding those who are on
residents and fellows, who are under the	approved leave, on the revisions to Harris
supervision of attending (faculty) physicians,	Health Policy 4215, Consent for Medical
may be involved in the patient's	Treatment and Identification of a Surrogate
medical/surgical surgery or procedure for	Decision Maker, by 12/11/19. Staff
which the patient is providing his or her	members who are on approved leave will be
consent.	educated within thirty (30) days of their
	return. In addition, the revisions will be
	included in the departmental/new hire
On or before 12/11/19, Harris Health will	orientation for all new nursing staff
educate all members of its Nursing and	members and Medical Staff members and
Medical Staff on the revisions to Harris	included as part of Harris Health's annual
Health's Policy 4215, Consent for Medical	mandatory education.
Treatment and Identification of a Surrogate	
Decision Maker as well as Harris Health's	
revised consent forms.	

### **Hospital 2:**

A. The facility failed to ensure the temperature in the OR was within acceptable standards to inhibit microbial growth, reduce the risk of infection, promote patient comfort, and assure the physical safety of all patients. There was no documentation on the log after a follow up that indicated corrective action had been taken regarding the out of range temperatures. The facility failed to monitor the temperature and humidity of the storage room where TEE probes were stored.

What	Responsible	How	Completion	Sustainability
	Party		Date	
To ensure patient	Chief	On 11/6/19, Harris Health revised Harris		Review:
safety as it relates	Operating	Health Policy 1308.01, Maintaining	12/11/19	Harris Health's Pavilion Engineering
to infection	Officer	Appropriate Temperature and Relative		Directors will perform a daily review of
prevention		Humidity Ranges in Operative, Procedural,		work orders for temperature/humidity fall
requirements for		and Storage Areas for Sterile		outs and appropriate resolution, in
temperature and		<i>Instrumentation</i> , to include a staff notification		compliance with Harris Health Policy
humidity, Harris		process when temperature and humidity		1308.01, Maintaining Appropriate
Health will		measurements are outside of acceptable		Temperature and Relative Humidity Ranges
establish a		ranges.		in Operative, Procedural, and Storage Areas
notification process				for Sterile Instrumentation.

for temperature and humidity outside of acceptable ranges for areas monitored by the Building Automation System (BAS) On or before 12/10/18, Harris Health's Facility Engineering department will develop a plan to transition the current process of tracking of user requests for adjustment of temperatures and annotations of corrections from a log book to a work-order based system to ensure enhanced transparency and accountability for system management.

Harris Health's Facility Engineering department will educate applicable staff regarding Harris Health Policy 1308.01, Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation, specifically:

- F. How staff will be notified when temperature and humidity measurements are outside of acceptable ranges;
- G. How staff will be aware of normal and fault conditions:
- H. What staff must do when there is an alarm condition; and
- I. How staff must utilize the work order process for reporting and tracking of alarm conditions.

This education will also be provided during new staff orientation and mandatory annual education for the applicable staff. Harris Health's Pavilion Engineering Directors will also evaluate data from Building Automation System ("BAS") and work orders on a monthly basis to identify trends or systemic issues driving out of range parameters, and implement timely corrective action as needed.

Harris Health's Facilities Engineering will also conduct periodic surveillance of audit logs within BAS, and conduct an annual review of current design guidelines and established standards.

#### **Auditing:**

Beginning on 12/12/19, Harris Health will perform a weekly audit of BAS readouts to ensure compliance with Harris Health Policy 1308.01, Maintaining Appropriate

Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation for eight (8) weeks and until one hundred percent compliance (100%) is achieved and then quarterly thereafter. Results of the audit will be reported to the QRC and QGC for review and remediation if necessary.

Response to Clarification Received on 12/13/19:

### **Review:**

1. Harris Health's Pavilion Engineering

Directors will review work orders for temperature/humidity fall outs and appropriate resolution, in compliance with Harris Health Policy 1308.01,  Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative,  Procedural, and Storage Areas for Sterile Instrumentation.
The frequency with which Harris Health will perform this review will be daily.
2. Harris Health's Pavilion Engineering Directors will evaluate data from Building Automation System ("BAS") and work orders to identify trends or systemic issues driving out of range parameters, and implement timely corrective action as needed.
The frequency with which Harris Health will perform this review will be monthly.
3. Harris Health's Facilities Engineering will also conduct periodic surveillance of audit logs within BAS.
The frequency with which Harris Health will perform this review will be at least quarterly.
4. Harris Health's Facilities Engineering will conduct an annual review of current design guidelines and established standards.

	A A A A A A A A A A A A A A A A A A A	The frequency with which Harris Health will perform this review will be at least naturally.  The frequency with which Harris Health will perform this audit will be weekly for duration of at least eight (8) weeks and ntil one hundred percent (100%) compliance is achieved. Thereafter, the requency with which Harris Health will erform this audit will be at least monthly or four (4) consecutive months and until ne hundred percent (100%) compliance is continuously demonstrated.
	H Prost St M A H A H W W W C C C O O O O O O O O O O O O O O	ducation: Itaris Health will educate one hundred ercent (100%) of the identified applicable raff members, excluding those staff nembers who are on approved leave, on Itaris Health Policy 1308.01, Maintaining appropriate Temperature and Relative fumidity Ranges in Operative, Procedural, and Storage Areas for Sterile astrumentation, by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return and the ducation will also be included as part of all lentified applicable staff members rientation and as part of their mandatory innual education.

	T		T	
To ensure patient	Chief	On 10/31/19, Harris Health performed a	12/11/19	Review:
safety as it relates	Operating	temperature and humidity sensor validation		Harris Health's Facilities Engineering will
to infection	Officer	study for the ORs at both Harris Health		also conduct periodic surveillance of audit
prevention		hospitals. Sensor readouts at the Building		logs within BAS, and conduct an annual
requirements for		Automation System ("BAS") console were		review of current design guidelines and
temperature and		tested and compared to manual readings in		established standards.
humidity, Harris		ORs where BAS sensors are located. The		
Health will		study revealed the necessity to relocate some		Harris Health will conduct periodic
establish a		sensors and add additional sensors to certain		surveillance of audit logs within BAS, and
notification process		ORs to ensure accurate temperature and		conduct an annual review of current design
for temperature and		humidity readings.		guidelines and established standards.
humidity outside of				
acceptable ranges				<b>Response to Clarification Received on</b>
for areas monitored		Pursuant to the temperature and humidity		12/13/19:
by the Building		sensor validation survey, Harris Health will		
Automation System		relocate sensors and add additional sensors to		1. Harris Health's Facilities Engineering
(BAS)		certain ORs to ensure accurate temperature		will conduct periodic surveillance of audit
(2120)		and humidity readings on or before 11/22/19.		logs within BAS.
		and namedly readings on or octore 11/22/19.		logo within Diago
		On 9/27/19, Harris Health installed visible		The frequency with which Harris Health
		temperature and humidity room monitors in		will perform this review will be at least
		each OR and Cath Lab so staff can ensure		quarterly.
		environmental conditions are appropriate		quarterry.
		prior to the start of each case.		2. Harris Health's Facilities Engineering
		prior to the start of each case.		will conduct an annual review of current
		Harris Health will provide education to		design guidelines and established
		identified applicable staff members on how to		standards.
		read the temperature and humidity room		The frequency with the Link Henry II
		monitors, including what temperature and		The frequency with which Harris Health
		humidity ranges are appropriate for the room,		will perform this review will be at least
		how to respond to out of range readings, and		annually.
		understanding alarm conditions. This		
		education will also be included in new		
		employee orientation and annual mandatory		<b>Education:</b>
		education for all applicable staff.		Harris Health will provide education to one

To ensure patient	Chief	On or before 12/15/19, Harris Health will	12/15/19	hundred percent (100%) of identified applicable staff members, excluding those identified staff members who are on approved leave, on how to read the temperature and humidity room monitors, including what temperature and humidity ranges are appropriate for the room and how to respond to out of range temperatures by 12/11/19. Staff members who are on approved leave will complete the education within thirty (30) days of their return. In addition, this education will be included as part of all identified applicable staff members orientation and as part of all applicable staff members annual mandatory education.  Annual validation study of sensors being
safety as it relates	Operating	install room monitoring sensors within the	12112117	continuously monitored on BAS will be
to infection	Officer	Cath Lab sterile storage room so that the		performed as part of scheduled services
prevention		temperature and humidity can be continuously		testing and documented within the
requirements for		monitored through the Building Automation		computerized maintenance management
temperature and		System ("BAS").		system (CMMS) – pending implementation
humidity, Harris Health will		Harris Health formed a temperature and		of engineering task order for CMMS 11/15/19.
establish a		humidity governance group to define areas to		11/13/17.
notification process		be monitored, how parameters will be		Facilities Engineering will conduct periodic
for temperature and		established, and who is responsible for		surveillance of audit logs within BAS, and
humidity outside of		parameter education and management. The		conduct an annual review of current design
acceptable ranges		first meeting of this group was on 10/18/19.		guidelines and established standards.
for areas monitored		0.00040.77		
by the Building		On 9/28/19, Harris Health created Harris		Estilities Engineering is assessed to
Automation System		Health Policy 1308.01, Maintaining		Facilities Engineering is responsible to
(BAS)		Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural,		update BAS alarm Parameters consistent with Appendix A of Harris Health Policy
		and Storage Areas for Sterile Instrumentation		1308.01, Maintaining Appropriate

Г	11 11	T 111 11 D
	to specify the temperature and humidity	Temperature and Humidity Ranges in
	requirements for areas in operating and	Operative, Procedural, and Storage Areas
	procedural settings and in storage areas for	for Sterile Instrumentation.
	sterile instrumentation.	Facilities Engineering will create master list
		of all monitored parameters for both
	Harris Health will educate all identified	hospitals and perform validation with
	applicable staff on Harris Health Policy	appropriate code references (TAC for
	1308.01, Maintaining Appropriate	existing structures or FGI for new or
	Temperature and Relative Humidity Ranges	renovated areas)
	in Operative, Procedural, and Storage Areas	Tono ( alcous)
	for Sterile Instrumentation. This education	<b>Education:</b>
	will also be included in new employee	Harris Health will provide education to one
		_
	orientation and annual mandatory education	hundred percent (100%) of all identified
	for applicable staff.	applicable staff members, excluding those
		staff members who are on approved leave,
		on Harris Health Policy 1308.01,
		Maintaining Appropriate Temperature and
		Relative Humidity Ranges in Operative,
		Procedural, and Storage Areas for Sterile
		<i>Instrumentation</i> by 12/11/19. Staff members
		who are on approved leave will be educated
		within thirty (30) days of returning. In
		addition, this education will also be included
		in orientation for all new identified
		applicable staff members as well as made a
		part of all identified applicable staff
		members annual mandatory education.
		members annual manuatory education.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Executive	Harris Health revised:	9/27/19	Review:
ensure the proper	Vice	(a) Harris Health Policy 1303, Pre-Cleaning,		Harris Health departments where scopes and
storage of TEE and	Presidents of	Sterilization, High- and Low-Level		probes are stored will perform a weekly
transvaginal probes	Ben Taub	Disinfection, and Storage of Processed		review of the storage of TEE Probes and
are consistent with	Hospital, LBJ	ge of the contract of the cont		Transvaginal Probes for compliance with

national guidelines Hospital, and Harris Health Policies 1303, Pre-Cleaning, Patient Care Devices; and (b) Harris Health and manufacturer's Ambulatory Sterilization, High and Low Level Policy 1303.03, *Transesophageal* recommendations. Care Disinfection, and Storage of Processed Echocardiogram (TEE) Probe Guidelines for Services. Patient Care Devices, and Harris Health Cleaning and Disinfection to be consistent Policy 1303.03, Transesophageal with national guidelines and manufacturer's Echocardiogram (TEE) Probe Guidelines recommendations related to proper storage for Cleaning and Disinfection. This review of TEE and endocavitary probes, including will be performed weekly for eight (8) temperature and humidity requirements in weeks and until one hundred percent (100%) the room where the probes are stored. compliance is achieved. Thereafter, monthly reviews will be conducted for four (4) consecutive months and one hundred Harris Health provided targeted education on percent (100%) compliance is continuously the revisions to Harris Health Policies 1303, demonstrated. Any identified deficiencies Pre-Cleaning, Sterilization, High and Low will be immediately escalated to the Director Level Disinfection, and Storage of Processed of the unit and remediated. All fallouts will Patient Care Devices and Harris Health be reported to the QRC and QGC. Policy 1303.03, Transesophageal Echocardiogram (TEE) Probe Guidelines for **Auditing:** Cleaning and Disinfection to applicable staff Beginning on 12/12/19, Harris Health will on or before 9/27/19. The targeted education conduct a weekly audit regarding the proper included the proper storage of TEE probes storage, including temperature and humidity and transvaginal probes and all endocavitary requirements in the room where the probes probes. This education will also be included are stored, of all endocavitary probes by in new employee orientation and annual direct observation for eight (8) weeks and mandatory education for the applicable staff. until one hundred percent (100%) compliance is achieved. Thereafter, monthly audits will be conducted for four (4) consecutive months and until one hundred percent (100%) compliance is continuously demonstrated. Any identified deficiencies will be immediately escalated to the Director of the unit and remediated. All fallouts will be reported to the Pavilion Quality Review Committees (QRC) and if necessary, to the

system-level Quality Governance Council (QGC).  Response to Clarification Received on 12/13/19:  Review:
12/13/19:
Review:
The frequency with which Harris Health will perform this review will be weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will perform this review will be at least monthly for four (4) consecutive months and until one hundred percent (100%) compliance is continuously demonstrated.
Auditing:
The frequency with which Harris Health will perform this audit will be weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will perform this audit will be at least monthly for four (4) consecutive months and until one hundred percent (100%) compliance is continuously demonstrated.

B. Facility failed to ensure a sanitary environment for the provision of surgical services and patient care .

What	Responsible	How	Completion	Sustainability
	Party		Date	

Providing clean and	Executive	Immediate Remediation:	12/12/19	Auditing:
sanitary	Vice	By 12/1/19, Harris Health will engage a		Beginning on 12/12/19, Harris Health will
environment for	President of	vendor to replace the counter top.		audit the appropriateness of the patient care
patients in 9 areas:	LBJ Hospital			environment by direct observation and
PACU, GI, OR,		<b>Long Term Remediation:</b>		rounding for eight (8) weeks and until one
Cardiology, sterile		Harris Health will ensure the maintenance and		hundred percent (100%) compliance is
core, sterile		safety of the physical environment by		evident, and then quarterly thereafter.
processing, pre-op		implementing start of shift ("preflight")		Results will be reported by exception to
holding, storage		checklists for use by unit departmental		Harris Health's QRC and QGC for review
room		leadership. Further, Harris Health will		and remediation if necessary.
T 1		implement a comprehensive rounding strategy		
Ice machine stored		to identify and address environmental		Response to Clarification Received on
on cracked counter		deficiencies, hazards and unsafe practices.		<u>12/13/19:</u>
top: Engage the vendor				Auditing
to replace the				Auditing:
cracked countertop				The frequency with which Harris Health
identified in the				will perform this audit will be weekly for
PACU area.				a duration of at least eight (8) weeks and
17100 area.				until one hundred percent (100%)
				compliance is achieved. Thereafter, the
				frequency with which Harris Health will
				perform this review will be at least
				quarterly. Results will be reported by
				exception to Harris Health's QRC and
				OGC for review and remediation if
				necessary.
Harris Health will:	Chief Quality	Harris Health Policy 4471, Emergency	12/11/19	Auditing:
prohibit the use of	and Patient	Resuscitation Cart (Crash Cart) will be		Beginning on 12/12/19, Harris Health will
rubber bands in	Safety	updated to address the following practices:		audit for completeness, cleanliness and
crash carts;	Officer	<ul> <li>Rubber bands will be prohibited.</li> </ul>		quality five (5) crash carts each twice per
prohibit the		Rubber bands used to secure items		month at LBJ Hospital and Ben Taub

practice of tucking scalpels into crash cart areas that include sealed. sterile items; replace compromised and/or discolored peel packs; replace, high-level disinfect, and store in a closed, sealed pouch until ready for use any nonpackaged oral airway and laryngoscope blades used to intubate a patient; replace and store appropriately any nonsterile supplies in the crash cart that are stored in a manner that compromises sterile supplies; replace and reprocess compromised sterile supplies.

- will be replaced with resealable zipper storage bags to hold items.
- Any scalpels tucked into areas that include sealed, sterile items will be removed.
- Any peel pack items that have been compromised in any way and/or are discolored will be replaced.
- Any non-packaged oral airways and laryngoscope blades used to intubate a patient will be replaced, high-level disinfected, and stored in a closed, sealed pouch until ready for use.
- Any nonsterile supplies in the crash cart that are stored in a manner that causes compromise of sterile supplies will be replaced and stored appropriately.
- All compromised sterile supplies will be replaced and reprocessed.

Central Supply department staff will be educated on the revisions to Harris Health Policy 4471, *Emergency Resuscitation Cart* (*Crash Cart*).

Central Supply departments at Ben Taub and LBJ will perform integrity checks of all crash carts in the facility to confirm adherence to the aforementioned policy considerations.

Hospital and two (2) crash carts from Ambulatory Care Services twice per month for the first two (2) months (total of ten (10) crash carts each at LBJ and Ben Taub and four (4) at ACS per month) and until one hundred percent (100%) compliance is achieved. Thereafter, Harris Health will audit eight (8) crash carts each month at LBJ Hospital and Ben Taub Hospital and four (4) crash carts per month from Ambulatory Care Services (ACS) on an ongoing basis. Audit results will be reported to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and remediation if necessary.

# Response to Clarification Received on 12/13/19:

#### **Auditing:**

The frequency with which Harris Health will perform this audit will be at least twelve (12) crash carts twice per month and until one hundred percent (100%) compliance is achieved. The twelve (12) crash carts will consist of five (5) crash carts from Ben Taub Hospital, five (5) crash carts from LBJ Hospital, and two (2) crash carts from Smith Clinic.

Thereafter, the frequency with which Harris Health will perform this audit will be at least twenty (20) crash carts per month. The twenty (20) crash carts will consist of eight (8) crash carts from Ben

				Taub Hospital, eight (8) crash carts from LBJ Hospital, and four (4) crash carts from Smith Clinic. Results will be reported by exception to Harris Health's QRC and QGC for review and remediation if necessary.
				Education: Harris Health will educate one hundred percent (100%) of Central Supply staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 4471, Emergency Resuscitation Cart (Crash Cart), by December 11, 2019. Staff members who are on approved leave will be educated within thirty (30) days of their return and the education will be included in new employee departmental orientation.
Chipped floor tiles observed in front of steam sterilizers will be repaired.	Executive Vice President of LBJ Hospital	Immediate Remediation: By 12/1/19, Facility Engineering will engage a vendor to replace the chipped floor tiles.  Long Term Remediation: Harris Health will ensure the maintenance and safety of the physical environment by implementing preflight (start of shift) checklists for use by unit departmental leadership. Further, Harris Health will implement a comprehensive rounding strategy to identify and address environmental deficiencies, hazards and unsafe practices.	December 1, 2019	Beginning on December 12, 2019, Harris Health will audit the appropriateness of the patient care environment through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported by exception to Harris Health's QRCs and QGC for review and remediation.  Response to Clarification Received on 12/13/19:  Auditing:

				The frequency with which Harris Health will perform this audit will be weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will perform this audit will be at least quarterly. Results will be reported by exception to Harris Health's QRCs and QGC for review and remediation.
Harris Health will	Chief	By 11/20/19, Harris Health will update Harris		Review:
ensure appropriate cleaning of Pyxis Machines.	Pharmacy Officer	Health Policy 550.00, <i>Automated Dispensing Cabinets</i> to support internal cleaning of medication Pyxis machines whenever medications are delivered to the Pyxis by pharmacy personnel and at least weekly.  As of 10/8/19, Harris Health has updated Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> to include external cleaning of medication Pyxis at least weekly.  On or before 11/18/19, Harris Health will develop a cleaning log to be completed by pharmacy staff for tracking compliance. Pharmacy supervisor will review the log each week with the director for immediate follow-up, beginning 11/18/19.  A cleaning schedule for the inside of the medication Pyxis machine (weekly and as needed) will be implemented by the pharmacy staff by 11/24/19.	12/11/19	Harris Health will perform monthly unit inspections to validate cleanings of the Pyxis machine and include an inspection of the external conditions of the Pyxis machine. If fallouts are discovered, those will be automatically escalated to unit area managers and assigned pharmacy supervisor for mitigation.  Auditing:  Beginning on 12/12/19, Harris Health will audit to ensure compliance with Pyxis machine cleaning requirements set forth in Harris Health Policy 550.00, Automated Dispensing Cabinets and Harris Health Policy 7200, Environmental Services Cleaning Guidelines through direct observation and rounding for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. The results of the audit will be reported to the QRC and QGC for review and corrective action if necessary.

Harris Health will educate all pharmacy staff members on the revised policy and process by 12/11/19.  EOC rounds will be amended to include inspection of external conditions of Pyxis machine using the Sentact tool by 11/30/19.	Response to Clarification Received on 12/13/19:  Review:  The frequency with which Harris Health will perform this review will be monthly.
	Auditing: The frequency with which Harris Health will perform this audit will be weekly for a duration of at least eight (8) weeks and until one hundred percent (100%) compliance is achieved. Thereafter, the frequency with which Harris Health will perform this review will be at least quarterly. Results will be reported by exception to Harris Health's QRC and QGC for review and remediation if necessary.
	Education: Harris Health will educate one hundred percent (100%) of all pharmacy staff members, excluding those who are on approved leave, regarding the cleaning of Pyxis machines by 12/11/19. Staff members on approved leave will be educated on the revisions within thirty (30) days of their return. In addition, the revisions will be included as part of all new pharmacy staff members' departmental orientation and will be made a part of annual training.

### A 955 Informed Consent

The facility failed to ensure that patient was provided all information necessary to make an informed decision about their care. Also, the facility failed to ensure that an informed telephone consent had two witnesses as required per facility policy.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will	SVP,	On or before 11/27/19, Harris Health will	12/11/19	Auditing:
ensure that all	Corporate	revise Policy 4215, Consent for Medical	12/11/17	Beginning 12/12/19, Harris Health will audit
patients are	Compliance	Treatment and Identification of a Surrogate		for compliance with the utilization of the
provided all	Compliance	Decision Maker, to explicitly list all the		revised informed consent forms by reviewing
information		elements that must be disclosed to the		·
				at least fifty (50) patient charts for at least
necessary to make		patient during the informed consent process,		eight (8) weeks and until one hundred
informed decisions		including but not limited to, who will be		percent (100%) compliance is achieved and
regarding their care		performing and involved in a patient's		then quarterly thereafter. The results of the
and/or treatment.		surgery / procedure. Specifically, Harris		audit will be reported to the Quality Review
		Health Policy 4215, Consent for Medical		Committees (QRC) and the Quality
		Treatment and Identification of a Surrogate		Governance Council (QGC) for review and
		Decision Maker, will be revised to require		remediation if necessary.
		disclosure to patients that Harris Health is a		
		teaching facility and that residents and		Response to Request for Clarification on
		fellows, who are under the supervision of		12/13/19:
		attending (faculty) physicians, may be		
		involved in the patient's medical /surgical		Beginning on 12/12/19, Harris Health will
		surgery or procedure for which the patient is		audit for compliance with the utilization of
		providing his or her consent.		the revised informed consent forms by
		providing his of her consent.		reviewing at least fifty (50) patient charts.
		Harris Health will also revise Harris Health		
				The frequency with which Harris Health
		Policy 4215, Consent for Medical Treatment		will audit will be at least weekly for a
		and Identification of a Surrogate Decision		duration of at least eight (8) weeks and
		<i>Maker</i> to provide that patients need to be		until one hundred percent (100%)
		informed of their right to obtain a copy of		compliance is achieved. Thereafter, the

his or her properly executed informed consent form in his or her own language.

On or before 11/27/19, Harris Health will revise applicable consent forms so that they are in conformance with Harris Health Policy 4215, Consent for Medical Treatment and Identification of a Surrogate Decision Maker. The forms will be revised to include that Harris Health is a teaching facility and that residents and fellows, who are under the supervision of attending (faculty) physicians, may be involved in the patient's medical/surgical surgery or procedure for which the patient is providing his or her consent.

On or before 12/11/19, Harris Health will educate all members of its Nursing and Medical Staff on the revisions to Harris Health's Policy 4215, Consent for Medical Treatment and Identification of a Surrogate Decision Maker as well as Harris Health's revised consent forms.

frequency with which Harris Health will audit for compliance will be at least quarterly. The results of the audit will be reported to the Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and remediation if necessary.

#### **Education:**

Harris Health will educate one hundred percent (100%) of its Nursing and Medical Staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 4215, Consent for Medical Treatment and Identification of a Surrogate Decision Maker, by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included in the departmental/new hire orientation for all new Nursing staff members and Medical Staff members and included as part of Harris Health's annual mandatory education.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure appropriate nursing and medical staff knowledge of the consent process	SVP, Corporate Compliance	Harris Health will re-educate its nursing staff and Medical Staff on the revisions to Harris Health Policy 4215, Consent to Medical Treatment and Identification of a Surrogate Decision Maker as well as on the following:  1. The procedure and process to obtain informed consent, including but not limited to, obtaining telephone consent;  2. Witness requirements (e.g., who may be a witness); and  3. Duration of an informed consent form; and  4. When a patient's written informed consent must be obtained.	12/11/19	Harris Health will educate one hundred percent (100%) of its Nursing and Medical Staff members, excluding those who are on approved leave, not only on the revisions to Harris Health Policy 4215, Consent for Medical Treatment and Identification of a Surrogate Decision Maker, but also on the additional identified topics by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In addition, the revisions will be included in the departmental / new hire orientation for all new nursing staff members and Medical Staff members and included as part of Harris Health's annual mandatory education.

# A 956 Required Operating Room Equipment

The facility failed to monitor and implement a sanitary environment as evidenced by surgical instruments with rust and rusty hemostats.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	Beginning on 11/18/19, all instruments will be	12/11/19	Review:
ensure a sanitary	Nursing	visually inspected for rust before processing		Visual inspection of sterile packaging and any
environment in all	Executive	for sterilization. Any instrument that is		visible rust on sterile equipment will be
surgical services		damaged or degraded will be discarded.		performed as part of on-going
and procedure areas				interdisciplinary rounding. Visual inspection
by following proper		Beginning on 11/18/19, all sterile processing		of sterile instruments will be included in the
sterilization		staff will be trained to concurrently visually		rounding tools.
techniques.		inspect instruments at decontamination stage		
		and prior to wrapping in peel pack. All sterile		If improperly processed items are identified in
		instruments and sterile packaging will be		clinical areas, staff will utilize the eIRS
		inspected for integrity and appearance before		system to catalog the deviation. Risk and
		storage and immediately prior to patient use.		Patient Safety teams will lead further
		Any items that are found to have		investigation and remediation if identified in
		compromised sterile packaging or visible rust		collaboration with departmental leaders.
		will be returned to sterile processing for		
		reprocessing or disposal, and an eIRS		
		submitted.		Auditing:
				Beginning 12/12/19, Harris Health will
		By 12/11/19, all sterile processing staff will		perform direct observation audits of ten
		be reeducated on system guidelines for sterile		percent (10%) of daily loads prior to
		processing.		decontamination and pre-sterilization for a
				period of at least eight (8) weeks and until one
				hundred percent (100%) compliance is
				achieved and then random audits will occur of
				five percent (5%) of daily loads quarterly
				thereafter. Audit results will be reported to
				unit leadership and presented at the IP

Committee, Quality Review Committees (QRC), and Quality Governance Committees (QGC) for review and if necessary, corrective action.
Education: Harris Health will educate one hundred percent (100%) of the sterile processing staff members, excluding those who are on approved leave, on the system guidelines for sterile processing by 12/11/19. Staff members who are on approved leave will be educated immediately upon their return. In addition, the revisions will be included as part of the departmental orientation for sterile processing staff members and will be made a part of sterile processing staff members annual mandatory education.

# A1002 – Delivery of Anesthesia Services

The facility failed to ensure that policies and procedures that include pre and post anesthesia evaluation responsibilities were developed and implemented.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Chief	Harris Health will revise its Medical Staff	12/11/19	Harris Health's Health Information
add specific	Medical	Rules and Regulations to designate who can		Management department will continue to
language regarding	Executive	perform anesthesia-based evaluations, and to		monitor all anesthesia documentation on a
pre and post		include a list of required documentation		daily basis for completeness and timeliness.
anesthesia		elements for pre- and post-anesthesia		This information will continue to be
evaluations to the		assessments, and the timelines associated with		reported to the Medical Records Committee
Medical Staff Rules		the pre- and post-anesthesia assessments.		and the Medical Executive Board on a
and Regulations.				monthly basis. Medical record deficiencies
		Harris Health's Chief Medical Officer and		and delinquencies are also shared with
		Chair of the Medical Executive Board will		Medical Staff leadership and Executive
		communicate the approved changes to the		Administration on a regular basis.
		Medical Staff Rules and Regulations to the		
		Medical Staff at large and will remind the		
		Medical Staff to continue its practice of		
		complying with the anesthesia documentation		
		requirements.		

# A 1081: Standard Tag for Outpatient Services

The outpatient services provided by the facility failed to meet the needs of the patients in accordance with acceptable standards of practice regarding the sterilization of instruments.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will	ACS Executive	Ambulatory Care Services ("ACS") Infection	11/30/19	Auditing: Harris Health ACS staff will review for
ensure compliance with standards of	Vice	Prevention staff members will perform an in-		
		service of all ACS staff who perform		compliance with the completion of the "pre-
practice regarding sterilization of	President	sterilization and process instruments		flight" checklist for eight (8) weeks and until
instruments in the		regarding the requirements in Harris Health		one hundred percent (100%) compliance is
		Policy 1303, Pre-Cleaning, Sterilization,		achieved, then quarterly thereafter. Non-
ACS outpatient clinics. This		High and Low Level Disinfection, and		compliance will be reported directly to
includes Dental		Storage of Processed Patient Care Devices,		Clinic leadership and the Administrative
Clinics.		including the requirements related to: (1)		Director, and immediately remediated.
Cillics.		disassembling instruments with hinges open		Hamis Haalth will conduct weakly validation
		and spraying the instruments with enzymatic		Harris Health will conduct weekly validation
		solution prior to sterilization; (2) monitoring		audits through direct observation for at least
		temperature and humidity during the time the sterilizer is in operation; (3) biological		eight (8) weeks and until 100% compliance. Thereafter, audits will be conducted on a
		1 , , ,		quarterly basis. Audit results will be
		indicators and logs; (4) load logs; and (5) storage of sterile items. Staff will also be		reported to the ACS Quality Review
		trained on the escalation process used for		Committee (QRC) and the Quality
		temperature and/or humidity fall outs.		Governance Council.
		temperature and/or numberty ran outs.		Governance Council.
		A start of shift ("pre-flight") checklist was		
		developed for use on a daily basis to ensure		
		that instruments with hinges remain open		
		during the sterilization process and after		
		sterilization during storage, that table top		
		sterilizers have operating recording devices		
		that record accurate temperature and humidity		
		and provide a load log. The checklist also		
		includes the completion of the biological		
		check for the biological indicator log.		

### A 1123: Rehabilitation Services

a. The facility failed to ensure adequate numbers of PT staff available to ensure timely evaluations and safe and efficient treatment.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Executive	On 9/30/19, Harris Health conducted a review	12/18/19	Review:
ensure adequate	Vice	of staffing levels, missed patient visits,		Department leadership will review staffing
number of PT staff	Presidents for	turnaround times, and access metrics such as		plans weekly to ensure appropriate staffing
is available to	Ben Taub	waitlist and third available appointment for		levels based on hospital census, utilizing all
ensure timely	Hospital, LBJ	outpatient services and determined the need		available overtime and registry staff until
evaluations and	Hospital, and	for additional staff.		hiring is complete. Executive leadership at
safe and efficient	Ambulatory			each facility will ensure there are adequate
treatment.	Care Services	As a result, 3.0 FTE additional Physical		number of staff budgeted in accordance with
		Therapists and 1.0 FTE additional Physical		productivity metrics and review each month
		Therapist Assistant positions were posted at		through financial variance reports. All
		LBJ Hospital during the week of 10/7/19.		variances will be reported to System
		Since those postings, one Physical Therapist		Executive Leadership monthly.
		was hired on 10/14/19, and one Physical		
		Therapist Assistant was hired on 11/11/19.		<b>Monitoring</b>
				Pavilion Executive Leadership will monitor
		In addition, beginning on 9/22/11, 5.8 FTE		monthly performance improvement (PI) data
		additional Physical Therapists positions were		regarding missed visits and turnaround times
		posted for Ambulatory Care Services and are		and access metrics including waitlist and
		actively being recruited with two physical		third available appointment for outpatient
		therapists being hired on 10/28/19.		services. This information, along with
				updates on recruitment activities, will be
		On 11/12/19, Harris Health implemented a		presented monthly to Rehab Performance
		missed visit worksheet in Epic to assist with		Improvement Committee (PIC) beginning in
		documentation efficiency and improve work		December and quarterly to Quality Review
		flow.		Committees (QRCs) and Quality
				Governance Council (QGC) for review and
		Additionally, by 12/18/19, Harris Health will		remediation if necessary.
		create an Epic order set to improve		

communication between physicians and rehab	
providers and specify the timeframe for	QAPI:
evaluation by rehab services team, reducing	Harris Health will initiate the development
avoidable delays in care, including the NICU	of a Rehab Services department/service level
service.	QAPI plan by 12/18/19 that includes the
	formation of a PIC with a uniform agenda,
Harris Health will also standardize physician	identification of metrics/indicators
workflows for ordering physical therapy in	appropriate for measuring the quality and
the NICU at both hospitals by 12/18/19.	safety of care for the population served and
	the services provided and reporting to the
	respective QRC, QGC and/or the BQC based
	on established criteria.

b. The facility failed to ensure that rehab services are integrated into the hospital-wide QAPI program.

What	Responsible	How	<b>Completion Date</b>	Sustainability
	Party			-
Harris Health	Chief Quality	1. Harris Health will establish a	Development of	Harris Health will ensure
will establish a	and Safety	comprehensive Rehab Services QAPI Plan	departmental QAPI	documentation of Rehab Services
comprehensive	Officer	that includes the formation of a	Plans will be initiated	QAPI Plan.
Rehab Services		Performance Improvement Committee	by 12/18/19.	
QAPI Plan.		(PIC) and the identification of indicators		Harris Health will provide review
		appropriate for the patient population		and reporting of Rehab Services
		served and the services provided.		QAPI activities, processes and
		2. The Rehab Services QAPI Plan will		results/metrics to QGC and BQC
		identify activities and processes that		according to established standards
		require measurement, monitoring, and		and criteria.
		reporting to the Quality Governance		
		Council (QGC) and Board Quality		Harris Health's CSQO will conduct
		Committee (BQC).		an annual assessment of the
		3. Harris Health will establish criteria for		effectiveness of the QAPI Program
		frequency of reporting Rehab Services		with the results reported to the
		QAPI activities to the QGC and BQC,		Board of Trustees Quality
		including when not meeting established		Committee (BQC).
		quality metrics or targets for goals,		

processes, and personnel. 4. The Rehab Services QAPI Plan will be	
implemented by 1/31/20.	

c. The facility failed to ensure policies and procedures were properly updated and reviewed.

What	Responsible	How	Completion	Sustainability
	Party		Date	
Harris Health will	Executive	As of 10/25/19, Rehab Services leadership	12/11/19	Education:
ensure policies and	Vice	has reviewed, revised and approved all		Harris Health will educate one hundred
procedures are	Presidents for	policies and procedures related to Rehab		percent (100%) of its Rehab Services staff
properly updated	Ben Taub	services. Directors will review and update		members, excluding those who are on
and reviewed.	Hospital, LBJ	the policies tri-annually.		approved leave, on the revisions to all
	Hospital, and			policies and procedures related to Rehab
	Ambulatory	On or before 12/11/19, one hundred percent		Services by 12/11/19. Staff members who
	Care Services	(100%) of Rehab Services staff will be		are on approved leave will be educated
		educated on the policy revisions,		within thirty (30) days of their return. In
		specifically on those policies that are		addition, the revisions to the policies will be
		relevant to each location based on the		included in the departmental orientation for
		equipment located within the facility.		all new Rehab Services staff members and
				will made a part of their annual mandatory
				education.