

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

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

Tag A 000

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Sustainability</b>
Harris Health's Board of Trustees (BOT) (the governing body), through its Chair, the Chair of the BOT Quality Committee (BQC) 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	BOT	<p>Harris Health has employed a Performance Improvement/Action Plan Implementation (PII) structure for the organization and implementation of planned initiatives to address the findings indicated by CMS and DSHS during the course of the full survey of Harris Health's compliance with the CoPs and EMTALA conducted by the agencies.</p> <p>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.</p> <p>This PII structure and approach were presented to the BOT at its meetings on 10/10/19 and 10/31/19.</p> <p>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</p>	<p>Harris Health will provide bi-weekly and then monthly reporting by the PII Leadership Team of progress of PII initiatives to the Chair of the BOT and/or Chair of the BQC as well as periodic reporting to the full BQC.</p> <p>Harris Health will ensure regular reporting to the Harris Health BOT by the Chair of the BQC and/or the Chair of the BOT of progress of PII initiatives.</p>

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

<p>compliance with the Conditions of Participation (CoP).</p>		<p>CMS and the Statement of Deficiency – State Form issued by DSHS.</p> <p>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.</p> <p>As directed by the Chair of the BQC, the PII Leadership Team will provide progress updates of Work Stream activities to the full BQC.</p> <p>Reporting to the BOT by the Chair of the BOT and/or the Chair of the BQC will begin 12/5/19.</p>	
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## 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 Party	How	Completion Date	Sustainability
<p>Harris Health will ensure safe use in the practice of chemicals by providing a hand washing sink and decontamination shower at the LBJ warehouse.</p>	<p>Chief Operating Officer</p>	<p>On 11/8/19, Harris Health installed a hand washing sink and decontamination shower in the LBJ warehouse.</p> <p>By 12/11/19, Harris Health will complete an assessment of all areas requiring hand washing sinks, eyewash stations, or decontamination showers to ensure compliance with guidelines.</p> <p>Harris Health will educate one hundred percent (100%) of LBJ Supply Chain Management (“SCM”) staff members on proper maintenance and use of the eyewash and decontamination shower in accordance with Physical Environment departmental guideline PE.DG.01, <i>Emergency Safety Eye Washes and Showers</i>.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> Harris Health will conduct weekly reviews for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and biweekly thereafter, to assess compliance, including but not limited to, availability of PPE, properly maintained eye wash stations and decontamination showers, and staff knowledge of how to properly use this equipment. Results will be reported through SCM Performance Improvement Committee (PIC) at every scheduled meeting.</p> <p><b><u>Auditing:</u></b> Beginning 12/12/19, Harris Health will conduct weekly audits for compliance with departmental guideline PE.DG.01, <i>Emergency Safety Eye Washes and Showers</i> 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.</p>

			<p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b> 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, <i>Emergency Safety Eye Washes and Showers</i>. 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.</p>
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B. Staff did not know how to locate SDS (Safety Data Sheets) in case of chemical exposure.

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that all applicable staff are knowledgeable of how to access and use Safety Data Sheets (SDS).</p>	<p>Chief Operating Officer</p>	<p>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.</p>	<p>12/11/19</p>	<p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of SCM staff, excluding those who are on approved leave, on Policy 7201, <i>Management of Hazardous Substances</i>. 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.</p>

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

	<p>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.</p> <p>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 &amp; Safety Code and the Texas Administrative Code.</p> <p>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.</p> <p>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.</p> <p>Harris Health will standardize the approach to verifying EMT-P competencies by requiring that all EMT-Ps have their competencies</p>	<p>Center Committee and to the Quality Review Committees (QRCs) and the Quality Governance Council (QGC) for remediation and corrective action if necessary.</p> <p><b><u>Education:</u></b>  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.</p>
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		verified by direct observation.		
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The hospital failed to have a well organized service in Hemodialysis with a plan of administrative authority and delineation of responsibilities for patient care.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure that staff have demonstrated competency in hemodialysis water training.	Chief Nursing Executive	<p>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.</p> <p>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.</p>	10/1/19	<p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b><u>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</u></b></p>



			<p><b>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.</b></p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></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 and the Quality Governance Council for review and corrective action if necessary.</p>
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**A 043 Governing Body**

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

		<p>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.</p> <p>Expanded meetings of the BQC will begin on 1/9/20.</p>		
Harris Health's Board of Trustees (BOT) (the governing body), through its Chair, the Chair of the BOT Quality Committee (BQC) and/or the BQC, will actively	BOT	Harris Health has employed a Performance Improvement/Action Plan Implementation (PII) structure for the organization and implementation of planned initiatives to address the findings indicated by CMS and DSHS during the course of the full survey of Harris Health's compliance with the CoPs and EMTALA conducted by the agencies.	Harris Health's Board of Trustees (BOT) (the governing body), through its Chair, the Chair of the BOT Quality	BOT

<p>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).</p>		<p>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.</p> <p>This PII structure and approach were presented to the BOT at its meetings on 10/10/19 and 10/31/19.</p> <p>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.</p> <p>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</p>	<p>Committee (BQC) 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).</p>	
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		<p>organization's ability to implement plans of correction timely and/or sustain improvements.</p> <p>As directed by the Chair of the BQC, the PII Leadership Team will provide progress updates of Work Stream activities to the full BQC.</p> <p>Reporting to the BOT by the Chair of the BOT and/or the Chair of the BQC will begin 12/5/19.</p>		
<p>Harris Health BOT will ensure appropriate governance of the plans of correction specific to the findings noted as part of Tag A 043 related to 1) the failed practice leading to a negative outcome of an obstetric patient and 2) the lack of an appropriate designation of qualified medical personnel (QMP) to perform Medical Screening Examinations.</p>	<p>BQC Chair and BQC</p>	<p>Utilizing the PII structure and approach noted above, Harris Health has developed plans of correction to address the findings related 1) the failed practice leading to a negative outcome of an obstetric patient and 2) the lack of an appropriate designation of qualified medical personnel (QMP) to 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 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 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.</p>	<p>12/5/19</p>	<p>Harris Health will provide bi-weekly and then monthly reporting by the PII Leadership Team of progress of PII initiatives to the Chair of the BQC as well as periodic reporting to the full BQC.</p> <p>Harris Health will ensure regular reporting to the Harris Health BOT by the Chair of the BQC of progress of PII initiatives.</p>

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

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure effective communication amongst medical, anesthesia and nursing staff relating to critical situations with OB patients.</p>	<p>Chief Nursing Executive</p>	<p>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.</p> <p>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.</p> <p>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.</p>	<p>12/2/19</p>	<p><b>Review:</b> MEWS results will continue to be reviewed by the Administrative Director of Nursing for Women's Services and discussed in daily huddles.</p> <p>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.</p> <p>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.</p>

		<p>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.</p> <p><b><u>Response to Clarification Requested on 12/13/19:</u></b></p> <p><b>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</b></p>	<p><b><u>Auditing:</u></b> 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.</p> <p>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.</p>
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		<p>certainly exposed to the training and many of the other performance improvement activities that have taken place as a result 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.</p>		
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2. 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.

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

3. Hospital 2 Obstetric Unit failed to have the required number of Intravenous pumps.

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



<p>Hospital will ensure IV pumps are available on a timely and immediate basis to address patient care relating to receiving vital medications on time.</p>	<p>Nursing Executive</p>	<p>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.</p>	<p>10/4/19</p>	<p>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) 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.</p> <p><b><u>QAPI:</u></b> 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).</p>
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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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure appropriate staffing for the appropriate number of nurses for Women and Infant's department, including the induction of labor.	Chief Nursing Executive	The Women's and Infants Service Staffing Guidelines will be used to provide guidance for the nurse staffing in the Women and Infant's department. These Guidelines will be reviewed at least annually to ensure they met contemporary practice, industry standards and that staffing levels are in accordance with industry benchmarks.	11/18/19	Harris Health will audit for compliance with staffing guidelines 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 System Nursing Executive Committee, QRC, QGC and BQC for review and remediation, if necessary.

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.

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

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

## 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 Party	How	Completion Date	Sustainability

<p>Harris Health will ensure that staff follow the manufacturer's direction for use when testing water used for hemodialysis for total chlorine.</p>	<p>Chief Nursing Executive</p>	<p>On or before 11/27/19, Harris Health will implement Harris Health Policy 4525.01 <i>Hemodialysis for Acute Care Settings</i> that will include the procedure for the manufacturer's direction of testing water for total chlorine</p> <p>Harris Health will educate hemodialysis nursing staff on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> requirements regarding the procedure for following the manufacturer's directions for testing water for total chlorine</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b>  Beginning October 14, Harris Health is auditing for compliance with the requirements set forth in Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.</p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b></p>
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				Harris Health will provide education on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.
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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 Party	How	Completion Date	Sustainability
Harris Health will ensure that all hemodialysis machines in use for patient care are properly analyzed by a laboratory for dialysate solution electrolytes. In addition, testing of conductivity and pH of the dialysate solution at the site of treatment will be performed	Chief Nursing Executive	<p>New dialysis machines will be cataloged in the Computerized Maintenance Management System (CMMS) as a planned event for initial water testing, prior to use to ensure testing is completed prior to use. Program Manager of Dialysis and Biomedical Engineering manager will jointly validate completion of required testing and authorize the equipment for use.</p> <p>On or before 11/27/19, Harris Health will adopt and implement Harris Health Policy 4525.01 <i>Hemodialysis for Acute Care Setting</i> to include the procedure for the manufacturer's direction of testing dialysate</p>	12/11/19	<p><b><u>Auditing:</u></b> Harris Health will generate a report from the CMMS system to validate testing completion prior to use for RO and Dialysis machines. Machines will be tested per the schedule. One hundred percent (100%) compliance for water testing of any machines is required prior to 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 PIC and quarterly to the QRC and QGC for review and remediation, if</p>

		<p>for conductivity and pH procedure for following the manufacturer's directions for testing dialysate for conductivity and pH.</p> <p>Harris Health will educate the hemodialysis nursing staff on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> requirements regarding the procedure for following the manufacturer's directions for testing dialysate for conductivity and pH by 12/11/19.</p>	<p>necessary.</p> <p>Beginning 12/12/19, Harris Health will audit for compliance with the requirement in Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Setting</i> 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 QRC and QGC for review and remediation, if necessary.</p> <p><b><u>Education:</u></b> Harris Health will provide education on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.</p>
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C. The facility failed to provide evidence that patients were informed of their rights in advance of furnishing patient care and prior to discharge.

What	Responsible Party	How	Completion Date	Sustainability
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<p>Harris Health will ensure that at every emergency center, outpatient, day surgery, and inpatient registration (initial registration for the day), registration staff will:</p> <ol style="list-style-type: none"> <li>1. Inform patients about their rights and responsibilities;</li> <li>2. Obtain each patient's signature on Harris Health's Patient Rights &amp; Responsibilities; and</li> <li>3. Provide every patient with a copy of their signed Patient Rights and Responsibilities.</li> </ol>	<p>SVP, Corporate Compliance</p>	<p>By 12/1/19, Harris Health will create an electronic version of <i>Harris Health's Patient Rights and Responsibilities</i> in Harris Health's electronic medical record that will be signed and printed at all points of entry at each visit (once daily if multiple visits on the same day).</p> <p>Harris Health will revise the existing script that Harris Health's Registration staff uses to ensure that (1) patients are informed of their rights and responsibilities; (2) that Registration staff obtains each patient's signature on <i>Harris Health's Patient Rights and Responsibilities</i>; and (3) that Harris Health provides every patient a copy of their signed <i>Harris Health Patient Rights and Responsibilities</i> on or before 12/1/19.</p> <p>Harris Health will revise Harris Health Policy 4150, <i>Patient Rights</i> to reflect the requirement that for every patient visit, Harris Health must inform patients of their rights and responsibilities, that Registration staff must obtain each patient's signature on their patient rights and responsibilities, and that Harris Health must provide a copy of a patient's signed patient rights and responsibilities to the patient at each visit.</p>	<p>12/1/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit to ensure compliance with Harris Health Policy 4150 <i>Patient Rights</i>, specifically that Registration staff members inform patients of their rights and responsibilities, obtain each patient's signature on their patient rights and responsibilities, and provide patients a copy of their signed patient rights and responsibilities through observation and chart review for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then quarterly thereafter. Results will be reported to the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and remediation, if necessary.</p> <p><b><u>Education:</u></b> 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 4150 <i>Patient Rights</i> 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 Registration staff members and made a part of their annual mandatory education.</p>
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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 Party	How	Completion Date	Sustainability
<p>Harris Health will manage patient incidents as either a complaint or a grievance in compliance with policy.</p>	<p>SVP, Corporate Compliance</p>	<p>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.</p> <p>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>.</p> <p>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.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with the revisions to Harris Health Policy 4200, <i>Patient Complaints and Grievances, Appendix A</i>, 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.</p> <p><b><u>Education:</u></b> 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, <i>Patient Complaints and Grievances, Appendix A</i> 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</p>



education.

- 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.

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure adherence to its prohibition on the use of chemical restraints and that patients are <i>only</i> administered psychoactive medication when either written consent has been obtained or in response to a psychiatric emergency.</p>	<p>Senior Vice President, Corporate Compliance</p>	<p>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>.</p> <p>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.</p> <p>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>.</p> <p>By 12/11/19, Harris Health will revise the</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> 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.</p>

		<p>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.</p>	<p>In addition, beginning on 12/12/19, Harris Health will audit for compliance the requirements set forth in Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> 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.</p> <p><b><u>Education:</u></b> 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, <i>Consent to Treatment with</i></p>
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				<p><i>Psychoactive Medication</i> 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, <i>Consent to Treatment with Psychoactive Medication</i> 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, <i>Consent to Treatment with Psychoactive Medication</i> as part of their orientation.</p>
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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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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	<p><b><u>Monitoring:</u></b> 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).</p> <p>The Chief Nursing Executive will annually review patient volumes and number of available pumps and evaluate whether or not</p>

			<p>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.</p> <p><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.</p>
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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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will appropriately respond to, investigate and report instances of patient neglect.	SVP, Corporate Compliance	On or before 11/27/19, Harris Health will revise Harris Health Policy 3001, <i>Abuse, Neglect and Exploitation of Patients</i> , and Harris Health Policy 3.67, <i>Mandatory Reporting Requirements and Notification Commitment</i> to: (1) update the definition 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	12/11/19	<b><u>Auditing</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with the proper classification of incidents of patient neglect in Harris Health’s electronic incident reporting system for 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 Quality Governance Council (QGC) for review and remediation, if

		<p>neglect to the appropriate regulatory authorities.</p> <p>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.</p> <p>On or before 12/11/19, Harris Health will educate all staff members on the revisions to Harris Health Policy 3001 <i>Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities</i> and Harris Health Policy 3.67, <i>Mandatory Reporting</i>, 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.</p> <p>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.</p>	<p>necessary.</p> <p>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.</p> <p>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, <i>Mandatory Reporting</i> for substantiated instances of patient neglect.</p> <p><b><u>Education:</u></b>  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 <i>Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities</i> and Harris Health Policy 3.67, <i>Mandatory Reporting</i> 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.</p>
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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
<p>Harris Health will ensure that violent (4 point) restraints are removed from patients at the earliest opportunity.</p>	<p>SVP, Corporate Compliance</p>	<p>Harris Health Policy 7.02, <i>Restraint and Seclusion</i> 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.</p> <p>Harris Health will educate all applicable staff members on the revisions to Harris Health Policy 7.02 <i>Restraint and Seclusion</i>, 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.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Education:</u></b> 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, <i>Restraint and Seclusion</i> by 12/11/19. Staff members on approved leave will be educated on the revisions to Harris Health Policy 7.02, <i>Restraint and Seclusion</i> 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.</p>

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
<p>Ensure adherence to Harris Health’s prohibition on the use of chemical restraints and that patients are <i>only</i> administered psychoactive medication when either written consent has been obtained or in response to a psychiatric emergency.</p>	<p>Senior Vice President, Corporate Compliance</p>	<p>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>.</p> <p>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.</p> <p>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>.</p> <p>By 12/11/19, Harris Health will revise the Epic Order Set used to order psychoactive drugs to alert providers when written consent</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> 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 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 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.</p> <p>In addition, beginning on 12/12/19, Harris</p>

		<p>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.</p>	<p>Health will audit for compliance the requirements set forth in Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> 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 centers. Audit results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and remediation, if necessary.</p> <p><b><u>Education:</u></b> 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</p>
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			units on the revisions to Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> 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, <i>Consent to Treatment with Psychoactive Medication</i> 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, <i>Consent to Treatment with Psychoactive Medication</i> as part of their orientation.
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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.

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

		<p>Health Policy 7.02, <i>Restraint and Seclusion</i>, regarding the requirement that Medical Staff members must timely assess their patients after placing an order for restraints and must conduct a face-to-face evaluation within one hour after placing an order for restraints.</p>	<p>monthly for compliance. Results of the audits will be presented at Harris Health's QRC and QGC for review and remediation, if necessary.</p> <p><b><u>Education:</u></b>  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, <i>Restraint and Seclusion</i> by 12/11/19. Staff members on approved leave will be educated on the revisions to Harris Health Policy 7.02, <i>Restraint and Seclusion</i> 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.</p>
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## 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
<p>Harris Health will ensure that at every emergency center, outpatient, day surgery, and inpatient registration (once daily if multiple visits on the same day), registration staff will:</p> <ol style="list-style-type: none"> <li>1. Inform patients about their rights and responsibilities;</li> <li>2. Obtain each patient's signature on Harris Health's Patient Rights &amp; Responsibilities; and</li> <li>3. Provide every patient with a copy of their signed Patient Rights and Responsibilities.</li> </ol>	<p>SVP, Corporate Compliance</p>	<p>On or before 11/27/19, Harris Health will create an electronic version of <i>Harris Health's Patient Rights and Responsibilities</i> in Harris Health's electronic medical record that will be signed and printed at all points of entry at each visit (once daily if multiple visits on the same day).</p> <p>On or before 11/27/19, Harris Health will revise the existing script that Harris Health's registration staff uses to ensure that: (1) patients are informed of their rights and responsibilities; (2) registration staff obtains each patient's signature on <i>Harris Health's Patient Rights and Responsibilities</i>; and (3) Harris Health provides every patient a copy of their signed <i>Harris Health Patient Rights and Responsibilities</i>.</p> <p>On or before 11/27/19, Harris Health will revise Harris Health Policy 4150, <i>Patient Rights</i> to reflect the requirement that for every patient visit, Harris Health must inform patients of their rights and responsibilities, that registration staff must obtain each patient's signature on <i>Harris Health's Patient Rights and Responsibilities</i>, and that Harris Health must provide a copy of a patient's signed patient rights and responsibilities to the</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit to ensure compliance with Harris Health Policy 4150 <i>Patient Rights</i>, specifically that registration staff members inform patients of their rights and responsibilities, obtain each patient's signature on their patient rights and responsibilities, and provide patients a copy of their signed <i>Harris Health's Patient Rights and Responsibilities</i> through observation and chart review for eight (8) weeks and until one hundred percent (100%) compliance is evident, and then monthly thereafter. Results will be reported to the Quality Review Committee (QRC) and the Quality Governance Council (QGC) for review and remediation if necessary.</p> <p><b><u>Education:</u></b> 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 4150 <i>Patient Rights</i> 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</p>

		<p>patient at each visit (once daily if multiple visits on the same day).</p> <p>By 12/11/19, Harris Health will educate its registration staff members on the revisions to Harris Health Policy 4150, <i>Patient Rights</i>.</p>		<p>all new Registration staff members and made a part of their annual mandatory education.</p>
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## 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 Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that Harris Health manages patient incidents as either a complaint or a grievance in compliance with Harris Health policy</p>	<p>SVP, Corporate Compliance</p>	<p>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.</p> <p>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>.</p> <p>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.</p>	<p>12/18/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with the revisions to Harris Health Policy 4200, <i>Patient Complaints and Grievances, Appendix A</i>, 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.</p> <p><b><u>Education:</u></b> 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, <i>Patient Complaints and Grievances, Appendix A</i> 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</p>

				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.
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## 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 Date	Sustainability
<p>Ensure adherence to Harris Health's prohibition on the use of chemical restraints and that patients are <i>only</i> administered psychoactive medication when either written consent has been obtained or in response to a psychiatric emergency.</p>	<p>Senior Vice President, Corporate Compliance</p>	<p>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>.</p> <p>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.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> 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 Quality Review Committee (QRC) and the Quality Governance Council (QGC) for review and correction action if necessary.</p> <p>In addition, beginning on 12/12/19, Harris Health</p>

		<p>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>.</p> <p>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.</p>	<p>will audit for compliance the requirements set forth in Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> 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.</p> <p><b><u>Education:</u></b> 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, <i>Consent to Treatment with Psychoactive Medication</i> by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return. In</p>
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				<p>addition, Harris Health will include education on the requirements set forth Harris Health Policy 7.26, <i>Consent to Treatment with Psychoactive Medication</i> 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, <i>Consent to Treatment with Psychoactive Medication</i> as part of their orientation.</p>
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Facility failed to ensure that Disclosure and Consents for medical and surgical procedures are completed accordingly.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure that it obtains a properly executed informed consent from each patient prior to surgery.	SVP, Corporate Compliance	On or before 11/27/19, Harris Health will revise Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i> , to list all the elements required to be completed to constitute a properly executed informed consent form, including but not limited to the following: (1) witness signatures; (2) the name, title, and ID numbers (as applicable) of the witness; and (3) the date and time that the each individual who signs the informed consent form signed the form, including the patient and witness.	12/11/19	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with requirements for the proper completion of Harris Health’s revised informed consent forms by reviewing at least fifty (50) patient charts 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 QRC and the QGC for review and remediation, if necessary.</p> <p><b><u>Education:</u></b> 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, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, by</p>

<p>On or before 11/27/19, Harris Health will revise applicable consent forms so that they conform with Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, to 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.</p> <p>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</p>	<p>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.</p>
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		<p>are completed before the form can be deemed “complete.”</p> <p>Harris Health is targeting full implementation of the electronic informed consent form by 4/3/20.</p> <p>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, <i>Consent to Medical Treatment and Identification of a Surrogate Decision Maker</i>.</p>		
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A Spanish speaking patient was not given a copy of the document in Spanish to read or keep.

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

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.

<p>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.</p> <p>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, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i> as well as Harris Health's revised consent forms.</p>		
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## 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 Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that at every emergency center, outpatient, day surgery and inpatient registration (initial registration for the day), registration staff will:</p> <ol style="list-style-type: none"> <li>1. Inform patients of their right to have an Advance Directive;</li> <li>2. Ask patients if they currently have/would like more information regarding Advance Directives; and</li> <li>3. Document whether a patient does or does not have</li> </ol>	<p>SVP, Corporate Compliance</p>	<p>On or before 12/1/19, Harris Health will revise its Epic registration module to prompt Harris Health Patient Access Management (“Registration”) staff to inform patients about their right to formulate an Advance Directive, to ask each patient whether the patient does or does not have an Advance Directive, and to capture the patient’s response.</p> <p>On or before 12/1/19, Harris Health will revise the script that its Registration staff utilizes when registering patients to ensure that Registration 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, provide the patient</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit to ensure compliance with the revisions to Harris Health Policy 4128, <i>Advance Directives</i>, specifically that patients are being asked at each registration whether he or she has an Advance Directive and that Harris Health is documenting patients answers and obtaining copies of Advance Directives when applicable through observation and chart review for eight (8) weeks and until one hundred percent (100%) compliance, 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 remediation if necessary and to the Board of Quality Committee (BQC).</p> <p>Harris Health will also audit for nursing compliance with collection and completion of patient Advance Directive status during their admission assessment and obtaining copies of Advance Directives when applicable through chart review for eight (8) weeks and until one hundred percent (100%) compliance is evident and then quarterly</p>

<p>an Advance Directive in the Epic registration module.</p>		<p>with Harris Health Form No. 283322, <i>Advance Directive</i>. Registration staff will be educated on the revised script.</p> <p>On or before 11/27/19, Harris Health will revise Harris Health Policy 4128, <i>Advance Directives</i>, to specify when Harris Health must inquire whether the patient has an Advance Directive and if so, obtain a copy.</p> <p>On or before 12/11/19, Harris Health will educate its Registration staff on the revisions to Harris Health Policy 4128, <i>Advance Directives</i>. Further, Harris Health will also educate Registration staff on the revision to the Epic registration module.</p> <p>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</p>	<p>thereafter. Results of the audits will be reported to the Quality Review Committee (QRC) and the Quality Governance Council (QGC) for remediation if needed.</p> <p><b><u>Education:</u></b>  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, <i>Advance Directives</i>, 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.</p> <p>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.</p>
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		<p>for Case Management to consult with the patient regarding same.</p> <p>On 10/21/19, Harris Health revised Harris Health Form No. 283322, <i>Advance Directive</i>, 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.</p>		
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## 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
<p>Harris Health will ensure that staff follow the manufacturer's direction for use when testing water used for hemodialysis for total chlorine.</p>	<p>Chief Nursing Executive</p>	<p>By 11/27/19, Harris Health will implement Harris Health Policy 4525.01 <i>Hemodialysis for Acute Care Settings</i> that will include the procedure for the manufacturer's direction of testing water for total chlorine.</p> <p>Harris Health will educate hemodialysis nursing staff on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> requirements regarding the procedure for following the manufacturer's directions for testing water for total chlorine.</p>	<p>12/11/2019</p>	<p><b><u>Auditing:</u></b> Beginning before 12/12/19, Harris Health will audit for compliance with the requirements set forth in Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.</p> <p><b><u>QAPI:</u></b> 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</p>

				<p>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.</p> <p><b>Education:</b> Harris Health will provide education on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.</p>
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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.

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

<p>dialysate solution electrolytes. In addition, testing of conductivity and pH of the dialysate solution at the site of treatment will be performed.</p>		<p>authorize the equipment for use.</p> <p>By 11/27/19, Harris Health will adopt and implement Harris Health Policy 4525.01 <i>Hemodialysis for Acute Care Setting</i> to include the procedure for the manufacturer’s direction of testing dialysate for conductivity and pH.</p> <p>By 12/11/19, Harris Health will educate hemodialysis nursing staff on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> requirements regarding the procedure for following the manufacturer’s directions for testing dialysate for conductivity and pH.</p> <p><b><u>Response to Request for Clarification on 12/13/2019:</u></b></p> <p><b>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.</b></p>	<p>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.</p> <p>Beginning 12/12/19, Harris Health will audit for compliance with the requirement in Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.</p> <p><b><u>Response to Request for Clarification on 12/13/2019:</u></b></p> <p><b><u>Monitoring:</u></b>  <b>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</b></p>
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			<p><b>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.</b></p> <p><b><u>Education:</u></b> Harris Health will provide education on Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.</p>
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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
<p>Harris Health will ensure safe settings for patient care by ensuring emergency call pull cords in restrooms are accessible.</p>	<p>Executive Vice Presidents of Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services</p>	<p>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.</p>	<p>12/11/2019</p>	<p><b><u>Auditing:</u></b> 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).</p> <p><b><u>Education:</u></b> 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.</p>

What	Responsible	How	Completion	Sustainability
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	<b>Party</b>		<b>Date</b>	
Harris Health will ensure that sharp objects are not accessible to patients on psychiatric units.	Chief Nursing Executive	<p>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.</p> <p>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.</p>	12/11/2019	<p><b><u>Review:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Education:</u></b> 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</p>

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

				necessary.  <b>Education:</b> 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.
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- 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 Party	How	Completion Date	Sustainability
To provide safe patient care, Harris Health nursing staff will conduct skin assessments and document measurements of wounds to determine effectiveness of treatments.	Chief Nursing Executive	On or before 11/27/19, Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> will be revised to clarify frequency of pressure injury assessment, from twice daily to every shift.  By 12/11/19, Harris Health will provide targeted education on the revisions to Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> to the Nursing Staff.	12/11/19	<b>Auditing:</b> Beginning 12/12/19, Harris Health will audit the medical records of ten (10) patients who have pressure injuries per week for Ben Taub Hospital, and ten (10) charts for LBJ Hospital for a minimum of eight (8) weeks and until one hundred percent (100%) compliance with the assessment and documentation requirements in Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> . 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.



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

		<p>orders and recommendations to the Nursing Staff.</p> <p>Harris Health will also provide targeted education on the order sets to providers.</p> <p>Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i>, was reviewed to ensure all components of wound care prevention, identification and assessment addressed. Wound Care Program Managers will standardize and implement a Hospital Acquired Pressure Injuries (HAPI) audit tool for validation of appropriate patient prevention actions to ensure compliance.</p>		<p>Governance Council (QGC) for review and if necessary, corrective action.</p> <p><b><u>Education:</u></b> Harris Health will provide targeted 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. In addition, Harris Health's nursing staff will receive education and training on adherence to wound care orders and recommendations as part of their orientation and in annual required education/competencies.</p> <p>Order set training will also be included in Medical Staff orientation and be made a part of annual education.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure that nursing staff prevent, identify and assess avoidable pressure ulcers/injuries.	Chief Nursing Executive	Harris Health Policy 431 <i>Pressure Injury Prevention and Treatment</i> was reviewed to ensure all components of wound care prevention, identification and assessment addressed. Wound Care Program Managers will standardize and implement a Hospital Acquired Pressure Injuries (HAPI) 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	12/11/19	<b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will use the HAPI audit tool to audit one hundred percent (100%) of patients from Ben Taub Hospital and LBJ Hospital with Braden Score of 18 or less for at least eight (8) weeks and until one hundred percent (100%) compliance with actions to prevent, identify, and assess pressure injuries. Thereafter, Harris Health will audit thirty (30) patient charts at each hospital each quarter for compliance. Audit

		<p>system. This initiative will be completed by 11/27/19.</p> <p>By 12/11/19 Harris Health will provide targeted education on the prevention, identification and assessment for avoidable pressure injuries to 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.</p>	<p>results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action</p> <p><b>Education:</b> Harris Health will provide education to one hundred percent (100%) of the Nursing Staff, excluding those staff members who are on approved leave, on the prevention, identification and assessment for avoidable pressure injuries 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.</p>
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F. Hospital 1 failed to monitor humidity and failed to ensure end users were notified if temperatures were outside of acceptable ranges.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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	<p>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.</p> <p>By 12/2/19, Harris Health will place temperature &amp; humidity monitoring devices in the area or room where the I-stat &amp; glucometers devices are stored. Nursing staff will at least check once daily</p>	12/11/19	<p><b>Review:</b> 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 for the i-Stat or Glucometer, the list will be updated.</p> <p><b>Auditing:</b></p>

	<p>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, <i>Sterile Storage Temp and Humidity Log</i>. 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.</p> <p>Harris Health will also explore the use of remote monitoring of temperature and humidity in the applicable areas.</p> <p>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.</p> <p>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 Xceed 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.</p>	<p>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.</p> <p><b><u>Education:</u></b> 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.</p>
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G. 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.

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that the i-Stat &amp; Glucometer devices are stored within the manufacturer's temperature and humidity specifications.</p>	<p>Executive Vice Presidents for Ben Taub, LBJ and Ambulatory Care Services</p>	<p>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.</p> <p>By 12/2/19, Harris Health will place temperature &amp; humidity monitoring devices in the area or room where the I-stat &amp; 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, <i>Sterile Storage Temp and Humidity Log</i>. 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.</p> <p>Harris Health will also explore the use of remote monitoring of temperature and humidity in the applicable areas.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of the applicable lab and</p>

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

		<p>Health Policy 1308, <i>Storage and Operating Parameters for Refrigerators, Freezers, and Warmers</i> by 12/11/19.</p>	<p>corrective action if necessary.</p> <p><b><u>Education:</u></b>  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, <i>Storage and Operating Parameters for Refrigerators, Freezers, and Warmers</i> 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.</p>
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## A 145 Patient Rights: Free From Abuse/Harassment

- A. 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.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will establish a comprehensive process for the review and analysis of patient safety and quality incidents.	Chief Quality and Safety Officer (CSQO)	<ol style="list-style-type: none"> <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 QAPI plan will be completed by 1/31/20.</li> </ol>	The enhanced process and reporting will be initiated by 12/18/19.	<p>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).</p> <p>Harris Health will enhance reporting of patient safety and quality incidents to the Quality Governance Council (QGC) and Board Quality Committee (BQC).</p>

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



<p>patient neglect.</p>		<p>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 to the appropriate regulatory authorities.</p> <p>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.</p> <p>On or before 12/11/19, Harris Health will educate all staff members on the revisions to Harris Health Policy 3001, <i>Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities</i> and Harris Health Policy 3.67, <i>Mandatory Reporting</i>, 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.</p> <p>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</p>	<p>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.</p> <p>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.</p> <p>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, <i>Mandatory Reporting</i> for substantiated instances of patient neglect.</p> <p><b><u>Education:</u></b> 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, <i>Abuse, Neglect, and Exploitation of Patients Occurring at</i></p>
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		Management to assure adequate efforts and actions are completed for all allegations of neglect.		<i>Harris Health System Facilities and Harris Health Policy 3.67, Mandatory Reporting</i> 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.
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## 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	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that violent (4 point) restraints are removed from patients at the earliest opportunity.</p>	<p>SVP, Corporate Compliance</p>	<p>Harris Health Policy 7.02, <i>Restraint and Seclusion</i> will be reviewed and revised by 11/27/19 to address the requirements that Harris Health discontinue violent restraints as soon as possible and assess and monitor the patient's condition for earliest possible removal.</p> <p>By 12/11/19, Harris Health will educate all applicable staff members on the revisions to Harris Health Policy 7.02 <i>Restraint and Seclusion</i>, 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.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, 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. Audits will be conducted for a period of at least eight (8) weeks and until one hundred percent (100%) compliance is evident. Thereafter, Harris Health will audit one hundred percent (100%) of patient charts quarterly for compliance. Results of the audits will be presented at Harris Health's Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and any necessary corrective action.</p> <p><b><u>Education:</u></b> 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, <i>Restraint and Seclusion</i> by 12/11/19. Staff members on approved leave will be educated on the revisions to Harris Health Policy 7.02, <i>Restraint and Seclusion</i> 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</p>

				orientation and will be made a part of Harris Health's annual mandatory education.
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## 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 Date	Sustainability
<p>Harris Health will ensure that a face-to-face evaluation/assessment is performed for all patients who are placed in restraints within one hour after the initiation of the restraint(s).</p>	<p>SVP, Corporate Compliance</p>	<p>Harris Health will revise Harris Health Policy 7.02, <i>Restraint and Seclusion</i> by 11/27/19 to require that a face-to-face evaluation be conducted within one hour after the placement of violent restraints and that the face-to-face evaluation may not occur simultaneously with the assessment to determine the need for the placement of the restraint.</p> <p>By 12/11/19, Harris Health will educate all members of its Medical Staff on the revisions to Harris Health Policy 7.02, <i>Restraint and Seclusion</i> regarding the requirement that Medical Staff members must timely assess their patients after placing an order for restraints and must conduct a face-to-face evaluation within one hour after placing an order for restraints.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will perform an audit of one hundred percent (100%) of patient charts for patients who are placed in violent restraints to determine compliance the requirement that a face-to-face evaluation is performed within one hour of placement of the restraints. Audits will be conducted for a period of at least 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 Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and any necessary corrective action.</p> <p><b><u>Education:</u></b> 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, <i>Restraint and Seclusion</i> by 12/11/19. Staff members on approved leave will be educated on the revisions to Harris Health Policy 7.02, <i>Restraint and Seclusion</i> within thirty (30) days of</p>

				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.
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What	Responsible Party	How	Completion Date	Sustainability
Ensure adherence to Harris Health's prohibition on the use of chemical restraints and that patients are <i>only</i> administered psychoactive medication when either written consent has been obtained or in response to a psychiatric emergency.	Senior Vice President, Corporate Compliance	<p>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>.</p> <p>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.</p> <p>By 12/11/19, Harris Health will</p>	12/11/19	<p><b>Auditing:</b> 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 Quality Review Committee (QRC) and the Quality Governance Council (QGC) for review and correction action if necessary.</p> <p>In addition, beginning on 12/12/19, Harris Health will audit for compliance the requirements set forth</p>

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,

				<p><i>Consent to Treatment with Psychoactive Medication</i> 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, <i>Consent to Treatment with Psychoactive Medication</i> as part of their orientation.</p>
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## 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	Completion Date	Sustainability
<p>Harris Health will establish a robust QAPI program that meets the requirements of the Conditions of Participation and the accreditation requirements.</p>	<p>Chief Quality and Patient Safety Officer (CQSO)</p>	<ol style="list-style-type: none"> <li>1. Harris Health will conduct a gap analysis to identify deficiencies and opportunities for improvement in the requirements.</li> <li>2. Based on the gap analysis, Harris Health will develop a comprehensive action plan to address identified deficiencies and opportunities for improvement (QAPI CAP), including but not limited to:               <ol style="list-style-type: none"> <li>a. QAPI structure to ensure appropriate and coordinated activities and oversight across the system (Board of Trustees/ system/pavilion/ department/unit).</li> <li>b. QAPI activities and processes prioritized according to high risk, high volume and/or problem-prone areas.</li> <li>c. Measurement system for data and relevant metrics to measure and monitor the effectiveness and safety of services and quality of care.</li> <li>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.</li> </ol> </li> </ol>	<p>12/18/19</p>	<p>Harris Health will ensure documentation of the gap analysis and a QAPI Corrective Action Plan (CAP) to include specific milestone and timelines.</p> <p>Harris Health will provide monthly reporting of progress to the Harris Health Quality Governance Council (QGC) and the Board of Trustees (BOT)/Board Quality Committee (BQC).</p> <p>Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>

		e. Executive ownership (board and senior leadership).		
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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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will develop a comprehensive Dialysis Services QAPI Plan.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <li>1. 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>2. 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>3. 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>4. 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.	<p>Harris Health will ensure documentation of Dialysis Services QAPI Plan.</p> <p>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.</p> <p>Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>

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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will establish a comprehensive process for the review and analysis of patient safety and quality incidents.	Chief Quality and Safety Officer	<p>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.</p> <p>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).</p> <p>The enhanced process and reporting will be implemented by 1/31/20.</p>	The development of the enhanced process and reporting will be initiated by 12/18/19.	<p>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).</p> <p>Harris Health will enhance reporting of patient safety and quality incidents to the Quality Governance Council (QGC) and BQC.</p>

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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will develop a comprehensive Laboratory Services QAPI Plan.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <li>Harris Health will develop a comprehensive Laboratory Services QAPI Plan that includes the formation of a PIC and identification of indicators appropriate for the patient population served and the services provided.</li> <li>The Laboratory Services QAPI Plan will identify activities and processes that require measurement, monitoring and</li> </ol>	The QAPI plan development will be initiated by 12/18/19.	<p>Harris Health will ensure documentation of Laboratory Services QAPI Plan.</p> <p>Harris Health will report Laboratory Services QAPI activities, processes and results/metrics to Quality Governance Council (QGC) and Board Quality Committee (BQC) according to established standards and criteria.</p>

		<p>reporting to the Quality Governance Committee (QGC) and Board Quality Committee (BQC).</p> <ol style="list-style-type: none"> <li>Harris Health will establish criteria for frequency of reporting Laboratory Service QAPI activities to the QGC and BQC, including when not meeting established quality metrics or targets for goals, processes, and personnel.</li> <li>Harris Health will establish a process for policy creation, revision, and approval that is aligned with the system policy office.</li> <li>The Laboratory Services QAPI Plan will be implemented by 1/31/20.</li> </ol>		Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.
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E. The hospital system failed to include contracted services in the QAPI process to ensure patient safety.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will establish a comprehensive QAPI plan for contracted services.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <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 Committee (QGC) and Board Quality Committee (BQC)/BOT on contracted patient care services arrangements including regular reporting of standardized key quality indicators for Contracted</li> </ol>	The QAPI plan development will be initiated by 12/18/19.	<p>Harris Health will ensure documentation of QAPI plan for Contracted Services.</p> <p>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.</p> <p>Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>

		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.		
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## 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	Completion Date	Sustainability
<p>Harris Health will establish a robust QAPI program that meets the requirements of the Conditions of Participation and the accreditation requirements.</p>	<p>Chief Quality and Patient Safety Officer (CQSO)</p>	<ol style="list-style-type: none"> <li>1. Harris Health will conduct a gap analysis to identify deficiencies and opportunities for improvement in the requirements.</li> <li>2. Based on the gap analysis, Harris Health will develop a comprehensive action plan to address identified deficiencies and opportunities for improvement (QAPI CAP), including but not limited to:               <ol style="list-style-type: none"> <li>a. QAPI structure to ensure appropriate and coordinated activities and oversight across the system (Board of Trustees/ system/pavilion/ department/unit).</li> <li>b. QAPI activities and processes prioritized according to high risk, high volume and/or problem-prone areas.</li> <li>c. Measurement system for data and relevant metrics to measure and monitor the effectiveness and safety of services and quality of care.</li> <li>d. Performance improvement (PI) process that includes a documented and systematic approach to identifying, selecting and reporting</li> </ol> </li> </ol>	<p>12/18/19</p>	<p>Harris Health will ensure documentation of the gap analysis and a QAPI Corrective Action Plan (CAP) to include specific milestone and timelines.</p> <p>Harris Health will provide monthly reporting of progress to the Harris Health Quality Governance Council (QGC) and the Board of Trustees (BOT)/Board Quality Committee (BQC).</p> <p>Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>

		<p>PI initiatives. This approach will consider criteria such as regulatory requirements, patient safety, and health outcomes and progress.</p> <p>e. Executive ownership (board and senior leadership).</p>		
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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	Completion Date	Sustainability
Harris Health will develop a comprehensive Dialysis Services QAPI Plan.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <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.	<p>Harris Health will ensure documentation of Dialysis Services QAPI Plan.</p> <p>Harris Health will report Dialysis Services QAPI activities, processes and results/metrics to QGC and BQC according to established standards and criteria.</p> <p>Harris Health’s CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>

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.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will establish a comprehensive process for the review and analysis of patient safety and quality incidents.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <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 be implemented by 1/31/20.</li> </ol>	The development of the enhanced process and reporting will be initiated by 12/18/19.	<p>Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p> <p>Harris Health will enhance reporting of patient safety and quality incidents to the Quality Governance Council (QGC) and Board Quality Committee (BQC).</p>

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 Party	How	Completion Date	Sustainability
Harris Health will develop a comprehensive Laboratory Services QAPI Plan.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <li>Harris Health will develop a comprehensive Laboratory Services QAPI Plan that includes the formation of a PIC and identification of indicators appropriate for the patient population served and the services provided.</li> <li>The Laboratory Services QAPI Plan will</li> </ol>	The QAPI plan development will be initiated by 12/18/19.	<p>Harris Health will ensure documentation of Laboratory Services QAPI Plan.</p> <p>Harris Health will report Laboratory Services QAPI activities, processes and results/metrics to Quality Governance Council (QGC) and Board Quality</p>



		<p>identify activities and processes that require measurement, monitoring and reporting to the Quality Governance Council (QGC) and Board Quality Committee (BQC).</p> <ol style="list-style-type: none"> <li>3. Harris Health will establish criteria for frequency of reporting Laboratory Service QAPI activities to the Quality Governance Council (QGC) and Board Quality Committee (BQC), including when not meeting established quality metrics or targets for goals, processes, and personnel.</li> <li>4. Harris Health will establish a process for policy creation, revision, and approval that is aligned with the system policy office.</li> <li>5. The Laboratory Services QAPI Plan will be implemented by 1/31/20.</li> </ol>		<p>Committee (BQC) according to established standards and criteria.</p> <p>Harris Health's CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>
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E. The hospital system failed to include contracted services in the QAPI process to ensure patient safety.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will establish a comprehensive QAPI plan for contracted services.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <li>1. Harris Health will develop a comprehensive QAPI Plan for Contracted Services that includes the formation of a contracting oversight committee.</li> <li>2. 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>3. Harris Health will establish a process for reporting to the QGC and BQC/BOT on contracted patient care services arrangements including regular reporting</li> </ol>	The QAPI plan development will be initiated by 12/18/19.	<p>Harris Health will ensure documentation of QAPI plan for Contracted Services.</p> <p>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 plans.</p> <p>Harris Health's CQSO will conduct an</p>

		<p>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.</p> <p>4. The QAPI Plan for Contracted Services will be implemented by 1/31/20.</p>		<p>annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>
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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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure that staff have demonstrated competency in hemodialysis water training.	Chief Nursing Executive	<p>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.</p> <p>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.</p>	10/1/19	<p><b><u>Auditing:</u></b> 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</p>

			<p>Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary corrective action.</p> <p><b><u>QAPI:</u></b>  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 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.</p> <p><b><u>Education:</u></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</p>
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				review and corrective action if necessary.
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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.

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure the transfusion reaction guidelines include specific parameters/ranges for recognition of signs and symptoms of a transfusion reaction.	Chief Nursing Executive	<p>On or before 11/27/19, Harris Health will review and revise Harris Health Policy 4170, <i>Blood/Blood Component Administration</i>, to include potential transfusion reaction signs and symptoms, as well as specific parameters and ranges for monitoring transfusion reactions.</p> <p>On or before 12/11/19, all nurse clinicians will complete the newly developed Blood Administration Nursing Education module, which includes education 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 other requirements from the policy and Epic changes.</p> <p>Harris Health updated and expanded the existing transfusion reaction documentation in the Blood Administration Flow Sheet in Epic to include documentation fields related to notification to the physician, reaction</p>	12/12/19	<p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will provide education on blood transfusion vital signs, reaction signs and symptoms with specific parameters and ranges, including the</p>

		<p>symptoms and intervention, and specific signs and symptoms of a suspected transfusion reaction.</p> <p>On or before 12/12/19, a monitoring plan will be developed and implemented to monitor the identification of transfusion reactions and physician notification of a suspected transfusion reaction.</p>		<p>required notification to the physician and to one hundred percent (100%) of nursing staff, excluding staff members who are on approved leave. Staff members who are on approved leave will be educated immediately upon their return. New members of Harris Health's nursing staff will receive education and training on 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.</p>
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**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
<p>Harris Health will establish a comprehensive QAPI plan for contracted services.</p>	<p>Chief Quality and Safety Officer</p>	<ol style="list-style-type: none"> <li>1. Harris Health will develop a comprehensive QAPI Plan for Contracted Services that includes the formation of a contracting oversight committee.</li> <li>2. 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>3. 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>4. The QAPI Plan for Contracted</li> </ol>	<p>Development of a QAPI plan for contracted services will be initiated by 12/18/19.</p>	<p>Harris Health will ensure documentation of QAPI plan for Contracted Services.</p> <p>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.</p> <p>Harris Health’s CQSO will conduct an annual assessment of the effectiveness of the QAPI Program and report the results to the BQC.</p>

		Services will be implemented by 1/31/20.		
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**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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
<p>Harris Health will ensure that a unified nursing structure is established with clear lines of administrative authority of the Nursing Services to the Chief Nurse Executive.</p>	<p>Harris Health System Chief Executive Officer</p>	<p>Harris Health has established that the Chief Nursing Executive is the accountable individual for nursing practice for Harris Health, assuring evidence-based practice, fiscal decisions, and strategic planning for the provision of nursing care are unified across the pavilions. The Chief Nursing Executive is an Executive Vice President position and reports directly to the Chief Executive Officer. The three (3) Chief Nursing Officers for Ben Taub, 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.</p> <p>Harris Health's Chief Executive Officer notified Harris Health's Executive Leadership Team of the reporting changes related to the Chief Nursing Executive</p> <p>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</p>	<p>12/05/19</p>	<p>BOT Minutes indicating approval of the nursing restructure.</p>



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

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

		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.
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What	Responsible Party	How	Completion Date	Sustainability
Ensure that nursing staff prevent, identify and assess avoidable pressure ulcers/injuries	Chief Nursing Executive	Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> will be reviewed to ensure all components of wound care prevention, identification and assessment are 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. 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.  By 12/11/19, Harris Health will provide targeted education on the prevention,	12/11/19	<b>Monitoring:</b> Harris Health will audit one hundred percent (100%) of patients with Braden Score of 18 or less from Ben Taub and LBJ Hospital for at least eight (8) weeks and until one hundred percent (100%) compliance with actions to prevent, identify, and assess pressure injuries. Thereafter, Harris Health will audit thirty (30) patient charts at each hospital each quarter for compliance. Audit results will be presented at the Quality Review Committee (QRC) and Quality Governance Council (QGC) for review and if necessary corrective action

		identification and assessment for avoidable pressure injuries to 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.		<p><b><u>Education:</u></b> Harris Health will provide education to one hundred percent (100%) of the Nursing Staff, excluding those who are on approved leave, on the prevention, identification, and assessment for avoidable pressure injuries 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.</p>
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B. Nursing staff failed to conduct assessments and measurements of wounds to determine if current treatments are effective.

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

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

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that nursing staff prevent, identify and assess avoidable pressure ulcers/injuries.	Chief Nursing Executive	<p>Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> will be reviewed to ensure all components of wound care prevention, identification and assessment are 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. 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.</p> <p>By 12/11/19, Harris Health will provide targeted education on the prevention, identification, and assessment for avoidable pressure injuries to one hundred percent</p>	12/11/19	<p><b><u>Review:</u></b> Harris Health nursing unit leaders will conduct weekly leadership skin rounds and real-time coaching and progressive counseling as indicated on all patients with Braden score 18 or less for appropriate interventions. The completion of leadership rounds and results will be reported each week to the Pavilion Chief Nursing Officer. Completion of weekly leadership rounds and results will be reported monthly to the Harris Health Chief Nursing Executive, and to the Quality Review Committees (QRC).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with actions to prevent,</p>

		(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.	<p>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.</p> <p><b><u>Education:</u></b> 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.</p>
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Hospital #2 failed to provide nurse staffing per policy in the Medical ICU for the time period of August 1-31, 2019.

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

		<p>ICU. Feedback from the Staffing Advisory Committee will be included and the plans will be approved by the Governing Body.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Committees (QRC) and the Quality Governance Council (QGC) for review and any necessary corrective action.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of LBJ ICU Charge Nurses, 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 LBJ ICU Charge Nurses' and House Supervisors' departmental orientation.</p>
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Facility failed to ensure training and competencies were current for nurses administering moderate sedation.

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

<p>competencies are current for nurses administering moderate sedation.</p>	<p>Executive</p>	<p>perform moderate sedation was reviewed and modified to clarify expiration dates for training. All nurses eligible to perform moderate sedation will be notified of the modifications to the training plan and schedule.</p> <p>A review of competency expiration for all nurses who perform moderate sedation will be conducted by 11/18/19.</p> <p>When training has expired, the nurse will not perform moderate sedation until after completion of the training. The direct supervisor of the nurse will be notified, and the identified nurse will be informed to immediately complete training before providing moderate sedation to patients.</p> <p>If training is not completed by the required due date, progressive disciplinary action will begin. For nursing staff on approved leave, the required training will be completed immediately upon their return and prior to performing moderate sedation.</p> <p>Starting 11/18/19, the Clinical Resource Nurse will maintain a spreadsheet of all RNs who perform moderate sedation in their department.</p>	<p>perform moderate sedation will be performed by the pavilion Chief Nursing Officers and will be reported monthly to the Chief Nursing Executive.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit Harris Health’s completion of moderate sedation competencies through a review of personnel files 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent of the members of its nursing staff who perform moderate sedation, excluding those who are on approved leave, on the requirement and schedule for the required re-training 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, this will be included as part of orientation and will be made a part of Harris Health’s annual mandatory education.</p>
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Nursing staff failed to administer drugs according to acceptable standards of practice and professional guideline.

What	Responsible Party	How	Completion Date	Sustainability
<p>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.</p>	<p>Chief Nursing Executive</p>	<p>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.</p> <p>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.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b>  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.</p> <p><b><u>Education:</u></b>  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.</p>



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

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure vital signs are taken before, during, and after blood transfusion.</p>	<p>Chief Nursing Executive</p>	<p>On or before 11/27/19, Harris Health will review and revise Harris Health Policy 4170, <i>Blood/Blood Component Administration</i> to clarify assessment of vital signs prior to, during and after a blood transfusion.</p> <p>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.</p> <p>A monitoring plan will be developed and implemented to include the frequency of monitoring, audit tool used, and reporting requirement.</p>	<p>12/12/19</p>	<p><b><u>Auditing:</u></b> 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 QRC and QGC for review and if necessary, corrective action.</p> <p><b><u>Education:</u></b> 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</p>

				receive education and training on blood transfusion reaction signs and symptoms in orientation and as part of their annual required education and competencies.
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B. Nursing staff at Hospital 2 failed to titrate (adjust dosage based on patient response to medication) IV medications per physician orders.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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	<b><u>Auditing:</u></b> 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.  <b><u>Education</u></b> 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. 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 Party	How	Completion Date	Sustainability
<p>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.</p>	<p>Chief Nursing Executive</p>	<p>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.</p> <p>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.</p>	<p>12/18/19</p>	<p><b><u>Education</u></b>  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 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.</p>

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

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
<p>Harris Health will ensure that patients' home medications are secured in adherence to policy.</p>	<p>Chief Nursing Executive</p>	<p>Harris Health will reeducate one hundred percent (100%) of its Nursing Staff on the process set forth in Harris Health Policy 521, <i>Patient Medications Brought from Home</i>, for educating patients on Harris Health's home medication policy and securing home medications that will not be used during the patient's hospitalization.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with Harris Health Policy 521, <i>Patient Medications Brought from Home</i>, 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.</p> <p><b><u>Education:</u></b> 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, <i>Patient Medications Brought from Home</i>, 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.</p>

## 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 Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that a unified nursing structure is established with clear lines of administrative authority of the Nursing Services to the Chief Nurse Executive.</p>	<p>Chief Executive Officer</p>	<p>Harris Health has established that the Chief Nursing Executive is the accountable individual for nursing practice for Harris Health, assuring evidence-based practice, fiscal decisions, and strategic planning for the provision of nursing care are unified across the pavilions. The Chief Nursing Executive is an Executive Vice President position and reports directly to the Chief Executive Officer. The three (3) Chief Nursing Officers for Ben Taub, 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.</p> <p>Harris Health's Chief Executive Officer notified Harris Health's Executive Leadership Team of the reporting changes related to the Chief Nursing Executive</p> <p>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</p>	<p>12/5/19</p>	<p>BOT Minutes indicating approval of the nursing restructure.</p>

		<p>Nursing Executive as the accountable individual for nursing practice for Harris Health.</p> <p>On 12/5/19, Harris Health will obtain approval from the Harris Health Board of Trustees of the nursing restructure.</p>		
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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 Party	How	Completion Date	Sustainability
Harris Health will ensure that nursing staff document wound care orders and adhere to recommendations from Wound Ostomy Continence Nurse (WOCN).	Chief Nursing Executive	<p>By 11/27/19, Harris Health will develop a standardized smart text note for WOCN note to include pertinent wound information and treatment.</p> <p>To ensure nursing staff adhere to physician wound care orders, Harris Health will develop an Epic Order Set used to order wound care interventions by 11/27/19.</p> <p>By 12/11/19 Harris Health will provide education on adherence to wound care orders and recommendations to Harris Health's Nursing Staff. Harris Health will also provide targeted education on the order sets to Medical Staff members.</p> <p>Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> will be reviewed to ensure all components of wound care prevention, identification and assessment are</p>	12/11/19	<p><b><u>Auditing:</u></b> Harris Health will audit one hundred percent (100%) of charts for patients with pressure injuries per week for Ben Taub Hospital, and one hundred percent (100%) of charts for LBJ Hospital for at least eight (8) weeks and until one hundred percent (100%) compliance with wound care orders and recommendations. Thereafter, Harris Health will audit 50 patient charts at each hospital, each quarter for compliance. Audits will be reviewed by Directors of Nursing, and deficiencies will be remedied in real time. Audit results will be presented at the Quality Review Committees (QRC) and Quality Governance Council (QGC) for review and if necessary, corrective action.</p> <p><b><u>Education:</u></b> Harris Health will provide targeted</p>

		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. 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.		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 and in annual required education/competencies.  Order set training will be included in Medical Staff orientation and annual education.
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Ensure that nursing staff prevent, identify and assess avoidable pressure ulcers/injuries	Chief Nursing Executive	Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> will be reviewed to ensure all components of wound care prevention, identification and assessment are 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. 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.  By 12/11/19, Harris Health will provide targeted education on the prevention,	12/11/19	<b><u>Monitoring:</u></b> Harris Health will audit one hundred percent (100%) of patients with Braden Score of 18 or less from Ben Taub and LBJ Hospital for at least eight (8) weeks and until one hundred percent (100%) compliance with actions to prevent, identify, and assess pressure injuries. Thereafter, Harris Health will audit thirty (30) patient charts at each hospital each quarter for compliance. Audit results will be presented at the QRC and QGC for review and if necessary corrective action  <b><u>Education:</u></b>

		identification and assessment for avoidable pressure injuries to 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.		Harris Health will provide education to one hundred percent (100%) of the Nursing Staff, excluding those who are on approved leave, on the prevention, identification, and assessment for avoidable pressure injuries 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.
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C. Nursing staff failed to conduct assessments and measurements of wounds to determine if current treatments are effective.

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



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

What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure that nursing staff prevent, identify and assess avoidable pressure ulcers/injuries.	Chief Nursing Executive	<p>Harris Health Policy 431, <i>Pressure Injury Prevention and Treatment</i> will be reviewed to ensure all components of wound care prevention, identification and assessment are 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. 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.</p> <p>By 12/11/19, Harris Health will provide targeted education on the prevention, identification, and assessment for avoidable pressure injuries to one hundred percent</p>	12/11/19	<p><b><u>Review:</u></b> Harris Health nursing unit leaders will conduct weekly leadership skin rounds and real-time coaching and progressive counseling as indicated on all patients with Braden score 18 or less for appropriate interventions. The completion of leadership rounds and results will be reported each week to the Pavilion Chief Nursing Officer. Completion of weekly leadership rounds and results will be reported monthly to the Harris Health Chief Nursing Executive, and to the Quality Review Committees (QRC).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with actions to prevent,</p>

		<p>(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.</p>	<p>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.</p> <p><b><u>Education:</u></b>  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.</p>
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## 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
<p>Harris Health will ensure a plan for adequate ICU nursing staffing.</p>	<p>Chief Nursing Executive</p>	<p>Staffing grids will be reviewed and revised as necessary to reflect appropriate staffing ratios by 11/27/19.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Harris Health will provide targeted education</p>	<p>12/18/19</p>	<p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Education:</u></b> 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.</p>

		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.		
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## 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
<p>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.</p>	<p>Chief Nursing Executive</p>	<p>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.</p> <p>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.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will provide education on revisions to Harris Health Policy 535, <i>Medication Administration</i> 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)</p>

				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.
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## 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
<p>Harris Health will ensure vital signs are taken before, during, and after blood transfusion.</p>	<p>Chief Nursing Executive</p>	<p>On or before 11/27/19, Harris Health will review and revise Harris Health Policy 4170, <i>Blood/Blood Component Administration</i> to clarify assessment of vital signs prior to, during and after a blood transfusion.</p> <p>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.</p> <p>A monitoring plan will be developed and implemented to include the frequency of monitoring, audit tool used, and reporting requirement.</p>	<p>12/12/19</p>	<p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Education:</u></b> 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</p>

				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.
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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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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	<b><u>Auditing:</u></b> 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.  <b><u>Education</u></b> 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.
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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	<p>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.</p> <p>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.</p>	12/18/19	<p><b><u>Education</u></b> 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.</p>

## A 413 Self Administration – Drugs from Home

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

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that patients' home medications are secured in adherence to policy.</p>	<p>Chief Nursing Executive</p>	<p>Harris Health will reeducate one hundred percent (100%) of its Nursing Staff on the process set forth in Harris Health Policy 521, <i>Patient Medications Brought from Home</i>, for educating patients on Harris Health's home medication policy and securing home medications that will not be used during the patient's hospitalization.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with Harris Health Policy 521, <i>Patient Medications Brought from Home</i>, 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.</p> <p><b><u>Education:</u></b> 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, <i>Patient Medications Brought from Home</i>, 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.</p>

## A 492 Pharmacist Responsibilities

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

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure all appropriate staff are trained for safe handling of hazardous medications</p>	<p>Chief Pharmacy Officer</p>	<p>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.</p> <p>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.</p>	<p>11/15/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with Harris Health Policy 594.00, <i>Handling Hazardous Drugs</i> 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of all pharmacy staff members, excluding those who are on approved leave, regarding Policy 594.00, <i>Handling Hazardous Drugs</i> 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.</p>

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 Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that temperature and humidity are monitored in LBJ’s clean supply warehouse.</p>	<p>Executive Vice President for LBJ Hospital</p>	<p>On 9/25/19, Harris Health developed a process to ensure that sterile supplies delivered to the LBJ warehouse are relocated to temperature and humidity controlled locations within 24-hours of receipt.</p> <p>On or before 12/2/19, Harris Health will include remote temperature and humidity monitoring to its Building Automation System (“BAS”) in the LBJ warehouse and Smith Clinic dock. Once implemented, Harris Health will follow the temperature and humidity guidelines set forth in Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity in Operative, Procedural and Storage Areas for Sterile Instrumentation</i>, and will notify Harris Health’s Facilities Engineering department of the addition of the LBJ warehouse on the BAS.</p>	<p>12/02/19</p>	<p><b><u>Auditing:</u></b> Beginning 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 for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Specifically, the audits will include assessment of appropriate conditions, availability of PPE and completion of eyewash and decontamination shower logs. Results of the audit will be reported to the SCM PIC, QRC and QGC for review and remediation if necessary.</p>

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

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure appropriate cleaning of Pyxis Machines.</p>	<p>Chief Pharmacy Officer</p>	<p>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.</p> <p>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.</p> <p>On or before 11/18/19, Harris Health will develop a cleaning log to be completed by pharmacy staff for tracking compliance with interior cleaning. Pharmacy supervisor will review the log each week with the director of pharmacy for immediate follow-up, beginning 11/18/19.</p> <p>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.</p> <p>Harris Health will educate all pharmacy staff members on the revised policy and process by 12/11/19.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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, <i>Automated Dispensing Cabinets</i> and Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of all pharmacy staff members, excluding those who are on approved leave, regarding the cleaning of</p>

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

		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.		
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## A 503 Controlled Drugs Kept Locked

Facility failed to store controlled substances in a secure manner.

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

		<p>persons requiring entry must request entry from pharmacy staff members and will need to sign entry log.</p> <p>Harris Health will provide education to all pharmacy staff, including those in the warehouse, regarding the revisions to Harris Health Policy 582.00, <i>Management and Accountability of Controlled Substances</i> and Department of Pharmacy Procedure 3.80, <i>Pharmacy Controlled Substances</i>. This education will be completed on or before 12/11/19.</p> <p>On 10/21/19, the Pharmacy Quality Manager created the Controlled Substance Audit Tool to include observations of the receiving and storage of CS in the warehouse.</p>	<p>percent (100%) of all pharmacy staff members, excluding those who are on approved leave, regarding the revisions to Harris Health Policy 582.00, <i>Management and Accountability of Controlled Substances</i> and the revisions to Department of Pharmacy Procedure 3.80, <i>Pharmacy Controlled Substances</i> 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.</p>
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## A 505 Unusable Drugs Not Used

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

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

		<p>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.</p> <p>Harris Health will validate area compliance with existing state board requirements using unit inspection rounding tool conducted by pharmacy quality staff.</p>		<p><b><u>Teen Clinic:</u></b>  Harris Health will inform Teen Clinic leadership of the importance of monthly medication area inspection to ensure patient safety.</p>
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## A 619 Organization

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

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that hair and beard covers are worn by kitchen staff and visitors at all times.</p>	<p>System Vice President of Operations</p>	<p>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.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> Harris Health will conduct monthly reviews and report the results to the FNS Directors and VPs of Operations.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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).</p>

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will also ensure that food storage bins are clean and plastic scoop handles are not sitting on food in storage bins.</p>	<p>System Vice President of Operations</p>	<p>Beginning on 11/8/19, Harris Health ordered replacement ingredient bins with scoop holders for all kitchen locations.</p> <p>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>.</p> <p>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.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> Harris Health will conduct monthly audits and report the results to the FNS Directors and VPs of Operations.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of FNS staff, excluding those</p>

			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.
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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.	System Vice President of Operations	<p>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.</p> <p>Harris Health FNS management added the equipment cleaning training to all monthly scheduled mandatory training sessions.</p>	12/11/19	<p><b><u>Review:</u></b> Harris Health will conduct monthly audits and report the results to the FNS Directors and VPs of Operations.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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</p>

			<p>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.</p> <p><b><u>Education:</u></b>  Harris Health will educate one hundred percent (100%) of FNS staff, excluding those who are on approved leave, on the revised equipment cleaning schedule 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure that all cutting boards are clean and free of debris.	System Vice President of Operations	<p>Beginning on 11/15/19 Harris Health Food and Nutrition Services (“FNS”) staff began to inspect cutting boards daily and replace worn out cutting boards with new boards. Harris Health will maintain an inventory of new cutting boards to allow for immediate replacement when needed.</p> <p>On or before 12/11/19, all FNS staff will be trained appropriate on infection prevention practices and cleaning of kitchen equipment, utensils and storage bins.</p>	12/11/19	<p><b><u>Review:</u></b>  Harris Health will conduct monthly reviews and report the results to the FNS Directors and VPs of Operations.</p> <p><b><u>Auditing:</u></b>  Beginning 12/12/19, Harris Health will audit for compliance with the requirement to inspect and replace worn out cutting boards through direct observation and daily rounding for eight (8) weeks and until one 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</p>



What	Responsible Party	How	Completion Date	Sustainability
				<p>Improvement Committee, the QRC and QGC.</p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  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.</p>

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

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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.  <b><u>QAPI:</u></b> 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.

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

			<p><b><u>Auditing:</u></b>  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.</p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  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</p>
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				part of their departmental orientation.
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What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that butter is stored at the required and appropriate temperature.</p>	<p>System Vice President of Operations</p>	<p>On or before 12/13/19, Harris Health will purchase Coldmaster® food containers to store cold food items for tray line.</p> <p>Food and Nutrition Services supervisors will verify that all cold food items are properly stored within temperature range at each meal.</p> <p>On or before 12/11/19, staff members will be educated on proper storage and temperature parameters for cold foods</p>	<p>12/13/19</p>	<p><b><u>Review:</u></b> Harris Health will conduct monthly reviews and report the results to the FNS Directors and VPs of Operations.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b></p>

				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 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.
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure that all kitchen refrigerators and freezers have internal thermometers.	System Vice President of Operations	<p>Harris Health will purchase internal thermometers and place inside refrigerators and coolers.</p> <p>All thermometers will be checked for calibration on a monthly basis. This information will be documented by Food and Nutrition Services (“FNS”) staff and reviewed by FNS System Quality Assurance Coordinator, with escalation to FNS Administrative Director for corrective action if needed.</p> <p>Staff members will be educated on documentation requirements for temperature monitoring of refrigerators and coolers.</p>	12/13/19	<p><b><u>Auditing:</u></b> 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 necessary.</p> <p><b><u>QAPI:</u></b> 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</p>

			<p>population served and the services provided and reporting to the respective QRC, QGC and/or the BQC based on established criteria.</p> <p><b><u>Education:</u></b> 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.</p>
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## 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 Party	How	Completion Date	Sustainability
Harris Health will ensure all AEDs and cabinets housing them are in good working order.	Executive Vice President of Ben Taub Hospital	<p>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.</p> <p>The AED unit has been catalogued in the Computerized Maintenance Management System (CMMS) for annual inspection and maintenance.</p>	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 well-being of its patients.	Executive Vice President of Ben Taub Hospital	<p><b><u>Immediate Remediation</u></b>            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:</p> <ul style="list-style-type: none"> <li>• Cleaned and removed insects seen in 5</li> </ul>	12/11/19	<p><b><u>Auditing:</u></b>            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</p>

		<p>overhead ceiling lights in corridor 81 of the basement.</p> <ul style="list-style-type: none"> <li>• The 2 dirty IV poles found in room B-MM81 003ab were removed from the clean equipment storage.</li> <li>• The light fixtures in the following areas were checked, replaced and cleaned as appropriate: <ul style="list-style-type: none"> <li>○ EC sort room</li> <li>○ EVS closet room 1-EC 60 003</li> <li>○ 1 ED 70 001</li> <li>○ EC bulk storage room</li> <li>○ Storage room F10</li> <li>○ Ped triage room 1 PE 51 008</li> <li>○ Biohazard room on unit 5C</li> <li>○ Linen room on unit 5C</li> </ul> </li> <li>• 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.</li> <li>• The soiled linens in Soiled Linen Room 61C81014 were picked up for cleaning and dirty blue gloves were removed.</li> <li>• Leaking pipes in the mechanical room in the basement were repaired.</li> </ul> <p><b><u>Long Term Remediation</u></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</p>		<p>by exception to Harris Health’s Quality Review Committee (QRC) and Quality Governance Council (QGC) for review and remediation if necessary.</p>
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		<p>unsafe practices.</p> <p>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.</p> <p>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.</p>		
<p>Call lights pull cord were released/unwrapped from the grab bar in the following locations:</p> <ul style="list-style-type: none"> <li>• OB/GYN clinic in the Ben Taub Tower room 424</li> <li>• OB clinic in the Ben Taub Tower</li> </ul>	<p>Executive Vice President of Ben Taub Hospital</p>	<p><b><u>Immediate Remediation</u></b></p> <p>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.</p> <p>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.</p>	12/11/19	<p><b><u>Auditing:</u></b></p> <p>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</p>

<p>room 486</p> <ul style="list-style-type: none"> <li>Unit 5C tub room</li> </ul> <p>Call lights will be installed in the following locations:</p> <ul style="list-style-type: none"> <li>Bathroom in 1-EC 70 005</li> <li>Bathroom on unit 3C 3-C 51 027</li> <li>Bathroom on 6F GI Suite 6-GI 70 005</li> </ul>		<p>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 in patient restroom number 6-GI 70 005 in Ben Taub Hospital. Harris Health will assign an annunciated response notification to the nearest nursing unit.</p> <p><b><u>Long Term Remediation</u></b></p> <p>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.</p> <p>Harris Health will educate all nursing, Environmental Services (“EVS”), and biomedical engineering staff members on the requirement that there must be clear access to the emergency call pull cord(s) within restrooms.</p>		<p>Council (QGC) for review and corrective action if necessary.</p> <p>Harris Health will also conduct a periodic risk assessment of public suite restrooms to determine any new or replacement needs related to emergency pull cords.</p> <p><b><u>Education:</u></b></p> <p>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.</p>
<p>Eye wash stations will be available in all required areas of Harris Health.</p>	<p>Executive Vice Presidents of Ben Taub, LBJ and Ambulatory Care Services</p>	<p>On 9/28/19, the Facilities Engineering department at Ben Taub installed the eye wash station in the mechanical room in the basement. An inspection and testing log for proper maintenance and function was put in place to ensure the eye wash station is checked weekly.</p> <p>Ben Taub facilities staff was educated on the</p>	<p>9/28/19</p>	<p>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</p>

		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	<p>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.</p> <p>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.</p>	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	<p>On 9/27/19, Harris Health engaged a contract vendor to clean the parking garage stairwells.</p> <p>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.</p>	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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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	<p>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.</p> <p>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.</p>	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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will relocate dialysis chemicals to areas that align with manufacturer specifications.	Executive Vice President of LBJ Hospital	<p>Minn-care solutions for dialysis were relocated to a controlled, secured location on 9/27/19.</p> <p>Upon delivery of dialysis solutions to the warehouse, the warehouse staff will deliver the solutions to the designated storage space.</p> <p>The designated storage space for dialysis solutions is being monitored for temperature and humidity.</p> <p>On or before 12/06/2019, Harris Health will relocate dialysis chemicals to a permanent location that aligns with manufacturer</p>	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 Quality Review Committees (QRC) and the Quality Governance Council (QGC) for review and remediation if necessary.

		specifications.		
Harris Health will maintain the physical environment by ensuring stained ceiling tiles are replaced.	Executive Vice President of LBJ Hospital	<p><b><u>Immediate Remediation:</u></b> 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.</p> <p><b><u>Long Term Remediation:</u></b> 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.</p>	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	<p><b><u>Immediate Remediation:</u></b> By 9/20/19, Harris Health had removed the damaged chairs from use and engaged the upholstery vendor for repair.</p> <p><b><u>Long Term Remediation:</u></b> 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.</p>	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 Party	How	Completion Date	Sustainability
<p>Harris Health will maintain a clean and sanitary environment in all patient care areas.</p>	<p>Executive Vice President of Ambulatory Care Services</p>	<p><b><u>Immediate Remediation:</u></b></p> <ul style="list-style-type: none"> <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> <p><b><u>Long Term Remediation</u></b></p> <p>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.</p> <p>The facility management team reviewed and added additional tasks to the rounding</p>	<p>12/11/19</p>	<p>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.</p>

		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.		
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## 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	<p>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.</p> <p>Service literature was purchased, and the Harris Health biomedical engineering technician performed preventive maintenance on the units and re-issued the units for use.</p> <p>By 10/28/19, a preventive maintenance schedule was created in the CMMS system to ensure future maintenance is performed per schedule.</p> <p>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.</p>	12/11/19	<p>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.</p> <p><u>Education:</u> 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, <i>Maintenance of Equipment</i>, by 12/11/19. Staff members who are on approved leave will be educated within thirty (30) days of their return.</p>



<p>Harris Health will ensure all patient care equipment and supplies are properly maintained</p>	<p>Executive Vice President of Ben Taub Hospital</p>	<p><b><u>Immediate Remediation:</u></b>  Equipment was appropriately cleaned and improperly stored equipment was moved to an appropriate storage location:</p> <ul style="list-style-type: none"> <li>• Patient commodes and shower chairs were removed from the staff bathroom</li> <li>• Tilt table and cad chair have been cleaned</li> <li>• Dirty towels and linen thrown in regular trash were removed and corrected</li> <li>• Tweezers and spoons were removed from linen bins</li> </ul> <p><b><u>Long Term Remediation:</u></b>  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.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b>  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.</p>
<p>Harris Health will ensure the safety of its patients by preventing access to hazardous chemicals on EVS carts.</p>	<p>Executive Vice President of Ben Taub Hospital</p>	<p>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.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b>  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</p>

		<p>The EVS operations manager will provide staff education and reinforcement on the safe use and storage of cleaning solutions and proper labeling of solutions.</p> <p><b><u>Long Term Remediation:</u></b> 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.</p>		<p>then quarterly thereafter. Results will be reported by exception to Harris Health's QRC and QGC.</p> <p><b><u>Education:</u></b> 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.</p>
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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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will: prohibit the use of rubber bands in crash carts; prohibit the practice of tucking scalpels into crash cart areas that include sealed, sterile items;	Chief Quality and Patient Safety Officer	On or before 11/27/19, Harris Health will revise Policy 4471, <i>Emergency Resuscitation Cart (Crash Cart)</i> to address the following practices: <ul style="list-style-type: none"> <li>• Rubber bands will be prohibited. Rubber bands used to secure items will be replaced with resealable zipper storage bags to hold items.</li> </ul>	12/12/19	<b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five (5) crash carts each twice per month at LBJ 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

<p>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 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.</p>		<ul style="list-style-type: none"> <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 for use.</li> <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> </ul> <p>Central Supply department staff will be educated on the revisions to Harris Health Policy 4471, <i>Emergency Resuscitation Cart (Crash Cart)</i> on or before 12/11/19.</p> <p>Beginning on or before 12/12/19, 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.</p>		<p>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.</p> <p><b><u>Education:</u></b> 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, <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.</p>
<p>Harris Health will utilize crash cart drawer trays to optimize placement</p>	<p>Chief Quality and Patient Safety Officer</p>	<p>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.</p>	<p>12/12/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five (5) crash carts each twice per month at LBJ</p>

of crash cart contents				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.
Harris Health will implement the use of securement bags to protect crash cart tray contents and allow staff to detect whether a tray has been accessed.	Chief Quality and Patient Safety Officer	On or before 12/11/19, securement bags will be utilized upon installation of crash cart trays. The securement bags encase the entire tray in a plastic, perforated covering that allows for detecting if the tray has been accessed.	12/12/19	<b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five (5) crash carts each twice per month at LBJ 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.
Harris Health will replace sterilized items that have been unused for at least one year.	Chief Quality and Patient Safety Officer	On or before 12/11/19, if during regular integrity checks by the Central Supply department it is discovered that a sterilized item has remained unused for at least one (1) year following facility-based	12/12/19	<b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five (5) crash carts each twice per month at LBJ Hospital and Ben Taub, Hospital and two (2)

		sterilization, the item will be replaced and sterilized/reprocessed. Items sterilized outside of the facility will be replaced based on manufacturer recommendations/designated expiration dates. Outdated contents of crash carts will be replaced.		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.
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure the integrity of crash cart locking mechanisms by requiring a check of lock serial numbers against recorded crash cart documentation	Chief Quality and Patient Safety Officer	<p>Harris Health will revise the daily crash cart nursing checklist to include the crash cart lock serial number on or before 12/11/19.</p> <p>Central Supply will record the crash cart lock serial number on the daily crash cart nursing checklist form when cart is exchanged.</p> <p>During daily crash cart checks, appropriate nursing staff will ensure that the serial number on the lock matches the serial number recorded on the daily crash cart nursing checklist.</p> <p>Instances of nonmatching serial numbers will result in immediate replacement of the crash cart and investigation.</p>	12/12/19	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five (5) crash carts each twice per month at LBJ 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 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.</p> <p>In addition, beginning on 12/12/19, Harris Health will also audit for completeness the</p>

		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.		<p>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 QGC for review and remediation if necessary.</p> <p><b><u>Education:</u></b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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	<b><u>Auditing:</u></b> 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	<b><u>Immediate Remediation:</u></b> By 12/1/19, facility Engineering will	12/11/19	<b><u>Auditing:</u></b> Beginning on December 12, 2019, Harris

<p>to replace the cracked countertop identified in the PACU area.</p> <p>Harris Health will ensure the appropriate collection and disposal of solid waste.</p>	<p>President of LBJ Hospital</p>	<p>engage a vendor to replace the counter top.</p> <p>By 11/30/19, Hospital operations and EVS leadership will review of the current process for solid waste collection and disposal.</p> <p><b><u>Long Term Remediation:</u></b> 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</p>		<p>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.</p>
<p>Harris Health will ensure appropriate cleaning of Pyxis Machines.</p>	<p>Chief Pharmacy Officer</p>	<p>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.</p> <p>As of 10/8/19, Harris Health has updated Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> to include</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> 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.</p> <p><b><u>Auditing:</u></b></p>

		<p>external cleaning of medication Pyxis at least weekly.</p> <p>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.</p> <p>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.</p> <p>Harris Health will educate all pharmacy staff members on the revised policy and process by 12/11/19.</p> <p>EOC rounds will be amended to include inspection of external conditions of Pyxis machine by 11/30/19.</p>		<p>Beginning on 12/12/19, Harris Health will audit to ensure compliance with Pyxis machine cleaning requirements by direct observation and daily rounding set forth in Harris Health Policy 550.00, <i>Automated Dispensing Cabinets</i> and Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> 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.</p> <p><b><u>Education:</u></b> 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.</p>
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Clinic 8: Glucometer lacked a biomedical inspection per policy.

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



<p>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.</p>				
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**A 747: Infection Control**

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

What	Responsible Party	How	Complete Date	Sustainability
<p>Harris Health will ensure that patient equipment such as IV poles and pumps are properly labeled, transported, inspected, and stored in a safe manner.</p>	<p>Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services</p>	<p>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.</p> <p>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>.</p> <p>In addition, Harris Health will compile a list of departments that maintain their own patient equipment.</p> <p>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>.</p>	<p>12/11/19</p>	<p><b><u>Monitoring:</u></b> 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, <i>Disinfection of Equipment</i> for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved, and biweekly thereafter.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> 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.</p>

			<p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  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, <i>Disinfection of Equipment</i>, 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.</p> <p>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,</p>
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				<p><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.</p>
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B. 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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
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	<p>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.</p> <p>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.</p>	12/11/19	<p><b><u>Monitoring:</u></b> 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, <i>Disinfection of Equipment</i> 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).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> through direct observation and rounding for a minimum of eight (8) weeks and until one hundred percent (100%)</p>

			<p>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.</p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  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, <i>Disinfection of Equipment</i>, 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</p>
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				<p>annual mandatory education.</p> <p>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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Ensure that appropriate cleaning methods are used to clean soiled and contaminated patient equipment.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	Harris Health will re-educate all Supply Chain Management and Environmental Services (“EVS”) staff members, and applicable staff members in departments that maintain their own patient equipment, on proper cleaning methods for soiled and contaminated equipment in accordance with Supply Chain Management (“SCM”) Departmental Guideline and Procedure No. 4.004, <i>Disinfection of Equipment</i> ; Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> ; Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices</i> ; and Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> .	12/11/19	<p><b>Monitoring:</b></p> <p>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, <i>Disinfection of Equipment</i>, Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i>, Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices</i>, and Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> 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</p>

			<p>Improvement Committee (PIC).</p> <p><b><u>Auditing:</u></b>  Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i>, Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i>, Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices</i>, and Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> 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.</p> <p><b><u>QAPI:</u></b>  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.</p>
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				<p><b><u>Education:</u></b>  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.</p>
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C. 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.

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



		<p>Harris Health will educate all Supply Chain Management staff on the revisions to Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and Supply Chain Management Departmental Guideline 4.004, <i>Disinfection of Equipment</i>.</p>	<p>and until one hundred percent (100%) compliance is achieved, and biweekly thereafter. Results will be presented at the SCM Performance Improvement Committee (PIC).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and revised Supply Chain Management Departmental Guideline and Procedure No. 4004, <i>Disinfection of Equipment</i>, 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.</p> <p><b><u>QAPI:</u></b> 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</p>
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			<p>Committee (BQC) based on established criteria.</p> <p><b>Education:</b>  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.</p>
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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 Party	How	Complete Date	Sustainability
Harris Health will ensure that LBJ Infection Prevention (IP) monitors the appropriate use of disinfectant in the decontamination area, warehouse,	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory	Harris Health will develop an Infection Prevention Plan for LBJ Supply Chain Management, by performing initial risk assessments of the decontamination area, warehouse, and telemonitor room to identify potential risks and provide a basis for infection prevention, surveillance, and control activities. After identification of risks, Harris Health will	12/18/19	Harris Health will obtain approval of the Infection Prevention plan from the IP Committee and then through the QRCs and QGC.

telemonitor room, shared room, training, and provides oversight to the central supply technicians and EVS for proper cleaning, sanitation, and storage of patient equipment.	Care Services	develop processes and education and focus surveillance efforts towards the identified risks and ensure that all regulatory requirements are met.		
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What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that Supply Chain Management staff is provided with proper PPE, adequate ventilation, MSDS information, eyewash stations, and hot water to cleanse the cleaning area and for proper hand hygiene.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	<p>By 11/27/19, Harris Health will revise Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> to specify the requirements for a dirty equipment room, including when and where decontamination showers and sinks are needed, and the availability of Safety Data Sheets (“SDS”).</p> <p>LBJ’s dirty equipment room has been relocated to an area with hot water, appropriate ventilation. Further, PPE has been made available at the entrance. In addition, LBJ has added a decontamination shower and sink to the LBJ warehouse.</p> <p>Harris Health will educate all Supply Chain Management staff on the revisions to Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i>.</p>	12/11/19	<p><b><u>Auditing:</u></b> Beginning 12/12/19, Harris Health will audit for compliance with Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. 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. Results of the audit will be reported to the SMC PIC, Quality Review Committees and the Quality Governance Council for review and remediation if necessary.</p> <p><b><u>Education:</u></b> 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</p>

				revisions to Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> , 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.
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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 Party	How	Complete Date	Sustainability
Harris Health will ensure that temperature and humidity are monitored in LBJ's clean supply warehouse.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	<p>On 9/25/19, Harris Health developed a process to ensure that sterile supplies delivered to the LBJ warehouse are relocated to temperature and humidity controlled locations within 24-hours of receipt.</p> <p>On or before 12/2/19, Harris Health will include remote temperature and humidity monitoring to its Building Automation System ("BAS") in the LBJ warehouse and Smith Clinic dock. Once implemented, Harris Health will follow the temperature and humidity guidelines set forth in Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity in Operative, Procedural and Storage Areas for Sterile Instrumentation</i>, and will notify Harris Health's Facilities Engineering department of the addition of the LBJ warehouse on the BAS.</p>	12/02/19	<p><b><u>Auditing:</u></b> Beginning 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 for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Specifically, the audits will include assessment of appropriate conditions, availability of PPE and completion of eyewash and decontamination shower logs. Results of the audit will be reported to the SMC PIC, QRC and QGC for review and remediation if necessary.</p>

F. 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.

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

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

What	Responsible Party	How	Complete Date	Sustainability
<p>Harris Health will ensure that refrigerator shelves are not rusted.</p>	<p>System Vice President of Operations</p>	<p>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.</p>	<p>12/12/19</p>	<p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p>

What	Responsible Party	How	Complete Date	Sustainability
<p>Harris Health will ensure that kitchen ice machines are mold and mildew free.</p>	<p>System Vice President of Operations</p>	<p>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.</p>	<p>11/11/19</p>	<p><b><u>Monitoring:</u></b> Beginning 11/11/19, this information will be documented by FNS staff and reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p>

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that missing grout and broken tiles are repaired.	System Vice President of Operations	<p>On 11/12/19, Harris Health submitted work order #1419508 to replace broken and missing tiles in the dish area.</p> <p>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.</p>	12/13/19	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p>



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	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p>

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

<p>are clean and meet sanitary conditions. (A749)</p>			<p>for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
<p>Harris Health will ensure that food storage bins are clean.</p>	<p>System Vice President of Operations</p>	<p>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, as needed.</p> <p><u>Education:</u></p>	<p>12/11/19</p>	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit</p>

		<p>FNS Management will re-educate staff on proper cleaning and use of food storage bins at all scheduled mandatory training sessions.</p>	<p>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.</p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  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.</p>
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What	Responsible Party	How	Complete Date	Sustainability
<p>Harris Health will ensure that ice cream freezers are clean and do not have ice buildup.</p>	<p>System Vice President of Operations</p>	<p>Harris Health has purchased a new freezer for the LBJ facility kitchen and is expecting delivery mid to late November 2019.</p> <p>FNS Management team revised the equipment cleaning schedule to include daily and weekly cleaning of all kitchen equipment, including freezers, by FNS staff.</p> <p>FNS will be educated on expectations regarding daily and monthly cleaning of the ice cream freezers.</p>	<p>12/11/19</p>	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b> 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</p>

				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.
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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	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p>

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	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, proper labeling of food will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on</p>

				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.
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What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that food storage bins are clean.	System Vice President of Operations	<p>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, as needed.</p> <p>FNS Management will re-educate staff on proper cleaning and use of food storage bins at all scheduled mandatory training sessions.</p>	12/11/19	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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</p>

			<p>and reporting to the respective QRC, QGC and/or BQC based on established criteria.</p> <p><b>Education:</b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
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	<p>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.</p> <p>On 12/2/19, Harris Health FNS Management will add equipment and utensil cleaning to all monthly scheduled mandatory training sessions.</p>	12/11/19	<p><b>Monitoring:</b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b>Auditing:</b> 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.</p>



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

			<p>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.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b> 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.</p>
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What	Responsible Party	How	Complete Date	Sustainability
<p>Harris Health will maintain a sanitary environment in the kitchen by ensuring that all kitchen equipment and utensils are properly cleaned.</p>	<p>System Vice President of Operations</p>	<p>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.</p> <p>Harris Health FNS Management added equipment and utensil cleaning to all monthly scheduled mandatory training sessions.</p>	<p>12/11/19</p>	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, proper cleaning of kitchen equipment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of the FNS staff members, excluding those who are on approved leave, on</p>

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

			<p>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.</p> <p><b>Education:</b> 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.</p>
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H. 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.

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

		<p>confirmed that all equipment has the appropriate preventative maintenance (PM) sticker.</p> <p>Harris Health will educate one hundred percent (100%) of physical therapy staff about the changes to the Infection Control Log.</p>	<p>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.</p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  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.</p>
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I. Hospital #1 failed to provide a clean and sanitary environment for patient areas 5G, 5F, and 3A.

What	Responsible Party	How	Complete Date	Sustainability
<p>Harris Health will maintain a clean and sanitary environment in all patient care areas</p>	<p>Executive Vice Presidents of Ben Taub, LBJ and Ambulatory Care Services</p>	<p><b><u>Immediate Remediation</u></b>            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.</p> <ul style="list-style-type: none"> <li>• Unit 5G &amp; 5F medication room – under sink cabinets were cleaned and assessed for water leak.</li> <li>• Unit 5F EVS Supply Room – Two spray cleaning bottles which are partially filled with no label to identify contents were discarded.</li> <li>• 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.</li> <li>• Patient Room 5G02-4 – The dirty towels on the floor of the shared bathroom were removed. A ¼-full urinal was emptied and cleaned.</li> <li>• Unit 3A – The EKG Machine was cleaned and returned to service.</li> <li>• Unit 3A Clean Supply Room – The cabinet under sink was cleaned.</li> <li>• 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</li> </ul>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b>            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.</p> <p><b><u>Education:</u></b>            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.</p>

		<p>shower were removed and discarded.</p> <p><b><u>Long Term Remediation</u></b>  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.</p> <p>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.</p> <p>Additional education on the safe use and storage of cleaning solutions and chemicals will be provided to one hundred percent (100%) of EVS staff.</p>		
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J. Hospital #1 and #2 failed to properly isolate patients with infectious diseases by co-mingling patients in the same patient rooms.

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



<p>with infectious disease are placed in a correct room when placed in a shared room.</p>		<p>utilizing CDC Guidelines for Isolation Precautions, (<i>updated version July 2019; pages 86-87</i>) to establish correct types of rooms where patients with an infectious disease may be placed.</p> <p>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.</p> <p>Harris Health will educate one hundred percent (100%) of appropriate staff on the updated Harris Health Policy 3000, <i>Standard Precautions</i> 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.</p>	<p>audit Harris Health’s compliance with bed placement of patients with infectious disease through direct observation and rounding for a period of at least eight weeks or until 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.</p> <p><b><u>Education:</u></b> Harris Health will reeducate one hundred percent (100%) of appropriate staff, excluding those who are on approved leave, on Harris Health Policy 3000, <i>Standard Precautions</i> 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.</p>
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K. 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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
<p>Harris Health System will follow the proper procedure for TST testing documentation to ensure TST tests are</p>	<p>Chief Medical Executive</p>	<p>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</p>	<p>11/20/19</p>	<p><b><u>Auditing:</u></b> 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</p>

<p>read within the time ranges recommended by the Centers for Disease Control and Prevention (CDC).</p>		<p>was already occurring in <i>ReadySet</i>.</p> <p>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.</p> <p>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 re-testing. 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.</p> <p>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.</p>	<p>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.</p> <p>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, <i>Vaccine Preventable Disease Policy</i>, 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.</p>
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- L. 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 Party	How	Complete Date	Sustainability
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	<p><b><u>Monitor:</u></b> 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.</p> <p><b><u>Education:</u></b> 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.</p>

M. 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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Harris Health will ensure a clean and sanitary environment in the Occupational Therapy rooms A747M, A749M, X240M	Chief Nursing Executive	Harris Health Occupational Therapy leadership will develop a “Room Surveillance Checklist” to be completed by Occupational Therapy leadership and will escalate all support needed to ensure the room is clean and sanitary to the appropriate service line.	12/11/19	<p><b><u>Monitor:</u></b> Beginning on 12/12/19, Occupational Therapy leadership will review the “Room Surveillance Checklist” for compliance. Additionally, Environmental Rounds will assess whether there is a clean and sanitary environment in the Occupational Therapy room.</p> <p><b><u>Audit:</u></b> 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.</p>

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

		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.
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- 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
<p>Harris Health will develop and deploy a reeducation plan for all staff, including providers, to ensure consistent, appropriate hand hygiene practices.</p> <p>Harris Health will deploy a process to provide immediate feedback for hand hygiene violations and address repeat offenders.</p> <p>Harris Health will communicate hand</p>	Chief Medical Executive	<p>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 of training content.</p> <p>Departmental leaders will enforce appropriate hand hygiene use and provide progressive discipline, such as reeducation/counseling as necessary.</p> <p>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.</p>	12/18/19	<p><b><u>Monitor:</u></b> 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.</p> <p><b><u>Audit:</u></b> 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.</p> <p><b><u>Education:</u></b> Harris Health will reeducate one hundred</p>

<p>hygiene expectations to the affiliated medical schools.</p>			<p>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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
<p>Harris Health will review and update Policy 3003, <i>Personal Protective Equipment</i>, as needed to ensure provisions are aligned with CDC PPE guidelines.</p> <p>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,</p>	<p>Chief Medical Executive</p>	<p>By 11/27/19, Harris Health will revise Harris Health Policy 3003, <i>Personal Protective Equipment</i>, to ensure it is up-to-date with the current infection prevention practices and the CDC guidelines, including correct donning and doffing procedures.</p> <p>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.</p> <p>Departmental leaders will enforce appropriate PPE use and provide progressive discipline, such as reeducation/counseling as necessary.</p>	<p>12/18/19</p>	<p><b>Monitor:</b> 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.</p> <p><b>Audit:</b> 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.</p>

<p>appropriate PPE practices.</p> <p>Harris Health will deploy a process to provide immediate feedback for PPE violations and address repeat offenders.</p> <p>Harris Health will communicate PPE expectations to the affiliated medical schools.</p>		<p>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.</p>		<p><b><u>Education:</u></b>  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.</p>
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P. 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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
<p>Harris Health will ensure staff compliance with infection control practices, including cleaning and disinfecting contaminated equipment and handwashing during central venous catheter care.</p>	<p>Chief Nursing Executive</p>	<p>By 11/27/19 Harris Health will adopt and implement Harris Health Policy 4525.01 <i>Hemodialysis for Acute Care Setting</i> to include infection control practices for hemodialysis, including cleaning and disinfecting contaminated equipment and handwashing during central venous catheter care.</p> <p>By 12/11/19, Harris Health will educate one hundred percent (100%) of hemodialysis nursing staff on Harris Health Policy 4525.01</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b>  Beginning 12/12/19, Harris Health will audit for compliance with Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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</p>

		<p><i>Hemodialysis for Acute Care Setting</i> regarding the above.</p>		<p>necessary.</p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></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.</p>
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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 Party	How	Complete Date	Sustainability
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<p>Harris Health will relocate dialysis chemicals to areas that align with manufacturer specifications.</p>	<p>Executive Vice President of LBJ Hospital</p>	<p>Minn-care and Renal Pure solutions for dialysis were relocated to a controlled, secured location on 9/27/19.</p> <p>Upon delivery of dialysis solutions to the warehouse, the warehouse staff will deliver the solutions to the designated storage space.</p> <p>The designated storage space for dialysis solutions is being monitored for temperature and humidity.</p> <p>On or before 12/06/2019, Harris Health will relocate dialysis chemicals to a permanent location that aligns with manufacturer specifications.</p>	<p>12/06/19</p>	<p>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.</p>
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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 Party	How	Complete Date	Sustainability
<p>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</p>	<p>Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services</p>	<p>On or before 11/27/19, Harris Health will review and revise Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High- and Low-Level Disinfection, and Storage of Processed Patient Care Devices</i> to require sterile sheaths for use with endocavitary probes.</p> <p>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.</p>	<p>12/11/19</p>	<p><b>Monitoring:</b> 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, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i>. Thereafter, Harris Health will</p>

		<p>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.</p> <p>Harris Health will educate applicable medical and sonographer staff in ultrasound, colorectal clinic, and OB clinics on the revisions to Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i>, specifically that sterile sheaths must be used with endocavitary probes by 12/11/19.</p>	<p>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.</p> <p><b><u>Education:</u></b>  Harris Health will provide targeted education on the revisions to Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i> 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, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i> as part of orientation. New medical staff members will receive training on the policy as part of orientation to Harris Health.</p>
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**A 749: Infection Control Program**

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

What	Responsible Party	How	Complete Date	Sustainability
<p>Harris Health will ensure that patient equipment such as IV poles and pumps are properly labeled, transported, inspected, and stored in a safe manner.</p>	<p>Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services</p>	<p>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.</p> <p>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>.</p> <p>In addition, Harris Health will compile a list of departments that maintain their own patient equipment.</p> <p>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>.</p>	<p>12/11/19</p>	<p><b><u>Monitoring:</u></b> 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, <i>Disinfection of Equipment</i> for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and biweekly thereafter.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> 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.</p>

			<p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></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, <i>Disinfection of Equipment</i> 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).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit/monitor for compliance with SCM Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> 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</p>
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			<p><b>Performance Improvement Committee (PIC), QRC and QGC for review and any necessary corrective action.</b></p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  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, <i>Disinfection of Equipment</i>, 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.</p> <p>In addition, Harris Health will educate all applicable staff members in departments who</p>
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				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.
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T. 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.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
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.	12/11/2019	<b><u>Monitoring:</u></b> 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, <i>Disinfection of Equipment</i> 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).  <b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental

			<p>Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  <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, <i>Disinfection of Equipment</i> 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).</b></p>
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			<p><b><u>Auditing:</u></b>  <b>Beginning on 12/12/19, Harris Health will audit for compliance with SCM Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i> 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.</b></p> <p><b><u>QAPI:</u></b>  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.</p> <p><b><u>Education:</u></b>  Harris Health will educate one hundred</p>
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			<p>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, <i>Disinfection of Equipment</i>, 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.</p> <p>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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Ensure that appropriate cleaning methods are used to clean soiled and contaminated patient equipment.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ	Harris Health will re-educate all Supply Chain Management and Environmental Services (“EVS”) staff members, and applicable staff members in departments that maintain their own patient equipment, on proper cleaning methods for soiled and	12/11/2019	<b>Monitoring:</b> 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, <i>Disinfection of</i>

	Hospital, and Ambulatory Care Services	contaminated equipment in accordance with Supply Chain Management (“SCM”) Departmental Guideline and Procedure No. 4.004, <i>Disinfection of Equipment</i> ; Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> ; Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices</i> ; and Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> .	<p><i>Equipment</i>, Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i>, Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices</i>, and Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> 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).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with SCM Departmental Guideline and Procedure 4.004, <i>Disinfection of Equipment</i>, Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i>, Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices</i>, and Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p>
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			<p><b><u>Monitoring:</u></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, <i>Disinfection of Equipment</i>, Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i>, Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and Low Level Disinfection and Storage of Processed Patient Care Devices</i>, and Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> 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).</p> <p><b><u>Auditing:</u></b> 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, <i>Disinfection of Equipment</i>, Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i>, Harris Health Policy 1303, <i>PreCleaning, Sterilization, High and</i></p>
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			<p><b>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.</b></p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b> 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</p>
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			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.
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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.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will follow its policies and procedures to prevent the spread of infection and provide proper decontamination area to cleanse, sanitize, and store patient equipment.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	By 11/27/19, Harris Health will revise Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and Supply Chain Management Departmental Guideline and Procedure No. 4.004, <i>Disinfection of Equipment</i> , to reflect the appropriate process for decontamination of patient equipment to include the availability and use of PPE and the provision of an appropriate decontamination area.  Harris Health will educate all Supply Chain Management staff on the revisions to Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and Supply Chain Management Departmental Guideline	12/11/2019	<b>Monitoring:</b> Beginning on 12/12/19, Harris Health will conduct weekly reviews to ensure compliance with the requirements in Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and revised Supply Chain Management Departmental Guideline and Procedure No. 4004, <i>Disinfection of Equipment</i> , as it related to the appropriate process for decontamination of patient equipment, 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).

		4.004, <i>Disinfection of Equipment.</i>	<p><b><u>Auditing:</u></b>  Beginning on 12/12/19, Harris Health will audit compliance with Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and revised Supply Chain Management Departmental Guideline and Procedure No. 4004, <i>Disinfection of Equipment</i>, 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  Beginning on 12/12/19, Harris Health will monitor for compliance with the requirements in Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and revised Supply Chain Management Departmental Guideline and Procedure No. 4004, <i>Disinfection of Equipment</i>, 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</p>
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			<p>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).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for compliance with the requirements in Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> and revised Supply Chain Management Departmental Guideline and Procedure No. 4004, <i>Disinfection of Equipment</i>, 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.</p> <p><b><u>QAPI:</u></b> Harris Health will develop an SCM</p>
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			<p>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.</p> <p><b><u>Education:</u></b>  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.</p>
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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 Party	How	Complete Date	Sustainability
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Harris Health will ensure that LBJ Infection Prevention (IP) monitors the appropriate use of disinfectant in the decontamination area, warehouse, telemonitor room, shared room, training, and provides oversight to the central supply technicians and EVS for proper cleaning, sanitation, and storage of patient equipment.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	Harris Health will develop an Infection Prevention Plan for LBJ Supply Chain Management, by performing initial risk assessments of the decontamination area, warehouse, and telemonitor room to identify potential risks and provide a basis for infection prevention, surveillance, and control activities. After identification of risks, Harris Health will develop processes and education and focus surveillance efforts towards the identified risks and ensure that all regulatory requirements are met.	12/18/2019	Harris Health will obtain approval of the Infection Prevention plan from the IP Committee and then through the QRCs and QGC.
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What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that Supply Chain Management staff is provided with proper PPE, adequate ventilation, MSDS information, eyewash stations, and hot water to cleanse the cleaning area and for proper hand hygiene.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	<p>By 11/27/19, Harris Health will revise Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> to specify the requirements for a dirty equipment room, including when and where decontamination showers and sinks are needed, and the availability of Safety Data Sheets (“SDS”).</p> <p>LBJ’s dirty equipment room has been relocated to an area with hot water, appropriate ventilation. Further, PPE has been made available at the entrance. In addition, LBJ has added a decontamination shower and sink to the LBJ warehouse.</p>	12/11/19	<p><b><u>Auditing:</u></b> Beginning 12/12/19, Harris Health will audit for compliance with Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i> for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. 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. Results of the audit will be reported to the SMC PIC, Quality Review Committees and</p>

		<p>Harris Health will educate all Supply Chain Management staff on the revisions to Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i>.</p>	<p>the Quality Governance Council for review and remediation if necessary.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Auditing:</u></b>  <b>Beginning on 12/12/19, Harris Health will audit for compliance with Harris Health Policy 1303.01, <i>Cleaning of Patient Equipment and Medical Devices</i>. 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.</b></p> <p><b><u>Education:</u></b>  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, <i>Cleaning of</i></p>
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				<p><i>Patient Equipment and Medical Devices</i>, 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.</p>
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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 Party	How	Complete Date	Sustainability
Harris Health will ensure that temperature and humidity are monitored in LBJ's clean supply warehouse.	Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services	<p>On 9/25/19, Harris Health developed a process to ensure that sterile supplies delivered to the LBJ warehouse are relocated to temperature and humidity controlled locations within 24-hours of receipt.</p> <p>On or before 12/2/19, Harris Health will include remote temperature and humidity monitoring to its Building Automation System ("BAS") in the LBJ warehouse and Smith Clinic dock. Once implemented, Harris Health will follow the temperature and humidity guidelines set forth in Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity in Operative, Procedural and Storage Areas for Sterile Instrumentation</i>, and will notify Harris Health's Facilities Engineering department of the addition of the LBJ warehouse on the BAS.</p>	12/02/2019	<p><b><u>Auditing:</u></b> Beginning 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 for at least eight (8) weeks and until one hundred percent (100%) compliance is achieved, and then quarterly thereafter. Specifically, the audits will include assessment of appropriate conditions, availability of PPE and completion of eyewash and decontamination shower logs. Results of the audit will be reported to the SMC PIC, QRC and QGC for review and remediation if necessary.</p>

				<p><b>Response to Clarification Received on 12/13/19:</b></p> <p><b>Auditing:</b> 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.</p>
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X. 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.

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

<p>medical supplies are stored in a clean and sanitary environment in a temperature and humidity-controlled room.</p>	<p>Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services</p>	<p>with the temperature and humidity guidelines set forth in Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity in Operative, Procedural and Storage Areas for Sterile Instrumentation</i>. Specifically, Harris Health initiated or will initiate monitoring as follows:  LBJ – 9/24/19  BT – 10/1/19  ACS – 11/22/19</p>	<p>staff will review the completeness of logs for clean supply rooms in their respective areas for a minimum of eight (8) weeks and until one hundred percent (100%) compliance is achieved and biweekly thereafter. Results will be reported at the respective Quality Review Committees (QRC).</p> <p><b><u>Auditing:</u></b>  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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  Beginning on 12/12/19, Harris Health’s nursing staff will monitor for completeness of temperature and humidity logs for clean supply rooms in their respective 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.</p>
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				<p>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).</p> <p><b>Auditing:</b> 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.</p>
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Y. 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	12/12/19	<p><b>Monitoring:</b> Beginning 12/12/19, this information will be documented by FNS staff and reviewed by Harris Health FNS leadership, with escalation</p>

		with Facilities Engineering, as needed.	<p>for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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</p>
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				<p>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.</p> <p><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.</p>
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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	<p><b>Monitoring:</b> Beginning 11/11/19, this information will be documented by FNS staff and reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b>Auditing:</b> 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</p>



			<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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 Improvement Committee (PIC), QRC and</p>
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				<p><b>QGC for review and any necessary corrective action.</b></p> <p><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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Harris Health will ensure that missing grout and broken tiles are repaired.	System Vice President of Operations	<p>On 11/12/19, Harris Health submitted work order #1419508 to replace broken and missing tiles in the dish area.</p> <p>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.</p>	12/13/19	<p><b>Monitoring:</b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b>Auditing:</b> 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.</p> <p><b>Response to Clarification Received on</b></p>

			<p><b><u>12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></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</p>
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				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.
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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	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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</p>

				<p><b>review and any necessary corrective action.</b></p> <p><b><u>Auditing:</u></b>  <b>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.</b></p> <p><b><u>QAPI:</u></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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Harris Health will ensure that all kitchen dishwashers	System Vice President of Operations	On 11/8/19, Harris Health revised the dish machine cleaning schedule to increase cleaning frequency from weekly to daily.	11/8/19	<b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation

<p>are clean and meet sanitary conditions. (A749)</p>			<p>for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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</p>
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			<p>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.</p> <p><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.</p>
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What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure that food storage bins are clean.	System Vice President of Operations	<p>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, as needed.</p> <p><u>Education:</u> FNS Management will re-educate staff on proper cleaning and use of food storage bins at all scheduled mandatory training sessions.</p>	12/11/19	<p><b>Monitoring:</b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b>Auditing:</b> 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</p>

			<p>Committee (PIC), QRC and QGC for review and if necessary, corrective action.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  <b>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.</b></p> <p><b><u>Auditing:</u></b>  <b>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.</b></p> <p><b><u>QAPI:</u></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</p>
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			<p>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.</p> <p><b><u>Education:</u></b>  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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Harris Health will ensure that ice cream freezers are clean and do not have ice buildup.	System Vice President of Operations	<p>Harris Health has purchased a new freezer for the LBJ facility kitchen and is expecting delivery mid to late November 2019.</p> <p>FNS Management team revised the equipment cleaning schedule to include daily and weekly cleaning of all kitchen equipment, including freezers, by FNS staff.</p> <p>FNS will be educated on expectations regarding daily and monthly cleaning of the ice cream freezers.</p>	12/11/19	<p><b><u>Monitoring:</u></b>  Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b>  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</p>

			<p>the FNS Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  <b>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.</b></p> <p><b><u>Auditing:</u></b>  <b>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></p> <p><b><u>QAPI:</u></b>  Harris Health will develop a FNS department/</p>
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				<p>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.</p> <p><b><u>Education:</u></b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
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	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> 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%)</p>

			<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  <b>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.</b></p> <p><b><u>Auditing:</u></b>  <b>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.</b></p>
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				<p><b><u>QAPI:</u></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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
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	<p><b><u>Monitoring:</u></b>  Beginning 12/12/19, proper labeling of food will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b>  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.</p>

			<p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></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,</p>
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			<p>QGC, and/or BQC based on established criteria.</p> <p><b><u>Education:</u></b>  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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Harris Health will ensure that food storage bins are clean.	System Vice President of Operations	<p>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, as needed.</p> <p>FNS Management will re-educate staff on proper cleaning and use of food storage bins at all scheduled mandatory training sessions.</p>	12/11/19	<p><b><u>Monitoring:</u></b>  Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b>  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.</p>

			<p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></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,</p>
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			<p>QGC and/or BQC based on established criteria.</p> <p><b>Education:</b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
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	<p>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.</p> <p>On 12/2/19, Harris Health FNS Management will add equipment and utensil cleaning to all monthly scheduled mandatory training sessions.</p>	12/11/19	<p><b>Monitoring:</b> Beginning 12/12/19, the environment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b>Auditing:</b> 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.</p>

			<p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></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</p>
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			<p>provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.</p> <p><b>Education:</b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Harris Health will ensure that food items are properly labeled.	System Vice President of Operations	FNS Management will re-educate staff on labeling and dating of all food items at all mandatory training sessions. Labeling guides will be posting in all food storage areas.	12/11/19	<p><b>Monitoring:</b> Beginning 12/12/19, proper labeling of food will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b>Auditing:</b> 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,</p>

			<p>corrective action.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></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</p>
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			<p>the population served and the services provided and reporting to the respective QRC, QGC and/or BQC based on established criteria.</p> <p><b>Education:</b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
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	<p>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.</p> <p>Harris Health FNS Management added equipment and utensil cleaning to all monthly scheduled mandatory training sessions.</p>	12/11/19	<p><b>Monitoring:</b> Beginning 12/12/19, proper cleaning of kitchen equipment will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b>Auditing:</b> 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</p>

			<p>Performance Improvement Committee (PIC), QRC and QGC for review and if necessary, corrective action.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  <b>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.</b></p> <p><b><u>Auditing:</u></b>  <b>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.</b></p> <p><b><u>QAPI:</u></b>  Harris Health will develop a FNS department/</p>
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			<p>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.</p> <p><b><u>Education:</u></b> 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Complete Date</b>	<b>Sustainability</b>
Harris Health will employ proper drying techniques for pots, pans, cups, and all kitchen utensils.	System Vice President of Operations	<p>On 10/29/19, Harris Health purchased new drying racks for all kitchens.</p> <p>By December 11, 2019, FNS management will re-educate staff on proper drying techniques.</p>	12/11/19	<p><b><u>Monitoring:</u></b> Beginning 12/12/19, proper drying of kitchen equipment and utensils will be reviewed by FNS leadership, with escalation for corrective action if needed.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit compliance with proper drying of kitchen equipment and utensils through direct</p>

			<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  <b>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 any necessary corrective action.</b></p> <p><b><u>Auditing:</u></b>  <b>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</b></p>
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			<p><b>review and any necessary corrective action.</b></p> <p><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.</p> <p><b>Education:</b> 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.</p>
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Z. 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.

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

<p>maintain a sanitary environment in the physical therapy department.</p>	<p>Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services</p>	<p>Infection Control Log to include temperature readings and initials and will ensure temperature logging requirements are met.</p> <p>On 9/19/19, Harris Health conducted an inspection and took equipment not appropriate for patient use out of service, such as the paraffin wax machine (retired and replaced) and fluidotherapy machine (retired). Department leadership also confirmed that all equipment has the appropriate preventative maintenance (PM) sticker.</p> <p>Harris Health will educate one hundred percent (100%) of physical therapy staff about the changes to the Infection Control Log.</p>	<p>Beginning on 12/12/19, Rehab leadership will conduct weekly department environment of care rounds that include direct observation of the existence of PM stickers and the appropriate condition of all equipment in the department, with one hundred percent (100%) of deficiencies addressed by the leadership.</p> <p><b><u>Audit:</u></b> Beginning on December 12, 2019, Harris 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> <b>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.</b></p>
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			<p><b><u>Auditing:</u></b> 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.</p> <p><b><u>QAPI:</u></b> 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.</p> <p><b><u>Education:</u></b></p>
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				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.
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AA. Hospital #1 failed to provide a clean and sanitary environment for patient areas 5G, 5F, and 3A.

What	Responsible Party	How	Complete Date	Sustainability
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	<p><b><u>Immediate Remediation</u></b></p> <p>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.</p> <ul style="list-style-type: none"> <li>• Unit 5G &amp; 5F medication room – under sink cabinets were cleaned and assessed for water leak.</li> <li>• Unit 5F EVS Supply Room – Two spray cleaning bottles which are partially filled with no label to identify contents were discarded.</li> <li>• 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.</li> <li>• Patient Room 5G02-4 – The dirty towels on</li> </ul>	12/11/2019	<p><b><u>Auditing:</u></b></p> <p>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.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b><u>Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment, to include infection prevention and staff knowledge, by conducting nursing leadership rounds on</u></b></p>

		<p>the floor of the shared bathroom were removed. A ¼-full urinal was emptied and cleaned.</p> <ul style="list-style-type: none"> <li>• Unit 3A – The EKG Machine was cleaned and returned to service.</li> <li>• Unit 3A Clean Supply Room – The cabinet under sink was cleaned.</li> <li>• 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.</li> </ul> <p><b><u>Long Term Remediation</u></b></p> <p>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.</p> <p>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.</p>	<p><b>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.</b></p> <p><b><u>Education:</u></b></p> <p>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.</p>
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		<p>Additional education on the safe use and storage of cleaning solutions and chemicals will be provided to one hundred percent (100%) of EVS staff.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b><u>Long Term Remediation</u></b>  <b>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.</b></p>		
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BB. Hospital #1 and #2 failed to properly isolate patients with infectious diseases by co-mingling patients in the same patient rooms.

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

		<p>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.</p> <p>Harris Health will educate one hundred percent (100%) of appropriate staff on the updated Harris Health Policy 3000, <i>Standard Precautions</i> 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.</p>	<p>thereafter. Results of the audit will be reported to the QRC and QGC for review and any necessary corrective action.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b>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.</b></p> <p><b><u>Education:</u></b> Harris Health will reeducate one hundred percent (100%) of appropriate staff, excluding those who are on approved leave, on Harris Health Policy 3000, <i>Standard Precautions</i> 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.</p>
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CC. 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.

What	Responsible Party	How	Complete Date	Sustainability
<p>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).</p>	<p>Chief Medical Executive</p>	<p>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>.</p> <p>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.</p> <p>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 re-testing. 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</p>	<p>11/20/2019</p>	<p><b><u>Auditing:</u></b> 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.</p> <p>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, <i>Vaccine Preventable Disease Policy</i>, 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.</p>



		<p>immediately upon their return.</p> <p>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.</p>	<p>These staff members will also be subject to disciplinary action, up to and including termination, for continued non-compliance with TST testing requirements.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b>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.</b></p>
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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 Party	How	Complete Date	Sustainability
Harris Health will	Chief Nursing	One hundred percent (100%) of applicable	12/11/2019	<b><u>Monitor:</u></b>

<p>reinforce to staff the responsibility for appropriate handling and/or timely reporting of unclean surfaces (e.g. blood/body fluids).</p>	<p>Executive</p>	<p>staff will be reeducated regarding responsibility for appropriate handling and/or timely reporting of unclean surfaces (e.g. blood/body fluids).</p>	<p>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.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b>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.</b></p> <p><b><u>Education:</u></b> 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</p>
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				approved leave will complete the education immediately upon their return. This education will also be included in the orientation of all new applicable staff.
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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.

What	Responsible Party	How	Complete Date	Sustainability
Harris Health will ensure a clean and sanitary environment in the Occupational Therapy rooms A747M, A749M, X240M	Chief Nursing Executive	Harris Health Occupational Therapy leadership will develop a “Room Surveillance Checklist” to be completed by Occupational Therapy leadership and will escalate all support needed to ensure the room is clean and sanitary to the appropriate service line.	12/11/19	<p><b><u>Monitor:</u></b> Beginning on 12/12/19, Occupational Therapy leadership will review the “Room Surveillance Checklist” for compliance. Additionally, Environmental Rounds will assess whether there is a clean and sanitary environment in the Occupational Therapy room.</p> <p><b><u>Audit:</u></b> 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> Beginning on 12/12/19, Occupational Therapy leadership will monitor to ensure a clean and sanitary environment in the</p>

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

		<p>Environmental Services that a cleaning is needed.</p> <p>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.</p>	<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  <b>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 Harris Health will monitor will be at least weekly. Results will be presented to nursing leadership and the QRC for review and necessary corrective action.</b></p>
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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 Party	How	Complete Date	Sustainability
Harris Health will develop and deploy a	Chief Medical	All system-wide staff including providers will be reeducated, on proper hand hygiene	12/18/2019	<b><u>Monitor:</u></b> Harris Health will review documented

<p>reeducation plan for all staff, including providers, to ensure consistent, appropriate hand hygiene practices.</p> <p>Harris Health will deploy a process to provide immediate feedback for hand hygiene violations and address repeat offenders.</p> <p>Harris Health will communicate hand hygiene expectations to the affiliated medical schools.</p>	<p>Executive</p>	<p>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.</p> <p>Departmental leaders will enforce appropriate hand hygiene use and provide progressive discipline, such as reeducation/counseling as necessary.</p> <p>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.</p>	<p>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.</p> <p><b><u>Audit:</u></b> 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.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> 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.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit Harris Health’s compliance with appropriate hand hygiene practices through</p>
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				<p>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.</p> <p><b><u>Education:</u></b>  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.</p>
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What	Responsible Party	How	Complete Date	Sustainability
Harris Health will	Chief	By 11/27/19, Harris Health will revise Harris	12/18/19	<b><u>Monitor:</u></b>

<p>review and update Policy 3003, <i>Personal Protective Equipment</i>, as needed to ensure provisions are aligned with CDC PPE guidelines.</p> <p>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.</p> <p>Harris Health will deploy a process to provide immediate feedback for PPE violations and address repeat offenders.</p> <p>Harris Health will communicate PPE expectations to the affiliated medical schools.</p>	<p>Medical Executive</p>	<p>Health Policy 3003, <i>Personal Protective Equipment</i>, to ensure it is up-to-date with the current infection prevention practices and the CDC guidelines, including correct donning and doffing procedures.</p> <p>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.</p> <p>Departmental leaders will enforce appropriate PPE use and provide progressive discipline, such as reeducation/counseling as necessary.</p> <p>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.</p>	<p>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.</p> <p><b><u>Audit:</u></b> 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.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b> <b>Beginning on 12/12/19, Harris Health will monitor Harris Health’s compliance with appropriate PPE 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.</b></p> <p><b><u>Auditing:</u></b> <b>Beginning on 12/12/19, Harris Health will audit Harris Health’s compliance with</b></p>
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				<p>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.</p> <p><b><u>Education:</u></b>  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.</p>
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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 Party	How	Complete Date	Sustainability
Harris Health will	Chief Nursing	By 11/27/19 Harris Health will adopt and	12/11/2019	<b><u>Auditing:</u></b>

<p>ensure staff compliance with infection control practices, including cleaning and disinfecting contaminated equipment and handwashing during central venous catheter care.</p>	<p>Executive</p>	<p>implement Harris Health Policy 4525.01 <i>Hemodialysis for Acute Care Setting</i> to include infection control practices for hemodialysis, including cleaning and disinfecting contaminated equipment and handwashing during central venous catheter care.</p> <p>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.</p> <p>By 12/11/19, Harris Health will educate one hundred percent (100%) of hemodialysis nursing staff on Harris Health Policy 4525.01 <i>Hemodialysis for Acute Care Setting</i> regarding the above.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <ul style="list-style-type: none"> <li>• 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,</li> </ul>	<p>Beginning 12/12/19, Harris Health will audit for compliance with Harris Health Policy 4525.01, <i>Hemodialysis for Acute Care Settings</i> 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.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b>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.</b></p>
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**AAMI, and the manufacturers.**

- **The clinical resource nurse developed a skills validation checklist to include terminal cleaning of dialysis equipment between patients; hand hygiene practices during the performance of catheter connect and disconnect procedures. Staff training involved in-person in-services along with demonstration and return demonstration.**

**QAPI:**

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 QRC, QGC 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).
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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 Party	How	Complete Date	Sustainability
Harris Health will relocate dialysis chemicals to areas that align with manufacturer specifications.	Executive Vice President of LBJ Hospital	<p>Minn-care and Renal Pure solutions for dialysis were relocated to a controlled, secured location on 9/27/19.</p> <p>Upon delivery of dialysis solutions to the warehouse, the warehouse staff will deliver the solutions to the designated storage space.</p> <p>The designated storage space for dialysis solutions is being monitored for temperature and humidity.</p> <p>On or before 12/06/2019, Harris Health will relocate dialysis chemicals to a permanent location that aligns with manufacturer specifications.</p>	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	How	Complete	Sustainability
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	Party		Date	
<p>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</p>	<p>Harris Health Executive Vice Presidents for Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services</p>	<p>On or before 11/27/19, Harris Health will review and revise Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High- and Low-Level Disinfection, and Storage of Processed Patient Care Devices</i> to require sterile sheaths for use with endocavitary probes.</p> <p>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.</p> <p>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.</p> <p>Harris Health will educate applicable medical and sonographer staff in ultrasound, colorectal clinic, and OB on the revisions to Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i>, specifically that sterile sheaths must be used with endocavitary probes by 12/11/19.</p>	<p>12/11/19</p>	<p><b><u>Monitoring:</u></b>  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, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i>. 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Monitoring:</u></b>  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.</p>

			<p><b>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.</b></p> <p><b><u>Education:</u></b> Harris Health will provide targeted education on the revisions to Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i> 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, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i> as part of orientation. New medical staff members will receive training on the policy as part of orientation to Harris Health.</p>
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## 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 Party	How	Completion Date	Sustainability
<p>Harris Health will ensure the proper storage of TEE and transvaginal probes are consistent with national guidelines and manufacturer’s recommendations.</p>	<p>Executive Vice Presidents of Ben Taub Hospital, LBJ Hospital, and Ambulatory Care Services.</p>	<p>Harris Health revised:            (a) Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High- and Low-Level Disinfection, and Storage of Processed Patient Care Devices</i>; and (b) Harris Health Policy 1303.03, <i>Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection</i> 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.</p> <p>Harris Health provided targeted education on the revisions to Harris Health Policies 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i> and Harris Health Policy 1303.03, <i>Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection</i> to applicable staff</p>	<p>9/27/19</p>	<p><b>Review:</b>            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, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i>, and Harris Health Policy 1303.03, <i>Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection</i>. 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) 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</p>

		<p>on or before 9/27/19. The targeted education included the proper storage of TEE probes and transvaginal probes and all endocavitary probes. This education will also be included in new employee orientation and annual mandatory education for the applicable staff.</p>	<p>(QGC).</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will conduct a weekly audit regarding the proper 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).</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Review:</u></b></p> <p><b>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</b></p>
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				<p><b>and until one hundred percent (100%) compliance is continuously demonstrated.</b></p> <p><b><u>Auditing:</u></b></p> <p><b>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></p>
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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.

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

<p>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)</p>		<p><i>and Storage Areas for Sterile Instrumentation</i>, to include a staff notification process when temperature and humidity measurements are outside of acceptable ranges.</p> <p>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.</p> <p>On or before 12/11/19, Harris Health’s Facility Engineering department will educate applicable staff regarding Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i>, specifically:</p> <ol style="list-style-type: none"> <li>1. How staff will be notified when temperature and humidity measurements are outside of acceptable ranges;</li> <li>2. How staff will be aware of normal and fault conditions;</li> <li>3. What staff must do when there is an alarm condition; and</li> <li>4. How staff must utilize the work order process for reporting and tracking of alarm conditions.</li> </ol>	<p>outs and appropriate resolution, in compliance with Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i>. 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.</p> <p>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.</p> <p><b><u>Auditing:</u></b> Harris Health will perform a weekly audit of BAS readouts to ensure compliance with Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i> 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</p>
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		<p>This education will also be provided during new staff orientation and mandatory annual education for the applicable staff.</p>		<p>and remediation if necessary.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Review:</u></b></p> <p><b>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, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation.</i></b></p> <p><b>The frequency with which Harris Health will perform this review will be daily.</b></p> <p><b>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.</b></p> <p><b>The frequency with which Harris Health will perform this review will be monthly.</b></p> <p><b>3. Harris Health’s Facilities</b></p>
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			<p><b>Engineering will also conduct periodic surveillance of audit logs within BAS.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least quarterly.</b></p> <p><b>4. Harris Health's Facilities</b> <b>Engineering will conduct an annual review of current design guidelines and established standards.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least annually.</b></p> <p><b><u>Auditing:</u></b></p> <p><b>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></p> <p><b><u>Education:</u></b> Harris Health will educate one hundred percent (100%) of applicable staff members, excluding those who are on approved leave, on Harris Health Policy</p>
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				1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i> 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 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 System (BAS)	Chief Operating Officer	<p>On 10/31/19, Harris Health performed a temperature and humidity sensor validation study for the ORs at both Harris Health hospitals. Sensor readouts at the Building Automation System (“BAS”) console were tested and compared to manual readings in ORs where the BAS sensors are located. The study revealed the necessity to relocate some sensors and add additional sensors to certain ORs to ensure accurate temperature and humidity readings.</p> <p>Pursuant to the temperature and humidity sensor validation survey, Harris Health will relocate sensors and add additional sensors to certain ORs to ensure accurate temperature and humidity readings on or before 11/22/19.</p> <p>On 9/27/19, Harris Health installed visible temperature and humidity room monitors in each OR and Cath Lab so staff can ensure environmental conditions are appropriate</p>	12/11/19	<p><b>Review:</b> Harris Health’s Facilities Engineering will conduct periodic surveillance of audit logs within BAS, and conduct an annual review of current design guidelines and established standards.</p> <p><b>Response to Clarification Received on 12/13/19:</b></p> <p><b>1. Harris Health’s Facilities Engineering will also conduct periodic surveillance of audit logs within BAS.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least quarterly.</b></p> <p><b>2. Harris Health’s Facilities Engineering will conduct an annual review of current design guidelines and established standards.</b></p> <p><b>The frequency with which Harris</b></p>

		<p>prior to the start of each case.</p> <p>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.</p>		<p><b>Health will perform this review will be at least annually.</b></p> <p><b><u>Education:</u></b> 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.</p>
<p>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</p>	<p>Chief Operating Officer</p>	<p>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”).</p> <p>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.</p> <p>On 9/28/19, Harris Health created Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural,</i></p>	<p>12/15/19</p>	<p>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.</p> <p>Facilities Engineering will conduct periodic surveillance of audit logs within BAS, and conduct an annual review of current design guidelines and established standards.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p>

<p>System (BAS)</p>		<p><i>and Storage Areas for Sterile Instrumentation</i> to specify the temperature and humidity requirements for areas in operating and procedural settings and in storage areas for sterile instrumentation.</p> <p>Harris Health will educate all applicable staff on Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i>. This education will also be included in new employee orientation and annual mandatory education for applicable staff.</p>	<p><b>1. Harris Health's Facilities Engineering will also conduct periodic surveillance of audit logs within BAS.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least quarterly.</b></p> <p><b>2. Harris Health's Facilities Engineering will conduct an annual review of current design guidelines and established standards.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least annually.</b></p> <p>Facilities Engineering is responsible to update BAS alarm Parameters consistent with Appendix A in Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i>.</p> <p>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).</p> <p><b><u>Education:</u></b> Harris Health will educate one hundred</p>
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				percent (100%) of all identified applicable staff, excluding those staff members who are on approved leave, on Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</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 included in orientation for all new identified applicable staff members as well as annual mandatory education for identified applicable staff.
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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.

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



		<p>By 12/11/19, all applicable staff members will be educated regarding the new item added to Epic to document verification that “all activity was stopped, including music, prior to and during the time out process.”</p>	<p>for review and remediation.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b>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></p> <p><b><u>Education:</u></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.</p>
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D. The facility failed to ensure a sanitary environment for the provision of surgical services and patient care for 25 areas

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

<p>ensure a sanitary environment for the provision of surgical services and patient care.</p>	<p>Vice President of Ben Taub</p>	<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b>  <b>The hospital addressed the identified deficiencies (on or before 12/18/19 unless otherwise noted) through the following corrections:</b></p> <p><b><u>Cath Lab 1:</u></b>  <b>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.</b></p> <p><b><u>Cath Lab 2:</u></b></p>	<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b>  <b>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.</b></p>
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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 residue 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 12:**

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 Supply Room:**

**Sterile and nonsterile supplies were separated on the shelving. The corrugated boxes were removed and items are now put into bins in the supply room. The specimen cup found on the floor during survey was discarded.**

**Sterile Processing Clean Preparation Area:**

**The drain issue was remediated by replacing the tubing. Regarding the large sterilizer, Biomedical Engineering has been working with the manufacturer to have the baffles replaced. The stickers are blowing off of the packs because of the force of the airflow inside the sterilizers. Once the baffles are replaced and tested, there will be an extensive round of testing to confirm it is operating properly. Once baffles have been approved, there will be a chamber cleaning of all five chambers which is expected to be completed by 2/28/2020.**

**Sterile Processing Decontamination Area:**

**The carts with dirt and residue were cleaned on 9/30/19 and weekly thereafter.**

**Sterile Instrument Storage Room:**

**Shelving was ordered and was installed on 11/26/19. There is no longer corrugated cardboard in the storage room. Items are removed from the cardboard boxes and stored appropriately.**

		<p><b>OR #14:</b>  <b>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.</b></p> <p><b>Anesthesia Supply Storage Area:</b>  <b>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.</b></p> <p><b>GI Lab Processing Room:</b>  <b>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 installed as part of the project (work order #1429336).</b></p>		
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E. The facility failed to ensure that the patient was provided all the information necessary to make an informed decision about their care.

What	Responsible Party	How	Completion Date	Sustainability
<p>Harris Health will ensure that all patients are provided all information necessary to make informed decisions regarding their care and/or treatment</p>	<p>SVP, Corporate Compliance</p>	<p>On or before 11/27/19, Harris Health will revise Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, to explicitly list all the elements that must be disclosed to the patient during the informed consent process, including but not limited to, who will be performing and involved in a patient’s surgery / procedure. Specifically, Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, 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.</p> <p>Harris Health will also revise Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i> 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.</p> <p>On or before 11/27/19, Harris Health will revise applicable consent forms so that they are in conformance with Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>.</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning 12/12/19, Harris Health will audit for compliance with the utilization of the revised informed consent forms by reviewing at least fifty (50) patient charts 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.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b>Beginning on 12/12/19, Harris Health will audit for compliance with the utilization of the revised informed consent forms by reviewing at least fifty (50) patient charts. 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. 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.</b></p> <p><b><u>Education:</u></b> Harris Health will educate one hundred</p>

		<p>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.</p> <p>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, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i> as well as Harris Health's revised consent forms.</p>		<p>percent (100%) of its Nursing and Medical Staff members, excluding those who are on approved leave, on the revisions to Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, 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.</p>
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**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 Party	How	Completion Date	Sustainability
To ensure patient safety as it relates to infection prevention requirements for temperature and humidity, Harris Health will establish a notification process	Chief Operating Officer	On 11/6/19, Harris Health revised Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i> , to include a staff notification process when temperature and humidity measurements are outside of acceptable ranges.	12/11/19	<b>Review:</b> Harris Health's Pavilion Engineering Directors will perform a daily review of work orders for temperature/humidity fall outs and appropriate resolution, in compliance with Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i> .

<p>for temperature and humidity outside of acceptable ranges for areas monitored by the Building Automation System (BAS)</p>		<p>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.</p> <p>Harris Health’s Facility Engineering department will educate applicable staff regarding Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i>, specifically:</p> <ul style="list-style-type: none"> <li>F. How staff will be notified when temperature and humidity measurements are outside of acceptable ranges;</li> <li>G. How staff will be aware of normal and fault conditions;</li> <li>H. What staff must do when there is an alarm condition; and</li> <li>I. How staff must utilize the work order process for reporting and tracking of alarm conditions.</li> </ul> <p>This education will also be provided during new staff orientation and mandatory annual education for the applicable staff.</p>	<p>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.</p> <p>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.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will perform a weekly audit of BAS readouts to ensure compliance with Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i> 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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Review:</u></b></p> <p><b><u>1. Harris Health’s Pavilion Engineering</u></b></p>
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			<p><b>Directors will review work orders for temperature/humidity fall outs and appropriate resolution, in compliance with Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation.</i></b></p> <p><b>The frequency with which Harris Health will perform this review will be daily.</b></p> <p><b>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.</b></p> <p><b>The frequency with which Harris Health will perform this review will be monthly.</b></p> <p><b>3. Harris Health’s Facilities Engineering will also conduct periodic surveillance of audit logs within BAS.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least quarterly.</b></p> <p><b>4. Harris Health’s Facilities Engineering will conduct an annual review of current design guidelines and established standards.</b></p>
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			<p><b>The frequency with which Harris Health will perform this review will be at least annually.</b></p> <p><b><u>Auditing:</u></b></p> <p><b>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></p> <p><b><u>Education:</u></b></p> <p>Harris Health will educate one hundred percent (100%) of the identified applicable staff members, excluding those staff members who are on approved leave, on Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</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 included as part of all identified applicable staff members orientation and as part of their mandatory annual education.</p>
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<p>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 System (BAS)</p>	<p>Chief Operating Officer</p>	<p>On 10/31/19, Harris Health performed a temperature and humidity sensor validation study for the ORs at both Harris Health hospitals. Sensor readouts at the Building Automation System (“BAS”) console were tested and compared to manual readings in ORs where BAS sensors are located. The study revealed the necessity to relocate some sensors and add additional sensors to certain ORs to ensure accurate temperature and humidity readings.</p> <p>Pursuant to the temperature and humidity sensor validation survey, Harris Health will relocate sensors and add additional sensors to certain ORs to ensure accurate temperature and humidity readings on or before 11/22/19.</p> <p>On 9/27/19, Harris Health installed visible temperature and humidity room monitors in each OR and Cath Lab so staff can ensure environmental conditions are appropriate prior to the start of each case.</p> <p>Harris Health will provide education to identified applicable staff members 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.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> 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.</p> <p>Harris Health will conduct periodic surveillance of audit logs within BAS, and conduct an annual review of current design guidelines and established standards.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b>1. Harris Health’s Facilities Engineering will conduct periodic surveillance of audit logs within BAS.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least quarterly.</b></p> <p><b>2. Harris Health’s Facilities Engineering will conduct an annual review of current design guidelines and established standards.</b></p> <p><b>The frequency with which Harris Health will perform this review will be at least annually.</b></p> <p><b><u>Education:</u></b> Harris Health will provide education to one</p>
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				<p>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.</p>
<p>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 System (BAS)</p>	<p>Chief Operating Officer</p>	<p>On or before 12/15/19, Harris Health will install room monitoring sensors within the Cath Lab sterile storage room so that the temperature and humidity can be continuously monitored through the Building Automation System (“BAS”).</p> <p>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 this group was on 10/18/19.</p> <p>On 9/28/19, Harris Health created Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i></p>	<p>12/15/19</p>	<p>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.</p> <p>Facilities Engineering will conduct periodic surveillance of audit logs within BAS, and conduct an annual review of current design guidelines and established standards.</p> <p>Facilities Engineering is responsible to update BAS alarm Parameters consistent with Appendix A of Harris Health Policy 1308.01, <i>Maintaining Appropriate</i></p>

		<p>to specify the temperature and humidity requirements for areas in operating and procedural settings and in storage areas for sterile instrumentation.</p> <p>Harris Health will educate all identified applicable staff on Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i>. This education will also be included in new employee orientation and annual mandatory education for applicable staff.</p>	<p><i>Temperature and Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile Instrumentation</i>. 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)</p> <p><b><u>Education:</u></b> Harris Health will provide education to one hundred percent (100%) of all identified applicable staff members, excluding those staff members who are on approved leave, on Harris Health Policy 1308.01, <i>Maintaining Appropriate Temperature and Relative Humidity Ranges in Operative, Procedural, and Storage Areas for Sterile 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.</p>
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<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will ensure the proper storage of TEE and transvaginal probes are consistent with	Executive Vice Presidents of Ben Taub Hospital, LBJ	Harris Health revised: (a) Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High- and Low-Level Disinfection, and Storage of Processed</i>	9/27/19	<b><u>Review:</u></b> 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

<p>national guidelines and manufacturer's recommendations.</p>	<p>Hospital, and Ambulatory Care Services.</p>	<p><i>Patient Care Devices</i>; and (b) Harris Health Policy 1303.03, <i>Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection</i> 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.</p> <p>Harris Health provided targeted education on the revisions to Harris Health Policies 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i> and Harris Health Policy 1303.03, <i>Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection</i> to applicable staff on or before 9/27/19. The targeted education included the proper storage of TEE probes and transvaginal probes and all endocavitary probes. This education will also be included in new employee orientation and annual mandatory education for the applicable staff.</p>	<p>Harris Health Policies 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i>, and Harris Health Policy 1303.03, <i>Transesophageal Echocardiogram (TEE) Probe Guidelines for Cleaning and Disinfection</i>. 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) 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 QRC and QGC.</p> <p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will conduct a weekly audit regarding the proper storage, including temperature and humidity requirements in the room where the probes are stored, of all endocavitary probes by 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</p>
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			<p>system-level Quality Governance Council (QGC).</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Review:</u></b></p> <p><b>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.</b></p> <p><b><u>Auditing:</u></b></p> <p><b>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></p>
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B. Facility failed to ensure a sanitary environment for the provision of surgical services and patient care .

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
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<p>Providing clean and sanitary environment for patients in 9 areas: PACU, GI, OR, Cardiology, sterile core, sterile processing, pre-op holding, storage room</p> <p>Ice machine stored on cracked counter top: Engage the vendor to replace the cracked countertop identified in the PACU area.</p>	<p>Executive Vice President of LBJ Hospital</p>	<p><b><u>Immediate Remediation:</u></b> By 12/1/19, Harris Health will engage a vendor to replace the counter top.</p> <p><b><u>Long Term Remediation:</u></b> 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.</p>	<p>12/12/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit the appropriateness of the patient care environment 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 Harris Health’s QRC and QGC for review and remediation if necessary.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Auditing:</u></b></p> <p><b>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.</b></p>
<p>Harris Health will: prohibit the use of rubber bands in crash carts; prohibit the</p>	<p>Chief Quality and Patient Safety Officer</p>	<p>Harris Health Policy 4471, <i>Emergency Resuscitation Cart (Crash Cart)</i> will be updated to address the following practices:</p> <ul style="list-style-type: none"> <li>• Rubber bands will be prohibited. Rubber bands used to secure items</li> </ul>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning on 12/12/19, Harris Health will audit for completeness, cleanliness and quality five (5) crash carts each twice per month at LBJ Hospital and Ben Taub</p>

<p>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 non-packaged 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.</p>		<p>will be replaced with resealable zipper storage bags to hold items.</p> <ul style="list-style-type: none"> <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 for use.</li> <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> </ul> <p>Central Supply department staff will be educated on the revisions to Harris Health Policy 4471, <i>Emergency Resuscitation Cart (Crash Cart)</i>.</p> <p>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.</p>	<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Auditing:</u></b></p> <p><b>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</b></p>
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				<p><b>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.</b></p> <p><b><u>Education:</u></b> 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, <i>Emergency Resuscitation Cart (Crash Cart)</i>, 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.</p>
Chipped floor tiles observed in front of steam sterilizers will be repaired.	Executive Vice President of LBJ Hospital	<p><b><u>Immediate Remediation:</u></b> By 12/1/19, Facility Engineering will engage a vendor to replace the chipped floor tiles.</p> <p><b><u>Long Term Remediation:</u></b> 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.</p>	December 1, 2019	<p>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.</p> <p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Auditing:</u></b></p>

				<p><b>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.</b></p>
<p>Harris Health will ensure appropriate cleaning of Pyxis Machines.</p>	<p>Chief Pharmacy Officer</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b> 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.</p> <p><b><u>Auditing:</u></b> 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, <i>Automated Dispensing Cabinets</i> and Harris Health Policy 7200, <i>Environmental Services Cleaning Guidelines</i> 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.</p>



		<p>Harris Health will educate all pharmacy staff members on the revised policy and process by 12/11/19.</p> <p>EOC rounds will be amended to include inspection of external conditions of Pyxis machine using the Sentact tool by 11/30/19.</p>	<p><b><u>Response to Clarification Received on 12/13/19:</u></b></p> <p><b><u>Review:</u></b></p> <p><b>The frequency with which Harris Health will perform this review will be monthly.</b></p> <p><b><u>Auditing:</u></b></p> <p><b>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.</b></p> <p><b><u>Education:</u></b></p> <p>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.</p>
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## 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
<p>Harris Health will ensure that all patients are provided all information necessary to make informed decisions regarding their care and/or treatment.</p>	<p>SVP, Corporate Compliance</p>	<p>On or before 11/27/19, Harris Health will revise Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, to explicitly list all the elements that must be disclosed to the patient during the informed consent process, including but not limited to, who will be performing and involved in a patient's surgery / procedure. Specifically, Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, 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.</p> <p>Harris Health will also revise Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i> to provide that patients need to be informed of their right to obtain a copy of</p>	<p>12/11/19</p>	<p><b><u>Auditing:</u></b> Beginning 12/12/19, Harris Health will audit for compliance with the utilization of the revised informed consent forms by reviewing at least fifty (50) patient charts for 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 remediation if necessary.</p> <p><b><u>Response to Request for Clarification on 12/13/19:</u></b></p> <p><b><u>Beginning on 12/12/19, Harris Health will audit for compliance with the utilization of the revised informed consent forms by reviewing at least fifty (50) patient charts. 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</u></b></p>

		<p>his or her properly executed informed consent form in his or her own language.</p> <p>On or before 11/27/19, Harris Health will revise applicable consent forms so that they are in conformance with Harris Health Policy 4215, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>. 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.</p> <p>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, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i> as well as Harris Health's revised consent forms.</p>	<p><b>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.</b></p> <p><b><u>Education:</u></b> 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, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i>, 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.</p>
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What	Responsible Party	How	Completion Date	Sustainability
Harris Health will ensure appropriate nursing and medical staff knowledge of the consent process	SVP, Corporate Compliance	<p>Harris Health will re-educate its nursing staff and Medical Staff on the revisions to Harris Health Policy 4215, <i>Consent to Medical Treatment and Identification of a Surrogate Decision Maker</i> as well as on the following:</p> <ol style="list-style-type: none"> <li>1. The procedure and process to obtain informed consent, including but not limited to, obtaining telephone consent;</li> <li>2. Witness requirements (e.g., who may be a witness); and</li> <li>3. Duration of an informed consent form; and</li> <li>4. When a patient's written informed consent must be obtained.</li> </ol>	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, <i>Consent for Medical Treatment and Identification of a Surrogate Decision Maker</i> , 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 Party	How	Completion Date	Sustainability
<p>Harris Health will ensure a sanitary environment in all surgical services and procedure areas by following proper sterilization techniques.</p>	<p>Chief Nursing Executive</p>	<p>Beginning on 11/18/19, all instruments will be visually inspected for rust before processing for sterilization. Any instrument that is damaged or degraded will be discarded.</p> <p>Beginning on 11/18/19, all sterile processing staff will be trained to concurrently visually inspect instruments at decontamination stage and prior to wrapping in peel pack. All sterile instruments and sterile packaging will be inspected for integrity and appearance before storage and immediately prior to patient use. Any items that are found to have compromised sterile packaging or visible rust will be returned to sterile processing for reprocessing or disposal, and an eIRS submitted.</p> <p>By 12/11/19, all sterile processing staff will be reeducated on system guidelines for sterile processing.</p>	<p>12/11/19</p>	<p><b><u>Review:</u></b>            Visual inspection of sterile packaging and any visible rust on sterile equipment will be performed as part of on-going interdisciplinary rounding. Visual inspection of sterile instruments will be included in the rounding tools.</p> <p>If improperly processed items are identified in clinical areas, staff will utilize the eIRS system to catalog the deviation. Risk and Patient Safety teams will lead further investigation and remediation if identified in collaboration with departmental leaders.</p> <p><b><u>Auditing:</u></b>            Beginning 12/12/19, Harris Health will perform direct observation audits of ten percent (10%) of daily loads prior to 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</p>

			<p>Committee, Quality Review Committees (QRC), and Quality Governance Committees (QGC) for review and if necessary, corrective action.</p> <p><b><u>Education:</u></b> 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.</p>
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**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.

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



## 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
<p>Harris Health will ensure compliance with standards of practice regarding sterilization of instruments in the ACS outpatient clinics. This includes Dental Clinics.</p>	<p>ACS Executive Vice President</p>	<p>Ambulatory Care Services (“ACS”) Infection Prevention staff members will perform an in-service of all ACS staff who perform sterilization and process instruments regarding the requirements in Harris Health Policy 1303, <i>Pre-Cleaning, Sterilization, High and Low Level Disinfection, and Storage of Processed Patient Care Devices</i>, including the requirements related to: (1) disassembling instruments with hinges open and spraying the instruments with enzymatic solution prior to sterilization; (2) monitoring temperature and humidity during the time the sterilizer is in operation; (3) biological indicators and logs; (4) load logs; and (5) storage of sterile items. Staff will also be trained on the escalation process used for temperature and/or humidity fall outs.</p> <p>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.</p>	<p>11/30/19</p>	<p><b><u>Auditing:</u></b> Harris Health ACS staff will review for compliance with the completion of the “pre-flight” checklist for eight (8) weeks and until one hundred percent (100%) compliance is achieved, then quarterly thereafter. Non-compliance will be reported directly to Clinic leadership and the Administrative Director, and immediately remediated.</p> <p>Harris Health will conduct weekly validation audits through direct observation for at least eight (8) weeks and until 100% compliance. Thereafter, audits will be conducted on a quarterly basis. Audit results will be reported to the ACS Quality Review Committee (QRC) and the Quality Governance Council.</p>

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

		<p>communication between physicians and rehab providers and specify the timeframe for evaluation by rehab services team, reducing avoidable delays in care, including the NICU service.</p> <p>Harris Health will also standardize physician workflows for ordering physical therapy in the NICU at both hospitals by 12/18/19.</p>		<p><b><u>QAPI:</u></b> 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 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 the BQC based on established criteria.</p>
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b. The facility failed to ensure that rehab services are integrated into the hospital-wide QAPI program.

<b>What</b>	<b>Responsible Party</b>	<b>How</b>	<b>Completion Date</b>	<b>Sustainability</b>
Harris Health will establish a comprehensive Rehab Services QAPI Plan.	Chief Quality and Safety Officer	<ol style="list-style-type: none"> <li>Harris Health will establish a comprehensive Rehab Services QAPI Plan that includes the formation of a Performance Improvement Committee (PIC) and the identification of indicators appropriate for the patient population served and the services provided.</li> <li>The Rehab 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).</li> <li>Harris Health will establish criteria for frequency of reporting Rehab Services QAPI activities to the QGC and BQC, including when not meeting established quality metrics or targets for goals,</li> </ol>	Development of departmental QAPI Plans will be initiated by 12/18/19.	<p>Harris Health will ensure documentation of Rehab Services QAPI Plan.</p> <p>Harris Health will provide review and reporting of Rehab Services QAPI activities, processes and results/metrics to QGC and BQC according to established standards and criteria.</p> <p>Harris Health's CSQO will conduct an annual assessment of the effectiveness of the QAPI Program with the results reported to the Board of Trustees Quality Committee (BQC).</p>

		processes, and personnel. 4. The Rehab Services QAPI Plan will be implemented by 1/31/20.		
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c. The facility failed to ensure policies and procedures were properly updated and reviewed.

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