

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

November 19, 2013

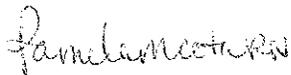
Melvyn Patashnick, Administrator
Copley Hospital
528 Washington Highway
Morrisville, VT 05661

Dear Mr. Patashnick:

The Division of Licensing and Protection completed a survey at your facility on **October 29, 2013**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **November 18, 2013**.

Sincerely,



Pamela Cota, RN, BS
Licensing Chief

PC:jl

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 000	INITIAL COMMENTS An unannounced on-site survey was conducted on 10/25/13 & 10/28/13 and completed off-site 10/29/13 by the Division of Licensing and Protection. The Hospital was determined not to be in compliance with the Conditions of Participation for Provision of Services and Periodic Evaluation and Quality Assurance Review. Findings include:	C 000		
C 270	485.635 PROVISION OF SERVICES Provision of Services This CONDITION is not met as evidenced by: Based upon staff interview and record review, the Condition of Participation: Provision of Services was not met due to the the hospital failing to develop and provide services in accordance with written policies for health care services related to comfort care. See C272 - Patient Care Policies. See C273 - Patient Care Policies. See C294 - Nursing Services.	C 270	See Attachment A <i>C270 POC accepted with attachments. J. Cummings RUMS 11/18/13</i>	
C 272	485.635(a)(2) PATIENT CARE POLICIES The policies are developed with the advice of a group of professional personnel that includes one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1); at least one member is not a member of the CAH staff.	C 272	• Written policy on comfort care developed with the advice of a group of professional personnel that includes: ○ One or more doctors of medicine or osteopathy: Chief Medical Officer, Medical Staff President; ○ One or more physician assistants, nurse practitioners, or clinical nurse specialists: Hospitalist mid-level provider;	11/12/13 <i>11/18/13 C272 POC accepted with attachment J. Cummings RUMS 11-14-13</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

[Signature]

CEO

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 272	Continued From page 1 This STANDARD is not met as evidenced by: Based upon interview and record review, the hospital failed to develop a comfort care policy with the advice of a group of professional personnel that includes one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1); and at least one member is not a member of the hospital staff. Finding includes: Per interview and confirmed with the Chief Nursing Officer (CNO) on 10/28/13 at 11:34 AM, the hospital does not have a written Policy and Procedure for comfort care and only uses standardized "Comfort Care Orders" which states "check all boxes that apply" and is signed by the Physician. Per interview on 10/28/13 1:48 PM, the CNO confirmed that during the weekend of 10/26/13 and 10/27/13, the Director of Med/Surg Unit drafted a comfort care policy following the on-site survey on 10/25/13.	C 272	<ul style="list-style-type: none"> At least one member who is not a member of the hospital staff: Director of Lamoille County Home Health Agency; and Additional professional personnel: Director of Med Surg/SCU, Chief Nursing Officer, Director of Quality Management, Case Manager, and Director of Pharmacy. Policy will be reviewed and updated on annual basis on or before the 15th day of November of each year by a multi-disciplinary group as required by 485.635(a)(2) which currently include: <ul style="list-style-type: none"> One or more doctors of medicine or osteopathy; One or more physician assistants, nurse practitioners, or clinical nurse specialists; and At least one member who is not a member of the hospital staff. 	Annually	
C 273	485.635(a)(3)(i) PATIENT CARE POLICIES (i) A description of the services the CAH furnishes, including those furnished through agreement or arrangement. This STANDARD is not met as evidenced by: Based upon staff interview and clinical record review of 2 of 2 patients, the hospital failed to develop and implement a comfort care policy which includes a description of services directly provided by the hospital. (Patients #1 and #2). Findings include:	C 273	<ul style="list-style-type: none"> Written policy on comfort care implemented on 11/12/13, which policy includes a description of services provided by the hospital. 	<p><i>C 272 POC accepted with attachments. J. Hummer RN MS. 11/18/13</i></p> <p><i>C 273 POC accepted with attachments - J. Comand RN MS. 11/18/13</i></p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 273	Continued From page 2 1. Per interview and confirmed with the Chief Nursing Officer (CNO) on 10/28/13 at 11:34 AM, the hospital does not have a written Policy and Procedure for comfort care and only uses standardized "Comfort Care Orders" which state "check all boxes that apply" and is signed by the Physician. Per interview on 10/28/13 1:48 PM, the CNO confirmed that during the weekend of 10/26/13 and 10/27/13, the Director of Med/Surg Unit drafted a comfort care policy following the on-site survey on 10/25/13. 2. Per clinical record review, the standardized "Comfort Care Orders" were checked off and signed by the Physician on 10/19/13 at 18:00 (6:00 PM) for Patient #1. 3. Per clinical record review, the standardized "Comfort Care Orders" were checked off and signed by the Physician on 10/19/13 for Patient #2 (no time documented).	C 273	<i>C273 POC accepted with attachments J. Cummins RN MS 11/18/13</i>		
C 294	485.635(d) NURSING SERVICES Nursing services must meet the needs of patients. This STANDARD is not met as evidenced by: Based upon staff interview and record review, the Hospital and the Director of Nursing (DON) failed to ensure that that one Registered Nurse (RN) was adequately supervised & clinical activities evaluated after identifying that the RN: 1) Documented administration of an anti-anxiety medication (Lorazepam) for a use not specified in the Physician Order; 2) Failed to properly assess	C 294	• The hospital has made material modifications to its quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the hospital and of the treatment outcomes, to ensure that nursing services meet the needs of patients, that nursing services are adequately supervised, and that clinical services are adequately evaluated, including modifications designed to prevent: (1) improper administration of medication for		

*C294 POC accepted with attachments
J. Cummins RN MS
11/18/13*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
C 294	<p>Continued From page 4 merciful".</p> <p>Per "Record of Risk Management Investigation" received on 10/28/13 at 12:00 and confirmed with the Director of Quality and Risk, on 10/23/13, "[Director of Med/Surg] informed me (at approximately 08:30) of [his/her]discussion with RN #1. [Director of Med/Surg] states when she/he asked about the documentation for the administration of lorazepam being inconsistent with the reasoning for "comfort care" and the "patient was sleeping", RN # 1's reply was "I tried to speed up the process" and he/she was "trying to be merciful". [Director of Med/Surg] also informed me that the patient's death was reported to the Medical Examiner's office and RN#1 was the assistant ME who responded to the case. [Director Med/Surg] and I concluded we needed to discuss the situation with our supervisor, [CNO]".</p> <p>Per interview on 10/25/13 at 10:35 AM, the Director of Med/Surg met with RN #1 on 10/23/13 after working 7 PM to 7AM following Patient #1's death on 10/22/13. Per interview with Human Resources Generalist on 10/28/13 at 9:50 AM, RN #1 was not scheduled to work again until 10/28/13 and will be suspended for 3 days starting 10/28/13.</p> <p>Per interview with RN #1 on 10/28/13 10:00 AM, medical record reviewed with RN #1 concerning 7 PM to 7 AM documentation on 10/21/13 to 10/23/13. RN #1's documentation of Lorazepam 2 mg IVP administered for comfort care was read out loud during the interview. Confirmed with RN #1 that Lorazepam was documented as being given for comfort care. RN #1 confirmed that the MD Order for Lorazepam 2mg IVP was to be</p>	C 294	<p>care, on or before the 15th day of November of each year, by a multi-disciplinary group as required by 485.635(a)(2) which currently include:</p> <ul style="list-style-type: none"> ▪ One or more doctors of medicine or osteopathy; ▪ One or more physician assistants, nurse practitioners, or clinical nurse specialists; and ▪ At least one member who is not a member of the hospital staff. <p>○ The written comfort care policy redefines the role of the Clinical Administrative Supervisor (see pg. 3 of policy) to provide for the review by such Clinical Administrative Supervisor of all comfort care orders with the assigned RN and to provide for the ongoing review of each patient's response to the comfort care measures, as well as review of medication administration and nursing documentation.</p> <p>○ The hospital will review and modify its comfort care order sets to place stricter limitations on quantities of PRN medications. Nurses shall be required to consult with and receive approval from the attending physician prior to any deviation from the comfort care order sets. The hospital shall approve the revised comfort care order sets by 11/22/13.</p>

*C294 POC
accepted with
Attachments
J. Cumings
11/18/13*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
C 294	<p>Continued From page 5</p> <p>administered for agitation, restlessness or anxiety. RN #1 confirmed total number of doses of Lorazepam 2 mg IVP he/she administered from 7PM to 7AM 10/21/13 to 10/22/13 was 9 doses.</p> <p>During the interview, RN #1 Stated he/she "felt [Patient #1] was suffering"; "high pulse rate indicated suffering" to him/her; "This was the most restful night that she had had". When asked "What other characteristics led him/her to believe [Patient #1] was suffering?" The RN stated [Patient #1] "was basically sleeping with increase in medications given".</p> <p>Per clinical record review, of the "Patient Progress Notes" from 10/21/13 to 10/22/13, RN #1 documented the following from 10/21/13 to 10/22/13:</p> <p>19:37 Lorazepam 2 mg IVP; Reason: Comfort Care 20:55 Lorazepam 2 mg IVP; Reason: Comfort Care 21:52 Lorazepam 2 mg IVP; Reason: Comfort Care 23:02 Lorazepam 2 mg IVP; Reason: Comfort Care 01:05 Lorazepam 2 mg IVP; Reason: Comfort Care 02:10 Lorazepam 2 mg IVP; Reason: Comfort Care 03:19 Lorazepam 2 mg IVP; Reason: Comfort Care 04:28 Lorazepam 2 mg IVP; Reason: Comfort Care 05:40 Lorazepam 2 mg IVP; Reason: Comfort Care</p> <p>Per clinical record review of the "Hourly Rounding</p>	C 294	<p>Promptly following the approval of the newly revised comfort care order sets, medical and nursing staff shall be educated regarding the changes. Documentation of the completion of such education shall be documented in each provider's personnel file in Human Resources.</p> <ul style="list-style-type: none"> o The hospital has designed education curriculum for, and has or will as promptly as possible provide education to, Med Surg and SCU nurses, LNAs, and Clinical Administrative Supervisors on the following topics: <ul style="list-style-type: none"> ▪ comfort care definitions and expectations of treatment including comfort care order sets; ▪ medication administration policy with emphasis on PRN orders and documentation of PRN orders; and ▪ Emphasis on clinical record documentation of RN and LNA physical patient assessments as a result of rounding. o The hospital has identified 34 full-time staff as appropriate for receiving such education. 32 of the 34 (94%) full-time staff have received such training as of 11/12/13; the remaining 2 full-time staff shall receive such

*C294 Doc accepted
with attachments
J. Cummins RN MS.
11/18/13*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 294	Continued From page 6 Log" from 10/21/13 to 10/22/13, RN #1 documented at 19:40, 20:52, 22:07, 22:38, 23:35, 00:12, 01:04, 03:03, and 05:42 "Patient Asleep". In addition at 05:42, RN #1 documented "[Patient #1] repositioned and cleaned. Mouth care done. [She/He] showed no signs of distress when she was moved to be cleaned". Per interview on 10/28/13, the LNA stated she/he worked with RN #1 and cared for Patient #1 on 10/21/13 to 10/22/13, 7 PM to 7 AM shift. On 10/21/13 the LNA was told Patient #1 had been put on comfort measures, mouth care, and no Vital Signs. When LNA saw Patient #1 after report, she/he looked like she/he was sleeping, no moaning, no agitation, not restless, and did not hit at at LNA when touched. RN #1 and the LNA turned Patient #1 from back to left side; turned her together. Patient #1 did not hit or strike at them when turned. LNA did not attempt to give fluids because Patient #1 wasn't awake; LNA was afraid Patient #1 could not swallow and would aspirate.	C 294	training before their next work shift. o The hospital has identified 9 per diem staff as appropriate for receiving such education. The hospital provided written notification on 11/11/13 to all 9 per diem staff that such educational training must be completed prior to their next scheduled shift. o The hospital's written comfort care policy and written medication administration policy were provided to all full-time staff and per diem staff identified by the hospital as appropriate for receiving educational training, for their review prior to such training. Continued on Attachment B	11/11/13 11/14/13
C 330	485.641 PERIODIC EVALUATION & QA REVIEW Periodic Evaluation and Quality Assurance Review This CONDITION is not met as evidenced by: Based upon interview and record review, the Condition of Participation: Periodic Evaluation and Quality Assurance Review was not met due the the hospital failing to implementing a corrective action plan after identifying that one registered nurse (RN) documented administration	C 330	See Attachment C C330 POC accepted with attachment J Cummins RN MS, 11/18/13	C294 POC accepted with attachments J Cummins RN MS 11/18/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 330	Continued From page 7 of an anti-anxiety medication (Lorazepam) for a use not specified in the Physician Order for 1 of 3 patients (Patient #1, RN #1), and not identifying during the annual program review of health care policies that a written policy had not been developed for health care services related to comfort care. See C334 - Periodic Evaluation See C336 - Quality Assurance	C 330			
C 334	485.641(a)(1)(iii) PERIODIC EVALUATION [The evaluation is done at least once a year and includes review of--] the CAH's health care policies. This STANDARD is not met as evidenced by: Based upon staff interview and record review, the hospital failed to identify during the annual program review of health care policies that a written policy had not been developed for health care services related to comfort care. Finding includes: Per interview and confirmed with the Chief Nursing Officer (CNO) on 10/28/13 at 11:34 AM, the hospital does not have a written Policy and Procedure for "Comfort Care" and only uses standardized "Comfort Care Orders", which state "check all boxes that apply" and is signed by the Physician. Per interview and confirmed with the Chief Nursing Officer (CNO) on 10/28/13 at 1:48 PM, a	C 334	See Attachment D		

*C 330 POC accepted
with attachments
11/18/13
J. Cummy RN MS.*

*C 334 POC accepted
with attachment
J. Cummy RN MS
11/18/13*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2013	
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 334	Continued From page 8 Comfort Care Policy was drafted over the weekend of 10/26/13 and 10/27/13 following the on-site survey on 10/25/13.	C 334	<i>C 334 POC accepted with attachments - I Cumino was 11/18/13</i>	
C 336	<p>485.641(b) QUALITY ASSURANCE</p> <p>The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. The program requires that --</p> <p>This STANDARD is not met as evidenced by: Based upon staff interview and record review, the hospital failed to implement a corrective action plan after identifying that one RN: 1) Documented administration of an anti-anxiety medication (Lorazepam) for a use not specified in the Physician Order; 2) Failed to properly assess one patient and administered unnecessary medication; and 3) Stated "I tried to speed up the process" and "I wanted to be merciful" for 1 of 3 patients. (RN #1, Patient #1).</p> <p>Per interview and review of "Record of Risk Management Investigation" on 10/28/13 at 12:00, the Director of Quality and Risk was aware of a concern expressed by the Case Manager on 10/22/13 of "quantity of medications given to a patient during the night shift" and that the Director of the Med/Surg Unit "reported Lorazepam was not documented as being appropriately administered for a PRN (as needed) order". The Director of Risk and Quality was also aware that the Director of Med/Surg met with RN #1 on 10/23/13 at 08:30 AM concerning "documentation</p>	C 336	<ul style="list-style-type: none"> The hospital has made material modifications to its quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the hospital and of the treatment outcomes, to enable the hospital to more swiftly detect and implement corrective actions for improper conduct by hospital staff including, without limitation: (1) improper administration of medication for a use not specified in a physician order, (2) failure to properly assess a patient and the administration of unnecessary medication, and (3) improper provision of comfort care. Such modifications include the following: <ul style="list-style-type: none"> The hospital has developed a written policy on comfort care with the advice of a group of professional personnel that includes: <ul style="list-style-type: none"> One or more doctors of medicine or osteopathy: Chief Medical Officer, Medical Staff President; One or more physician assistants, nurse practitioners, or clinical nurse specialists: Hospitalist mid-level provider; 	11/12/13

C 336 POC accepted with attachments 11/18/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 336	<p>Continued From page 9 of lorazepam being inconsistent with the reasoning for "comfort care" and "patient was sleeping".</p> <p>Per interview on 10/28/13 at 11:15 AM, the Chief Nursing Officer (CNO) was aware on 10/22/13 at 8:00 AM of the Case Manager's and Director Med/Surg's concerns related to RN #1's clinical record documentation of Lorazepam 2 mg IVP administered to Patient #1 on 10/21/13 to 10/22/13.</p> <p>Per interview on 10/25/13 at 10:35 AM, the Director of Med/Surg stated she met with RN #1 on 10/23/13 at approx 7:30 AM following his/her 7PM to 7AM shift. The Director of Med/Surg asked why he/she had administered Lorazepam 2 mg IVP (Intravenous push) 9 times without documenting restlessness. RN#1 said he/she had done it for comfort care. RN #1 stated, "I tried to speed up the process, I wanted to be merciful".</p> <p>Per "Record of Risk Management Investigation" and confirmed with the Director of Quality and Risk on 10/28/13 at 12:00, an internal investigation began on 10/22/13 after the "[Director of Med/Surg] informed me (at approximately 08:30) of [his/her] discussion with RN #1. [Director of Med/Surg] states when she/he asked about the documentation for the administration of lorazepam being inconsistent with the reasoning for "comfort care" and the "patient was sleeping", RN # 1's reply was "I tried to speed up the process" and he/she was "trying to be merciful". [Director of Med/Surg] also informed me that the patient's death was reported to the Medical Examiner's office and RN#1 was the assistant ME who responded to the case. [Director Med/Surg] and I concluded we needed</p>	C 336	<ul style="list-style-type: none"> ▪ At least one member who is not a member of the hospital staff: Director of Lamoille County Home Health Agency; and ▪ Additional professional personnel: Director of Med Surg/SCU, Chief Nursing Officer, Director of Quality Management, Case Manager, and Director of Pharmacy. ○ The hospital has implemented a written policy on comfort care on 11/12/13, which policy includes a description of services provided by the hospital. ○ The hospital has made provision for the annual review and updating of the written policy on comfort care, on or before the 15th day of November of each year, by a multi-disciplinary group as required by 485.635(a)(2) which currently include: <ul style="list-style-type: none"> ▪ One or more doctors of medicine or osteopathy; ▪ One or more physician assistants, nurse practitioners, or clinical nurse specialists; and ▪ At least one member who is not a member of the hospital staff. ○ The hospital conducts an annual review on all of the hospital's health care policies on an annual basis. The hospital utilizes third party vendor software that notifies the hospital 30 days prior to each anniversary of the adoption of each hospital policy, and the hospital reviews and, as 	<p><i>C 336</i> <i>POC accepted with attachments</i> <i>Stamm</i> <i>11/18/13</i></p> <p>11/12/13</p> <p>Annually</p> <p>Annually</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 336	Continued From page 10 to discuss the situation with our supervisor, [CNO]". Per staff interview and confirmed with the Director of Med/Surg Unit on 10/25/13 at 11:55, Patient #1 had a Comfort Care Order signed by the Physician on 10/19/13 at 18:00 (6:00 PM). The order states "For anxiety/restlessness: Lorazepam (0.5 mg PO/IV/SQ (by mouth/ intravenous/subcutaneous) every 2 hours as needed. May repeat in 45 minutes if anxiety/restlessness not resolved". In addition, on 10/21/13 at 17:30 (5:30 PM), the Physician Order states "[increase] Lorazepam to 2 mg (milligram) IV every one hour PRN (as needed)". From 19:37 PM (7:37 PM) to 05:40 AM (5:40 AM) on 10/21/13 to 10/22/13, RN #1 administered 9 doses of 2 mg Lorazepam IVP (intravenous push) without an indication of restlessness or anxiety. Per clinical record review, of the "Patient Progress Notes" from 10/21/13 to 10/22/13, RN #1 documented the following from 10/21/13 to 10/22/13: 19:37 Lorazepam 2 mg IVP; Reason: Comfort Care 20:55 Lorazepam 2 mg IVP; Reason: Comfort Care 21:52 Lorazepam 2 mg IVP; Reason: Comfort Care 23:02 Lorazepam 2 mg IVP; Reason: Comfort Care 01:05 Lorazepam 2 mg IVP; Reason: Comfort Care 02:10 Lorazepam 2 mg IVP; Reason: Comfort Care 03:19 Lorazepam 2 mg IVP; Reason: Comfort	C 336	appropriate, updates each such policy within such 30-day window. o As part of its annual review of services, each department is required to review its policies to ensure that they are complete, updated and comprehensive immediately following the end of each fiscal year. o The written comfort care policy redefines the role of the Clinical Administrative Supervisor (see pg. 3 of policy) to provide for the review by such Clinical Administrative Supervisor of all comfort care orders with the assigned RN and to provide for the ongoing review of each patient's response to the comfort care measures, as well as review of medication administration and nursing documentation. o The hospital will review and modify its comfort care order sets to place stricter limitations on quantities of PRN medications. Nurses shall be required to consult with and receive approval from the attending physician prior to any deviation from the comfort care order sets. The hospital shall approve the revised comfort care order sets by 11/22/13. Promptly following the approval of the newly revised comfort care order sets, medical and nursing staff shall	Annually 11/12/13 11/22/13 11/18/13.	<i>C336 POC accepted with attachments J. Cummins</i>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2013
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 336	<p>Continued From page 11</p> <p>Care 04:28 Lorazepam 2 mg IVP; Reason: Comfort Care 05:40 Lorazepam 2 mg IVP; Reason: Comfort Care</p> <p>Per clinical record review of the "Hourly Rounding Log" from 10/21/13 to 10/22/13, RN #1 documented at 19:40, 20:52, 22:07, 22:38, 23:35, 00:12, 01:04, 03:03, and 05:42 "Patient Asleep". In addition at 05:42, RN #1 documented that "[Patient #1] repositioned and cleaned. Mouth care done. [She/He] showed no signs of distress when she was moved to be cleaned".</p> <p>Per interview and confirmed with the Chief Nursing Officer (CNO) on 10/28/13 at 11:34 AM, the hospital does not have a written Policy and Procedure for "Comfort Care" and only uses standardized "Comfort Care Orders" which states "check all boxes that apply" and is signed by the Physician.</p> <p>Per interview and confirmed with the Chief Nursing Officer (CNO) on 10/28/13 at 1:48 PM, a Comfort Care Policy was drafted over the weekend of 10/26/13 and 10/27/13 following the on-site survey on 10/25/13.</p> <p>Per interview and confirmed with the CNO, on 10/28/13 at 1:48, the Director of Med/Surg Unit emailed all staff the weekend of 10/26/13 and 10/27/13 concerning PRN Medications and attached a copy of the policy titled "Medication Administration" following the on-site survey on 10/25/13.</p>	C 336	<p>be educated regarding the changes. Documentation of the completion of such education shall be documented in each provider's personnel file in Human Resources.</p> <ul style="list-style-type: none"> o The hospital has designed education curriculum for, and has or will as promptly as possible provide education to, Med Surg and SCU nurses, LNAs, and Clinical Administrative Supervisors on the following topics: <ul style="list-style-type: none"> ▪ comfort care definitions and expectations of treatment including comfort care order sets; ▪ medication administration policy with emphasis on PRN orders and documentation of PRN orders; and ▪ Emphasis on clinical record documentation of RN and LNA physical patient assessments as a result of rounding. o The hospital has identified 34 full-time staff as appropriate for receiving such education. 32 of the 34 (94%) full-time staff have received such training as of 11/12/13; the remaining 2 full-time staff shall receive such training before their next work shift. <p>Continued on Attachment E</p>	11/14/13	<p><i>C336</i></p> <p><i>POC</i></p> <p><i>accepted with attachment</i></p> <p><i>J. Cummings RN MS</i></p> <p><i>11/18/13.</i></p>

ATTACHMENT A

ID Prefix Tag	Provider Plan of Correction	(X5) Completion Date
C270	<ul style="list-style-type: none"> • Written policy on comfort care developed with the advice of a group of professional personnel that includes: <ul style="list-style-type: none"> ○ One or more doctors of medicine or osteopathy: Chief Medical Officer, Medical Staff President; ○ One or more physician assistants, nurse practitioners, or clinical nurse specialists: Hospitalist mid-level provider; ○ At least one member who is not a member of the hospital staff: Director of Lamoille County Home Health Agency; and ○ Additional professional personnel: Director of Med Surg/SCU, Chief Nursing Officer, Director of Quality Management, Case Manager, and Director of Pharmacy. • Written policy on comfort care implemented on 11/12/13, which policy includes a description of services provided by the hospital. • Policy will be reviewed and updated on annual basis on or before the 15th day of November of each year by a multi-disciplinary group as required by 485.635(a)(2) which currently include: <ul style="list-style-type: none"> ○ One or more doctors of medicine or osteopathy; ○ One or more physician assistants, nurse practitioners, or clinical nurse specialists; and ○ At least one member who is not a member of the hospital staff. • The hospital has made material modifications to its quality assurance program to ensure that nursing services meet the needs of patients, that nursing services are adequately supervised, and that clinical services are adequately evaluated, including modifications designed to prevent: (1) improper administration of medication for a use not specified in a physician order, (2) failure to properly assess a patient and the administration of unnecessary medication, and (3) improper provision of comfort care. Such modifications include the following: <ul style="list-style-type: none"> ○ The written comfort care policy redefines the role of the Clinical Administrative Supervisor (see pg. 3 of policy) to provide for the review by such Clinical Administrative Supervisor of all comfort care orders with the assigned RN and to provide for the ongoing review of each patient's response to the comfort care measures, as well as review of medication administration and nursing documentation. ○ The hospital will review and modify its comfort care order sets to place stricter limitations on quantities of PRN medications. Nurses shall be required to consult with and receive approval from the attending physician prior to any deviation from the comfort care order sets. The hospital shall approve the revised comfort care order sets by 11/22/13. Promptly following the approval of the newly revised comfort care order sets, medical and nursing staff shall be educated regarding the changes. Documentation of the completion of such 	<p>11/12/13</p> <p><i>See attached</i></p> <p><i>Policy:</i></p> <p><i>Comfort Care</i></p> <p><i>Received</i></p> <p><i>11/15/13</i></p> <p>11/12/13</p> <p><i>J. Cummins RN MS</i></p> <p>Annually</p> <p>11/12/13</p> <p>11/22/13</p> <p><i>See attached</i></p> <p><i>Comfort</i></p> <p><i>Care orders</i></p> <p><i>received</i></p> <p><i>11/15/13</i></p> <p><i>J. Cummins RN MS</i></p>

	<p>education shall be documented in each provider's personnel file in Human Resources.</p> <ul style="list-style-type: none"> ○ The hospital has designed education curriculum for, and has or will as promptly as possible provide education to, Med Surg and SCU nurses, LNAs, and Clinical Administrative Supervisors on the following topics: <ul style="list-style-type: none"> ▪ comfort care definitions and expectations of treatment including comfort care order sets; ▪ medication administration policy with emphasis on PRN orders and documentation of PRN orders; and ▪ Emphasis on clinical record documentation of RN and LNA physical patient assessments as a result of rounding. ○ The hospital has identified 34 full-time staff as appropriate for receiving such education. 32 of the 34 (94%) full-time staff have received such training as of 11/12/13; the remaining 2 full-time staff shall receive such training before their next work shift. ○ The hospital has identified 9 per diem staff as appropriate for receiving such education. The hospital provided written notification on 11/11/13 to all 9 per diem staff that such educational training must be completed prior to their next scheduled shift. ○ The hospital's written comfort care policy and written medication administration policy were provided to all full-time staff and per diem staff identified by the hospital as appropriate for receiving educational training, for their review prior to such training. ○ The hospital is maintaining and shall maintain documentation of satisfactory completion of such educational training by each such full-time staff member and per diem staff member identified by the hospital as appropriate for receiving educational training, which documentation is and shall be maintained in each such staff member's personnel file in Human Resources. ○ The hospital's comfort care policy and medication administration policy shall be incorporated into the annual education requirements for Med Surg and SCU units. 	<p>11/14/13 <i>See attached</i> <i>Comfort Care</i> <i>Education Curriculum</i> <i>J. Cummins RN MS</i></p> <p>11/14/13 <i>See attached</i> <i>Annual Education</i></p> <p>11/14/13 <i>to be</i> <i>completed</i> <i>at Unit</i> <i>Skill</i></p> <p>11/11/13 <i>Day</i> <i>Received 11/15/13</i> <i>J. Cummins</i> <i>RN MS</i></p> <p>11/14/13 <i>See attached Policy:</i> <i>Medication</i></p> <p>11/14/13 <i>Administration</i></p> <p>Received 11/15/13. Annually <i>J. Cummins</i> <i>RN MS.</i></p>
--	---	--

- See attached
policy:
Comfort Care
Received 11/15/13
J. Cummins
RN MS

ATTACHMENT B

ID Prefix Tag	Provider Plan of Correction	(X5) Completion Date
C294 Cont.	<ul style="list-style-type: none"> ○ The hospital is maintaining and shall maintain documentation of satisfactory completion of such educational training by each such full-time staff member and per diem staff member identified by the hospital as appropriate for receiving educational training, which documentation is and shall be maintained in each such staff member's personnel file in Human Resources. ○ The hospital's comfort care policy and medication administration policy shall be incorporated into the annual education requirements for Med Surg and SCU units. 	11/14/13 <i>See Comfort Care Education Curriculum Annually Received 11/15/13</i>

J. Cummins RUMC.

- See attached

policy:

Comfort Care

Received

11/15/13

J. Cummins RUMC.

- See attached policy

*medication
administration*

Received

11/15/13

J. Cummins RUMC.

ATTACHMENT C

ID Prefix Tag	Provider Plan of Correction	(X5) Completion Date
C330	<ul style="list-style-type: none"> • The hospital has made material modifications to its quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the hospital and of the treatment outcomes, to enable the hospital to more swiftly detect and implement corrective actions for improper conduct by hospital staff including, without limitation: (1) improper administration of medication for a use not specified in a physician order, (2) failure to properly assess a patient and the administration of unnecessary medication, and (3) improper provision of comfort care. Such modifications include the following: <ul style="list-style-type: none"> ○ The hospital has developed a written policy on comfort care with the advice of a group of professional personnel that includes: <ul style="list-style-type: none"> ▪ One or more doctors of medicine or osteopathy: Chief Medical Officer, Medical Staff President; ▪ One or more physician assistants, nurse practitioners, or clinical nurse specialists: Hospitalist mid-level provider; ▪ At least one member who is not a member of the hospital staff: Director of Lamoille County Home Health Agency; and ▪ Additional professional personnel: Director of Med Surg/SCU, Chief Nursing Officer, Director of Quality Management, Case Manager, and Director of Pharmacy. ○ The hospital has implemented a written policy on comfort care on 11/12/13, which policy includes a description of services provided by the hospital. ○ The hospital has made provision for the annual review and updating of the written policy on comfort care, on or before the 15th day of November of each year, by a multi-disciplinary group as required by 485.635(a)(2) which currently include: <ul style="list-style-type: none"> ▪ One or more doctors of medicine or osteopathy; ▪ One or more physician assistants, nurse practitioners, or clinical nurse specialists; and ▪ At least one member who is not a member of the hospital staff. ○ The hospital conducts an annual review on all of the hospital's health care policies on an annual basis. The hospital utilizes third party vendor software that notifies the hospital 30 days prior to each anniversary of the adoption of each hospital policy, and the hospital reviews and, as appropriate, updates each such policy within such 30-day window. ○ As part of its annual review of services, each department is required to review its policies to ensure that they are complete, updated and comprehensive immediately following the end of each fiscal year. ○ The written comfort care policy redefines the role of the Clinical Administrative Supervisor (see pg. 3 of policy) to provide for the 	<p>11/12/13</p> <p><i>See attached</i></p> <p><i>Policy:</i></p> <p><i>Comfort Care</i></p> <p><i>received</i></p> <p>11/15/13</p> <p>11/12/13</p> <p>Annually</p> <p>Annually</p> <p>Annually</p> <p>11/12/13</p>

review by such Clinical Administrative Supervisor of all comfort care orders with the assigned RN and to provide for the ongoing review of each patient's response to the comfort care measures, as well as review of medication administration and nursing documentation.

- The hospital will review and modify its comfort care order sets to place stricter limitations on quantities of PRN medications. Nurses shall be required to consult with and receive approval from the attending physician prior to any deviation from the comfort care order sets. The hospital shall approve the revised comfort care order sets by 11/22/13. Promptly following the approval of the newly revised comfort care order sets, medical and nursing staff shall be educated regarding the changes. Documentation of the completion of such education shall be documented in each provider's personnel file in Human Resources.
- The hospital has designed education curriculum for, and has or will as promptly as possible provide education to, Med Surg and SCU nurses, LNAs, and Clinical Administrative Supervisors on the following topics:
 - comfort care definitions and expectations of treatment including comfort care order sets;
 - medication administration policy with emphasis on PRN orders and documentation of PRN orders; and
 - Emphasis on clinical record documentation of RN and LNA physical patient assessments as a result of rounding.
- The hospital has identified 34 full-time staff as appropriate for receiving such education. 32 of the 34 (94%) full-time staff have received such training as of 11/12/13; the remaining 2 full-time staff shall receive such training before their next work shift.
- The hospital has identified 9 per diem staff as appropriate for receiving such education. The hospital provided written notification on 11/11/13 to all 9 per diem staff that such educational training must be completed prior to their next scheduled shift.
- The hospital's written comfort care policy and written medication administration policy were provided to all full-time staff and per diem staff identified by the hospital as appropriate for receiving educational training, for their review prior to such training.
- The hospital is maintaining and shall maintain documentation of satisfactory completion of such educational training by each such full-time staff member and per diem staff member identified by the hospital as appropriate for receiving educational training, which documentation is and shall be maintained in each such staff member's personnel file in Human Resources.
- The hospital's comfort care policy and medication administration policy shall be incorporated into the annual education requirements for Med Surg and SCU units.
 - In addition to modifying its quality assurance program, the hospital has taken the following corrective actions and disciplinary steps with respect to RN#1 and the actions of RN#1:

11/22/13

← See attached
 Comfort Care
 Orders
 received 11/15/13
 J. Cummins
 11/14/13

See attached policy
 medication administration
 received 11/15/13
 J. Cummins
 11/14/13

See Comfort
 Care administration
 11/14/13
 Curriculum

11/11/13

Received
 11/15/13

11/14/13

J. Cummins
 11/14/13

11/14/13

See Annual
 Education to
 be completed
 at least Skills
 Annually by Staff
 Received

11/15/13

J. Cummins
 11/15/13

	<ul style="list-style-type: none">○ RN #1 was interviewed by the Director of Med/Surg on 10/23/13 immediately following RN#1's 7:00pm to 7:00am shift, at which time the Director of Med/Surg discovered that the documentation of the administration of Lorazepam was not a documentation error, as initially thought.○ RN#1 was subsequently suspended for three days while investigation was conducted by the hospital, and was not permitted to work another shift.○ Upon completion of investigation, RN #1's employment with the hospital was terminated, on 11/4/13.	10/23/13 10/28/13 11/4/13
--	---	---

ATTACHMENT D

ID Prefix Tag	Provider Plan of Correction	(X5) Completion Date
C334	<ul style="list-style-type: none"> • Written policy on comfort care developed with the advice of a group of professional personnel that includes: <ul style="list-style-type: none"> ○ One or more doctors of medicine or osteopathy: Chief Medical Officer, Medical Staff President; ○ One or more physician assistants, nurse practitioners, or clinical nurse specialists: Hospitalist mid-level provider; ○ At least one member who is not a member of the hospital staff: Director of Lamoille County Home Health Agency; and ○ Additional professional personnel: Director of Med Surg/SCU, Chief Nursing Officer, Director of Quality Management, Case Manager, and Director of Pharmacy. • Written policy on comfort care implemented on 11/12/13, which policy includes a description of services provided by the hospital. • Written policy on comfort care will be reviewed and updated on annual basis on or before the 15th day of November of each year by a multi-disciplinary group as required by 485.63S(a)(2) which currently include: <ul style="list-style-type: none"> ○ One or more doctors of medicine or osteopathy; ○ One or more physician assistants, nurse practitioners, or clinical nurse specialists; and ○ At least one member who is not a member of the hospital staff. • The hospital conducts an annual review on all of the hospital's health care policies on an annual basis. The hospital utilizes third party vendor software that notifies the hospital 30 days prior to each anniversary of the adoption of each hospital policy, and the hospital reviews and, as appropriate, updates each such policy within such 30-day window. • As part of its annual review of services, each department is required to review its policies to ensure that they are complete, updated and comprehensive immediately following the end of each fiscal year. 	<p>11/12/13</p> <p><i>See attached policy: Comfort Care</i></p> <p><i>Received</i></p> <p>11/12/13 ^{11/15/13}</p> <p>Annually <i>Cummings</i></p> <p>Annually</p> <p>Annually</p>

ATTACHMENT E

ID Prefix Tag	Provider Plan of Correction	(X5) Completion Date
C336 Cont.	<ul style="list-style-type: none"> ○ The hospital has identified 9 per diem staff as appropriate for receiving such education. The hospital provided written notification on 11/11/13 to all 9 per diem staff that such educational training must be completed prior to their next scheduled shift. ○ The hospital's written comfort care policy and written medication administration policy were provided to all full-time staff and per diem staff identified by the hospital as appropriate for receiving educational training, for their review prior to such training. ○ The hospital is maintaining and shall maintain documentation of satisfactory completion of such educational training by each such full-time staff member and per diem staff member identified by the hospital as appropriate for receiving educational training, which documentation is and shall be maintained in each such staff member's personnel file in Human Resources. ○ The hospital's comfort care policy and medication administration policy shall be incorporated into the annual education requirements for Med Surg and SCU units. • In addition to modifying its quality assurance program, the hospital has taken the following corrective actions and disciplinary steps with respect to RN#1 and the actions of RN#1: <ul style="list-style-type: none"> ○ RN #1 was interviewed by the Director of Med/Surg on 10/23/13 immediately following RN#1's 7:00pm to 7:00am shift, at which time the Director of Med/Surg discovered that the documentation of the administration of Lorazepam was not a documentation error, as initially thought. ○ RN#1 was subsequently suspended for three days while investigation was conducted by the hospital, and was not permitted to work another shift. ○ Upon completion of investigation, RN #1's employment with the hospital was terminated, on 11/4/13. 	<p>11/11/13</p> <p>See attached Comfort Care Administration</p> <p>11/14/13 Curriculum Received 11/15/13</p> <p>Annually J. Cummings RN MS</p> <p>See attached Annual Education</p> <p>10/23/13 To be completed at Unit Skills Day received</p> <p>10/28/13</p> <p>11/4/13 11/15/13</p>

J. Cummings RN MS

See attached Policy Medication Administration Received 11/15/13



Current Version Number: 10252013

Subject: Palliative Care, Comfort Care, Hospice Care

Policy: COMFORT CARE

APPROVED BY: Chief Nursing Officer, Chief Medical Officer, Nursing Director
Med/Surg/SCU, Patient/Family Services, Director of Pharmacy, Lamoille Co. HH Director,
Hospitalist

Subsidiaries: Copley Hospital Copley Woodlands Copley Terrace

Department(s): Nursing Medical/Surgical/Special Care Unit

POLICY STATEMENT: This policy will assist primary and specialty providers in identifying and caring for adult patients with a serious, potentially life threatening, chronic or progressive illness who may benefit from being placed on palliative care and/or comfort care while in our facility. This policy is appropriate for patients who are best served by active end of life and comfort care management. It outlines considerations for creating a plan of care to meet the patient's, family's and other caregivers' needs throughout the continuum of care while they are either in the hospital or until such time that they go home on Hospice or to a long term care facility.

POLICY PROVISIONS: End of life choices are a quality of life issue. Nurses, individually and collectively, along with physicians and other members of the healthcare team have an obligation to provide comprehensive and compassionate end of life care, including the promotion of comfort, relief of pain, and providing spiritual support for patients, families and their surrogates when a decision has been made to end life sustaining treatments.

DEFINITIONS:

Palliative Care: Palliative care is a philosophy and practice of care designed to provide specialized comfort and support to individuals of all ages who have a life threatening and/or life altering illness. Individuals may pursue cure oriented treatment when receiving palliative care services. The goal is achievement of the best quality of life for patients and for their families. People with a life threatening illness who are still undergoing cure treatment benefit greatly from the relief of pain and discomfort.

Comfort Care: Care when the focus of treatment has shifted from seeking a cure to comfort, knowing that death may occur soon. Comfort care continues to be active care with emphasis aimed at symptom management to ease pain and suffering. Comfort care may also be known as end of life care.

Hospice Care: When medical care cannot offer a cure, hospice provides comfort and support to persons with life limiting conditions as well as to their families. Hospice care is usually provided in the home and usually, patients enter hospice care if they have less than six months to

live. Essential to hospice care is the view that dying is a natural part of the life course and that every individual has the right to live fully without pain and with dignity until a natural death occurs. Hospice is considered to be the model for high quality, compassionate care for people with a life limiting illness.

COMFORT CARE SERVICES AND GUIDELINES:

Planning for end of life care should begin early in the patient's journey of having a serious, life threatening illness.

Patients and families should be assisted in completing advanced directives and filing them with the State of Vermont, as well as with the hospital.

Primary care physicians, hospitalists, nurses, patients, Durable Power of Attorneys, and other family members should begin end of life planning early by initiating specific end of life conversations with the patient and their family.

Healthcare providers must complete a systematic review of the patient's end of life needs and document patient's goals for care and advance directives.

Suffering can be common for this type of patient. It commonly presents itself in physical symptoms, thus controlling symptoms to maximize patient comfort is the cornerstone function of any end of life care. Also important are the recognition, assessment and management of non-physical areas of concern that become important to the patient. These include cultural, psychological, social, spiritual, financial, ethical and legal issues. It is imperative that the Patient and Family Services department assists nursing and physicians in seeing that all these patient's needs are addressed in a timely fashion.

The ability to address these issues depends on the quality of communication with patients and families. Setting realistic goals and providing realistic hope are essential. Engaging patients and their families in decision making is imperative and must be accurately documented throughout the patient's chart.

Comfort Care is compatible with all other medical treatments.

Healthcare providers play an important role in the grief and bereavement processes by supporting the family and others throughout the course of the hospital stay and following the patient's death.

Once a decision to proceed with Comfort Care has been reached by the healthcare team, the patient and family, or DPOA's, it will be documented in the patient's chart, indicating all parties that were included in the decision making process, as well as documenting the specifics of Comfort Care along with specific instructions on how the healthcare team will proceed with the care of this patient. Allow the patient and family to openly communicate their feelings about death, injustice, helplessness, vulnerability, self-

esteem, and loss. Notify Patient and Family Services and the chaplin to assist when warranted.

Our healthcare interventions should encourage and allow the patient to retain whatever control over their health care plan is possible.

Referrals will be made by Patient and Family Services for either transferring the patient to home for Hospice care or transferring to other facility for comfort care, palliative care, and/or Hospice care.

The physician will complete the "Comfort Care Orders" set modifying the orders to meet the individual needs of the patient. Orders will be processed through pharmacy and nursing as dictated by hospital policy. The "comfort care" order set will be reviewed annually by the multidisciplinary care team striving to maintain evidence based, compassionate care for the comfort care patient.

The nursing staff will follow the comfort care orders as directed by the ordering physician and any changes, additions, or alterations to the orders that nursing deems is necessary following a patient assessment, will be referred to the physician and the physician will then write any new orders per hospital policy.

The RN assigned to the comfort care patient is responsible for charting assessments each shift, and all medication administration guidelines will be followed (see policy for medication administration). All administered prn medications will be documented with specific reasons for administering the medication, as well as follow up assessments to the efficacy of the medication that was administered. When a patient is placed on comfort care, the Clinical Administrative Supervisor (CAS) will be notified. The CAS will review the physician orders and documentation with the assigned nurse and the CAS will visit the patient and family in order to evaluate the patient's response to comfort care measures.

At the time of death, the hospital Clinical Administrative Supervisor and the attending physician will be notified. The CAS or the attending physician will be responsible for pronouncement of death. The CAS or an appointed RN will be responsible for completion of the death flow sheet, including contact with the organ donation group (see policy for organ donation). The CAS will at this time, review the deceased patient's chart and determine if notification to the Medical Examiner is warranted. The CAS will also review the patient's chart to assure that all nursing documentation has been completed and that nursing assessments, medications administered, and treatments are clearly and thoroughly documented and reflect the nursing standards of care. The CAS will document the death pronouncement as well as any other telephone contact with the Medical Examiner's office and any other decision making relevant to the patient's death.

The disposition of the remains will be the CAS's or their appointed RN's responsibility and documentation regarding this process will be completed in the patient's chart by the CAS or the appointed RN.

EXPECTED OUTCOMES:

The comfort care patient, with support of the hospital's interdisciplinary care team will:

- Have coordination of care with all healthcare providers.
- Have support systems in place for patient, family, and caregivers.
- Experience effective pain management and control of other symptoms associated with end of life, including anxiety, agitation, and restlessness.
Patient centered decision making regarding treatment and care.
- Determine and satisfy remaining wishes as condition allows
- Receive physical, emotional, spiritual and social support throughout the end of life process.
- Provide dignity with the end of life process.

REFERENCES:

Commission on Law and Aging, American Bar Association, Consumers Tool Kit for Health Care Advance Planning (2d ed., 2005)

Begin The Conversion, a public education project of Lower Cape Fear Hospice & Life Care Center, Wilmington, NC

Vermont Ethics Network, Taking Steps: Planning for Critical Health Care Decisions (13th ed., 2011)

NIH State of the Science Conference Statement on Improving End-of-Life Care (volume 21, Number 3, December 6-8, 2004)



528 Washington Highway
Morrisville, VT 05661
802-888-8888
www.copleyvt.org

PATIENT LABEL

Comfort Care Orders

Check all boxes that apply

Code Status: **Do not intubate/Do Not resuscitate**

Additional Instructions _____

Vital Signs: Discontinue all vital signs Vital signs every shift
 Vital signs as needed or per family request

Diet: General diet as tolerated Other _____

Nursing: Discontinue all prior ordered medications and IV fluids
 Discontinue monitoring, labs, PT/OT/Speech, daily weights, I&O, SCD's, restraints, X-Rays, ice packs/cooling blankets and any other invasive procedures
 Admit to private room Comfort Cart for Family
 24 hour visitation privileges Reposition as needed for comfort
 Oral care every 2 hours as needed Foley or condom catheter as needed

Respiratory: Oxygen 2-4 liters/min via nasal prongs as needed for respiratory distress
 Gentle oral suctioning as needed

IV Fluids: _____
 Maintain IV access, flush with 10 mL Normal Saline every shift to maintain patency

Consults: Home Health for Hospice Notify Chaplain Notify primary care physician

Medications:

For Pain or Dyspnea:

- Morphine
Loading Dose (via infusion pump)
 2mg **OR** ____ mg
Continuous Infusion (via infusion pump)
 2mg/hr **OR** _____ mg/hr
 For inadequate pain relief/dyspnea relief, bolus with 2 mg IVP every 30 minutes x 2 doses maximum. If relief from pain/dyspnea not achieved, call MD for further dosing instructions

Physician Signature: _____



528 Washington Highway
Morrisville, VT 05661
802-888-8888
www.copleyvt.org

Comfort Care Orders PATIENT LABEL

Check all boxes that apply

Medications (continued):

For Anxiety/Restlessness/Agitation:

- Lorazepam 1 mg IVP every 2 hours as needed for anxiety/ restlessness/agitation
May repeat 1 mg IVP lorazepam in 30 minutes if anxiety/restlessness/agitation not resolved,
maximum total lorazepam dose not to exceed 6 mg in 12 hours. **Call MD if additional dosing is indicated after assessment**

For Nausea:

- Ondansetron 4 mg IV every 8 hours as needed for nausea

For Secretions:

- Scopolamine transdermal patch 1.5 mg every 72 hours as needed (onset about 12 hours)

Other Medications:

- Artificial Tears, one drop in each eye every 2 hours as needed for dry eyes
- _____
- _____

Physician Signature	DATE	TIME

UC Signature	DATE	TIME	RN Signature	DATE	TIME

FAX COPY TO: MS/SCU (888-8128) ER (888-8142) Birthing (888-8151) OR (888-8107)



Current Version: 102512

Subject: Medication Management – Administering of Medications

Policy: **III-06.1 MEDICATION ADMINISTRATION**

APPROVED BY: Pharmacy and Therapeutics

Subsidiaries: Copley Hospital Copley Woodlands Copley Terrace

Department(s): Pharmacy, All Patient Care Areas

POLICY STATEMENT:

To ensure safe, accurate and effective medication administration to patients by providing a plan for medication management utilizing Point of Care and barcode technology.

POLICY PROVISIONS:

Medications will be administered only by individuals who are licensed and permitted by law and regulation to do so, or by individuals who are qualified, competent and directly supervised by individuals who are licensed and permitted by law or regulation to administer medications.

In all areas of the hospital, medication orders will be verified by an RN and the patient identification checked (using bar-coded wrist bands as well as second form of identification name, date of birth) before medications are administered. When using CPSI Point of Care, medication shall be administered to patients according to established procedures. Barcode technology will be utilized via the Med Verify path in the CPSI computer system to ensure that medications being administered match the orders entered into CPSI.

PROCEDURES:

POINT OF CARE ADMINISTRATION:

Admission: All patients admitted to Copley Hospital are entered into the computer during the registration process during which bar-coded wristbands encoding patient identification (ID) information will be generated that will be attached to the patient's wrist and used for confirming patient ID throughout length of stay.

Verification:

- Prior to administration of any newly ordered medication, the nurse must check entered medication orders against the original physician order (handwritten, read-back telephone order or computerized-physician-order-entry (CPOE)) and then processes the verification step in the computer system. If upon nurse review the order is found to be incorrect, the nurse should not process the verification step but instead contact the Pharmacy so that the necessary corrections can be made. All "verified" orders will have a red back ground.
- Any order that is altered/corrected or discontinued will reappear as

"Unverified" and must be checked again. A discontinued order will turn black when verified and remain on the MAR for 2 shifts after discontinued, showing the date and time of the discontinuation. The specific field that has been altered (by Pharmacy) will appear in the red band under each order on the verification screen. A completely new order will read "New Order."

- Nursing staff should not transcribe (enter into computer system) or discontinue any orders, with the exception of as needed one-time orders (PRN x1).
- If an order to hold a medication does not specify a time frame in which to withhold, the medication will be discontinued in the MAR. A new order must be written to restart.

Pharmacy: After the medication order is entered into the Pharmacy system by the pharmacist, the first and all following doses can be accessed from the Pyxis machines located in each nursing unit or will be placed into a patient-specific bin, see policy III-03.10 Pyxis Medstation 3500.

Barcode Technology:

- Barcode technology should be used whenever an order exists in CPSI and the medication is being administered.
- From the Point of Care main selection screen, choose Medication Verification. Select Med Schedule for My Patients (which takes you to the My Patient PatMed Verification Screen). Select the patient you will be administering the medication to. You will then see the current 24 hour Medication Administration Record(MAR).
- Sign into the Pyxis unit, determine which medications will need to be given as indicated on the 24 hour MAR and remove them.
- Take the Workstation on Wheels (WoW) to the patient's bedside.
- Exit out of the 24 hour MAR screen (which will take you back to the My Patient PatMed Verification Screen). Click on "MedVer" button at the bottom of the screen.
- Scan the patient's wrist band. Scan the medication that is to be given and read any medication instructions that may appear on the screen. Fill in the dose amount, site and reason if needed. Also write any comments you feel are needed.
- Administer the medication to the patient. If the patient does not take the medication for any reason, indicate that it was omitted and give a reason.(NOTE: Medications should not be kept in the possession of the nursing staff if not administered immediately. They should be returned to stock in the Pyxis unit if not opened, or wasted through the Pyxis unit and disposed of properly if opened.)
- Press update and repeat the process. After you have administered all medications for that time period, sign off of CPSI. Never leave a computer terminal or WoW unattended without signing off.
- If you receive a message when scanning the medication "Bad NDC" let pharmacy know as soon as possible so they can correct the problem.
- If you receive a message of "Med not for this patient" determine if you have the right patient, to include having an up-to-date wrist band on the patient (When patients are transferred from one patient type, the patient band must

be changed to reflect the new account number) or verify the correct medication was withdrawn from the Pyxis or sent by Pharmacy.

Charting Process: All medications administered will be recorded on the electronic (POC) MAR using the appropriate procedure.

- **IV Fluids:** All IV Fluids will be entered via the pharmacy system. Infusion rate changes must be ordered and adjusted in the computer system (CPSI) pharmacy profile.
- **One-Time Orders:** All "one time" orders will be entered into the computer system using the appropriate method. The orders appear at the top of the MAR and have a dark blue color background. When administered, these orders turn black and are noted as discontinued.
- **PRN Orders:** All PRN orders will be entered in the PRN section of the electronic MAR. See Medication Administration times Appendix
- **Standard Times:** Unless specified by the physician or contraindicated, medications shall be administered using the "standard times" which are set in hospital Medication Administration time's schedule. See Medication Administration Appendix
- **Respiratory Therapy:** Any respiratory therapy treatment that involved the administration of medication will be included on the MAR and recorded when administered. Medications administered by Respiratory Therapists will be barcode scanned in the same manner described above.
- **Pre-OP, Post-OP and Transfer Orders:** All medication orders are discontinued if patient has surgery. For patients transferred to or from a higher level of care, all medication orders must be reviewed and modified as required by the level of care. There must be a clear indication of this on the physician order sheet so that Pharmacy can discontinue the old orders.
- **Bedside Medications: Should be discouraged.** See policy III-06.4 Self Administration Medications for more information.
- **Transdermal Patches:** The date the patch is applied should be written on the patch in such a way as not to destroy the integrity of the transdermal system. Fentanyl patches removed from the patient should be documented with a witness through the Pyxis unit, then folded in half (medication-side in) and placed in a sharps container.

NON-NURSING MEDICATION ADMINISTRATION:

Ancillary units/areas of the hospital may utilize other documents to record drug administration (e.g., Imaging, Anesthesia, special diagnostic labs, Physical Therapy etc.) The nurse (or other qualified care giver) verifies the physician's order against the order or verbally directly with the prescriber before administering the dose.

Special limitations in medication administration privileges:

Respiratory Therapy:

The respiratory therapist is authorized to administer those medication approved for the administration as nebulizers or metered dose inhalants only.

Physical /Occupational Therapy:

Only therapists who are licensed and trained to perform procedures in iontophoresis, phonophoresis and wound care can administer those medications used in the process.

Medication Administration Times

The acceptable window for administration of medications is **60 minutes** before or after the scheduled time unless instructed otherwise.

STAT orders should be given immediately within 5 minutes.

NOW orders should be given within 1 hour.

SCHEDULED TIMES

DAILY @0800

BID @0800/2000

TID @0800/1400/2100

Exceptions

Captopril 0730/1400/2100

Isordil 0800/1459 or 0800/1300/1800

Imdur 0800 or 0800/1459

Diuretics @0800/1459

Warfarin @1800

Agents with food @0800

NSAIDS (ibuprofen, naproxen, aspirin)

Prednisone/Dexamethasone

Acarbose

Glipizide XL,

Glyburide

Metformin

Allopurinol

hydroxychloroquine

misoprostol

trental

KCL

Calcium

Magnesium

Agents on empty stomach @0730

Protonix

Pletal

Gemfibrozil

Penicillamine

Iron

Tetracycline

Thyroid

Glipizide immediate release

Bisphosphonates @0600 w/full glass of water before any food or other drinks

Alendronate, Risedronate

Fluoroquinolones 1000/2100 (avoid calcium, magnesium, iron, dairy, etc...)

Cipro, Levaquin

Insulin-Regular @0730/1630

Insulin-Lispro @0745/1645

PRN Frequencies

Frequency	Min. Time Between Doses
Q5min	5min
Q10min	10min
Q15min	15min
Q30min	25min
Q1h	50min
Q2h	1hr 50min
Q3h	2hr 45min
Q4h	3hr 30min
Q6h	5hr 30min
Q8h	7hr 30min
Q12h	11hr 30min
Daily	12hrs
BID	6hrs
TID	3hrs
QID	2hrs

Appendix A

Approved "Default" Medication Start Times

Ordered Frequency	Time Order Written	"Default" Administration Time for 1 ST Dose*
Daily (0800)	0001 – 0800	0800
Daily (0800)	0801 - 2000	NOW
Daily (0800)	2001 – 0000	0800 (next day)
BID (0800 & 2000)	0001 – 0800	0800
BID (0800 & 2000)	0800 – 1200	NOW
BID (0800 & 2000)	1201 – 2000	2000
BID (0800 & 2000)	2001 – 0000	NOW
TID (0800,1400,2000)	0001 – 0800	0800
TID (0800,1400,2000)	0801 - 1200	NOW
TID (0800,1400,2000)	1201 – 1400	1400
TID (0800,1400,2000)	1401 - 1700	NOW
TID (0800,1400,2000)	1701 – 2000	2000
TID (0800,1400,2000)	2001 - 0000	NOW
QID (0600,1200,1600,2200)	0001 – 0600	0600
QID (0600,1200,1600,2200)	0601 – 1000	NOW
QID (0600,1200,1600,2200)	1001 – 1200	1200
QID (0600,1200,1600,2200)	1201 – 1400	NOW
QID (0600,1200,1600,2200)	1401 – 1600	1600
QID (0600,1200,1600,2200)	1601 – 1900	NOW
QID (0600,1200,1600,2200)	1901 – 2200	2200
QID (0600,1200,1600,2200)	2201 – 0000	NOW
SCHEDULED <u>EVEN</u> HOUR DOSES Q2HR, Q4HR, Q6HR, etc.	ADJUST TIME TO <u>NEAREST EVEN</u> HOUR	
SCHEDULED <u>ODD</u> HOUR DOSES Q1HR, Q3HR	ADJUST TIME TO <u>NEAREST</u> HOUR	

*All antibiotics will be started immediately after being ordered

NOTE:

- Above default start times apply to any NEW medication ordered for patient after admission
- Medications ordered AT ADMISSION that are clearly indicated as CURRENT HOME MEDICATIONS, shall be profiled to begin with the NEXT normal dosing time, UNLESS the provider writes specific order to "give dose now"
- DOSE CHANGES will not go into effect until the next scheduled dose unless otherwise specified

PHYSICIAN MAY INITIATE A "1ST DOSE NOW" ORDER AT ANY TIME

REFERENCES: JACHO standards M.M.5.10, M.M.5.20, M.M.3.20, M.M.4.10, M.M.4.20, M.M.4.30, M.M.4.40 and M.M.4.50.



COMFORT CARE EDUCATION CURRICULUM

EACH NEWLY HIRED RN, CLINICAL ADMINISTRATIVE SUPERVISOR AND LNA:

Within the first 90-days of hire Registered Nurses and Licensed Nurse Assistants in Med Surg and SCU will receive comfort care and medication administration education as part of their orientation.

The education will include review of Comfort Care and Medication Administration Policies:

Emphasis:

- Comfort care definitions and expectations of treatment including comfort care order sets;
- Healthcare providers, patient and family complete systematic review of patient's end of life needs, document plan and patient's goals for care and decision making.
- Provide open communication with patient and family throughout comfort care.
- Recognize management of non physical needs, including cultural, psychological, social, spiritual, financial, ethical and legal issues.
- Explanation and discussion of the nursing role in assessments, medication administration and comprehensive documentation .
- Explanation of role of Clinical Administrative Supervisor during comfort care and at time of patient death.
- Explanation of regulations regarding Medical Examiner Jurisdiction.
- Medication administration policy with emphasis on PRN orders, assessment prior to administration and documentation of PRN medications administered.
- Emphasis on comfort care treatments until natural death occurs.
- Emphasis on clinical record documentation of RN and LNA physical patient assessments as a result of rounding.

At the end of the education, newly hired RN's and LNA's should:

- Be able to articulate the definitions and expectations of comfort care treatment.
- Understand and be able to understand the comfort care order set.
- Understand the medication administration policy.
- Be able to read and follow PRN orders.
- Demonstrate appropriate document in the medical record.

Education will be provided through in-person training sessions, to be led by a qualified instructor. Competency verification will be documented on the new hire competency checklist. All records of education will be maintained in the Human Resources personnel file.

Annual Education To Be Completed at Unit Skills Day:

On an annual basis, education will be provided to, Med Surg and SCU nurses, LNAs, and Clinical Administrative Supervisors on the following topics:

The education will include review of Comfort Care and Medication Administration policies.

Emphasis:

- Comfort care definitions and expectations of treatment including comfort care order sets;
- Healthcare providers, patient and family complete systematic review of patient's end of life needs, document plan and patient's goals for care and decision making.
- Provide open communication with patient and family throughout comfort care.
- Recognize management of non physical needs, including cultural, psychological, social, spiritual, financial, ethical and legal issues.
- Explanation and discussion of the nursing role in assessments, medication administration and comprehensive documentation .
- Explanation of role of Clinical Administrative Supervisor during comfort care and at time of patient death.
- Explanation of regulations regarding Medical Examiner Jurisdiction.
- Medication administration policy with emphasis on PRN orders, assessment prior to administration and documentation of PRN medications administered.
- Emphasis on comfort care treatments until natural death occurs.
- Emphasis on clinical record documentation of RN and LNA physical patient assessments as a result of rounding.
-

At the end of the education, RN's, LNA's, and CAS's should:

- Be able to articulate the definitions and expectations of comfort care treatment.
- Understand and be able to understand the comfort care order set.
- Understand the medication administration policy.
- Be able to read and follow PRN orders.
- Demonstrate appropriate document in the medical record.

Education will be provided through in-person training sessions, to be led by a qualified instructor. At the end of the education session, a post-test will be administered to verify competency. All records of education will be maintained in the Human Resources personnel file.