

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 17, 2016

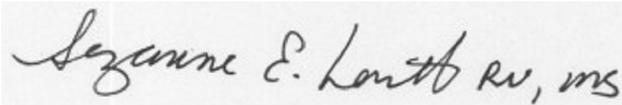
Dr. Fred Kniffin, Interim CNO
Porter Hospital, Inc
115 Porter Drive
Middlebury, VT 05753-8423

Dear Dr. Kniffin:

The Division of Licensing and Protection completed a survey at your facility on **April 13, 2016**. 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 **May 12, 2016**.

Sincerely,



Suzanne Leavitt, RN, MS
Assistant Division Director
Director State Survey Agency

Enclosure

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

PRINTED: 04/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/13/2016
NAME OF PROVIDER OR SUPPLIER PORTER HOSPITAL, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 116 PORTER DRIVE MIDDLEBURY, VT 05753	
(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

C271-485.635(a)(1) PATIENT CARE POLICIES

In response to the finding related to the hospitals failure to follow its policy titled "Telemetry Procedure", the following steps have and/or will be taken, and will continue as part of the orientation process for all staff with a role involving monitoring of and/or responding to alarms related to telemetry prior to staff assuming the monitoring role;

Telemetry Techs:

- Will sit with a trained individual to review the Policy and Procedures related to the position prior to assuming role, to include the policy titled "Telemetry Procedure";
- Must complete the "Telemetry Test" (Taken from the AHA EKG & Pharmacology Course workbook) with a passing grade of 80% or greater to demonstrate competency prior to assuming role;
- Will learn the admission/discharge process for patients being placed on Telemetry/Continuous SPO2 monitoring, and will obtain signed verification of competency;
- Will sign an acknowledgment verifying their understanding of the responsibilities associated with both the telemetry monitoring role and the response to alarms as outlined by the policies and procedures noted above.

New Hire Staff RNs:

- Will sit with a trained individual to review the Policy and Procedures related to the position prior to assuming role, to include the policy titled "Telemetry Procedure";
- Will attend the AHA EKG & Pharmacology Course while in the new hire orientation period (first 12 weeks from their hire date);
- Will pass the "Telemetry Test" with a grade of 80% or greater to demonstrate competency (within one week of successful completion of the above noted AHA EKG & Pharmacology course);
- Will attend and pass an ACLS course within the first 6 months from their hire date;
- Will practice rhythm interpretation with the assistance of their Preceptor during the orientation period, starting in their first week;
- Will learn the admission/discharge process for patients being placed on Telemetry/Continuous SPO2 monitoring, and will obtain signed verification of competency during the orientation process;
- Will sign an acknowledgment verifying their understanding of the responsibilities associated with both the telemetry monitoring role and the response to alarms as outlined by the policies and procedures noted above.

*AC went 5.12.16
fmLH*

Jul 1/16

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Existing RNs beyond 6 months of their new hire date:

- Any individuals who have not yet attended the AHA EKG & Pharmacology course will be scheduled for the next available session, prior to 6/1/2016;
- Any individuals who have not yet attended the AHA ACLS course will be scheduled for the next available session but no later than 10/1/2016;
- All RNs will complete the "Telemetry Test" both initially and annually to maintain a level of competency, and must maintain a passing with a score of 80% or greater;
- Completion of the Initial test will take place no later than 6/1/2016;
- All RNs will learn the admission/discharge process for patients being placed on Telemetry/Continuous SPO2 monitoring, and will obtain signed verification of competency no later than 6/1/2016;
- Will sign an acknowledgment verifying their understanding of the responsibilities associated with both the telemetry monitoring role and the response to alarms as outlined by the policies and procedures noted above.

The Nurse Manager of the Medical-Surgical Unit will be responsible for ensuring all staff have completed the above requirements within the noted timelines. The Interim CNO will validate completion of the above noted requirements on a monthly basis to ensure compliance, beginning on 6/1/16.

In addition, the Director of Education will collaborate with the Nurse Manager of the Medical Surgical Unit to develop both continuing education plans and annual competencies associated with the above noted policies and procedures. The competencies and continuous education plans related to telemetry monitoring and management will be developed by 7/1/16.

Doc annot 5.12.16 fm jsl

Frank

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C294-485.635(d), (d)(1) NURSING SERVICES

In response to this finding, multiple steps have been taken to address the need for continuously available, qualified staff to ensure the ongoing monitoring and alarm response for all telemetry patients on the unit is maintained:

- A plan was established to ensure required education, training, and competency evaluation is conducted for all Nursing Supervisors and staff prior to their assuming the role of continuously monitoring telemetry. (See above response to C271-485.635(a)(1) PATIENT CARE POLICIES).
- A staffing plan was established to ensure 24/7 coverage of the telemetry monitoring role, which includes coverage for staff breaks during the course of a given shift.
- Additional qualified staff have been hired to ensure continuous telemetry monitoring coverage, to include EMTs, Paramedics, and RNs.
- To further enhance communication, each RN who has a patient on monitoring is assigned a portable phone. The phone number is documented on the assignment sheet and a copy of this document is in the monitor area. An established algorithm identifies when a call should be made by the staff assigned to monitor telemetry, versus an immediate notification of the RN assigned to the given patient.
- Prior to assuming the monitoring role, all staff assigned will sign an acknowledgment confirming their understanding of the purpose of this role and the associated policies and procedures, as well as the expectations associated with assuming this role.
- The Nurse Manager of the Medical Surgical unit, Director of Patient Care Services, and Interim CNO shall maintain responsibility for ensuring qualified, continuous telemetry monitoring coverage is maintained 24/7.

In addition, this finding included concerns related to alarm fatigue. The following steps are being taken to address this concern:

- The date for a previously planned upgrade of the current monitoring system has been changed to June of 2016. The upgrade will include the ability to adjust alarm parameters which will reduce the incidence of nuisance alarms, which contribute to alarm fatigue.
- The Chief Medical Officer will collaborate with the Medical Staff to develop an algorithm and guidelines which will assist in determining the medical necessity for ordering telemetry monitoring. The goal of taking this step is to decrease the incidence of patients being placed on telemetry for which continuous monitoring may not be warranted. The algorithm and guidelines will be developed no later than 7/1/16. mb/KB

pc urgent 5.12.16 fm/81

*Date edit removed 5/12/16
Kerem Benharir
5/12/16*

Fran Huff

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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C336-485.641 (b) QUALITY ASSURANCE

In response to this finding, the following steps will be taken:

- The Director of Quality will create an alert within the current electronic incident reporting system that will notify the CNO, CMO, Director of Patient Care Services, Unit Manager, and Director of Quality when a patient safety event is identified that warrants immediate review and response. The Director of Quality will add this alert method to the incident reporting system and educate the CNO, CMO, Director of Patient Care Services and Department Managers regarding this alert method and the required response to the alert by 5/20/16.
- An educational module will be forwarded to all Department Managers and Administrators outlining their role in the review of and response to incident reports submitted pertaining to their area. The Director of Quality shall be responsible for ensuring the educational module is created and forwarded to all Department Managers and Administrators no later than 6/1/16. The module will include:
 - Guidelines in terms of response times;
 - Expectations in terms of the content and documentation of the response to incidents;
 - An acknowledgment stating their understanding of the information presented and whom to contact for additional questions or concerns.
- In addition, all staff will complete an online educational module related to reporting of patient safety concerns through the appropriate channels to ensure a timely response. The module will have a completion date of 7/1/16 and will be repeated annually for all staff. The module will include the following elements:
 - The principles of "just culture";
 - Staff responsibility for reporting of incidents in a timely manner through appropriate channels, to include verbal reporting to their Manager or a Supervisor at the time a concern is identified;
 - The manner in which to submit incident reports electronically, to include the availability of anonymous reporting;
 - An acknowledgment stating their understanding of the information presented and whom to contact for additional questions or concerns.
- A weekly Patient Safety huddle will be implemented during the week of 5/16/16. The meeting will include the Director of Quality, Director of Patient Care Services, Interim CNO, and CMO. The meeting agenda will include a review of all incident reports within the electronic incident reporting system for the past week that include a potential patient safety component, as well as the plan for ensuring appropriate follow up related to each incident identified. Documentation of the follow up will be maintained within the electronic incident reporting system. The Director of Quality will be responsible for ensuring appropriate response to the incidents is documented.

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Tom [Signature]

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	<ul style="list-style-type: none"> A process will be established to ensure all future departmental or organizational changes with a potential impact on patient care and safety are reviewed by the appropriate departments to ensure patient safety, quality, regulatory, and compliance requirements are considered and addressed prior to implementing the proposed change. The CMO, CNO, and Director of Quality will be responsible to ensure this process is developed and implemented no later than 7/1/16. 			

Poc ant 5/12/16 fm/81

Fm 1/16

OMB NO. 0968-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471307	DO NOT WRITE IN THESE SPACES A. BUILDING _____ B. WING _____		(X2) DATE SURVEY COMPLETED C 04/13/2016
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C250-485.631 STAFFING AND STAFF RESPONSIBILITIES

Effective 4/13/16 at 5:45PM, Porter Hospital clinical leadership prepared a written response addressed to the Division of Licensing and Protection which outlined our immediate plan of corrective action. The following immediate steps were taken prior to the survey team exiting the facility:

- We immediately moved the nursing supervisor location/home-base to the SCU nurse's station. This move enabled the nursing supervisor to be the competent staff present at the monitor to address alarms, alert staff, and ensure alarm settings/volume/parameters are adjusted accordingly.
- The Nursing Supervisor on duty at the time of the above noted move underwent an immediate competency evaluation to confirm their ability to continuously monitor telemetry and to ensure alarms are recognized, interpreted and acted upon in a timely manner. A copy of the competency evaluation was provided to the survey team prior to their departure.
- A plan was established to ensure the same competency evaluation noted above was conducted for all Supervisors and staff prior to their assuming the role of continuously monitoring telemetry. To ensure and validate competency, all staff who are working in the designated monitoring area are required to have completed a rhythm interpretation test with a passing score of 80 or above.
- A plan was established to ensure 24/7 coverage of the telemetry monitoring role, which includes coverage for the monitoring role during the course of a given shift when the Nursing Supervisor needs to leave the unit to ensure continuous monitoring is maintained.
- The CNO, Director of Patient Care Services and Nurse Manager of the Medical Surgical unit accepted responsibility for ensuring both continuous staffing of the monitoring role is maintained and that all staff will have documented competency prior to their assuming this role.

Additional steps that have already been taken in response to this survey:

- On the evening of 4/13/16, we reached out to our area EMS agency, Middlebury Regional EMS to recruit paramedics who would be willing to fulfill this essential role/function. Within a day, we had two paramedics signed on and four more are in different phases of orientation and on-boarding process. All have been hired as per diem Porter employees and will undergo the previously noted competency evaluation prior to assuming the telemetry monitoring role.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ DATE _____
Doc cannot 4.25.16 T.C./R
 _____ Interm CEO 4/21/16

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 for 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.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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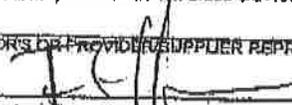
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- Trained in-house RNs with documentation of the above noted telemetry competency have also filled in time on the schedule to ensure we have 24/7 monitoring coverage.
- Competency assessment has also been completed for respiratory therapists, who assist with coverage of breaks, and a back-up should the need arise for the assigned individual to step away.
- Our HR department is researching travel monitor technicians, should we need more beyond our current coverage.
- A binder has been created and is present at the monitoring station which includes:
 1. Responsibilities of the assigned staff member;
 2. An algorithm of response to alarms (actionable versus non-actionable);
 3. A log for alarm settings with a sign off for each shift (alarm volume set at minimum of 7 at the main nurse's station, 4 at the telemetry technician station in SCU, and that the appropriate parameters are set for each patient);
 4. Validation of the completion of the above noted log shall be documented on a monthly basis by the Director of Patient Care Services.
- Rhythm strips are printed out, per protocol, by the RN assigned to each monitored patient with documentation of the appropriate rhythm, and any additional strips noted by the individual assigned to watch the monitors are printed and the RN is immediately alerted.
- To further enhance communication, each RN who has a patient on monitoring is assigned a portable phone. The phone number is documented on the assignment sheet and a copy of this document is in the monitor area. The established algorithm identifies when a call should be made, versus an immediate notification.
- Prior to assuming the monitoring role, all individuals assigned will sign an acknowledgment confirming their understanding of the purpose of this role and the expectations associated with it.

In the Spring of 2015, Porter had requested an upgrade to the current monitoring system, which was approved for the current budget year. The upgrade will include the following:

- Ability to adjust patient parameter alarms to meet the individual requirement for the patient;
- Ability to admit/discharge patients on both monitors;
- Ability to add view only monitors;
- Ability to add Care Event (handheld devices);
- Continued tech support due to current operating platform being outdated;
- Updated algorithms for rhythm analysis;
- Ability to add in wireless devices such as the mx450s for additional flexibility in patient monitoring.

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



Pro ciante 4.25.16. TC/EL

Interim CEO

4/21/16

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VERIFIED LOW MEDICARE & MEDICAID SERVICES

CAPM APPROVED

OME NO. 0938-0391

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			(X5) COMPLETION DATE

The upgrade previously scheduled for August 2016 had been moved to June 2016 at the request of Clinical Leaders. This change in the timeline for the upgrade was initially requested in early March 2016, and was finalized on April 20, 2016. Porter Clinical Leadership engaged the key Phillips leaders to ensure the upgrade was expedited in collaboration with Porter's IT Department. During the telephone conversation held on April 20th, the clinical consultant at Phillips has agreed to come on site the first week of May 2016 to conduct a current alarm assessment and assist with workflow strategies.

On March 3, 2016 when Phillips was on site to conduct a planning session in preparation for the upgrade, Porter requested additional quotes for alarm monitoring enhancements which include:

- Care events (handheld devices to alert clinical staff to actionable alarms); and
- Two remote displays which would be placed in the hallways in predetermined locations.

We are currently in the process of securing the funding for these additional enhancements, which will be added no later than August 2016.

The goal of adding these additional enhancements is to facilitate continuous monitoring of patients and timely response to actionable alarms by the Nurse assigned to a given patient. This system will allow for redundancy; in the event the assigned Nurse is unable to respond within a pre-established timeframe specific to the type of alarm, the system will proceed to alert additional members of the clinical team in an escalated fashion.

The planned upgrade and enhancements will allow for more robust alarm management audits to include response times to actionable alarms. Once the new system is in place, a weekly random audit process will be established as follows:

- Random audit of not less than 5 patient actionable alarm logs to assess timeliness of alarm response. This audit will be conducted by the Nurse Manager of the Medical Surgical unit on an ongoing basis, with monthly validation by the Director of Patient Care Services to ensure continued compliance. Identified trends or areas of concern will be addressed directly with the staff involved with the patient's care.

ROC audit 4/25/16 to 5/1/16

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

[Handwritten Signature]

TITLE

Interim CEO

(X4) DATE

4/21/16

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 30 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 required to continued program participation.

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NAME OF PROVIDER OR SUPPLIER PORTER HOSPITAL, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 116 PORTER DRIVE MIDDLEBURY, VT 05758	
POND 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)

C253 485.631(a)(3) STAFFING

In response to the findings related to staff competency and failure to monitor and respond to alarms in a timely manner, education and competency assessment related to telemetry monitoring and alarm management will be validated using the following educational plan:

Telemetry Techs:

- Requirements met per the current job description;
- Must complete the "Telemetry Test" (Taken from the AHA EKG & Pharmacology Course workbook) with a passing grade of 80% or greater to demonstrate competency prior to assuming role;
- Will sit with a trained individual to review the Policy and Procedures related to the position prior to assuming role;
- Will learn the admission/discharge process for patients being placed on Telemetry/Continuous SPO2 monitoring, and will obtain signed verification of competency.

New Hire Staff RNs:

- Will attend the AHA EKG & Pharmacology Course while in the new hire orientation period (first 12 weeks from their hire date);
- Will pass the "Telemetry Test" with a grade of 80% or greater to demonstrate competency (within one week of successful completion of the above noted AHA EKG & Pharmacology course);
- Will attend and pass an ACLS course within the first 6 months from their hire date;
- Will practice rhythm interpretation with the assistance of their Preceptor during the orientation period, starting in their first week;
- Will learn the admission/discharge process for patients being placed on Telemetry/Continuous SPO2 monitoring, and will obtain signed verification of competency during the orientation process.

Existing RNs beyond 6 months of their new hire date:

- Any individuals who have not yet attended the AHA EKG & Pharmacology course will be scheduled for the next available session, prior to 6/1/2016;
- Any individuals who have not yet attended the AHA ACLS course will be scheduled for the next available session but no later than 10/1/2016;
- All RNs will complete the "Telemetry Test" both initially and annually to maintain a level of competency, and must maintain a passing with a score of 80% or greater;
- Completion of the initial test will take place no later than 6/1/2016;
- All RNs will learn the admission/discharge process for patients being placed on Telemetry/Continuous SPO2 monitoring, and will obtain signed verification of competency no later than 6/1/2016.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Interim CEO 4/21/16

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All staff will sign an acknowledgment of their understanding of the telemetry monitoring role and the rationale behind close monitoring and timely alarm management prior to assuming the monitoring role.

In addition, all staff will complete an online educational module related to reporting of patient safety concerns through the appropriate channels to ensure a timely response. The module will have a completion date of 7/1/16 and will be repeated annually for all staff. The module will include the following elements:

- The principles of "just culture";
- Staff responsibility for reporting of incidents in a timely manner through appropriate channels, to include verbal reporting to their Manager or a Supervisor at the time a concern is identified;
- The manner in which to submit incident reports electronically, to include the availability of anonymous reporting;
- Manager responsibility for timely investigation and response to reported incidents;
- An acknowledgment stating their understanding of the information presented and whom to contact for additional questions or concerns.

The Director of Patient Care Services and the Nurse Manager of the Medical Surgical unit will maintain daily responsibility for ensuring adequate staffing with the appropriate training and competencies for all shifts. This will include planning for potential staff call outs and gaps in the schedule based on staff vacations and other types of absences.

To further ensure the above noted action steps are initiated and maintained, the following monitoring, audit and validation processes will be implemented effective 5/1/2016:

- Random monthly audits of the educational files of all above noted staff assigned to monitor telemetry to ensure the above noted education, competency, and acknowledgments are included in their file. This audit will be conducted by the Director of Education and will include not less than 5 randomly selected files, with the results of the audit forwarded to the CNO for validation. This monthly audit process will continue for a period of 6 months, and then will continue on a quarterly basis to ensure compliance is maintained.
- Random monthly audits of monitored patient records to ensure appropriate, complete documentation, to include rhythm strip interpretation, clinical assessments, and response to actionable alarms. This audit will be conducted by the Nurse Manager of the Medical Surgical unit and will include not less than 5 records per month, with the results of the audit forwarded to the Director of Patient Care Services for validation. This monthly audit process will be ongoing to ensure compliance is maintained.

Poc audit 4.25.16 TC/SJ

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

TITLE

Interim CEO

DATE

4/21/16

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 74 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.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/13/2016
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NAME OF PROVIDER OR SUPPLIER PORTER HOSPITAL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 118 PORTER DRIVE MIDDLEBURY, VT 05753
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(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
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- The Director of Patient Care Services and the Nurse Manager of the Medical Surgical unit will maintain daily responsibility for ensuring adequate staffing with the appropriate training and competencies for all shifts. This will include planning for potential staff call outs and gaps in the schedule based on staff vacations and other types of absences.
- The Director of Quality will maintain responsibility for ensuring the timely review, investigation and response to all patient safety incidents reported through the incident reporting system. Any trends or discrepancies will be addressed directly with the Manager in charge of the department in question.

For comment 4/25/16 TCM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ DATE _____

[Signature] *Interim CEO* *4/25/16*

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

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C 000	INITIAL COMMENTS An unannounced on-site investigation was conducted by the Vermont Division of Licensing and Protection on 4/12/16 - 4/13/16 to investigate complaint # 00014429. The following regulatory violations were identified: Based on information gathered at the time of survey, an Immediate Jeopardy situation was determined to exist based on the CAH's failure to assure to assure sufficient and knowledgeable staff was made available at all times to continuously monitor telemetry, assuring alarms were recognized, interpreted and acted on in a timely manner. Based on information gathered, the CAH was determined not to be in compliance with the Condition of Participation: Staffing and Staff Responsibilities. Note: The Immediacy was removed by the CAH on 4/13/16 at 5:45 PM when a plan to correct the Immediate Jeopardy was accepted.	C 000			
C 250	485.631 STAFFING AND STAFF RESPONSIBILITIES Staffing and Staff Responsibilities This CONDITION is not met as evidenced by: Based on observation, interview and record review, the Condition of Participation: Staff and Staffing Responsibilities was not met as evidenced by the failure of the CAH to assure sufficient and knowledgeable staff was made available at all times to continuously monitor	C 250			

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

TITLE

(X6) DATE

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.

Interim CEO

FT/16

5/12/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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C 250	Continued From page 1 telemetry, assuring alarms were recognized, interpreted and acted on in a timely manner.	C 250			
C 253	Refer to C-0253 485.631(a)(3) STAFFING The staff is sufficient to provide the services essential to the operation of the CAH. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the CAH failed to assure sufficient and knowledgeable staff was made available at all times to continuously monitor telemetry, assuring alarms were recognized, interpreted and acted on in a timely manner. Findings include: Per observation on 4/12/16 and 4/13/16, telemetry (electronic monitoring of a patient's heart rate, rhythm and breathing at a remote location) utilized on the Medical/Surgical Unit of the CAH was not consistently monitored by staff. During the 2 days of survey, observations were made of the telemetry system which includes a monitor located within the nurses's station and a second monitoring station in a room previously designated as part of of the Special Care Unit (SCU). As per physician assessment of diagnosis and clinical presentation, an order is written by the physician requesting telemetry monitoring for their patient. Nursing staff then apply a lead-transmitter system to each patient, which allows the patient to be mobile on the Medical/Surgical Unit without being attached to a lead-to-cable stationary monitor in their hospital room. With the present telemetry monitoring system, visualization of alarms, cardiac rhythms and oxygen levels can only be made by direct	C 253			

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C 253	<p>Continued From page 2</p> <p>observation by staff of the telemetry monitor at the nurse's station or the second monitor station isolated in a room.</p> <p>During a tour with the nurse manager of the Medical/Surgical Unit on 4/12/16 at 10:55 AM a telemetry alarm was sounding from the telemetry monitor located at the nurse's station. The alarm was not acknowledged until the nurse manager and the nurse surveyor entered the nurses's station and observed the alarm read "asystole" (no cardiac activity). The patient was checked by the nurse manager and the alarm was silenced at 11:02 AM. The surveyor was informed the patient's lead had been disconnected resulting in the alarm. When asked who was responsible for the monitoring of the telemetry system, the nurse manager stated the nursing staff is responsible. It was further acknowledged by the nurse manager the present monitoring response system in place "...is a problem...." given the nurses's present direct care responsibilities and the likelihood nurses will not be available to provide continuous monitoring of telemetry or to review alarms immediately and validated by patient assessment.</p> <p>The failure to acknowledge telemetry alarms and the lack of constant monitoring was further confirmed on 4/12/16 when 6 patients were observed to be on telemetry. From 1:30 PM till 4:30 PM, there was no direct nursing staff consistently monitoring telemetry. Response time to alarms was from 2 to 8 minutes before a nurse acknowledged the alarm, reviewed the reason the alarm was sounded and chose to assess or not asses the patient. It was also noted at 2:12 PM an alarm sounded and continued for 2 minutes until a staff member, identified as not having training in cardiac rhythm/telemetry monitoring</p>	C 253			

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C 253	<p>Continued From page 3</p> <p>shut off the alarm. On 4/13/16, 5 patients were being monitored by telemetry. No one was assigned to provide constant monitoring of the telemetry patients. At 8:27 AM a telemetry alarm sounded and continued without acknowledgement by nursing staff for 17 minutes. During this time nursing staff had been seen entering the nurses station and leaving without addressing the alarm.</p> <p>During observations on the Medical/Surgical on 4/12/16 and 4/13/16 there was a failure by nursing staff to acknowledge telemetry alarms and there was also a lack of constant monitoring of telemetry due to lack of sufficient staff. From 1:30 PM till 4:30 PM. there was no direct nursing staff consistently monitoring telemetry. Response time to alarms was from 2 to 8 minutes before a nurse acknowledged the alarm, reviewed the reason the alarm was sounded and chose to assess or not asses the patient. It was also noted at 2:12 PM an alarm sounded and continued for 2 minutes until a staff member, identified as not having training in cardiac rhythm/telemetry monitoring shut off the alarm. On 4/13/16, 5 patients were being monitored by telemetry. No one was assigned to provide constant monitoring of the telemetry patients. At 8:27 AM a telemetry alarm sounded and continued without acknowledgement by nursing staff for 17 minutes. During this time nursing staff had been seen entering the nurses station and leaving without addressing the alarm.</p> <p>Per interview on 4/13/16 at 9:16 AM the Interim Chief Nursing Officer (CNO) acknowledged since accepting the CNO position approximately 6 weeks ago, concerns have been brought to his/her attention and the newly appointed</p>	C 253			

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C 253	Continued From page 4 Administration regarding the reconfiguration of the Medical/Surgical Unit which no longer included a SCU and dedicated staff who previously provided continuous telemetry monitoring of patients. As a result, discussions were in process with the medical and nursing staff to establish a plan that would assure patients placed on telemetry would be monitored continuously by staff who demonstrated proficiencies to monitor patients safely and effectively. However, the present lack of continuous monitoring, the delay in alarm response placed patients requiring telemetry at risk for the potential for possible harm.	C 253		
C 271	485.635(a)(1) PATIENT CARE POLICIES The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. This STANDARD is not met as evidenced by: Based on observations, interviews and record review the CAH failed to assure that care and services were provided in accordance with currently established written policies and procedures regarding the provision for patients requiring telemetry monitoring. Findings include: Per review of the CAH policy Telemetry Procedure last approved/ revised on 7/2015 states "Primary RN Responsibilities: D. Lethal rhythm alarms, once identified, will be immediately communicated to any and all RN's on the unit. F. Leads fail is considered a critical rhythm, and needs to be corrected within 5 minutes of the initial alarms". Although this policy provides a process for assuring patients requiring telemetry are closely monitored, the provision of this policy and process is not consistently being adhered to	C 271		

F H/L

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C 271	<p>Continued From page 5 by nursing.</p> <p>During a tour with the nurse manager of the Medical/Surgical Unit on 4/12/16 at 10:55 AM a telemetry alarm was sounding from the telemetry monitor located at the nurse's station. The alarm was not acknowledged until the nurse manager and the nurse surveyor entered the nurses's station and observed the alarm read "asystole" (no cardiac activity). The patient was checked by the nurse manager and the alarm was silenced at 11:02 AM. The surveyor was informed the patient's lead had been disconnected resulting in the alarm. When asked who was responsible for the monitoring of the telemetry system, the nurse manager stated the nursing staff is responsible. It was further acknowledged by the nurse manager the present monitoring response system in place "...is a problem...."</p> <p>The failure to adhere to the CAH policy was further made evident during observations on the Medical/Surgical unit on 4/12/16 when 6 patients were observed to be on telemetry. From 1:30 PM till 4:30 PM. there was no direct nursing staff consistently monitoring telemetry. Response time to alarms was from 2 to 8 minutes before a nurse acknowledged the alarm, reviewed the reason the alarm was sounded and chose to assess or not asses the patient. On 4/13/16 5 patients were being monitored by telemetry. At 8:27 AM a telemetry alarm sounded and continued without acknowledgement by nursing staff for 17 minutes. During this time period nursing staff had been seen entering the nurses station and leaving without addressing the alarm. If the alarm identified a critical and/or lethal rhythm, the expectation of the policy was to identify and respond, however nursing did not demonstrate</p>	C 271			

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C 271	Continued From page 6 adherence to this policy by failing to acknowledge and review the alarm to rule out a critical need requiring an immediate response.	C 271		
C 294	<p>485.635(d), (d)(1) NURSING SERVICES</p> <p>§485.635(d) Standard: Nursing Services</p> <p>Nursing services must meet the needs of patients.</p> <p>(1) A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, nursing services failed to assure sufficient qualified staff was continuously available to meet the needs of patients requiring telemetry monitoring and nursing staff demonstrated a failure to acknowledge telemetry alarms. Findings include:</p> <p>Per interview on 4/13/16 at 9:16 AM the Interim Chief Nursing Officer (CNO) acknowledged since accepting the CNO position approximately 6 weeks ago, concerns have been brought to his/her attention and the newly appointed Administration regarding the reconfiguration of the Medical/Surgical Unit which no longer included a SCU and dedicated staff who previously provided continuous telemetry monitoring of patients. As a result, discussions were in process with the medical and nursing staff to establish a plan that would assure</p>	C 294		

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C 294	Continued From page 7 patients placed on telemetry would be monitored continuously by staff who demonstrated proficiency with telemetry monitoring. However, it was further confirmed that presently nursing staff was insufficient to assure the needs of telemetry patients were being met. The failure to acknowledge telemetry alarms and the lack of constant monitoring was further confirmed on 4/12/16 when 6 patients were observed to be on telemetry. From 1:30 PM till 4:30 PM. there was no direct nursing staff or other designated qualified individuals to consistently monitor telemetry. Response time to alarms was from 2 to 8 minutes before a nurse acknowledged the alarm, reviewed the reason the alarm was sounded and chose to assess or not asses the patient. It was also noted at 2:12 PM an alarm sounded and continued for 2 minutes until a staff member, identified as not having training in cardiac rhythm/telemetry monitoring shut off the alarm. On 4/13/16 5 patients were being monitored by telemetry. No one was assigned to provide constant monitoring of the telemetry patients. At 8:27 AM a telemetry alarm sounded and continued without acknowledgement by nursing staff for 17 minutes. During this time nursing staff were observed entering the nurses station and leaving without addressing the alarm or assessing the patient. It was also noted that the volume of the alarms could not be heard at the end of the long hallway where the public entrance/exit is located. On the morning of 4/13/16 the Assistant Nurse Manager for Medical/Surgical Unit also confirmed if staff where behind closed doors of a patient's room (depending on distance from nurses's station) the alarm sounds could be difficult to hear. Subsequently, when checking alarm volume on	C 294			

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C 294	Continued From page 8 the telemetry monitor it was noted the volume had been set at a lower then acceptable range. Further interview with Interim CNO on 4/13/16, s/he acknowledge nursing staff may also be experiencing "alarm fatigue" (lack of response due to excessive numbers of alarms/nuisance alarms that caregivers may disable, silence and/or ignore). However, presently it is the expectation if a nurse hears or observes an alarm from the telemetry monitoring system, it is their responsibility to recognize, interpret and act on alarms in a timely manner. When alarms are ignored, as observed, there is a failure to meet each patient's needs and the provision of nursing care specific to those patients requiring cardiac and/or oxygen level monitoring.	C 294			
C 336	485.641(b) QUALITY ASSURANCE 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 – This STANDARD is not met as evidenced by: Based on observation and interview, the Quality Assurance program failed to fully assess and evaluate concerns identified by staff related to telemetry monitoring and failed to implement, in a timely manner, in conjunction with nursing and medical staff an appropriate corrective action. Findings include: Per interview on 4/13/16 at 3:25 PM the Quality Assurance/Risk Manager confirmed although it	C 336			

Handwritten signature/initials

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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C 336	Continued From page 9 was brought to the attention of Quality Assurance department the possibility telemetry patients may not have received the necessary monitoring to justify medical charges for this additional provision of care, there was a failure to further investigate the actual telemetry monitoring being provided. The Quality Assurance/Risk Manager confirmed 80 records had been audited to assure appropriate documentation was provided to justify medical billing charges for telemetry. However, there was a failure to investigate whether staffing patterns were sufficient, who was trained to monitor telemetry and whether corrective actions were needed beyond required reimbursement documentation. When informed of observations made by surveyors on 4/12/16 and 4/13/16 which included lack of acknowledgement of alarms and the absence of continuous monitoring of the telemetry patients, the Quality Assurance/Risk Manager stated "I thought someone was watching.....I was not aware...".	C 336		
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PORTER MEDICAL CENTER, INC.

FACSIMILE TRANSMISSION COVER SHEET

To: Suzanne Leavitt Marifrances McIntosh	From: Marianne Bruno
Fax: 802-241-0343	Dept: Quality
Phone:	Date: 5/12/16
Re: Revised Plan of Correction	Phone: 802-382-3460

Number of Pages (including the cover sheet) 23

Delivery Instructions: **Routine** **Urgent**

Please see attached revised plan of correction with date change, as requested.

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or medically confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the document and notify us immediately. Thank you.

Porter Medical Center, Inc.

Middlebury, Vermont 05753 • (802) 388-4701

May 6, 2016

Suzanne Leavitt, RN, MS
State of Vermont, Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, Vermont 05671

Re: Event ID # 4WCX11
Facility ID # 471307

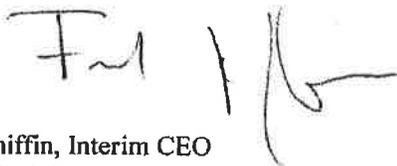
Dear Ms. Leavitt,

In response to the above referenced survey conducted at Porter Hospital on 4/12/16-4/13/16 and the additional findings that were forwarded to Porter Medical Center via correspondence from your office dated 4/27/16, please find enclosed corrective action plan. I have enclosed a copy of the statement of deficiencies for your reference, as well as Porter's response to the initial immediate jeopardy findings which was accepted by your office on 4/25/16.

Please feel free to contact either my office or Karen Beinhaur, Interim CNO and VPPCS directly should you require additional information or clarification in support of our response.

Thank you in advance for your review and consideration.

Sincerely,



Dr. Fred Kniffin, Interim CEO
Porter Medical Center
(802) 388-4741

cc: Karen Beinhaur, Interim CNO and VPPCS
Dr. Carrie Wulfman, CMO
Maureen McLaughlin, Board Chair