

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471308	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2011	
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05168		
(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)	(X6) COMPLETION DATE
C 278	<p>Continued From page 1</p> <p>hand hygiene by the physician</p> <p>2). During observation in the ED (Emergency Department), at 3:18 PM on the afternoon of 12/28/11, a staff member failed to wash or sanitize his/her hands after providing care to Patient #2. Following a blood draw procedure on the patient, in room #4, which contained a working sink, Lab Tech #1 removed his/her gloves and, without washing hands, picked up the lab tray containing lab specimens and left the patient room. Although there was a container of hand sanitizer attached to the wall directly outside the door of the room the Lab Tech did not sanitize his/her hands and continued to leave the ED.</p> <p>During interview, at 12:58 PM on 12/29/11, the Infection Control Practitioner (ICP) confirmed the Policy's expected hand hygiene practice following removal of gloves. The ICP further stated that although a new campaign, focused on promoting hand hygiene for staff and patients, had recently been implemented, there is currently no formal process for monitoring and evaluating hand hygiene practices among staff to assure they are consistent with the facility's Policy & Procedure.</p>	C 278		

Springfield Hospital
 25 Ridgewood Road
 Springfield, VT 05156

Plan of Correction

Janet Sherer, RN, MBA
 Director of Patient Care Services
 802-885-7582

Regulation/ Deficiency See full DOH survey report for standards and deficiencies.	Plan of Correction	Completion Date
C 278		
1	<p>The Infection Control Practitioner will provide re-education for the physicians at each of their section meetings. The physicians will receive a review of the Hand Hygiene Policy, reinforcement on the importance of hand hygiene, and information on the hand hygiene campaign that the Infection Control Practitioner has begun implementing. The re-education of the physicians will be completed by March 1, 2012.</p>	<p>March 1, 2012</p>
2	<p>All staff in the hospital receives annual safety training which includes a review of hand hygiene. The hospital will continue to provide that education annually. New hires to the organization receive hand hygiene training during general orientation. This will also be continued. In addition, the Infection Control Practitioner will work with Department Managers to create a schedule that will allow her to attend staff meetings to provide continuing hand hygiene education. The Infection Control Practitioner will create a prioritized list of departments to attend staff meetings and will have a schedule developed by March 1"</p> <p>The Infection Control Practitioner will do a hand hygiene re-education for the department managers at one of the monthly Key Managers meetings. She will schedule and present the information at a meeting prior to March 19, 2012.</p> <p>The Infection Control Practitioner will continue to promote the hand hygiene campaign. The campaign was reviewed by the surveyor when she was here. It includes information for patients, training for staff, and various tools to remind staff about hand washing.</p>	<p>March 1, 2012</p> <p>March 19, 2012</p>

*2/15/12
 Plan of Correction
 approved for
 C-278
 Bonnie Howe
 RN*

Regulation/ Deficiency See full DOH survey report for standards and deficiencies.	Plan of Correction	Completion Date
	The Infection Control Practitioner currently monitors the hand sanitizer usage annually. She will continue to do this. The Infection Control Practitioner will do 10 hand hygiene observations in various departments weekly beginning January 23, 2012. The results of these observations will be reported once a week at the daily 9am department managers meeting. In addition, the Infection Control Practitioner will explore electronic monitoring devices that may be implemented at a future time.	
	Follow up of this review, related performance improvement activities and indicators will be reported to the Quality Steering Committee and Springfield Hospital Board of Directors	March 13, 2012