

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

November 4, 2019

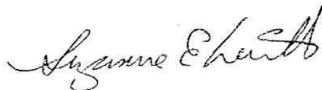
Joseph Woodin, CEO  
Copley Hospital  
528 Washington Highway  
Morrisville, VT 05661

Dear Mr. Woodin:

The Division of Licensing and Protection completed a survey at your facility on **October 15, 2019**. 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 **October 30, 2019**.

Sincerely,



Suzanne Leavitt, RN, MS  
State Survey Agency Director  
Assistant Director, Division of Licensing & Protection

Enclosure

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

PRINTED: 10/17/2019  
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 10/15/2019
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NAME OF PROVIDER OR SUPPLIER  COPLEY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
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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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C 000 INITIAL COMMENTS  
An unannounced on-site complaint survey was conducted from 10/14/2019 - 10/15/2019 by the Division of Licensing and Protection to determine compliance with the Conditions of Participation for Critical Access Hospitals 42 CFR Part 485 Subpart F as they relate to hospital complaint #17795. The following regulatory violations were identified as a result of the investigation.

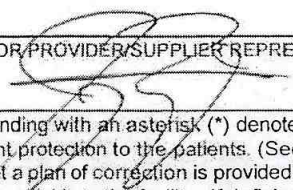
C 000

C 271 PATIENT CARE POLICIES CFR(s) 485.635(a)(1)  
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 Critical Access Hospital (CAH) failed to ensure that care and services were provided in accordance with currently established written policies and procedures regarding the provision of care to include appropriate infection prevention practice for hand hygiene and discharge process from the Emergency Department (ED) for 3 of 10 applicable patients. (Patient #1, 2, & 10) Findings include:  
1. On 5/27/19 Patient #2 sought treatment in the ED for a chief complaint of a right hand laceration/avulsion (wound that happens when skin is torn) due to injury while working on heavy equipment. The patient was placed in a 2 stretcher room in the ED and noted a second patient occupied the other stretcher and the curtain between the 2 patients had been drawn. Patient #1 had been receiving treatment for a hand laceration requiring suturing. Upon completion of the suturing of Patient #1's hand, the ED physician failed to follow hospital policy for hand hygiene by failing to remove contaminated gloves worn during the suturing procedure.

C 271

The Medical Director of the Emergency Department will provide education to ED physicians and mid-levels on hand hygiene based on Copley's policy and CDC guidelines by 11/30/2019.  
  
The Emergency Department staff will use proper hand hygiene techniques. This will be monitored by the Emergency Department Director. Compliance will consist of hand hygiene observations for six months which will be reported to the Safety Committee monthly by Emergency Room Director. Completion date of 04/30/2019.

*Account f m / 8 10.30.19*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 10/25/19
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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 late 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.



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NAME OF PROVIDER OR SUPPLIER  <b>COPLEY HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661</b>
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C271	<p>Continued From page 1</p> <p>the ED physician failed to follow hospital policy for hand hygiene by failing to remove contaminated gloves worn during the suturing procedure. Without removing the contaminated gloves, the physician proceeded to visit briefly with Patient #2, who was awaiting care in the adjoining stretcher. The physician informed Patient #2 s/he was next to receive treatment for the hand injury and during this encounter touched Patient #2's affected hand with the contaminated gloves. Family members of Patient #2 who witnessed the event requested immediate action regarding this breach of infection control practice for hand hygiene. As a result, Patient #2's wound and hand were cleansed and specific blood testing was offered and accepted by both Patient #1 and Patient #2 to rule out transmission of potential blood borne infections to include Hepatitis B; Hepatitis C and/or HIV.</p> <p>Per review of CAH policy Hand Hygiene last revision: 05/22/19 states: "Purpose: Effective hand hygiene is the best practice at reducing risk of transmission from healthcare workers hands to patients". The policy further states: "When to Perform Hand Hygiene: All healthcare personnel shall wash hands during but not limited to these times: Before entering a patient environment and after leaving patient environment; before and after touching the patient; and before and after the use of any gloves: sterile or non-sterile.</p> <p>Per interview on 10/15/2019 at 9:15 AM the Chief Medical Officer (CMO) confirmed a peer and Quality/Compliance review was conducted after the event on 5/27/19. The ED physician acknowledged the breach in infection control practice by not removing his/her contaminated gloves and performing hand hygiene after</p>	C271		
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*Recant 10 30 19 fmsl*

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C271 Continued From page 2  
suturing Patient #1 and prior to having physical contact with Patient #2. Both patients did receive follow-up regarding blood test results from the CMO and apology for the adverse event.

2. During treatment in the ED on 5/27/19 for a right hand laceration, Patient #2 was x-rayed; examined for superficial abrasions and avulsion. The wound was cleaned and a dressing applied and the patient was determined to be stable for discharge. Verbal education was provided as per ED physician progress note, however no written instructions were provided to Patient #2 regarding the care and management of the wound and the potential follow-up of the event of possible blood exposure/cross contamination while being treated in the ED.

3. Patient #10 presented to the ED on 9/23/19 with a chief complaint of exposure to body fluids. The individual was a healthcare worker with a EMS provider who was concerned after touching blood in an ambulance with ungloved hand 2 days prior to seeking treatment, Although the ED physician stated possible exposure to infectious disease was a low probability related to the skin encounter, the ED physician offered blood testing for the EMS employee but also discussed obtaining testing of the "source patient", whose blood Patient #10 may have been exposed to with ungloved hands. After discussion of options, the patient declined to have Hepatitis B, Hepatitis C & HIV testing conducted. The patient was advised to follow-up with their Primary Care Physician. No discharge instructions regarding the visit and treatment options were provided when Patient #10 was discharged from the ED.  
Per review of CAH policy Discharge Instructions

C271

*patient 10.30.19 fm/s*



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C271 Continued From page 3  
for the Emergency Department current version dated 07/11/2011 states "2. Patients receive written instructions for "Discharge" from the Emergency department as evidence by signing 'I have received and understand instructions'...the date and time of departure must also be documented. 3. The discharge instructions will be reviewed with the patient by the Emergency Department Physician and/or Registered Nurse."  
Per interview on the morning of 10/15/19 the Director of ED Services confirmed the absence of signed acknowledgment by either Patient #2 or Patient #10 upon discharge or evidence of written instructions for care of a wound and/or follow-up with a primary care physician associated with each patient's specific diagnosis and treatments. The Director of ED services further confirmed staff failed to follow the CAH policy Patient Discharge Instructions.

C271

The Medical Director of the Emergency Department will provide education to ED physicians and mid-levels on patient discharge instructions by 11/30/2019.

Patients will receive and sign a copy of their discharge instructions. The Emergency Department Director will monitor compliance through assignment of 25 chart audits a month for three months with a completion date of 01/31/2020.

C272 PATIENT CARE POLICIES  
CFR(s): 485.635(a)(2), (a)(4)  
  
§485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including 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).  
  
§485.635 (a)(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.  
This STANDARD is not met as evidenced by:  
Based on staff interview and record review, the CAH failed that all policies directing

C272

*Rec count 10/30/19 fm/SL*

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

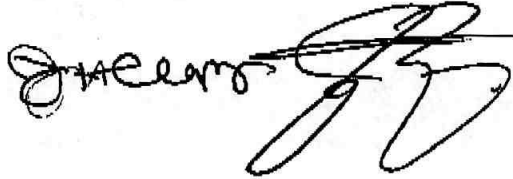
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C272	<p>Continued From page 4</p> <p>care and services in the ED were reviewed at least annually. Findings include:</p> <p>Per review of ED policy Discharge Instructions noted the policy had not been reviewed and updated since 3/22/15, 4 years beyond the required time for review and/or revisions. The lack of policy and procedure update was confirmed by the Director of ED Services on the morning of 10/15/19. The Director did confirm all ED policies are in the process of review, however acknowledged several others are also in need of review. In addition, per CAH policy titled: Policy Development, Approval, and Maintenance last revisions: 09/04/2018 states: " Policy: All policies and procedures are reviewed annually and updated to remain current with best practice standards and regulatory requirements". The policy further states: "Patient care policies required of Critical Access Hospitals includes but are not limited to: "Policies and procedures for emergency medical services".</p>	C272	<p>The organizational-wide policy on discharge instructions will be updated, approved, and uploaded into Policy Manager by 10/23/2019.</p> <p>The Emergency Department SOP for discharge instructions will be updated, approved, and uploaded into Policy Manager by 10/23/2019.</p> <p>The Director of Emergency Department will monitor compliance that ED staff will be educated on ED discharge policy and procedure updates. The updated policy and SOP will be emailed to all ED staff, will be placed in the "new policies to review book", and posted on the ED bulletin board by 11/01/2019, 12/01/2019</p> <p>The Director of Emergency Department will ensure all Emergency Department policies will be updated, approved, and uploaded into Policy Manager by 12/31/2019.</p>	
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Amended on 11/14/2019  11/14/19







**Copley Hospital**  
528 Washington Highway, Morrisville, VT 05661  
(802) 888-8888  
livewellamoille.com | [copleyvt.org](http://copleyvt.org)

October 22, 2019

To whom it may concern:

I attest I reviewed the hand hygiene policy and all questions have been addressed.

Thank you,

Adam Boise, NP \_\_\_\_\_

Jordice Corey, NP \_\_\_\_\_

Dr. Liam Gannon \_\_\_\_\_

Dr. Patrick Heaghney \_\_\_\_\_

Dr. Nathan Hemmer \_\_\_\_\_

Dr. Megan Lea \_\_\_\_\_

Dr. Martin Linseisen \_\_\_\_\_

Dr. Neil Nigro \_\_\_\_\_

Charles Osler, NP \_\_\_\_\_

Elizabeth Libby, PA \_\_\_\_\_

Dr. Adam Putnam \_\_\_\_\_

Dr. Kelvey Wilson \_\_\_\_\_

Dr. Daniel Wolfson \_\_\_\_\_

*Rec ant 10.30.19  
fm 1st*





Policy Title: : Hand Hygiene

Policy Type:  Administrative  Patient Care

Policy Scope:  Copley Health Systems  Copley Hospital  Single/Multi-Departmental

Approved by: Infection Prevention; Safety Committee

Appendices: Included

Appendix A: WHO How to Hand Rub

Appendix B: WHO How to Hand Wash

**Purpose:** Effective hand hygiene is the best practice at reducing risk of transmission from healthcare workers hands to patients.

**Policy Statement:**

Copley Hospital employees are expected to follow the recommendations of hand hygiene provided by the Center for Disease Control and Prevention practice as an effort to reduce the risk of health care associated infections and reduction in spreading antimicrobial resistant organism in our delivery of patient care to patients throughout our organization.

**Definitions:**

**Hand Hygiene:** a general term that applies to either washing or decontaminating hands in order to reduce the number of flora and microbes present. There are three types of hand hygiene: handwashing, hand antisepsis, and surgical hand scrub.

**Natural Fingernails:**Nails without an artificial covering other than nail polish

**Artificial Fingernails:** Nails with any of the following materials applied.

- Acrylics, gels
- Tips
- Tapes
- Wraps (including silk)
- Nail-piercing jewelry of any kind
- Shellac

**Policy Provisions:**

- The choice of plain soap, alcohol-based hand rub, or surgical hand scrub should be based on the degree of hand contamination and the purpose: whether it is important to reduce and maintain minimal counts of resident flora, as well as to mechanically remove the transient flora on the hands of health care personnel.Regular use (e.g., twice a day) of hand lotions and barrier creams can help prevent and treat irritant contact dermatitis

*Revised 10.30.19 fm/8*

caused by hand-hygiene products. Only Copley approved hand hygiene products may be used.

- If a hand has an injury including a cut, papercut, any break in skin integrity it should be covered with an appropriate barrier-bandaid, tegaderm, etc.
- Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink.

The following table provides guidance for which type of hand hygiene and method to perform based on the purpose:

Type	Purpose	Indication	Method
Handwashing	To remove soil and transient microorganisms.	When hands are visibly soiled. Before and after routine patient care activities and non-patient care activities. Required in cases of Clostridium difficile or other highly contagious enterococci as alcohol sanitizer is ineffective against spore-forming organisms.	Soap and water: duration for entire procedure is 40-60 seconds.
Hand antiseptics	To destroy transient and resident microorganisms on UNSOILED hands.	Before and after routine patient care activities and non-patient care activities. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.	Alcohol-based hand rub: total duration 10-20 seconds.
Surgical hand scrub	To remove or destroy transient microorganisms and reduce resident flora.	Prior to surgical procedures.	Scrub: Surgical

**Dispensers:**

- Alcohol sanitizer dispensers are located in the hallways between patient rooms, in patient rooms, exam rooms and procedure areas throughout the hospital.
- Liquid soap dispensers are located near each sink. Soap may not be added to partially empty soap dispensers. "Topping off" of dispensers can lead to bacterial contamination of soap.
- Hand Lotion is provided to prevent skin dryness and damage. Use only hand lotion provided by Copley Hospital.

*Poc unit 10/30/15  
fm 151*



Lotion is a potential media for bacterial growth so do not refill lotion containers.

**Fingernails:**

Natural nails of healthcare workers must be short, (i.e. less than ¼ inches long). Artificial nails and nail tips are prohibited for all health care workers and providers across the continuum of care who:

- provide direct patient care
- handle or reprocess equipment or medical instruments
- handle food
- this includes, but is not limited to;
  - inpatient
  - outpatient/ ambulatory services
  - clinics
  - peri-operative

**When to Perform Hand Hygiene:**

All healthcare personnel shall wash their hands during but not limited to these times.

- Wash hands with soap and water when visibly dirty or soiled with blood or other bodily fluids.
- Before eating and after using a restroom
- Before entering a patient environment and after leaving patient environment.
- Before and after touching the patient
- before handling an invasive device used for patient care regardless of the use of gloves
- Before handling medication or preparing food.
- if moving from a contaminated body site to another body site during care of the same patient
- before and after the use of any gloves: sterile or non-sterile

**References:**

Hand hygiene. (2017). Retrieved August 07, 2017, from <https://apic.org/Resources/Topic-specific-infection-prevention/hand-hygiene>

Centers for Disease Control and Prevention (CDC), Guideline for Hand Hygiene in Health-care settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, October 25, 2002

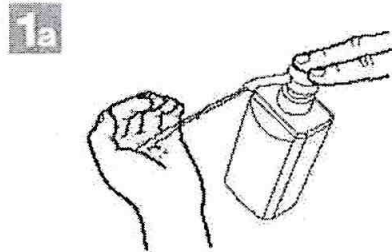
World Health Organization (WHO). (2018). WHO Guidelines on Hand Hygiene in Health Care. Retrieved from: [www.who.int/gpsc/5may/tools/who\\_guidelineshandhygiene\\_summary.pdf](http://www.who.int/gpsc/5may/tools/who_guidelineshandhygiene_summary.pdf)



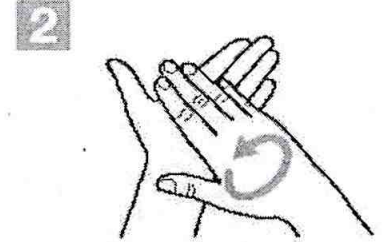
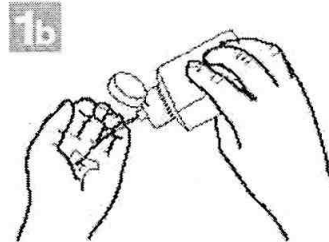
# How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

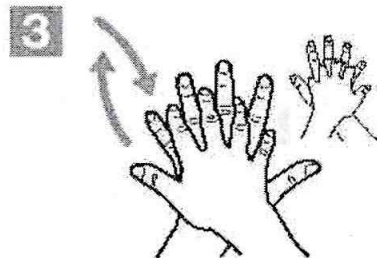
 Duration of the entire procedure: 20-30 seconds



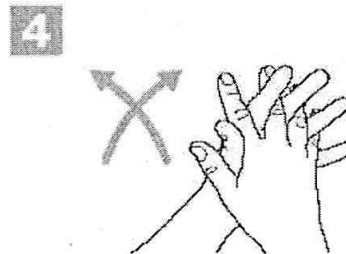
Apply a palmful of the product in a cupped hand, covering all surfaces;



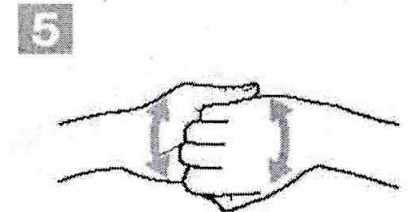
Rub hands palm to palm;



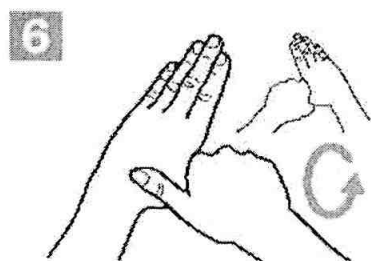
Right palm over left dorsum with interlaced fingers and vice versa;



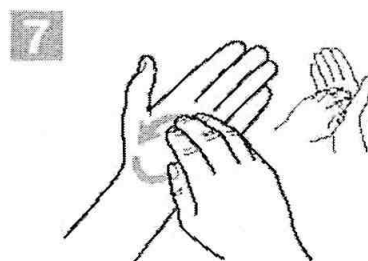
Palm to palm with fingers interlaced;



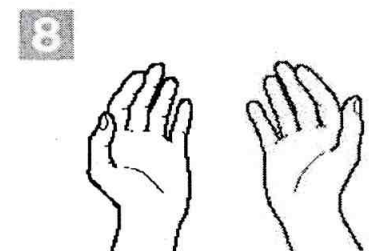
Backs of fingers to opposing palms with fingers interlocked;




Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

 **World Health Organization**

**Patient Safety**  
A World Alliance for Safer Health Care

**SAVE LIVES**  
Clean Your Hands

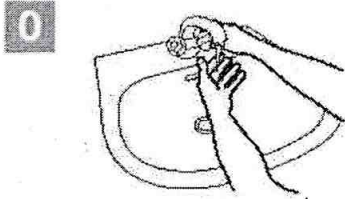
All necessary precautions have been taken by the World Health Organization to ensure the accuracy and reliability of the information presented in this document. However, the publisher assumes no liability for any loss or damage caused by the use of the information presented in this document. The publisher also assumes no liability for any loss or damage caused by the use of the information presented in this document.

*Rec and 10-30-19 fm 81*

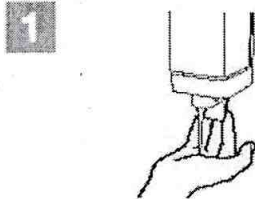
# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

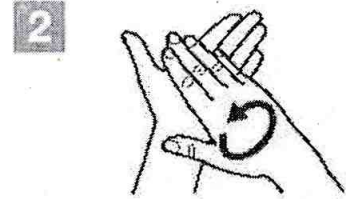
**⌚** Duration of the entire procedure: 40-60 seconds



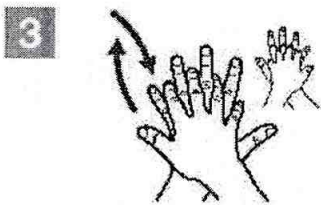
Wet hands with water;



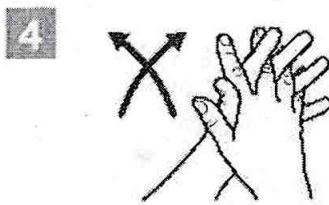
Apply enough soap to cover all hand surfaces;



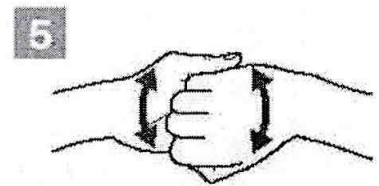
Rub hands palm to palm;



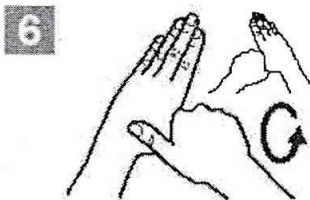
Right palm over left dorsum with interlaced fingers and vice versa;



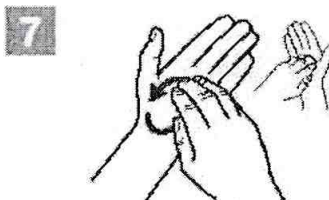
Palm to palm with fingers interlaced;



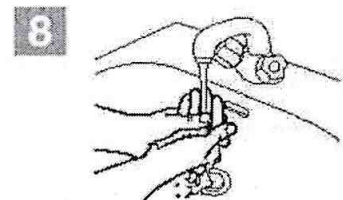
Backs of fingers to opposing palms with fingers interlocked;



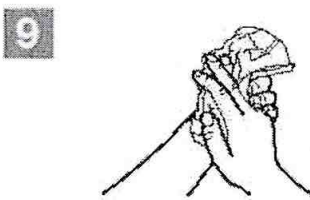
Rotational rubbing of left thumb clasped in right palm and vice versa;



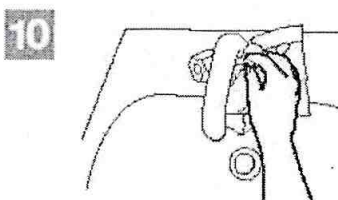
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



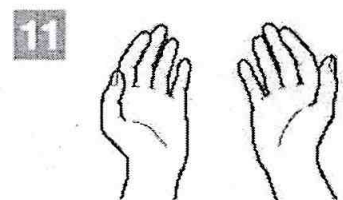
Rinse hands with water;




Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



**World Health Organization**

**Patient Safety**

A World Alliance for Better Health Care

**SAVE LIVES**

Clean Your Hands

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*Rec unta 10-30-19 fm 18*





**Copley Health Systems, Inc.**

**Effective:** 1/1/1991

**Last Revision:** 10/22/2019

**Policy Title:** Patient Discharge Education and Instructions

**Policy Type:**  Administrative  Patient Care

**Policy Scope:**  Copley Health Systems  Copley Hospital  Single/Multi-Departmental

**Approved by:** Clinical Practice Committee

**Associated Procedure:** Clinical Departments' Patient Discharge Education and Instructions SOPs

**Purpose:** To delineate education and instruction process requirements for safe patient discharge.

**Policy:**

Copley Hospital patients are discharged upon issuance of a discharge order and are provided the medical and aftercare information necessary to ensure adequate follow-up care.

**Definitions:**

**Discharge Order:** An order to discharge a patient made by a hospital-credentialed, privileged provider who is knowledgeable about the condition of the patient. The discharge order may be electronic, written, or a verbal order that is signed and authenticated (countersigned)

**Policy Provisions:**

- Education and discharge planning instructions are provided to all patients and/or their family/support persons using recognized methods, and are documented;
- **For Patients Discharged Home:**
  - Patients are provided written discharge instructions that are legible and use non-technical language that include:
    - legible, complete, reconciled medication list that highlights changes from the post hospital regimen
    - scheduled follow-up post-discharge appointments, including date, time, and name of practitioner, if available
    - referrals as applicable to specialized ambulatory services, e.g. physical therapy, occupational therapy, home health, hospice, mental health, etc.
    - referrals as applicable to community-based resources other than health services, e.g. Departments of Aging, elder services, transportation services, Centers for Independent Living, Aging and Disability Resource Centers, etc.
    - Arrangements made for essential durable medical equipment, e.g. oxygen, wheel chair, hospital bed, commode, etc. prior to discharge
  - Necessary medical information is sent to the provider(s) a patient is referred to prior to the first post-discharge appointment or within 7 days of discharge, whichever comes first.

*POC updated 10.30.19  
+ n lsa*

- **For Patients Transferred:**

*Transferring Nurse is responsible for notifying and educating the patient and family of pending transfer and documenting in the discharge/ transfer note.*

- Nursing or designee sends or faxes copies of all applicable patient medical records to receiving institution, including (as applicable):

- Transfer Orders
- Authorization for Transfer form
- History and physical, patient admission history, prenatal records
- Medication Administration Record (MAR)
- Lab results
- Diagnostic Images
- Consults
- ECGs
- Progress Notes
- Face Sheet (x2)
  - for ambulance
  - Admission Record for receiving hospital
- Advanced Directives – if available
- Status/location of patient clothes/valuables

- **For Patients leaving Against Medical Advice (AMA):**

Patients leaving the hospital against medical advice (AMA) should be asked to sign the AMA release form. A patient's refusal to sign the AMA release form should be documented in the nurse's discharge note. Documentation shall be made in the Nurse's Notes regarding the status of the patient upon AMA discharge, as well as notification of physician and nursing supervisor.

**References:**

**CMS State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs**


*(Rev. 183, 10-12-18) §485.635(c)(1)(i) & §485.635(c)(2)*

Copley Hospital Inter-facility Transfers via Ambulance policy

Copley Hospital Discharge Planning policy

Copley Hospital Standard Operating Procedure: Swing Bed Case Management



	<b>Emergency Department Nursing Division/Function</b>	<b>Implementation Date</b>	10/23/2019
		<b>Last Reviewed or Revised Date</b>	10/21/2019
		<b>Approval</b>	Clinical Practice
<b>SOP Owner</b>	Director of Emergency Services	<b>Page #</b>	1 of 2

## Standard Operating Procedure: Discharge Instructions - ED

### Purpose

To provide education of the Emergency Department patient on their diagnosis, prognosis, treatment plan and, follow-up care upon their discharge

### Scope

All patients being discharged to home from the Emergency Department will receive condition-appropriate instructions for home care and appropriate referrals.

### Definitions

EMR – Electronic Medical Record

### Prerequisites


- A discharge order by a hospital-credentialed, privileged provider.
- Patients and/or family will be assessed for their medical stability, orientation, readiness to learn and barriers to learning prior to discharge education.

### Responsibilities

- Condition-specific instructions will be generated by the Emergency Department practitioner for each patient being discharged.
- The practitioner or Registered Nurse (RN) will verbally educate patients on specific discharge instructions, including medication and treatments.
- A Respiratory Therapist may provide discharge education on nebulizer and multi-dose inhaler treatments.
- Final discharge instructions are provided by a RN.

### Procedure

1. The RN will complete discharge education and discharge instructions with the patient and / or family and document this education provided in the EMR including who was present for education.
2. Patient and/ or family will verbally state understanding of their discharge instructions and/or return demonstration of any procedures/treatments necessary to discharge.
3. Patient will acknowledge receipt of their discharge instructions by signing either the electronic signature pad or a paper copy of the discharge instructions.

	<b>Emergency Department Nursing Division/Function</b>	<b>Implementation Date</b>	10/23/2019
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		<b>Approval</b>	Clinical Practice
<b>SOP Owner</b>	Director of Emergency Services	<b>Page #</b>	2 of 2

4. Patients will receive a copy of their discharge instructions. If paper copies of the discharge instructions are used, the registered nurse/practitioner providing the education must also sign the copy.
5. The RN is responsible for ensuring paper copies are scanned into the EMR.

### References

Emergency Nurses Association. (2017) Safe Discharge for the Emergency Department. Position Statement. Retrieved from: [https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/safedischargefromed.pdf?sfvrsn=998ee45f\\_6](https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/safedischargefromed.pdf?sfvrsn=998ee45f_6).