VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

March 7, 2018

Dr. Joseph Perras, Ceo
Mt Ascutney Hospital
289 County Road
Windsor, VT 05089-9000

Dear Dr. Perras:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 7, 2018.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 05089

(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 recertification survey was conducted from 2/5/18 - 2/7/18 to determine compliance with Conditions of Participation for Critical Access Hospitals at 42 CFR Part 485 Subpart F. Based on information gathered, the hospital was determined not to be in compliance with the Federal Condition of Participation for Critical Access Hospitals to include: COP: Surgical Services at 485.63. The following regulatory deficiencies are the result of the recertification survey. Findings include:	C 000	Please See attached	
C 225	MAINTENANCE CFR(s): 485.623(b)(4) [The CAH has housekeeping and preventive maintenance programs to ensure that- the premises are clean and orderly; This STANDARD is not met as evidenced by: Based on observation, interview, and policy review, the CAH (Critical Access Hospital) failed to maintain a clean and orderly kitchen environment; and failed to consistently label and date foods in accordance with safe food handling practices and the hospital's dietary policies. Findings include: During a tour of the kitchen on 2/5/18 at 10:53 AM, the air filter on the ice machine had visible dust and dirt. The dish machine had a white film on the outside and around the perimeter of the machine; the top of the dish machine had visible	C 225	C 225 POC accepted per addendum 3/5/18 My Beth, RN	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: PERRA | TITLE: CEO | (X6) DATE: 3/2/18

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: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 06089

(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 225	Continued From page 1 dust. A bucket of food scraps used for compost was observed uncovered on the floor in the food preparation area. A second bucket of food waste used for compost was observed uncovered in a corner, approximately 3 feet from a shelf of clean salad bar containers. A hard plastic knife holder attached to the wall contained visible crumbs and dust on the top of the holder. The stacked convection ovens had visible grease covering the top, front, and sides. The stove top burners and griddle had a build up of grease and dried food/crumbs. The walk-in freezer contained a bag of open pizza crust without a date opened. The walk-in refrigerator had a container of yellow cake dated 1/19/18 and an opened bag of shredded cheese without a date opened. A reach-in refrigerator contained a plate of cottage cheese and pineapple and a plate of deli-meat, neither plate was labeled and dated. These observations, which were not in accordance with the dietary food handling polices, were confirmed at the time of the tour by the Director of Dietary Services. Per review of the policy, FOOD SAFETY PRODUCT LABELING & DATING GUIDE-revised 7/29/14, stated: "Storing Prepared Food; Labels required ....name of product, date of preparation and/or "use-by" date."	C 225	Please see attached	
C 272	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	C 272	C 272 POC accepted per addendum 3/5/18 Meg Bolte, RN	

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

PRINTED: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 05089

(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 272	Continued From page 2 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 reviews, the CAH (Critical Access Hospital) failed to assure that all policies were reviewed at least annually by members of the group of professional personnel as required, and reviewed by the CAH as necessary. Findings include: 1. Per review of policies from the CAH health services/departments during the survey, multiple policies had not been reviewed at least annually; department policies reviewed included the following health service areas: Staffing and Staff Responsibilities - NURSE PRACTITIONER/PA'S RESPONSIBILITIES, date reviewed: 3/16 Infection Prevention - STANDARD PRECAUTIONS, date reviewed: 5/14 - BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN, date reviewed: 3/13 Emergency Department - EMERGENCY SERVICES, date reviewed: 8/14. Nutrition Services- ICE MACHINES-FACILITY WIDE, date reviewed: 8/15, - INFECTION CONTROL-NUTRITION SERVICES, date reviewed: 9/10 Respiratory- WEANING FROM MECHANICAL	C 272	Please see attached	

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

PRINTED: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 05089

(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 272	Continued From page 3 VENTILATION, date reviewed: 6/16 Pharmacy- MEDICATION ORDERS, date reviewed: 5/16 Radiology - RADIOLOGY AFTER HOUR CT PATIENT WAITING PROCEDURE, date reviewed 1/3/17 - RADIOLOGY/ED DISCREPANCIES, date reviewed 8/9/16. Laboratory - STAGO SATELLITE OPERATIONS AND START UP PROCEDURE, date reviewed 7/22/15 Surgical Services - Per review of Surgical Services policy and procedures the following policies were last reviewed 8/2015. - TRAFFIC PATTERNS IN CSR - PACKAGING, STOCK ROTATION & OUTDATING OF STERILE SUPPLIES - PRACTICES FOR STERILIZATION - DISINFECTION; AND CLEANING RECOVERY ROOM AND PRE-OP HOLDING AREA. Per interview with representatives of the CAH's Quality Assurance Committee on 2/6/18 at 3:30 PM , the Director of Quality confirmed that not all of the CAH's departmental policies had been reviewed at least annually.	C 272	Please see attached	
C 278	PATIENT CARE POLICIES CFR(s): 485.635(a)(3)(vi) [The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the hospital failed to ensure that staff	C 278		

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

PRINTED: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 05089

(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 278	Continued From page 4 maintained standards of practice for infection prevention in the delivery of care for 1 applicable Patient (Patient #1), and failed to ensure that policies and procedures were in place to mitigate the risks contributing to healthcare-associated infections. Findings include: 1. Per observation on 2/6/18 at 10:20 AM, a staff nurse failed to maintain standards of practice or follow the hospital policy for hand hygiene (cleaning hands with soap and water or using a alcohol-based hand rub) during the provision of wound care. Patient #1 required a daily wound dressing change. After removing the dressing and packing from Patient #1's wound, the nurse removed the soiled gloves but failed to sanitize hands before donning a clean pair of gloves. During the course of the wound care and application of a new dressing, the staff nurse was observed 5 additional times changing gloves and failing to sanitize and/or wash hands. Per Hospital Hand Hygiene Policy (no date noted when last developed/updated) page 2 stated "Hand Hygiene is to be performed at other times including but not limited to: Before putting on gloves; after removing gloves...." The nurse confirmed on the afternoon of 2/6/18 s/he failed to follow hospital policy and maintaining standards of practice for infection control. Per CDC (Centers for Disease Control) Hand Hygiene in Health Care Setting last revised 3/24/17 states " When to wear gloves: Put on gloves before touching a patient ' s non-intact skin, open wounds or mucous membranes, such as the mouth, nose, and eyes and change gloves during patient care if the hands will move from a	C 278	Please see attached C 278 POC accepted per addendum 3/5/18 My Balto, RN	

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

PRINTED: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 05089

(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 278	Continued From page 5 contaminated body-site... to a clean body-site. When to perform hand hygiene: After glove removal". 2. Per review of the hospital's policy and procedures at the time of the survey, the Infection Control policies failed to include interventions to address respiratory hygiene and cough etiquette among staff, patients and visitors. While the hospital maintained an Infection Control Plan and policies addressing transmission-based precautions, there was no incorporation of techniques to address the potential spread of illness and disease through respiratory secretions for individuals presenting with signs and symptoms of a respiratory infection. The absence of a policy or procedure addressing respiratory hygiene was confirmed with the Infection Control RN at 0930 on 2/7/2017.	C 278	Please See attached	
C 320	SURGICAL SERVICES CFR(s): 485.639 If a CAH provides surgical services, surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body, or responsible individual, of the CAH in accordance with the designation requirements under paragraph (a) of this section. This CONDITION is not met as evidenced by: Based on observation and interview the Condition of Participation for Surgical Services was not met as evidenced by the failure of the CAH to limit access to restricted areas of perioperative services to include: Central Sterile, Decontamination room, operating rooms and	C 320		

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

PRINTED: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 05089

(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 320	Continued From page 6 PACU (Post Anesthesia Care Unit) to only authorized personnel and a failure to assure a designated space was delineated in the Decontamination room for individuals who enter this restricted area without proper protective attire. Findings include: 1. Throughout the days of survey, observations were made of the accessibility of unauthorized individuals to potentially enter the perioperative area which included the operating rooms (ORs), Post Anesthesia Recovery Unit (PACU), Central Sterile Supply and Decontamination room. During a tour on 2/5/18 at 3:20 PM with the Clinical Leader for perioperative services, the entrance into the perioperative area was observed located adjacent to the Medical/Surgical nurses' station. The double door entrance to this restricted location is accessed from a public hallway and is readily accessible by unauthorized individuals. The doors lacked signage stating "Do not enter" or "restricted to authorized personnel". There were no visual cues nor line of demarcation alerting a separation from unrestricted to restricted areas. Unauthorized access can be easily accomplished which would then facilitate further access to semirestricted and restricted areas. Once within the semi-restricted hallway, an unauthorized individual would have immediate access to Central Sterile (where surgical instruments are prepared, packed and sterilized for patient use) and the Decontamination Room (a receiving area for cleaning soiled, contaminated instruments/equipment) and where blood borne pathogen precautions must be maintained. The PACU could also be accessed where a patient would be recovering from surgery; an	C 320	Please see attached C 320 POC accepted per addendum 3/5/18 My Baltz, RN	

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

PRINTED: 02/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471302	A. BUILDING _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT ASCUTNEY HOSPITAL	289 COUNTY ROAD WINDSOR, VT 05089

(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 320	Continued From page 7 unauthorized access would also facilitate further entrance into the restricted operating suites. In addition, within the Decontamination area there was a failure to have a red line inside the door entrance which marks where staff can not cross any further without PPE (Personal Protection Equipment: head covering, face shield, gown, gloves and shoe covers). This was confirmed during the morning of 2/6/18 with the lead Central Sterile technician. Per 2016 AORN (Association of periOperative Registered Nurses): Patient and Workers Safety "Environment of Care" Part 2, page 267 states: "The designated areas should be separated by Signage indicating the attire required for entering the area and who may access... the doors separating the restricted area from the semi-restricted area;" and "Doors, signage or a line of demarcation to identify the separation between the unrestricted and semi-restricted areas. Signs provide a visual cue that alerts persons to the restrictions required for entry into each area. The doors must provide a physical barrier....".	C 320	Please see attached	
E 000	Initial Comments A survey of the hospital's requirement to meet the Federal, State and Local requirements for Emergency Preparedness was completed on 2/6/18 by the Vermont Division of Licensing and Protection, as authorized by the Federal Centers for Medicare and Medicaid Services. The CAH was found to be in compliance with the requirements for emergency preparedness.	E 000		

Mt. Ascutney Hospital and Health Center
Dartmouth-Hitchcock

CMS Conditions of Participation – Recertification Survey
Survey Dates: 2/5 – 2/7/18
Response Due: 3/3/18

Plan of Correction

(revised 3/5/18)

Tag C225: Maintenance

Citation	Action Plan	Status	Due Date
Failure to maintain a clean and orderly kitchen environment	Phase I: Deep clean of the kitchen area including equipment and storage.	Complete	2/21/18
	Phase 2: Submit work orders for deep clean of facility infrastructure (such as areas surrounding electrical panels) by Maintenance.	In progress	3/09/18
	Conduct environmental assessment to confirm progress with action plan.	Complete	2/27/18
	Implement process for covering waste containers.	Complete	2/21/18
	Replace malfunctioning part of the dish machine to eliminate residue (ordered 2/19/18).	In progress	3/31/18
	Establish and publish a routine cleaning schedule, to include frequency and responsibility.	Complete	2/26/18
	Establish weekly environment of care audit process to assess consistency with meeting standards; audits to be conducted jointly between Nutrition Services and Quality/Safety for 8 weeks, ongoing frequency to be determined based on performance; auditing results to be reported weekly to Kitchen Manager, monthly to MAHHC Quality Committee.	In progress	Ongoing audit process
Failure to consistently label and date foods within accordance with safe food handling practices	Review policy and operational procedure expectations with kitchen staff; document attendance.	In progress	3/05/18
	Audit performance within environment of care process (as described above).	In progress	Ongoing audit process

C-225 accepted 3/5/18 Meg Bellstar

Tag C272: Patient Care Policies

Citation	Action Plan	Status	Due Date
Failure to review patient care policies annually by members of the professional personnel as required and the CAH as necessary	Charge a Clinical Practice Committee as a subcommittee of the Medical Executive Committee (MEC) with the governance of patient care policies, including annual review. Approve Committee Charge (Exhibit A) at next scheduled meeting.	In progress	3/08/18

Mt. Ascutney Hospital and Health Center
Dartmouth-Hitchcock

CMS Conditions of Participation – Recertification Survey
Survey Dates: 2/5 – 2/7/18
Response Due: 3/3/18

Citation	Action Plan	Status	Due Date
	Review, approve or archive the out of date policies cited in the survey findings (total = 15)	Complete	3/02/18
	Identify out-of-date policy documents and responsible document owner.	Complete	2/23/18
	Establish timeline for document review, approval, or archive; communicate plan to document owners and leadership team.	Complete	2/28/18
	Provide education to document owners on policy and procedure writing, responsibilities and workflow; 4 education sessions scheduled between 3/21 – 4/09/18.	Not yet started	4/09/18
	Implement Clinical Practice Committee as charged.	Not yet started	4/10/18
	Monitor progress on review and revision process; policy administrator to report monthly to MEC.	Not yet started	Ongoing audit process

C272 accepted 3/5/18 MyBattaglia

Tag C278: Patient Care Policies – Infection Control

Citation	Action Plan	Status	Due Date
Failure to ensure staff maintain standards of practice for infection prevention (hand hygiene during dressing change)	Design competency module for aseptic dressing change technique.	Complete	3/02/18
	Identify and train skills ambassadors for competency assessment on the Acute unit.	In progress	3/16/18
	Perform competency assessment of full-time and part-time RN and LPN staff working on the Acute unit.	Not yet started	4/10/18
	Observe aseptic dressing change technique to assess compliance with standard of practice; Audit 5 per month x 3 months (patient care dependent); performance will be reported monthly to MAHHC Quality Committee.	Not yet started	Ongoing Audit process
Failure to ensure policies and procedures are in place to mitigate risks contributing to healthcare-associated infections (respiratory hygiene and cough etiquette among staff, patients and visitors)	Write policy and job aid; approve policy at March Infection Prevention Committee meeting. (Exhibit B)	In progress	3/13/18
	Provide SBAR to department leadership; educate staff (role specific) on policy and job aid through team huddles and staff meetings; document staff attestations of understanding.	Not yet started	3/31/18
	Implement "cover your cough" signage in conjunction with hand hygiene and mask stations at visitor entrances and high traffic areas.	In progress	3/31/18

C278 POC accepted 3/5/18 MyBattaglia

Mt. Ascutney Hospital and Health Center
Dartmouth-Hitchcock

CMS Conditions of Participation – Recertification Survey
Survey Dates: 2/5 – 2/7/18
Response Due: 3/3/18

Tag C320: Surgical Services

Citation	Action Plan	Status	Due Date
Failure of CAH to limit access to restricted areas including Central Sterile, Decontamination Room, Operating Rooms, and PACU	Replace access doors between Perioperative Suite and public hallway with door system that has locking capability. (Ordered 2/27/18, 6-8 week delivery time)	In progress	TBD based on delivery date
	Place temporary signs pending installation of signs on-order.	Complete	3/01/18
	Order and install signage, to include: Double-door entry to Perioperative Suite and PACU *(Restricted Access, Authorized Personnel Only)* Central Sterile, Operating Rooms *(Restricted Access, Authorized Personnel Only, Surgical Attire Required)* Decontamination Room *(Restricted Access, Authorized Personnel Only, Surgical Attire and PPE Required)* (Ordered 2/28/18, Delivery 2 weeks)	In progress	3/31/18
	Delineation of Restricted Access, Surgical/PPE required: Install red tile outside the entrances to Central Sterile, Decontamination Room, and Operating Rooms. (Ordered 2/27/18, Delivery 1-2 weeks)	In progress	3/31/18

POC C320 accepted 3/5/18 MG Baltes, RN

Respectfully Submitted,

Joseph Perras, MD
President and CEO
Chief Medical Officer
Joseph.perras@mahhc.org

Johanna Beliveau, BSN, MBA, RN
Director, Quality, Patient Safety, and Compliance
Johanna.beliveau@mahhc.org
Phone: 802-674-7071

Mt. Ascutney Hospital
and Health Center
Dartmouth-Hitchcock

Exhibit A: **Draft for Medical Executive Committee**

Committee Charge	**Clinical Practice Subcommittee**	**Policy ID:**	

I. APPOINTMENT

The Chief Medical Officer will be appointed Chair of the Clinical Practice Subcommittee.

II. PURPOSE

The Mt. Ascutney Hospital and Health Center (MAHHC) Clinical Practice Subcommittee shall be responsible for guidance, oversight, and approval of patient care policies and procedures.

III. DEFINITIONS

MAHHC – for the purposes of this document includes all locations and departments.

Therapies – for the purpose of this document a representative could be a physical, occupational or speech therapist.

IV. RESPONSIBILITY

The Subcommittee is responsible for providing guidance and approval on policies, procedures, job aids, standing orders, and protocols related to clinical care. The Subcommittee members shall recommend practice standards supported by evidence. The Subcommittee shall provide guidance regarding staff training and competency for clinical care.

V. ORGANIZATION

A. Composition

The Subcommittee shall be composed of representatives from the following areas: Medicial Staff, Nursing, Therapies, and Pharmacy.

The Subcommittee is an interdisciplinary body and will include at least one representative from the following disciplines: Registered Nurse, Advanced Practice Nurse, Physician Assistant, Physician, Pharmacist and Therapies.

B. Meetings

The Clinical Practice Subcommittee shall meet monthly and at least 10 times annually at a time and place designated by the Chair.

C. Reports

The Subcommittee shall submit a written report annually to the Medical Executive Committee and the MAHHC Quality Committee which will include: all documents approved, goals for the upcoming year, review of the charge and attendance record.

D. Relationships to other committees

The Clinical Practice Subcommittee will have a reporting relationship to Medical Executive Committee.

VI. FUNCTIONS

Functions:

1. Verify that clinical care related documents and learning modules are evidence-based and are in compliance with current CMS and any other state or federal regulations.
2. Review and approve patient care policies and procedures annually.
3. Review and approve standing orders and protocols annually.
4. The Chair of the Clinical Practice Subcommittee has the authority to approve documents within the policy library on behalf of the Subcommittee.

Responsible Owner:	Chief Medical Officer	Contact(s): email	Joseph.perras@mahhc.org
Approved By:	Medical Executive Committee; Chief Medical Officer		
Policy Type (Patient Care, Organizational):	Organizational		
Current Approval Date:	New		
Date Policy to go into Effect:	3/08/18		
Related Policies & Procedures:			
Related Job Aids:			

Mt. Ascutney Hospital
and Health Center
Dartmouth-Hitchcock

Exhibit B: **Draft Policy for Infection Prevention Committee**

Policy Title:	Respiratory Hygiene/Cough Etiquette Plan	Policy ID:	Reference #
Organizational Policy			
Keywords	Precautions, Isolation, Droplet, Airborne, Respiratory Hygiene, Cough Etiquette, Ambulatory, Visitors		

I. Purpose of Policy

Mt. Ascutney Hospital and Health Center (MAHHC) is committed to providing a healthy and safe environment for patients, visitors, and staff members. This plan describes the approach to initial and ongoing management of patients and visitors experiencing respiratory symptoms.

II. Policy Scope

Patients, staff members, visitors, and others in the health care environment at all MAHHC locations.

III. Definitions

Respiratory hygiene/cough etiquette: Components of Standard Precautions that are key measures to prevent transmission of respiratory infection including influenza.

Rhinorrhea: Runny nose

ABHR: Alcohol based hand rub

IV. Policy Statement

Respiratory hygiene and cough etiquette are to be practiced at all times at all MAHHC locations.

Respiratory/Cough Etiquette

All patients, visitors, and employees with signs or symptoms such as:

- Fever (with or without a rash)
- Coughing
- Sneezing
- Respiratory congestion
- Rhinorrhea
- Increased production of respiratory secretions

Are expected to practice appropriate respiratory hygiene.

Patients

Staff members are to instruct symptomatic patients to wear a level 2 mask over both their nose and mouth while in common areas and hallways. Patients in exam rooms and inpatient rooms may

remove their masks. (Staff members will follow recommended precautions as defined in the *Standard and Expanded Precautions Policy.*)

Visitors
Staff members will advise symptomatic visitors to defer visiting MAHHC until their illness has resolved. If visiting cannot be delayed, symptomatic visitors must stay greater than 3 feet from others and wear a level 2 mask over both their nose and mouth during their visit. Visitors who do not comply with these measures will be asked to leave the premises.

Employees
Symptomatic employees will wear a level 2 mask over both their nose and mouth when on the premises. Any employee with fever must not work until fever free for 24 hours without fever reducing medication. To access the "Should I Work Today?" job aid click here.

All symptomatic persons are expected to:
Cover their mouth and nose with a tissue or to cough/sneeze in their sleeve/arm.
Disposed of used tissues promptly in an appropriate container.
Perform hand hygiene with either ABHR or soap and water immediately. Employees must follow the *Hand Hygiene Policy.*

Signs will be posted at entrances to the premises' and units to instruct:
- Patients and visitors to mask if they have a cough, runny nose, or respiratory symptoms.
- For visitors to check-in with nursing before entering patient rooms.
- For visitors to visit by alternative methods (e.g phone) if they are sick.

The following supplies will be provided at entrances to the premises', units, and reception windows:
- Level 2 masks
- Alcohol Based Hand Sanitizer (ABHS)
- Tissues

Required Communications
All MAHHC hospital units and ambulatory care sites will be notified each year when levels of respiratory illness in the community have risen to the point that Respiratory Illness Season has been declared and/or when public health warnings have been issued from the Vermont Department of Health (VDH) or the Centers for Disease Control and Prevention (CDC).

In the event that the ambulatory clinics and /or the emergency room experience a sudden influx of patients with similar syndromes or symptoms that may indicate a community outbreak the Infection Preventionist will be notified immediately.

Respiratory Illness Season
The announcement of Respiratory Illness Season begins the annual period of time that employees, volunteers, or students that have been granted an exemption to the annual influenza vaccination requirement, spelled out in the *Employee Vaccination Program Policy,* must mask when within 3 feet of any other person. Please see *Alternative Procedures to Mitigate Risk of Transmission* section of the *Immunization Exemption Procedure* for details.

Communicable Illness Mitigation

To the extent possible, the following special arrangements should be implemented for patients who may be contagious as defined under the **Respiratory/Cough Etiquette** section above or when instructed by Infection Prevention:

- **Ambulatory Clinics:**
  - Screen patients at the time the office visit is scheduled using the *Ambulatory Patient Communicable Illness Screening Tool Job Aid* and follow the interventions outlined in the job aid.
  - Make an effort to see these patients at the end of the day or when the waiting area is least busy.
  - Provide level 2 masks to patients who are symptomatic. Ensure that the patient understands respiratory hygiene.
  - Quickly move patients out of common waiting areas and into a private examination room.
  - Close the door of the examining room and limit access to the patient by staff members who are not immune to the suspected disease.

- **Emergency Room**
  - Screen patients at presentation to the Emergency Room triage window using the *Ambulatory Patient Communicable Illness Screening Tool Job Aid* and follow the interventions outlined in the job aid
  - Provide level 2 masks to patients who are symptomatic. Ensure that the patient understands respiratory hygiene.
  - Quickly triage patients out of common waiting areas and into a private examination room.
  - Close the door of the examining room and limit access to the patient by visitors and staff members who are not immune to the suspected disease.
  - Triage patients who exhibit signs and symptoms of novel respiratory illness or rashes with fever into a negative pressure room, if available.

V. References

Archer, J. & Gamage, B. (2016) *Infection prevention for practice settings and service specific patient care areas: Ambulatory care.* Association of Professionals in Infection Control and Epidemiology. Retrieved on 3/1/2018 from http://text.apic.org/toc/infection-prevention-for-practice-settings-and-service-specific-patient-care-areas/ambulatory-care.

Responsible Owner:	Margaret Worth, RN, CIC	Contact(s): email	Margaret.worth@mahhc.org
Approved By:	IP Committee; Chief Nursing Officer		
Policy Type:	Organizational		
Current Approval Date:	NA		
Date Policy to go Into Effect:	3/13/2018		
Related Policies & Procedures: Standard and Expanded Precautions Policy; Employee Vaccination Program Policy; Immunization Exemption Procedure; Hand Hygiene Policy			
Related Job Aids: Ambulatory Patient Communicable Illness Screening Tool Job Aid; Respiratory Hygiene/Cough Etiquette Visitor Education Tool			