

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2022
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NAME OF PROVIDER OR SUPPLIER SMOKEY POINT BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE MARYSVILLE, WA 98271
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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) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH), in accordance with Washington Administrative Code (WAC), 246-320 Hospital Licensing Regulations, conducted this health and safety complaint investigation.</p> <p>Onsite review dates: 08/09/22-08/10/22, 08/15/22, 08/22/22, 08/24/22, and 08/26/22</p> <p>Case number: 2020-6369 Intake number: 100401</p> <p>There were violations found pertinent to this complaint.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: * The regulation number and/or the tag number; * HOW the deficiency will be corrected; * WHO is responsible for making the correction; * WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed.</p> <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. The Plan of Correction is due on 09/23/22.</p> <p>4. Sign and return the Statement of Deficiencies via email as directed in the cover letter.</p>	
L1080	<p>322-170.2H DISCHARGE PLAN</p> <p>WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (h) A discharge plan including a review of the patient's hospitalization, condition upon discharge, and recommendations for follow-up and continuing care;</p>	L1080		

State Form 2567

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



TITLE

CEO

(X6) DATE

9/23/22

State of Washington

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L1080	<p>Continued From page 1</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview, record review, and review of policies and procedures, the hospital failed to develop policies and procedures to ensure that patients who were transferred and subsequently discharged for acute medical care received a discharge plan that included an aftercare plan, as demonstrated by record review for 5 of 6 discharged patients who experienced a medical transfer from the hospital to acute care (Patients #1901, 1904, 1905, 1906, 1907).</p> <p>Failure to ensure patients were provided a discharge plan, including an aftercare plan with next level care planning and resources, may create barriers to obtaining appropriate aftercare and can lead to adverse outcomes such as death.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy titled, "Discharge Planning," POC 100.24, last revised 04/21, showed that discharge planning begins on admission and should prepare the patient for transition to the next level of care. The policy showed that required aftercare plans should include physical and psychiatric needs, financial needs, housing needs or placement issues, and community resources.</p> <p>Document review of the hospital's policy titled, "Aftercare Plan: Multidisciplinary," number 100.7, last revised 04/21, showed that each patient is to be provided a copy of the Multidisciplinary Aftercare Plan at discharge. The plan includes recommendations for medical follow-up,</p>	L1080		
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L1080	<p>Continued From page 2</p> <p>discharge medications, future appointments, living arrangements, and social and emotional aspects of care.</p> <p>Document review of the hospital's policy titled, "Unexpected Discharge," number 100.93, last revised 04/21, showed that discharges are categorized as planned, requested, or against medical advice. In all three categories, the policy showed that follow-up appointments are to be made before discharge. No separate category existed to cover discharges resulting from medical transfers.</p> <p>Document review of the hospital's policy titled, "Memorandum of Transfer" (MOT), policy 100.49, last revised 04/21, showed that when a patient is transferred to a medical facility unexpectedly, the hospital is responsible for documenting in the medical record and communicating to the receiving facility any psychosocial needs identified for the patient after transfer. The document showed that a list of community resources or referrals is to be provided to the patient.</p> <p>Patient #1901</p> <p>2. Patient #1901 was a 23-year-old developmentally-delayed female voluntarily admitted on 03/27/20 with a diagnosis of autism, mood disorder, psychosis, and PTSD (Post-Traumatic Stress Disorder). Review of the medical record showed the following:</p> <p>a. The MOT, dated 04/14/20, showed that the patient developed abdominal pain and was transferred to an acute care facility. The record showed that the following documents were sent with the patient: physician progress notes, History</p>	L1080		
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L1080	<p>Continued From page 3</p> <p>and Physical (H&P), and Medication Administration Record (MAR). No check boxes were included for aftercare or resources, and the area marked "other" was blank. The final physician progress note, dated 04/14/20 and sent with the MOT, showed that the patient verbalized that she was unhappy about being discharged to a shelter. No other information about aftercare or psychosocial needs was provided. On the MOT, under "Belongings," the staff had written "N/A."</p> <p>b. The Discharge and Transition Plan, no date, showed a line drawn through the document and a note that showed "MOT." The rest of the document was blank.</p> <p>c. The Discharge Summary, dated 04/15/20, showed that the patient was discharged without psychiatric medications despite having taken them in the community and while in the hospital. The document showed that the patient's prognosis was fair-to-guarded dependent upon medication compliance and outpatient follow-up.</p> <p>Patient #1904</p> <p>3. Patient #1904 was a 67-year-old female involuntarily admitted on 04/12/20 with a diagnosis of bipolar 1. Review of the medical record showed the following:</p> <p>a. The MOT, dated 04/17/20, showed that the patient had altered mental status and a possible urinary tract infection and was transferred to an acute care facility. The record showed that labs, H&P, and Psychiatric Evaluation were sent with the patient. Under "belongings," a note said that her medication was at Smokey Point.</p> <p>b. The Discharge and Transition Plan, dated</p>	L1080		
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L1080	<p>Continued From page 4</p> <p>04/18/20, showed a line drawn through the document and a note that showed "MOT." The rest of the document was blank.</p> <p>Patient #1905</p> <p>4. Patient #1905 was a 41-year-old female involuntarily admitted on 08/06/22 for psychosis and mood disorder. Review of the medical record showed the following:</p> <p>a. No MOT document was found in her medical record. A physician's progress note, dated 08/08/22, showed that she was discharged to an acute care facility for catatonia and poor nutrition. In an email communication on 08/22/22, Staff #1902, Director of Patient Information, Risk, and Patient Advocate, confirmed that there was no MOT in the medical record for the patient despite having been discharged to an acute care facility. Staff #1902 stated that the patient should have had one, but they could not find it.</p> <p>b. The Discharge and Transition Plan, no date or patient identifiers, was blank.</p> <p>c. No Discharge Summary was in the medical record.</p> <p>Patient #1906</p> <p>5. Patient #1906 was a 39-year-old transgender (male-to-female) patient involuntarily admitted on 07/09/22 for schizophrenia and polysubstance abuse. Review of the medical record showed the following:</p> <p>a. The MOT, dated 07/10/22, showed that the patient transferred to acute care to rule out orbital fracture after being the victim of an assault prior</p>	L1080			

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L1080	<p>Continued From page 5</p> <p>to admission. It showed that the H&P, involuntary commitment court documents, and MAR were sent with the patient to the acute care facility. Belongings were listed as sent with patient.</p> <p>b. The Discharge and Transition Plan, dated 07/10/22, showed only dates of admission and discharge and a note saying "MOT" and "AMA." The document was otherwise blank.</p> <p>c. No Discharge Summary was in the medical record.</p> <p>Patient #1907</p> <p>6. Patient #1907 was a 60-year-old male voluntarily admitted on 07/25/22 for major depressive disorder, psychosis, and alcohol abuse. Review of the medical record showed the following:</p> <p>a. The MOT, dated 07/28/22, showed that he transferred to acute care for seizure activity following a fall. The record showed that the H&P and belongings were sent with the patient.</p> <p>b. The Discharge and Transition Plan was completed on the first page, including a follow-up appointment, a referral, and a plan for living arrangements. The rest of the document was blank.</p> <p>c. No Discharge Summary was in the medical record.</p> <p>7. On 08/09/22 at 4:30 PM, Investigator #19 interviewed Staff #1903, Chief Nursing Officer (CNO), regarding the medical transfer process. Staff #1903 stated that medically transferred patients almost always come back to the hospital</p>	L1080		
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L1080	<p>Continued From page 6</p> <p>and are not discharged right away. She stated that they are discharged if the acute care facility admits them or if their acuity requires a different level of care.</p> <p>8. On 08/10/22 at 10:30 AM, Investigator #19 interviewed Staff #1903 and Staff #1904, Assistant CNO (ACNO), regarding the overall discharge policy and procedures.</p> <p>a. Staff #1904 stated that any belongings would not be sent with patients until the acute care facility admits them and they are discharged from the hospital, and then the hospital would use whatever method they could to return belongings, including taxi service, family, facility vehicle, or mail. She stated that their process for transferring belongings when a discharge to acute care happens "needs work."</p> <p>b. Staff #1903 stated that belongings would be sent when they discharge or "when the belongings are needed". When asked if a patient might ever be transferred without shoes, Staff #1904 stated that the hospital gives the patients slides and that they should have left with those. She confirmed that would not be seen in documentation.</p> <p>c. Staff #1903 stated that nurses' notes and case management notes would not be sent in the event of a transfer and confirmed that case management notes or the psychosocial assessment would be the earliest documentation of discharge needs might be documented. Case management notes are not sent with transferring patients, and the psychosocial assessment was sent with 1 of 6 patients reviewed. She stated that the only place to see documentation of what was sent with the patient</p>	L1080		

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L1080	<p>Continued From page 7</p> <p>would be on the MOT in the check boxes.</p> <p>d. Staff #1903 stated that if a patient is discharged to an acute care facility, the hospital's discharge plan might be inappropriate at that point. She stated that they would collaborate with the acute care facility only if asked.</p> <p>9. In an interview on 08/10/22 at 1:50PM with Staff #1910, Director of Clinical Services (DCS), Staff #1910 described the discharge planning process.</p> <p>a. She stated that initial discharge planning begins with the Case Manager within the first few hours after admission, and the psychosocial evaluation would be completed within the first 72 hours.</p> <p>b. She stated that as aftercare appointments are set, they are listed in Discharge Planning and Transition, and that the facility tries to get initial discharge plans documented right away.</p> <p>c. She stated that the day after an MOT, if the hospital discharged the patient, aftercare plans would be sent to the providers with whom the patient has appointments but would not be sent to the acute care hospital.</p> <p>d. She stated that patients are told verbally about aftercare plans as they are made, and if there is a signed Release of Information, the information may be given to the family. She stated that this process "gets tricky" if there is no family to receive documents. She stated that the process for getting aftercare information to a patient who leaves unexpectedly via medical transport "could be improved."</p>	L1080		


Smokey Point Behavioral Health Hospital

Plan for Correction for

State Investigation

(Case #2020-6369)

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Date of Correction	Monitoring procedure & Target for Compliance
L1080	<ul style="list-style-type: none"> • Policy Revision: <ul style="list-style-type: none"> ○ Revision of Memorandum of Transfer policy will be added to include item '11.4.16', which states: 'Patient's Discharge and Transition Plan or Recommendation for Services'. • Documentation revision: <ul style="list-style-type: none"> ○ Revision will be made to Memorandum of Transfer form, in which 'Discharge Plan' and 'Recommendation of Services' will be added to checklist, under the 'Transfer Support' section. • Chief Clinical Officer or designee will educate RNs, LPNs and Clinical Staff to the policy revision and revision of the MOT form by 10/25/2022. 	Chief Clinical Officer	10/25/2022	<ul style="list-style-type: none"> • Chief Clinical Officer or designee will oversee audit process, in which 100% Audits will be conducted on Medical Transfers. CCO or designee will follow up with staff for any non-compliance. • Audits will continue until 90% compliance is achieved for three consecutive months. Data from audits will be reported on a monthly basis in Quality Council, Medical Executive and Governing Board Meetings.

POC received date 09/26/22
POC approval 10/03/22


**Smokey Point Behavioral Health
Progress Report for
State Licensing Complaint Investigation
(2020-6369)**

Tag Number	How Corrected	Date Completed	Results of Monitoring
L1080	<ul style="list-style-type: none"> • Policy Revision: <ul style="list-style-type: none"> ○ Revision of Memorandum of Transfer (MOT) policy will be added to include item '11.4.16', which states: 'Patient's Discharge and Transition Plan or Recommendation for Services'. 	09/29/2022	<p>100% of all MOTs are audited, on an ongoing basis, in which follow-up with the identified Staff member is conducted in the case an MOT is incorrectly completed. MOT audits assess for completion and inclusion of Discharge Paperwork at Transfer, presence of MOT return form and Emergency Department return note and record in chart and documentation of Medical consult order and completion. The audit was formulated to track and monitor all documentation from Patient Transfer to return. The audit measures completion of all documentation regarding the Patient's MOT.</p> <p>There had been 5 MOTs at the point of our 2nd revision, specifically from the dates 11/26/2022-12/9/2022, in which it was noted that:</p> <ul style="list-style-type: none"> • In 5 of the 5 MOTs, the Staff member used an outdated version of the new MOT form, which they had stored in a Physical folder, instead of sourcing the form from our updated Database of Forms. <ul style="list-style-type: none"> ○ 3 out of 5 of the Medical Transfers' MOT documentation submitted the MOT with discharge information/recommendation of services, despite incorrect form use, due to education and understanding of the new process. ○ CCO identified through discussion with Staff that confusion regarding the correct form was correlated to there being multiple folders with the outdated MOT form, from which the Staff were sourcing their documentation. • The Staff members were educated in real-time of where to source the correct, updated forms, in which CCO has begun the process of removing older documentation and content from the Forms Database.
L1080	<ul style="list-style-type: none"> • Documentation revision: <ul style="list-style-type: none"> ○ Revision will be made to Memorandum of Transfer form, in which 'Discharge Plan' and 'Recommendation of Services' will be added to checklist, under the 'Transfer Support' section. ○ MOT checklist provided to Staff to utilize during MOT is being revised to include a prompt to remind Staff to make copy of MOT form and documentation provided to Emergency Transport. 	09/29/2022 02/02/2023	<p>There have been 3 additional MOTs since 12/9/2022, from the dates: 12/22/2022-12/30/2022. It was noted:</p> <ul style="list-style-type: none"> • 0 out of 5 forms were completely correctly, as Staff continued to utilize the incorrect form. Continued use of the incorrect form prompted Management to investigate further, in which Management discovered there was a malfunction in technology, which restricted Staff from assessing the new form to utilize. <ul style="list-style-type: none"> ○ Staff involved verbalized knowledge of the new process, in which discharge information and recommendation of
L1080	<ul style="list-style-type: none"> • Audits/Monitoring: <ul style="list-style-type: none"> ○ Chief Clinical Officer or designee will oversee audit process, in which 100% Audits will be conducted on Medical Transfers. CCO or designee will follow up with staff for any non-compliance. 	Ongoing	<p>There have been 3 additional MOTs since 12/9/2022, from the dates: 12/22/2022-12/30/2022. It was noted:</p> <ul style="list-style-type: none"> • 0 out of 5 forms were completely correctly, as Staff continued to utilize the incorrect form. Continued use of the incorrect form prompted Management to investigate further, in which Management discovered there was a malfunction in technology, which restricted Staff from assessing the new form to utilize. <ul style="list-style-type: none"> ○ Staff involved verbalized knowledge of the new process, in which discharge information and recommendation of

L1080	<ul style="list-style-type: none"> • Education and Attestation: <ul style="list-style-type: none"> ○ Chief Clinical Officer or designee educated 100% of RNs, LPNs and Clinical Staff to the policy revision and revision of the MOT form by 10/25/2022. 	<p>Education Provided/Began on 10/21/2022; Education was completed by 10/25/2022.</p>	<p>services were to be provided during the Transfer process and verbalized doing so. Management discovered that Staff were not creating copies of the information sent with Patients, therefor Management was unable to confirm the information was provided, appropriately.</p> <ul style="list-style-type: none"> ○ Upon discovery of the technology concern, the malfunction was corrected and the form was appropriately uploaded to the system. <p>For the month of November, we reviewed 5 Medical transfers, in which we reviewed Discharge Paperwork at Transfer, presence of MOT return form and Emergency Department return note and record in chart and documentation of Medical consult order and completion, in which 60% of charts met our compliance threshold of 95%, due to use of the incorrect form.</p> <p>For the month of December, we reviewed 3 Medical transfers, in which we reviewed Discharge Paperwork at Transfer, presence of MOT return form and Emergency Department return note and record in chart and documentation of Medical consult order and completion, in which 0% of charts met our compliance threshold of 95%, due to use of the incorrect form.</p> <p>As mentioned earlier, upon discovery of the technology concern, the malfunction was corrected and the form was appropriately uploaded to the system. Director of PI, Risk and Patient Advocacy, completed random test with a Staff Nurse, in which he was able to locate and access the form. Staff Nurse stated he accesses forms through the system but is aware some Staff continue to hold a personal file of documents, where they may be sourcing the incorrect forms. CCO or designee will follow-up with each Staff member whom utilizes the incorrect form to re-educate them on sourcing the document and completing the document. Disciplinary Action will be considered if incorrect file continues to be used by Staff member.</p> <p>Thus far in the month of January, from 01/01/2023-01/12/2023, there were 3 MOTs. Of the three MOTs, one MOT was completed appropriately, without direction from Management regarding its completion. The other two MOTs were completed using the incorrect form, in which the CCO followed up with the Staff member to provide education and understand how the Staff member was accessing the incorrect form and advise on where and how to identify the correct form. It was stated by both Staff members that they were searching their PC for the form, instead of following Management's instructions of how source the document, in which they were finding and using outdated versions of the form. Attestations were signed following the re-education</p>
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			<p>and provided to HR, House Supervisor sent out an alert to all Nursing of how to source the correct form on 01/12/2023 and also conducted an additional sweep to ensure old forms were not re-added to Education and Form Binders.</p> <p>From 01/23/2023-03/02/2023, there were a total of 10 MOTs. 10 charts of Patients sent for Medical Transfer met documentation standards and policy, surrounding MOTs. Specifically, Management provided real-time assistance/education when MOTs were ordered, to ensure the correct MOT forms were utilized, as well as ensuring copies of information sent to Emergency Departments were made. This hands-on approach has improved our documentation surrounding MOTs, significantly.</p> <p>Compliance to MOT documentation is <u>100%</u>, from 01/23/2023-03/02/2023.</p>
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