The Joint Commission

Beth Israel Deaconess Medical Center
330 Brookline Avenue
Boston, MA 02215

Organization Identification Number: 5501

Program(s)	**Surveyor(s) and Survey Date(s)**
Hospital Accreditation	Bonnie L.Briggle, MHA, RN - (09/27 - 10/01/2010)
	Ann M.Fonville, RN - (09/27 - 10/01/2010)
	Bill H.McCully, CHFM - (09/27 - 09/28/2010)
	Daniel J.Schwartz, MD - (09/27 - 10/01/2010)
	Lynn K.Smith, MBA, RN - (09/27 - 10/01/2010)
	Kathleen T.Townsend, MBA, RN - (09/27 - 09/28/2010)

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.05	EP1,EP3,EP15,EP19
	IC.02.02.01	EP2
	LS.02.01.20	EP1
	MM.04.01.01	EP13
	PC.01.02.07	EP3
	PC.02.01.11	EP2
	PC.03.01.03	EP8
	RC.02.01.03	EP7

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.01.01.01	EP1
	EC.02.01.01	EP1
	HR.01.06.01	EP1
	LD.04.03.09	EP2,EP5
	LS.02.01.10	EP5,EP9
	LS.02.01.50	EP9,EP11
	LS.03.01.20	EP8
	NPSG.02.03.01	EP3
	PC.01.02.03	EP1,EP5
	PC.02.02.03	EP6
	RC.01.01.01	EP19
	RC.01.03.01	EP3
	RI.01.02.01	EP8

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.12 Condition of Participation: Condition of Participation: Governing Body

CoP Standard	Tag	Corresponds to	Deficiency
§482.12(e)(2)	A-0085	HAP - LD.04.03.09/EP2	Standard

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Condition of Participation: Patient's Rights

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(b)(2)	A-0131	HAP - RI.01.02.01/EP8	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Condition of Participation: Medical Record Services

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(b)	A-0438	HAP - RC.01.03.01/EP3	Standard
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Standard
§482.24(c)(2)(i)(B)	A-0461	HAP - PC.01.02.03/EP5	Standard

CoP: §482.26 **Tag:** A-0528 **Deficiency:** Standard

Corresponds to: HAP - HR.01.06.01/EP1

Text: §482.26 Condition of Participation: Condition of Participation: Radiologic Services

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CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Condition of Participation: Physical Environment

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(a)	A-0701	HAP - EC.02.01.01/EP1, EC.01.01.01/EP1	Standard
§482.41(c)(2)	A-0724	HAP - EC.02.03.05/EP1, EP3, EP15, EP19	Standard
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.10/EP5, EP9, LS.02.01.20/EP1, LS.02.01.50/EP9, EP11, LS.03.01.20/EP8	Standard

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CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Condition of Participation: Surgical Services

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2	Standard
§482.51(b)(6)	A-0959	HAP - RC.02.01.03/EP7	Standard

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.01.01.01

ESC 60 days

Standard Text: The hospital plans activities to minimize risks in the environment of care.
Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.
Note: Deficiencies include injuries, problems, or use errors.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
This Standard is NOT MET as evidenced by:
Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During a tour of the department it was identified that the area where psychiatric patients are placed as well as the bathroom they have access to had not been managed for risk. The accessible bathroom where the patient was afforded privacy contained a plastic bag in the trash receptacle. The suicide risk measures preclude the use of plastic bags in the area where psychiatric patients are treated.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.01.01

ESC 60 days

Standard Text: The hospital manages safety and security risks.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. The hospital identifies safety and security risks associated with the environment of care.
Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Central Sterilization at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
During a tour of this area it was observed that the eye wash station was completely obstructed by carts, preventing easy access.

§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
This Standard is NOT MET as evidenced by:
Observed in CC 6 at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During tracer activity it was observed that an oxygen tank in patient room 619 was not secured..

Chapter:	Environment of Care
Program:	Hospital Accreditation
Standard:	EC.02.03.05 ESC 45 days
Standard Text:	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.
Primary Priority Focus Area:	Physical Environment

Element(s) of Performance:

1. At least quarterly, the hospital tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7 -3.2).

Scoring Category : A
Score : Insufficient Compliance

3. Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7 -3.2).

Scoring Category : C
Score : Partial Compliance

15. At least monthly, the hospital inspects portable fire extinguishers. The completion dates of the inspections are documented.
Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
Note 2: Inspections involve a visual check for the presence and correct type of extinguisher, broken parts, full charge, and ease of access.
Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).

Scoring Category : C
Score : Insufficient Compliance

19. Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 4-4.1).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
The documents showing the quarterly testing of the supervisory signal devices to be inconsistent and could not be verified that all pumps devices were tested per the standard.

EP 3
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
The electro mechanical releasing devices and electronic door locks were not documented as having been tested in 2009.

Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
The electro mechanical releasing devices and electronic door locks were not documented as having been tested in 2008.

EP 15
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Beth Israel Deaconess Arnold Pain Management Center (One Brookline Place, Brookline, MA) site.
The fire extinguisher with a new inspection tag from August did not have a monthly check for the month of September. When asked when this would be completed leadership indicated that they are inspected only annually and there was no documentation of monthly inspections.
Leadership provided documentation of a new agreement with their vendor to provide monthly inspections.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 10th floor of the East Campus there was a fire extinguisher located in the soiled utility room that was not tagged so there was no way to tell that it had been checked monthly.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 8th floor (mechanical) of the East Campus there was a fire extinguisher that did not have a tag attached so there was no way to tell if it had been checked monthly.

EP 19
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
The testing document for the AHU duct detectors indicated that the alarm system was tested in June 2010 and there were several duct detectors in the Shapiro building that were not working. There is no document to indicate those were repaired nor has an Interim Life Safety assessment been done to evaluate the Life Safety risk regarding these malfunctioning detectors. They were not placed on the PFI list for repair as well.

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.06.01

ESC 60 days

Standard Text: Staff are competent to perform their responsibilities.

Primary Priority Focus Area: Staffing

Element(s) of Performance:

1. The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.26 - (A-0528) - §482.26 Condition of Participation: Condition of Participation: Radiologic Services
This Standard is NOT MET as evidenced by:
Observed in Interventional Radiology at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During patient tracer activities it was noted that a nurse working in the interventional radiology procedural area was also involved in the administration of chemotherapy. The competency record for the nurse did not define the competencies that are required for the nurse responsibilities for chemotherapy administration.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. (See also EC.02.04.03, EP 4)
Note: Intermediate-level disinfection is used for items such as specula. Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/ncidod/dhqp/sterile.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Endoscopy Suite at Medical Care Center (482 Bedford Street, Lexington, MA) site.
The expiration date, from September to December, entered by staff on the Cidex OPA test strips exceeded the required expiration date of 90 days by one day.
The organization required, that, the Cidex OPA test strips be checked every 30 days and documented. The documented dates of checking the strips between August and September indicated a 33 day period. The unit was open on day 30 which would have allowed for the check to be done.

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.03.09

ESC 60 days

Standard Text: Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Primary Priority Focus Area: Organizational Structure

Element(s) of Performance:

2. The hospital describes, in writing, the nature and scope of services provided through contractual agreements.

Scoring Category : A
Score : Insufficient Compliance

5. Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.
Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.12(e)(2) - (A-0085) - (2) The hospital must maintain a list of all contracted services, including the scope and nature of the services provided.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Medical Care Center (482 Bedford Street, Lexington, MA) site.
The contract with The Children's Hospital to provide services at the ambulatory clinic does not describe the responsibilities and duties which will be performed by Children's Hospital staff for Beth Israel Deaconess ambulatory site when delivering direct care to patients in the Endoscopy area.

EP 5
Observed in Document Review at Medical Care Center (482 Bedford Street, Lexington, MA) site.
A Condition of Participation does not apply to this observation.
The expectations of performance by nurses from Children's Hospital were not detailed in the written contract and could not, therefore, be monitored. Also, there was not a provision for detailing licensure and certifications validation.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.10

ESC 60 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. Doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)

Scoring Category : C
Score : Insufficient Compliance

9. The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material.
Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 5
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the East Campus the corridor fire / smoke doors by the elevator lobby on the 6th floor did not close and latch properly due to a coordinating device that did not function correctly.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 4th floor of the East Campus building the stair door marked RS-S1 did not close and latch properly.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the Clinical Center building the soiled utility room in MICU did not have a latch on the door and the deadbolt lock was not locked at the time of survey.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the Clinical Center Building the Stair "C" door on the 7th floor did not latch properly.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the Clinical Center Building the SICU-B soiled utility room door did not latch properly.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
The stair door on the 10th floor of the Farr Building did not latch properly.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 7th floor of the Farr Building the stair door by room 721 did not latch properly.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the 4th floor psych unit the stair door by room 409 was dragging on the floor and would not close properly and the latch would not work when it was closed.

EP 9
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If

any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 12th floor at East Campus there were fire alarm flex conduits penetrating the wall above the corridor fire / smoke doors that had not been sealed with fire stop.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 10th floor of the East Campus and the LDR corridor there were wires penetrating the barrier above the corridor fire / smoke doors that were not sealed with fire stop.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 9th floor by room 970 there was some flex conduits that were not filled with fire stop material.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20 ESC 45 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

1. Doors in a means of egress are unlocked in the direction of egress. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.4) 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During the building tour it was observed that the main corridor exit had a card access and a keyed access as well. The staff mentioned that the card access unit was not tied to the fire alarm system but that all staff had a key to the door. When a staff member was asked to open the door he did not have a key that worked. Another staff member was called and their key also did not work. The security person was the only person in the unit that had a key. The cylinder was changed and staff was not informed. Suggested an Interim Life Safety Assessment be done until it can be rectified.

The Joint Commission
Findings

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.50

ESC 60 days

Standard Text: The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

9. All linen and waste chute inlet and discharge service doors have both self-closing and positive latching devices.
Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1; NFPA 82-1999: 3-2.2.9)

Scoring Category : C
Score : Partial Compliance

11. Linen and waste chutes discharge into a collection room separated from the corridor by 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 18/19.3.2.1; NFPA 82-1999: 3-2.6.1)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 9
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the East Campus the door to the linen chute on the 11th floor had a broken spring and would not close and latch when it was opened.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the Farr Building on the West Campus the linen chute door on the 7th floor did not close and latch when opened due to a broken spring.

EP 11
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the linen chute collection room located at the West Campus the door to the room was propped open with 2 wedges.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the linen chute collection room at the East Campus it was observed that a sheet was stuck in the fire door to the chute which would not allow the door to close properly if there were a fire.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
In the linen chute collection room located on the East Campus the ceiling access panel was open and the fire curtain on the back wall was open which violates the one hour fire rating for the wall.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.03.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.
Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital.
Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.
Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

8. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 8
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During the building tour it was observed that the neonatal floor had an excessive amount of carts in the corridors of egress.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
On the 7th floor of the East Campus building there were numerous carts in the corridor which amounted to 2 per room for the entire floor.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.04.01.01

ESC 45 days

Standard Text: Medication orders are clear and accurate.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

13. The hospital implements its policies for medication orders.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 13
Observed in Stoneman 3 GI Lab at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
During patient tracer activities it was observed that the policy regarding titration orders to include the requirement that the order include the minimum and maximum dose limits was not implemented The titration order was referenced as titrating guidelines and a range given. The practitioner was not contacted regarding clarification of the order as required in the policy.

Observed in Interventional Radiology at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
It was observed during patient tracer activities that the hospital policy regarding titration orders were not fully implemented The required minimum and maximum dose limits were not present and contact with the ordering practitioner for clarification of the documentation of a titrating guideline was not evident.

Observed in Interventional Radiology at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
During patient tracer activities it was observed that medication orders for chemotherapy did not follow the hospital policy. Hospital policy requires written approval of the attending physician. The order for the chemotherapy order was hand written by an advanced nurse practitioner and not approved by the attending physician whose scope of practice included the prescribing and monitoring of the therapy.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.02.03.01

ESC 60 days

Standard Text: Report critical results of tests and diagnostic procedures on a timely basis.

Primary Priority Focus Area: Quality Improvement Expertise/Activities

Element(s) of Performance:

3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
Observed in Data Session at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During Data Session, it was learned that reporting of the time between receipt on the unit of critical laboratory values and the reporting of these results to licensed practitioners was not being recorded. The organization is measuring the time to unit to the time of intervention by the practitioner.This practice does not directly measure the timeliness of reporting of critical results.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03 ESC 60 days

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. The hospital defines, in writing, the time frame(s) within which it conducts the patient's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1)

Scoring Category : A
Score : Insufficient Compliance

5. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
The organization's policy for the Social Work Department did not define the time frame within which it conducts the social services initial assessment.

EP 5
§482.24(c)(2)(i)(B) - (A-0461) - (2) [All records must document the following, as appropriate:

(i) Evidence of --]

(B) An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.
This Standard is NOT MET as evidenced by:
Observed in Reisman 12 at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During patient tracer activities it was noted that an elective orthopedic surgical patient had an electronic checked form that the history and physical had been reviewed and there were no changes in the patients condition. This checked statement was completed timely on the day of surgery. The updated history and physical did not include documented information that the patient had an updated examination.

Observed in PACU at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During tracer activity it was observed that the imbedded form used to update the history and physical did not affirm that the history was reviewed or any elements of the physical was repeated.

Observed in STONEMAN 7 at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During tracer activity it was observed that the imbedded form used to update the history and physical did not affirm that the history was reviewed or any elements of the physical was repeated.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07

ESC 45 days

Standard Text: The hospital assesses and manages the patient's pain.

Primary Priority Focus Area: N/A

Element(s) of Performance:

3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 3
Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During the review of a medical record of patient care in the emergency department it was noted that the patient was medicated for menstrual cramps. It was noted that the reassessment of the patients pain level was not documented according to the policy and the nursing practice guidelines

Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
Medication was administered on September 28, 2010 at 05:30 for the patient's report of pain of 10. The next documented assessment of pain was at 09:00 with a patient report of pain at 10. Discussion with the nurse providing care to the patient revealed that documentation of the effectiveness of the pain medication should have occurred sooner than three and a half hours.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.11 ESC 45 days

Standard Text: Resuscitation services are available throughout the hospital.

Primary Priority Focus Area: Equipment Use

Element(s) of Performance:

2. Resuscitation equipment is available for use based on the needs of the population served. 3
Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EPs 2 and 3)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During a tour of the department it was observed that the pediatric crash cart contained resuscitation equipment that was outdated. The Broselow tape available in the secured drawer was a 2002 edition and should be updated to the 2007 B

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.02.03 ESC 60 days

Standard Text: The hospital makes food and nutrition products available to its patients.

Primary Priority Focus Area: Equipment Use

Element(s) of Performance:

6. The hospital prepares food and nutrition products using proper sanitation, temperature, light, moisture, ventilation, and security.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 6
Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
Documentation of the temperatures on the food freezer temperature log for September 2010 had four entries above the maximum range without documented corrective actions as required by organization policy.

Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
Documentation of the temperatures on the food refrigerator temperature log for September 2010 had fifteen entries above the maximum range without documented corrective actions as required by organization policy.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03

ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

8. The hospital reevaluates the patient immediately before administering moderate or deep sedation or anesthesia. (See also RC.02.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8
Observed in Stoneman 3 Endoscopy at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
During patient tracer activities it was noted that a patient having an endoscopy procedure with moderate sedation did not have a documented re-evaluation immediately before the administration of the moderate sedation.

Observed in Cardiac Cath Lab at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
During patient tracer activities it was observed that a patient having a cardiac cath did not have a documented re-evaluation of the patient immediately before administering the moderate sedation.

Observed in Interventional Radiology at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
It was observed during patient tracer activities that a procedure requiring moderate sedation did not have evidence of an immediate reevaluation before the sedation was administered. The initial assessment was completed by an advanced nurse practitioner approximately two hours before the procedure was started.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.01.01

ESC 60 days

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During the review of the medical record of an oncology patient admitted for pelvic pain, the progress notes were dated but not timed.

Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During the review of the medical record of an oncology patient, the signature of the attending physician authenticating the residents entry was dated but not timed.

Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
An 80 year old patient was admitted to the oncology service complaining of jaundice. The progress note of the attending physician was not dated or timed.

Observed in Cardiac Cath Lab at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During record review of a patient having a cardiac cath procedure it was noted that the completed informed consent was dated the day of the procedure but not timed as required.

Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During record review in the department it was noted that the moderate sedation " green form " did not include a time for the presedation assessment. All entries in the medical record need to include a time.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.03.01 ESC 60 days

Standard Text: Documentation in the medical record is entered in a timely manner.

Primary Priority Focus Area: N/A

Element(s) of Performance:

3. The hospital implements its policy requiring timely entry of information into the patient's medical record. (See also PC.01.02.03, EP 2)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 3
§482.24(b) - (A-0438) - §482.24(b) Standard: Form and Retention of Record

The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.
This Standard is NOT MET as evidenced by:
Observed in Psychiatry at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During patient tracer activities it was noted that the history and physical examination completed by the resident had not been co-signed by the attending physician. In psychiatry the resident is responsible for the physical exam and the supervising attending co-signs the report.

Observed in FARR 5 at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During tracer activity it was observed that a pre-operative history and physical had not been documented by the attending physician. Although the house staff documented an admitting note there was no notation or acknowledgement by the attending surgeon of this entry. Hospital Policy MS-21 defines time frames of History and Physical and Updates.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.02.01.03 ESC 45 days

Standard Text: The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

7. When a full operative or other high-risk procedure report cannot be entered immediately into the patient's medical record after the operation or procedure, a progress note is entered in the medical record before the patient is transferred to the next level of care. This progress note includes the name(s) of the primary surgeon(s) and his or her assistant(s), procedure performed and a description of each procedure finding, estimated blood loss, specimens removed, and postoperative diagnosis.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 7
Observed in Cardiac Cath Lab at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
During patient tracer activities it was noted that the immediate post procedure note, completed before the patient was transferred to the next level of care, did not include all the required elements of documentation, such as estimated blood loss and specimens removed, as well as elements that are required by the surgical services policy.

Observed in Interventional Radiology at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A Condition of Participation does not apply to this observation.
During patient tracer activities it was noted that the process included for post procedure notes for the patients before they are transferred to the next level of care did not include all elements required. The required information regarding specimens removed was not included on the preprinted form.

§482.51(b)(6) - (A-0959) - (6) An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.
This Standard is NOT MET as evidenced by:
Observed in East Surgical Unit at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During tracer activity it was observed that a completed immediate post operative note was not documented as per hospital policy.

Observed in PACU at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During tracer activity it was noted that an immediate post operative note was not documented except for the statement "see dictation" Staff reported that the dictated operative note is not immediately available.

Observed in PACU at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
During tracer activity it was noted that an immediate post operative note was not complete. Findings ,estimated blood loss and post operative diagnosis were not entered

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Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.02.01

ESC 60 days

Standard Text: The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

Primary Priority Focus Area: Rights & Ethics

Element(s) of Performance:

8. The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8
§482.13(b)(2) - (A-0131) - (2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.
A physician order for Do Not Resuscitate was documented on September 24, 2010 at 23:00 with documentation of "discussed with health care proxy." The only documentation in the medical record for the health care proxy was "no health care proxy chosen." Organization policy required that discussions with, and concurrence of, all involved family. The outcome of the discussion should be documented.