

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 04-07-2022

Program Type/Facility Name: 04-005 VTCC Inpatient Unit

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 04/28/2022 Statement of the issue that led to non-compliance and state <u>how you corrected/will correct</u> the deficient practice in this specific violation. PR: It was discovered that a patient was injured as a result of using warm compresses. During the investigation, the Patient Advocate, Nurse Manager, and Nursing Director found that the process for utilizing and preparing warm compresses varied across nursing and other disciplines. - The current disposable hot packs available from central supply are harmful if ingested and therefore cannot be used in our population. - Warm compresses were prepared and distributed by multiple disciplines throughout VCU Health System, there was not one standard practice and the process varies among disciplines. - Documentation in EPIC allows warm compresses to be documented in multiple areas; a clear process and standard for documenting warm compresses was not developed and implemented. Plan of action to address <u>systematic changes (process/protocols, etc)</u> that have been or will be implemented to ensure you remain in compliance of the regulation. - PR: Discontinue the use of warm compresses until an alternative product or	8/25/2022

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			standardized process is available (completed) - PR: Review alternative disposable hot pack availability from central supply and other outside vendors (completed) - The current disposable hot packs available from central supply are harmful if ingested and therefore cannot be used in our population. - The VTCC Nurse Clinician requested the new version of disposable hot packs from Central supply on 3/16/22. The product arrived 3/24/22; however, the VTCC nurse manager reviewed the new item and it determined was not acceptable. - The Nursing Director spoke with DBHDS Human Rights Advocate on 3/31/22 to ask if she was aware of any non-toxic hot packs. The Human Rights Advocate responded the same day with "no" and suggested alternatives that she discussed with peers at DBHDS - PR: Communicate to all disciplines that utilizing warm compresses is on hold until an alternative process and standard is developed (completed). This communication occurred through discussions with team members during daily safety huddles, the weekly interdisciplinary programming meeting, and bi-weekly nursing staff meetings. - Clinical Coordinators / Charge Nurses for each shift led the daily huddles with communicating that no warm compresses were to be	

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			used starting 3/14/22. All disciplines are invited to the shift huddles. ◦ No longer using warm compresses was communicated by the Nursing Director ▪ At bi-weekly nurse leadership meeting on 3/14/22 & 3/28/22; at bi-weekly all nursing staff meetings on 3/23/22 & 4/6/22. ▪ To the interdisciplinary VTCC programming meeting on 3/25/22. ▪ To interdisciplinary leadership verbally after event occurred. ◦ 2022 RN competencies include the heat pack and pain education completed by Interim Nurse Clinician. • PR: The Nursing Leadership Team (Nursing Director, Nurse Manager, Nurse Clinician) will develop a standard process for utilizing warm compresses, including: (in process) ◦ Written procedure / guideline for using warm compresses ◦ Training nursing staff and other disciplines on written procedure / guideline ◦ Standardizing documentation in the electronic medical record Staff by Title who will monitor the procedures	

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			implemented to ensure you stay in compliance with the regulation. Indicate the <u>frequency for monitoring the plan including how it will be monitored</u>. - Monthly audits of warm compress use and documentation in the EHR to be completed by night shift clinical coordinators. Implementation of this monitoring plan will be completed by the Nurse Manager - The Nurse Clinician will validate each employee has completed training on the standardized process, once developed, through review for the completed training certificate in each employee file. OLR) Accepted 05/03/2022	
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. - Upon review of CHRIS entry A20220022, the provider's investigation determined systemic neglect. - Upon review of the provider's written investigation report dated 3/13/2022, staff were making a warm compress with wet washcloths heated in the microwave and wrapped in a pillowcase. According to the flowsheet, Individual #1 received the heat	PR) 04/28/2022 Statement of the issue that led to non-compliance and state <u>how you corrected/will correct the deficient practice in this specific violation</u>. PR: It was discovered that a patient was injured as a result of using warm compresses. During the investigation, the Patient Advocate, Nurse Manager, and Nursing Director found that the process for utilizing and preparing warm compresses varied across nursing and other disciplines. - The current disposable hot packs available from central supply are harmful if ingested and therefore cannot be used in our population. - Warm compresses were prepared and distributed by multiple disciplines throughout VCU Health System, there	8/25/2022

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		compress four separate times on 3/12/2022. Staff were using the homemade compress due to the ones available in stock being non-toxic. Per statement from Employee #2 on 3/31/2022, the provider was unable to determine if the burn resulted from one heat compress application incident or from the accumulation of applications. Provider has discontinued the use of the "homemade" compresses. Based on preponderance of evidence, the provider failed to ensure the health and safety of Individual #1.	was not one standard practice and the process varies among disciplines. - Documentation in EPIC allows warm compresses to be documented in multiple areas; a clear process and standard for documenting warm compresses was not developed and implemented. <u>Plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation.</u> - PR: Discontinue the use of warm compresses until an alternative product or standardized process is available (completed) - PR: Review alternative disposable hot pack availability from central supply and other outside vendors (completed) - The current disposable hot packs available from central supply are harmful if ingested and therefore cannot be used in our population. - The VTCC Nurse Clinician requested the new version of disposable hot packs from Central supply on 3/16/22. The product arrived 3/24/22; however, the VTCC nurse manager reviewed the new item and it determined was not acceptable. - The Nursing Director spoke with DBHDS Human Rights Advocate on 3/31/22 to ask if she was aware of any non-toxic hot packs. The Human Rights Advocate responded	

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			the same day with "no" and suggested alternatives that she discussed with peers at DBHDS • PR: Communicate to all disciplines that utilizing warm compresses is on hold until an alternative process and standard is developed (completed). This communication occurred through discussions with team members during daily safety huddles, the weekly interdisciplinary programming meeting, and bi-weekly nursing staff meetings. ◦ Clinical Coordinators / Charge Nurses for each shift led the daily huddles with communicating that no warm compresses were to be used starting 3/14/22. All disciplines are invited to the shift huddles. ◦ No longer using warm compresses was communicated by the Nursing Director ▪ At bi-weekly nurse leadership meeting on 3/14/22 & 3/28/22; at bi-weekly all nursing staff meetings on 3/23/22 & 4/6/22. ▪ To the interdisciplinary VTCC programming meeting on 3/25/22. ▪ To interdisciplinary leadership verbally after event occurred. ◦ 2022 RN competencies include the heat pack and pain education completed by Interim Nurse Clinician.	

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			- PR: The Nursing Leadership Team (Nursing Director, Nurse Manager, Nurse Clinician) will develop a standard process for utilizing warm compresses, including: (in process) - Written procedure / guideline for using warm compresses - Training nursing staff and other disciplines on written procedure / guideline - Standardizing documentation in the electronic medical record Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the <u>frequency for monitoring the plan including how it will be monitored.</u> - Monthly audits of warm compress use and documentation in the EHR to be completed by night shift clinical coordinators. Implementation of this monitoring plan will be completed by the Nurse Manager - The Nurse Clinician will validate each employee has completed training on the standardized process, once developed, through review for the completed training certificate in each employee file. OHR/OLR) Accepted 05/02/2022	

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General Comments / Recommendations:				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Tonya Carr, Legal Operations Manager		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				