

**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: 09-12-2022

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.		
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 A-20220049, the provider's investigation determined Individual #1 was given duplicate dose of Medication #1 less than five minutes apart. Employee #2 failed to administer the medication as prescribed and neglect was found. Based on preponderance of evidence, Employee #2 failed to ensure the health and safety of Individual #1.	PR) 10/05/2022 Provide a 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) Patient received the wrong medication dose; specifically two separate nurses administered PRN ibuprofen to the same patient (wrong dose) to this patient. Patient received total 800 mg ibuprofen, max dose of ibuprofen for a 17 y/o weighing over 200 lbs. is 3,200 mg daily. The provider was notified, patient was assessed for GI discomfort, there was no harm to the patient. - Nurse 1 pulled the medication from the Pyxis, and administered Ibuprofen 400mg PRN at 17:53. - Nurse 2 pulled the medication from the Pyxis (no alert for duplication of medication occurred at the time of pulling medication), and administered Ibuprofen 400 mg PRN at 17:57. - The Barcode scanning process was followed for both medication administrations. Nurse 2 bypassed the	01/01/2023 00:00:00

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			BPA alert in the MAR which showed "based on the ordered frequency, this medication is possibly being administered too close to another dose" and proceeded to administer the medication. - Nurse 1 and Nurse 2 did not communicate with each other regarding the patient's pain prior to each of them administering the medication. The duplicate administration was discovered when the two nurses communicated with each other regarding the patient's pain after the second dose of ibuprofen was administered, around 18:05. - Nurse 2 received written counseling on for bypassing the BPA Alert and administering the second dose of ibuprofen on 8/8/22. Include a 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) All registered nurses were reminded to follow the medication administration policy through an SBAR communicated on August 8th, 2022 and also via the nursing staff meeting on August 10th, 2022 @ 3:30 pm. The communicated included the 6 rights of medication administration and barcode medication administration procedures. - The same information regarding the need to follow barcode scanning procedures was also verbally passed along in the daily huddles between nursing staff	

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			starting 8/3/22 – highlighting not bypassing any "best practice advisory" alerts in the MAR. • All RN's received were in enrolled in additional training on the "medication administration on Rover" as mandatory education. • Resource RNs (charge nurses and other nurses who may be in a position to help out) will no longer administer medications to patients that are not assigned to them unless they have communicated with the patient's assigned RN first. • Bypassing BPA alerts in the MAR was brought forward to the hospital acute nursing leadership team for discussion regarding challenges and how to improve medication administration in EPIC specifically related to BPA alerts from a systems perspective. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). • PR) The nurse manager will ensure that all nurses have completed the additional training "medication administration on Rover" by 9/9/2022. • The nurse clinician will review overridden BPA alerts in the MAR monthly through audits.	

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			By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).PR) The nurse clinician will review overridden BPA alerts in the MAR monthly through audits and will be ongoing until January 1, 2023. OHR/OLR) Accepted 10/06/2022	

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.

Sharae Henderson, Human Rights

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined