



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

Organization Identification Number: 5501

Date(s) of Survey: 7/23/2007 - 7/27/2007

PROGRAM(S)

Hospital Accreditation Program

SURVEYOR(S)

Charles W. Wilson, MBA
Emalyn Bravo, RN
Kenneth E. Blackwell
Robert D. Larsen, MD
Robert N. Westerman, MBA, MD
Wendel J. Schmitt, FACHE

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within 45 days from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Assessment and Care/Services

Standard: PC.8.10
Program: HAP
Standard Text: Pain is assessed in all patients.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C

1. A comprehensive pain assessment is conducted as appropriate to the patient's condition and the scope of care, treatment, and services provided.

Scoring Category : C

3. Regular reassessment and follow-up occur according to criteria developed by the hospital.

Surveyor Findings

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

EP 1

Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus site.

One of the hospital's processes relevant to pain assessment included the documentation of severity scale of 0-10. During a tracer activity it was noted that a pain scale was not documented on a patient who had abdominal pain.

Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus site.

During a tracer activity, it was noted that initial pain assessment by the licensed nurse was not documented on the medical record for a patient who had shortness of breath and congestive heart failure.

Observed in CC 7A at Beth Israel Deaconess Medical Center - East and West Campus site.

On review of closed medical records, it was noted that initial pain assessment was not documented by the ED nurse for a patient who had Pneumonia, Respiratory failure and acute renal failure.

Observed in CC 7A at Beth Israel Deaconess Medical Center - East and West Campus site.

During a tracer activity, it was noted on a closed medical record that pain evaluation was not documented by the ED licensed nurse for a patient who had a history of fall.

Observed in a dialysis patient tracer record at Beth Israel Deaconess Medical Center - East and West Campus site.

There was no pain assessment of the patient on July 21 as required by organization policy.

EP 3

Observed in an orthopedic patient tracer record at Beth Israel Deaconess Medical Center - East and West Campus site.

Pain was not reassessed after the 12:45 pm administration of pain medication in the record reviewed.

Observed in an orthopedic patient tracer record at Beth Israel Deaconess Medical Center - East and West Campus site.

Pain was not reassessed after a 4pm administration of pain medication in the record reviewed.

Observed in an orthopedic patient tracer record at Beth Israel Deaconess Medical Center - East and West Campus site.

Pain was reassessed at 9:30pm after a 6pm administration of pain medication. The organization's policy required a reassessment to be conducted within approximately one half hour after the administration of pain relieving medication.

Observed in a dialysis patient record at Beth Israel Deaconess Medical Center - East and West Campus site.

There was no pain reassessment of the patient recorded within the record after pain medication was administered to the patient on July 21.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Credentialed Practitioners

Standard: HR.1.20

Program: HAP

Standard Text: Staff qualifications are consistent with his or her job responsibilities.

Secondary Priority Focus Area(s): Organizational Structure

Element(s) of Performance

Scoring Category : A

3. When current licensure, certification, or registration are required by law or regulation to practice a profession*, the hospital verifies these credentials with the primary source at the time of hire and upon expiration of the credentials. Note: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. For additional information, see "primary source verification" in the Glossary.

Note: A primary source of information may designate another agency to communicate credentials information. The designated agency then can be used as a primary source.

Note: An external organization [for example, a credentials verification organization (CVO)] may be used to collect credentials information. A CVO must meet the CVO guidelines listed in the Glossary.

*Profession is a specialized work function within society, generally performed by a professional. It often refers specifically to fields that require extensive study and mastery of specialized knowledge and skills.

Surveyor Findings

EP 3

Observed in credentials review at Beth Israel Deaconess Medical Center - East and West Campus site. At the credentials session, the file of a nurse practitioner was reviewed. At the time her license expired in June of 2004, there was no documentation that verification of its renewal had been done on or before the expiration date. There was a copy of the renewal notice which had been downloaded from the web site five months later in November. The same nurse practitioner's license was due for renewal again in June of 2006. Although the file contained a copy of the nurse's current license which will expire in June 2008, there was no documentation that verification of its renewal had occurred at the time of renewal,

Observed in the credentials review at Beth Israel Deaconess Medical Center - East and West Campus site.

During discussion with medical staff at the credentials review session, the process for credentialing and privileging advanced practice nurses and physician assistants was reviewed. Three nurse practitioner files were reviewed in detail. At the time of initial appointment, the individual files were presented to the credentials committee and subsequently approved by the executive committee with recommendations for privileges as described in a scope of practice document. At the two year interval, when reappointment would have been expected, these individuals were not presented again to the credentials committee and executive committee. The individuals were never formally recertified and reappointed. Although their activities had been monitored by their respective supervising physician, there was no evidence of peer recommendations having been elicited, and their files did not go through the same rigorous process applied to their initial appointment.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Equipment Use

Standard: EC.5.40

Program: HAP

Standard Text: The hospital maintains fire-safety equipment and building features.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

9. For water-based automatic fire-extinguishing systems, all fire pumps are tested at least annually under flow.

Scoring Category : A

10. Kitchen automatic fire-extinguishing systems are inspected for proper operation at least semiannually (actual discharge of the fire-extinguishing system is not required).

Surveyor Findings

EP 9

Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus site. The organization last tested it's fire pump on 5/20/06; however, they were not able to provide testing documentation for year 2007.

EP 10

Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus site. The organization was unable to provide current inspection documentation for the kitchen fire-extinguishing system. The last inspection was completed in 12-06.

See report

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Medication Management

Standard: MM.2.30

Program: HAP

Standard Text: Emergency medications and/or supplies, if any, are consistently available, controlled, and secured.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

3. Emergency medications are available in unit-dose, age-specific, and ready-to-administer forms whenever possible.

Scoring Category : A

6. Emergency medications are stored in sealed or in locked containers; in a locked room; or under constant supervision in accordance with law or regulation.

Surveyor Findings

EP 3

Observed in an East 11 & 7 Stoneman Units at Beth Israel Deaconess Medical Center - East and West Campus site.

The emergency medication carts contained a bag of numerous plastic numbered locks as part of their supply complement. These locks were the same type and appearance as the lock securing the exterior of the cart which signified that the cart had not been tampered with. Since these locks would be available to someone opening the cart on an authorized as well as unauthorized basis, the integrity of the cart as well as the availability of its medication contents to respond to an emergency could not be assured.

EP 6

Observed in Central Supply Distribution Area at Beth Israel Deaconess Medical Center - East and West Campus site.

During a tracer activity it was noted that seven crash carts which contained several emergency medications were stored in a room where it was not locked nor supervised. The area was accessible to non clinical and technical staff.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Patient Safety

Standard: NPSG Requirement 8B

Program: HAP

Standard Text: A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C

1. The patient's accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization

Surveyor Findings

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

EP 1

Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus site.

During a tracer activity it was noted that the current medication list was not completed for a patient who was transferred to another hospital.

Observed in Emergency Department at Beth Israel Deaconess Medical Center - East and West Campus site.

During a tracer activity it was noted that three of the five medications which the patient were taking at home were not reconciled by the licensed nursing staff to reassess if the meds were to be continued, changed or stopped as per hospital policy.

Observed in Neurology Clinic at Beth Israel Deaconess Medical Center - East and West Campus site. The hospital has been transitioning to an electronic outpatient record for several years. Presently, some clinics rely almost exclusively on the electronic record while others continue to supplement it with a backup paper record accessible to that clinic. The medication list in the electronic record initially consists of medications that have been ordered using the electronic system, but the list can be modified by adding or removing medications. This list has, in most instances, replaced the paper summary medication list. The hospital has also made this list a key component of the medication reconciliation process because it is visible to outpatient care providers, the emergency department, and admitting physicians. This system allows for a current, accurate, reconciled medication list to be communicated to the next provider of care. The effectiveness of this process currently depends on the provider updating the list at the time of the patient visit. Some providers have incorporated updating the electronic list into the patient encounter while others have not.

During a patient tracer of the neurology clinic, an interview with the physician providing the patient care revealed that it was not this physician's current practice to update the electronic medication list. A review of the medical record revealed that the electronic medication list contained one medication which the paper record indicated was discontinued. Alternatively, the paper record included a medication not in the electronic list.

Observed in Rheumatology Clinic at Beth Israel Deaconess Medical Center - East and West Campus site.

During a patient tracer in the rheumatology clinic, an interview of the physician providing the patient care revealed that it was not the physician's current practice to update the electronic medication list. A comparison of the electronic medication list with the medications in the physician's recently dictated note revealed a number of discrepancies. For example the physician's dictated note included five medications which are not updated in the computer medication list.

Observed in Orthopedic Clinic at Beth Israel Deaconess Medical Center - East and West Campus site. During a patient tracer in the orthopedic clinic, an interview with the physician providing the patient care revealed that it was not this physician's current practice to update the electronic medication list. A comparison of the paper based medication list questionnaire completed by the patient and the electronic medication list showed that one medication listed by the patient was not added to the medication list.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Physical Environment

Standard: EC.1.10

Program: HAP

Standard Text: The hospital manages safety risks.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C

5. The hospital uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming to the hospital's facilities.

Surveyor Findings

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

EP 5

Observed in Kitchen at Beth Israel Deaconess Medical Center - East and West Campus site.
There were several CO2 cylinders unsecured

Observed in the basement central gas cylinder room at Beth Israel Deaconess Medical Center - East and West Campus site.

An unsecured E cylinder of compressed gas was noted within the East basement central compressed gas cylinder storage room.

Observed in the outside gas cylinder storage room at Beth Israel Deaconess Medical Center - East and West Campus site.

Five E cylinders of acetylene and three K cylinders of nitrogen were unsecured within the exterior storage room by the loading dock.

Observed in the building tour at Beth Israel Deaconess Medical Center - East and West Campus site.

An unsecured K cylinder of helium was noted within the West Gift Shop.

Observed in the West building tour at Beth Israel Deaconess Medical Center - East and West Campus site.

Six K and twelve E cylinders of compressed gas were unsecured within the basement Nitrous / CO2 Storage Room.

Observed in the West building tour at Beth Israel Deaconess Medical Center - East and West Campus site.

An unsecured K cylinder of nitrogen was noted within the West Cath Lab Storage Room #FA0412.

Observed in the West building tour at Beth Israel Deaconess Medical Center - East and West Campus site.

Several emergency stairwell doors were physically locked leading from the stairwell into the building, however, no "Door Locked - NO Entry" signage was posted on the stairwell side of the door.

Observed in the Deaconess building tour at Beth Israel Deaconess Medical Center - East and West Campus site.

The wall mounted picture frames and clock within the patient corridor of the Deaconess 4 locked Inpatient Psychiatric Unit were not adequately secured to prevent their unauthorized removal by a distraught patient and potentially utilized as a weapon.

Standard: EC.5.20

Program: HAP

Standard Text: Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

1. Each building in which patients are housed or receive care, treatment, and services complies with the LSC, NFPA 101® 2000; OR Each building in which patients are housed or receive care, treatment, and services does not comply with the LSC, but the resolution of all deficiencies is evidenced through the following:

An equivalency approved by the Joint Commission Or

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

Standard: EC.5.20

Program: HAP

Standard Text: Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Continued progress in completing an acceptable Plan For Improvement (Statement of Conditions™, Part 4)

Surveyor Findings

See Life Safety Code.

The Joint Commission
Accreditation Survey Findings

Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section I - Buildings

Requirement: EC.A.1A.4.b

Phrase: Existing Health Care Occupancies The following assemblies are constructed of materials with the minimum fire resistance rating based upon the type of construction: structural frame. (EC.A.1A)(EC.A.1A.4)(EC.A.1A.4.b)

Surveyor Findings:

Fireproof was missing on the structural steel in the sprinkler system zone valve room on the 8th floor of Risman.

Requirement: EC.A.1C.3

Phrase: Existing Health Care Occupancies Doors in two-hour fire resistance rated separations are: self-closing or automatic closing. (EC.A.1C)(EC.A.1C.3)

Surveyor Findings:

Elevator machine room did not close and latch in the Risman building.

Requirement: EC.A.1C.4

Phrase: Existing Health Care Occupancies Doors in two-hour fire resistance rated separations are: provided with $\leq 1/8$ in. gaps between meeting edges of door pairs. (EC.A.1C)(EC.A.1C.4)

Surveyor Findings:

NICU had $> 1/8$ inch gap on the 1 hour rated smoke door

Requirement: EC.A.1H

Phrase: Existing Health Care Occupancies When the following penetrate fire resistance rated wall assemblies, the spaces between the item and the wall are filled with an appropriate fire resistance rated material: pipes, conduits, bus ducts, cables/wires, air ducts and pneumatic tubes. (EC.A.1H)

Surveyor Findings:

Two pipe penetrations were found in 1 hour rated wall assemblies in the 9th floor stairwell and room RA B13 pneumatic tube system

The Joint Commission
Accreditation Survey Findings

Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section II - Rooms

Requirement: EC.A.2I.4

Phrase: Existing Health Care Occupancies Corridor doors are: arranged to have not more than 3/4-inch undercuts. (EC.A.2I)(EC.A.2I.4)

Surveyor Findings:

The following corridor doors exceeded the maximum allowable 1/8 inch between the door sections: 1) entrance corridor doors to the East MICU, 2) 4 Cath Lab in the Farr building, 3) dutch door into the Psychiatry 4 medication room, 4) West building basement Receiving Department, & 5) West MICU door # 780,

Requirement: EC.A.2K

Phrase: Existing Health Care Occupancies Hazardous areas are appropriately protected. (EC.A.2K)

Surveyor Findings:

Room for PFI 06EC 9.14 was being used for non flammable medical gas storage in excess of 3000 cubic feet (32 e cylinders, 32 H cylinders and 2 C cylinders).

Requirement: EC.A.2L.2

Phrase: Existing Health Care Occupancies Doors in partitions enclosing hazardous areas are: self-closing or automatic closing. (EC.A.2L)(EC.A.2L.2)

Surveyor Findings:

Soil Utility room #FD 719 door self-closing device is broken and inoperable.

The Joint Commission
Accreditation Survey Findings

Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section III - Compartments

Requirement: EC.A.3C.1

Phrase: Existing Health Care Occupancies Smoke barriers are: continuous from outside wall to outside wall. (EC.A.3C)(EC.A.3C.1)

Surveyor Findings:

Horizontal penetrations were noted in the following locations: 1) Farr building 13 floor FAS#1 emergency stairwell, 2) Farr building 11 Medical / Surgical unit electric room corridor wall. Additionally, a vertical penetration was noted in the 3rd floor Deaconess building elevator room #300A.

Requirement: EC.A.3D.1

Phrase: Existing Health Care Occupancies Doors in smoke barriers are: fitted to prevent the spread of smoke. (EC.A.3D)(EC.A.3D.1)

Surveyor Findings:

The following smoke compartment fire / smoke doors exceeded the maximum allowable 1/8 inch median gap between door sections: 1) Farr 3 to Deaconess 3 buildings, 2) Lowry and West buildings basement tunnel connector, & 3) West building 7th floor. In addition, the following interbuilding fire doors did not properly close and latch: 1) 3rd floor Farr to Clinical center building, 2) Lowry to West building basement tunnel connector, & 3) West 7th floor by Clinical Nutrition Services.

Inpatient Occupancy Existing Healthcare Occupancies; Section IV - Floor Assemblies

Requirement: EC.A.4B.1.a

Phrase: Existing Health Care Occupancies Linen/waste chutes. Service (inlet) doors have: self-closing devices. (EC.A.4B)(EC.A.4B.1.a)

Surveyor Findings:

The trash chute door in FA03L1C at the West campus was being held open by a floor scrubber

Requirement: EC.A.4B.2.a

Phrase: Existing Health Care Occupancies Linen/waste chutes. Outlet (discharge) doors have: self-closing devices (fusible link or electrical hold-open devices are acceptable). (EC.A.4B)(EC.A.4B.2)(EC.A.4B.2.a)

Surveyor Findings:

The rash exit chute door at the West Campus was missing

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Assessment and Care/Services

Standard: PC.2.130
Program: HAP
Standard Text: Initial assessments are performed as defined by the hospital.
Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

1. Each patient is assessed per hospital policy.

Surveyor Findings

EP 1

Observed in PACU at Beth Israel Deaconess Medical Center - East and West Campus site. During individual tracer activity, the record of a postoperative patient was reviewed. The preoperative admission history and physical examination by the attending surgeon was incomplete by medical staff guidelines. There was no documentation of an examination of the patient's heart and lungs.

Observed in the PACU at Beth Israel Deaconess Medical Center - East and West Campus site. During individual tracer activity, the record of a postoperative orthopedic patient was reviewed. The record contained a preoperative history and physical examination which had been performed by a nurse practitioner at an outpatient encounter 12 days previously. However, the physician had not completed the required note documenting a preoperative update to the patient's clinical condition. Medical staff rules in effect at time of survey required an update be documented at least seven days prior to operation.

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Infection Control

Standard: IC.1.10
Program: HAP
Standard Text: The risk of development of a health care-associated infection is minimized through an organizationwide infection control program.
Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

3. All applicable organizational components and functions are integrated into the IC program.

Surveyor Findings

EP 3

Observed in the West building tour at Beth Israel Deaconess Medical Center - East and West Campus site.

Crackers and drinking straws were being stored beneath the sink within the Unit 4 Cath Lab.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Information Management

Standard: IM.6.20
Program: HAP
Standard Text: Records contain patient-specific information, as appropriate to the care, treatment, and services provided.
Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

1. Medical records contain, as applicable, the following clinical/case information:

Emergency care, treatment, and services provided to the patient before his or her arrival, if any
Documentation and findings of assessments*
Conclusions or impressions drawn from medical history and physical examination
Diagnosis, diagnostic impression, or conditions
Reason(s) for admission or care, treatment, and services
Goals of the treatment and treatment plan
Diagnostic and therapeutic orders
Diagnostic and therapeutic procedures, tests, and results
Progress notes made by authorized individuals
Reassessments and plan of care revisions
Relevant observations
Response to care, treatment, and services provided
Consultation reports
Allergies to foods and medicines
Medications ordered or prescribed
Dosages of medications administered (including the strength, dose, or rate of administration), administration devices used, access site or route, known drug allergies, and adverse drug reactions
Medications dispensed or prescribed on discharge
Relevant diagnoses/conditions established during the course of care, treatment, and services
* See the "Provision of Care, Treatment, and Services " chapter in this manual.

Surveyor Findings

EP 1

Observed in CC 7A at Beth Israel Deaconess Medical Center - East and West Campus site.
During a closed medical record review it was noted that the licensed nurse from the ED did not complete the initial nursing assessment form to include relevant observations or patient complaints. In addition, the date, time and signature of the staff who initiated the assessment were not documented.

Observed in ICU East at Beth Israel Deaconess Medical Center - East and West Campus site.
During a psychiatric patient tracer it was noted that the restraint/seclusion form was not completed by the ED nurse. The reason for patient seclusion was not documented.

Standard: IM.6.40
Program: HAP

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

Standard Text: For patients receiving continuing ambulatory care services, the medical record contains a summary list(s) of significant diagnoses, procedures, drug allergies, and medications.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

2. The summary list(s) contains the following information:

Known* significant medical diagnoses and conditions

Known significant operative and invasive procedures

Known adverse and allergic drug reactions

Known long-term medications, including current medications, over-the-counter drugs, and herbal preparations

* "Known" refers to information gathered during ambulatory care assessment and treatment.

Surveyor Findings

EP 2

Observed in Cardiology Clinic at Beth Israel Deaconess Medical Center - East and West Campus site.

During a patient tracer activity in the cardiology clinic it was noted that neither the paper medical record nor the electronic medical record contained a list of diagnoses on the problem list.

Observed in Orthopedic Clinic at Beth Israel Deaconess Medical Center - East and West Campus site.

During a patient tracer in the orthopedic clinic, review of the physician's note indicated that the patient was at the clinic to be evaluated following an orthopedic operation done at another facility. There was a hard copy of the operative report in the paper medical record. Though the electronic problem list contained a previous orthopedic operative procedure, the list was not updated to include the new operative procedure.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Patient Safety

Standard: EC.2.10
Program: HAP
Standard Text: The hospital identifies and manages its security risks.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

8. The hospital identifies and implements security procedures that address handling of an infant or pediatric abduction as applicable.

Surveyor Findings

EP 8

Observed in Regular nurseries and post partum area at Beth Israel Deaconess Medical Center - East and West Campus site.

During a tracer activity, it was noted that the hospital had some processes in place to prevent infant abduction, however, high risk points were observed. For example, an exit door leading to an emergency stairwell had no alarm system which could be utilized as an exit by a potential infant abductor. In addition, the unit's camera system did not have the capability to monitor individuals who were exiting from the units. The hospital staff presented their plans to eliminate the risk points including a proposal for an electronic bracelet device

Standard: NPSG Requirement 2B
Program: HAP
Standard Text: Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

3. The organization implements the "do not use" list and applies this list to all orders and all medication-related documentation when handwritten or entered as free text into a computer.

Surveyor Findings

EP 3

Observed in 12 Reisman at Beth Israel Deaconess Medical Center - East and West Campus site.

During individual tracer activity the record of a surgical patient was reviewed. The physician had used the unapproved abbreviation "MSO4" in the preoperative notes.

Observed in Farr 2 at Beth Israel Deaconess Medical Center - East and West Campus site.

During individual tracer activity, review of an open medical record disclosed the use of the unapproved abbreviation "u" for units in a nurse's note.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Physical Environment

Standard: EC.3.10

Program: HAP

Standard Text: The hospital manages its hazardous materials and waste risks.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

7. The hospital provides adequate and appropriate space and equipment for safely handling and storing hazardous materials and waste.

Surveyor Findings

EP 7

Observed in the Shapiro 9 Infusion Center at Beth Israel Deaconess Medical Center - East and West Campus site.

The emergency eyewash station was connected to both the hot (which was significantly hot to the touch) as well as cold water supply thereby potentially creating a thermal injury during an emergency eyewash. Second, the eyewash station functionality was being tested annually (last test being February 2007). The organization had a requirement for monthly testing (which requirement should be reevaluated to comply with ANSI Z358.1 as well as OSHA recommendations for weekly testing).

Observed in the West loading dock at Beth Israel Deaconess Medical Center - East and West Campus site.

The eyewash station on the loading dock was only being tested annually (last test being October 2006). It should be noted that the organization was in the process during the survey of changing this process into a weekly testing program.
