





## Group Discussion – Regulatory and Accreditation: Intersection with Quality

**Instructions:** Please read the hypothetical case below, and answer the questions prompts in your preassigned groups.

Hospital A+ is a 410-bed acute care hospital serving a diverse community in an urban, economically disadvantaged location. There are approximately 165,000 emergency department (ED) visits annually. Patient elopements are a common challenge. On October 1, a 25 year-old cognitively impaired female with moderate intellectual disability and schizoaffective disorder arrived at the ED with a sitter from her group home to be seen for exacerbation of asthma. While waiting, the sitter left at 8pm, leaving the patient alone. The patient eloped from the hospital. Upon recognition that she left, the nurse immediately let other clinicians and the Administrator on Duty know. After attempting to find the patient in the surrounding areas, including involving NYPD, they couldn't find her. About 10 hours later on October 2, the patient was found by NYPD 15 minutes away from Hospital A+, unconscious. It was discovered she was killed by a motor vehicle. Some of Hospital A+ staff & clinicians heard about this on the news and they realized it was her. Several weeks later, the Hospital A+ team learned that a postmortem toxicology report showed the patient had K2 and alcohol in her system.

On October 27, four surveyors from the Department of Health arrived at Hospital A+'s lobby. Hospital Police called the Director of Regulatory & Accreditation to escort the surveyors to a conference room to meet with hospital leadership. At the opening session, the survey team provided a list of requested documents *(see below)* and told them they were there to investigate Condition of Participation, Patient's Rights. Later that day, they asked for access to 5 patients' records, including the patient that had eloped and died on October 2. Hospital A+'s leadership team originally had a hunch the survey team was there to investigate this case, but now they knew. They felt prepared because they were proactive, and had developed some strong corrective actions.

You are Hospital A+'s leadership team. Engage in the following discussion with your group:

1. What are some steps you took to make sure clinicians involved in the case are prepared to speak with surveyors?

2. On survey day, what documentation do you have available to show evidence to surveyors that Hospital A+ started to proactively address this issue?







3. What is 1 example of a corrective action your team implemented to show the survey team you'll make every effort to prevent this from happening again?

3a. How have you started to monitor this corrective action?







Documents Requested by DOH Survey Team:

## Focus on Patient Rights:

- 1. Incidents/Accidents/Occurrences Log x12 months
- 2. Safety & Security Committee Minutes x12 months
- 3. Patient Complaints & Grievances Log x12 months
- 4. Complaints & Grievances: emergency department from last 12 months
- 5. Facility Investigations for Responsible Events x 12 months
- 6. Organizational Charts (names & hospital titles), include emergency department
- 7. List of all staff & clinicians in emergency department
- 8. Most recent Executive Quality Assurance/Performance Improvement & Patient Safety Plan
- 9. Quality Assurance/Performance Improvement Quality Indicators
- 10. Policy & Procedures (Nursing) Content: Index Page
- 11. Medical Staff Bylaws
- 12. Policy: Medical Clearance
- 13. Policy: Elopements and Against Medical Advice
- 14. Policy: Levels of Patient Observation
- 15. Policy: Medical Record Access
- 16. Policy: Medical Record Release Information
- 17. Policy: Complaints & Grievances Process
- 18. Policy: Incident Reporting
- 19. Staff Personnel Files & Education Files: physician & practitioner credential sample of files to be requested
- 20. Medical Records to be requested
- 21. Morbidity & Mortality Reviews from the last 6 months
- 22. Morbidity & Mortality Committee minutes from the last 6 months
- 23. Census during each day of survey
- 24. List of patient services and location in the facility

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