



Massachusetts General Hospital  
55 Fruit Street  
Boston, MA 02114

**Organization Identification Number: 5513**

**Program(s)**  
Hospital Accreditation

**Survey Date(s)**  
07/23/2012-07/27/2012

### **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:**

<b>Program:</b>	Hospital Accreditation Program	
<b>Standards:</b>	EC.02.01.01	EP8
	IC.02.02.01	EP2
	NPSG.03.04.01	EP1,EP2
	PC.02.01.03	EP7
	PC.03.01.07	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:**

<b>Program:</b>	Hospital Accreditation Program	
<b>Standards:</b>	EC.02.06.01	EP1
	HR.01.02.05	EP5
	LS.02.01.20	EP13,EP30
	MM.03.01.01	EP3
	MS.03.01.01	EP16,EP17
	PC.02.01.21	EP1
	PC.02.02.03	EP6

## The Joint Commission Summary of CMS Findings

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

**Corresponds to:** HAP

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

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(c)(2)	A-0144	HAP - EC.02.01.01/EP8	Standard

**CoP:** §482.23                      **Tag:** A-0385                      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(c)	A-0404	HAP - PC.02.01.03/EP7	Standard

**CoP:** §482.25                      **Tag:** A-0490                      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.25 Condition of Participation: Pharmaceutical Services

The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.

CoP Standard	Tag	Corresponds to	Deficiency
§482.25(b)(2)(i)	A-0502	HAP - MM.03.01.01/EP3	Standard

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

**Corresponds to:** HAP

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

The hospital must maintain, or have available, diagnostic radiologic services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.

CoP Standard	Tag	Corresponds to	Deficiency
§482.26(c)(2)	A-0547	HAP - MS.03.01.01/EP16	Standard

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

**Corresponds to:** HAP

## The Joint Commission Summary of CMS Findings

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

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP13, EP30	Standard

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

**Corresponds to:** HAP

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

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

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

**CoP:** §482.52                      **Tag:** A-1000                      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.52(b)(3)	A-1005	HAP - PC.03.01.07/EP7	Standard

**CoP:** §482.53                      **Tag:** A-1026                      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.53 Condition of Participation: Nuclear Medicine Services

If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.

CoP Standard	Tag	Corresponds to	Deficiency
§482.53(a)(2)	A-1029	HAP - MS.03.01.01/EP17	Standard

# The Joint Commission Findings

**Chapter:** Environment of Care  
**Program:** Hospital Accreditation  
**Standard:** EC.02.01.01  
**Standard Text:** The hospital manages safety and security risks.  
**Primary Priority Focus Area:** Physical Environment  
**Element(s) of Performance:**

ESC 45 days

8. The hospital controls access to and from areas it identifies as security sensitive.



**Scoring Category :** A

**Score :** Insufficient Compliance

**Observation(s):**

EP 8

§482.13(c)(2) - (A-0144) - (2) The patient has the right to receive care in a safe setting.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

At the time of survey, it was observed on the \_\_\_\_\_ Unit, which the organization has identified in its 2012 Environment of Care Security Management Plan as a security sensitive area, that the (2) exit access doors leading to the (2) primary egress stairwells did not have devices installed designed to control access from the unit into the stairwells.

Parents were not required to stay with the patients and placing a staff person with the patient was dependent on care needs. This would potentially leave a child unattended and at risk for unauthorized access and possible undetected exit from the unit through a stairwell.

Organizations action during survey: The organization installed badge access locks on the stairwell door to mitigate the risk while the team was on site.

Observed in Building Tour at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

At the time of survey, it was observed on the \_\_\_\_\_ Unit, which the organization has identified in its 2012 Environment of Care Security Management Plan as a security sensitive area, that the (2) exit access doors leading to the (2) primary egress stairwells did not have devices installed designed to control access from the unit into the stairwells.

Parents were not required to stay with the patients and placing a staff person with the patient was dependent on care needs. This would potentially leave a child unattended and at risk for unauthorized access and possible undetected exit from the unit through a stairwell.

Organizations action during survey: The organization installed badge access locks on the stairwell door to mitigate the risk while the team was on site.

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**Chapter:** Environment of Care  
**Program:** Hospital Accreditation  
**Standard:** EC.02.06.01

ESC 60 days

**Standard Text:** The hospital establishes and maintains a safe, functional environment.  
Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.  
**Primary Priority Focus Area:** Physical Environment

# The Joint Commission Findings

## Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.



## Scoring Category :C

Score : Partial Compliance

## Observation(s):

EP 1

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.

Unit had door hinges on the patient's bathroom doors which posed a risk for hanging. The hinges had not been determined to be a risk and therefore did not have a plan for mitigation of the risk.

The organization began an investigation on replacement hinges while the survey team was on site.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.

Unit, had alcohol hand gel dispensers located outside of every patient room, including the intensive treatment area. The dispensers were not continuously monitored, which posed a risk for intentional ingestion as a means of self harm or unintentional ingestion by a psychotic patient. A risk assessment performed by the organization weighed compliance with hand hygiene and potential spread of infection with the risk of ingestion. While the organization determined the risk of ingestion was not as prevalent, the placement of the dispensers continued to pose a risk to patients.

Action taken while survey team was on site: The organization emptied the dispensers of hand gel to the point that was determined by poison control as not a dangerous level if ingested. The organization continues to discuss whether this will be the permanent solution or temporary until there is a decision on permanent corrective action. This mitigated the risk of the dispensers while the survey team was on site.

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## Chapter:

Human Resources

## Program:

Hospital Accreditation

## Standard:

HR.01.02.05

ESC 60 days

## Standard Text:

The hospital verifies staff qualifications.

## Primary Priority Focus Area:

Staffing

## Element(s) of Performance:

5. Staff comply with applicable health screening as required by law and regulation or hospital policy. Health screening compliance is documented.



## Scoring Category :C

Score : Insufficient Compliance

## Observation(s):

# The Joint Commission Findings

EP 5

Observed in HR File Review at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.  
The volunteer file of the pet therapy dog did not contain documentation of a current health screening as required by the organization's policy.

Observed in HR File Review at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.  
The volunteer file of the second pet therapy dog did not contain documentation of a current health screening as required by the organization's policy.

Observed in HR File Review at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.  
The volunteer file of a third pet therapy dog did not contain documentation of a current health screening as required by the organization's policy.

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**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:** Equipment Use

**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: 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/hicpac/Disinfection\\_Sterilization/acknowledg.html](http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html) (Sterilization and Disinfection in Healthcare Settings).

**Scoring Category :** A

**Score :** Insufficient Compliance

**Observation(s):**

# The Joint Commission Findings

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 Individual Tracer at Mass General

site for the Hospital deemed service.

It was discovered during tracer activity in the department at MGH North Shore that control checks on Cidex are performed only once per day regardless of the number of devices cleaned. Manufacturer recommends that checks are performed after each use.

Observed in Tracer Activities at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

During the review of the process of high level disinfection of the transesophageal echo probes, it was found that the organization's staff in this area were only testing the cidex-opa solution once a day. This does not comply with the manufacturer's recommendation that the solution be tested prior to each use. When the policy was reviewed, it was found that the organization stipulated that the solution was only required to be tested more than once if it was utilized more than 10 times in a day. This was not found in the review of the manufacturer's recommendations. The organization has been reviewing this for the last two years through the available resources and evidence and has, as of one week prior to survey, decided to change the process. The policy has been disseminated but not fully implemented by the time of survey.

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**Chapter:**

Life Safety

**Program:**

Hospital Accreditation

**Standard:**

LS.02.01.20

ESC 60 days

**Standard Text:**

The hospital maintains the integrity of the means of egress.

**Primary Priority Focus Area:**

Physical Environment

**Element(s) of Performance:**

13. 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 :** Insufficient Compliance

30. Signs reading 'No Exit' are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.10.8.1)



**Scoring Category :**A

**Score :** Insufficient Compliance

**Observation(s):**

## The Joint Commission Findings

### EP 13

§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](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 Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

At the time of survey, it was observed on \_\_\_\_\_ that there were obstructions in the path of egress, including multiple items of medical equipment, utility and linen carts, and workstations on wheels stored in the C5 (back) primary egress corridor.

Observed in Building Tour at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

At the time of survey, it was observed on \_\_\_\_\_ that there were obstructions in the path of egress, including multiple items of medical equipment, utility and linen carts, and workstations on wheels stored in the C5 (back) primary egress corridor.

Observed in Building Tour at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

At the time of survey, it was observed on \_\_\_\_\_ that there were obstructions in the path of egress, including multiple items of medical equipment, utility and linen carts, and workstations on wheels stored in the C5 (back) primary egress corridor.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

It was observed on the \_\_\_\_\_ unit that equipment which was not in use was stored in egress corridors. The equipment included linen hampers outside of each room, vital signs machines, a large scale and a computer on wheels and other items covered in plastic waiting to be removed for cleaning.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

Medical equipment and linen hampers which were not in use were stored in the egress corridor on the \_\_\_\_\_ floor.

### EP 30

§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](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 Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

At the time of survey, it was observed on \_\_\_\_\_ Unit that the corridor door leading to the \_\_\_\_\_ Building

## The Joint Commission Findings

was equipped with a delayed egress locking mechanism and identified as an egress exit. Through discussion with building representatives, it was determined that this corridor is not an intended primary egress route; therefore the door must be identified with signage indicating "NO EXIT".

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**Chapter:** Medical Staff

**Program:** Hospital Accreditation

**Standard:** MS.03.01.01

ESC 60 days

**Standard Text:** The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.

**Primary Priority Focus Area:** Credentialed Practitioners

### Element(s) of Performance:

16. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.



**Scoring Category :** A

**Score :** Insufficient Compliance

17. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.



**Scoring Category :** A

**Score :** Insufficient Compliance

### Observation(s):

EP 16

§482.26(c)(2) - (A-0547) - (2) Only personnel designated as qualified by the medical staff may use the radiologic equipment and administer procedures.

This Standard is NOT MET as evidenced by:

Observed in Medical Management Session at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

The organization did not have documentation to show that the medical staff had determined or approved the qualifications of the radiology staff who use equipment and administer procedures.

EP 17

§482.53(a)(2) - (A-1029) - (2) The qualifications, training, functions and responsibilities of the nuclear medicine personnel must be specified by the service director and approved by the medical staff.

This Standard is NOT MET as evidenced by:

Observed in Medical Management Session at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

The organization did not have documentation to show that the medical staff had approved the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.

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**Chapter:** Medication Management

**Program:** Hospital Accreditation

**Standard:** MM.03.01.01

ESC 60 days

**Standard Text:** The hospital safely stores medications.

# The Joint Commission Findings

**Primary Priority Focus Area:** Medication Management

**Element(s) of Performance:**

3. The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.



Note: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.

**Scoring Category :** A

**Score :** Insufficient Compliance

**Observation(s):**

EP 3

§482.25(b)(2)(i) - (A-0502) - (2)(i) All drugs and biologicals must be kept in a secure area, and locked when appropriate. This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

During tracer activity on the \_\_\_\_\_ Unit, it was determined that emergency medications were not secured. For example, the crash cart was stored in a utility hallway. Staff used the hallway in order to access the supply room, the medication room, and the soiled utility room. However, the emergency cart, and therefore the emergency medications, were not locked or under surveillance as required. During the tracer activity, minutes passed without staff members visible in the utility hall. Further, hospital policy identified the crash cart as a secure medication storage location.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

During tracer activity on the \_\_\_\_\_ Unit, it was determined that emergency medications were not secured. For example, the crash cart was stored in a utility hallway. Staff used the hallway in order to access the supply room, the medication room, and the soiled utility room. However, the emergency cart, and therefore the emergency medications, were not locked or under surveillance as required. During the tracer activity, a family member was observed in the hallway without staff present. Further, hospital policy identified the crash cart as a secure medication storage location.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

During tracer activity on the \_\_\_\_\_ Unit, it was determined that emergency medications were not secured as required. For example, the crash cart was stored in a hallway alcove outside the view of the staffed nurses' station. Further, hospital policy identified the crash cart as a secured medication storage location.

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**Chapter:** National Patient Safety Goals

**Program:** Hospital Accreditation

**Standard:** NPSG.03.04.01

ESC 45 days

**Standard Text:** Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.

Note: Medication containers include syringes, medicine cups, and basins.

**Primary Priority Focus Area:** Medication Management

# The Joint Commission Findings

## Element(s) of Performance:

1. In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used.



Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Refer to NPSG.03.04.01, EP 5, for information on timing of labeling.

### Scoring Category :A

Score : Insufficient Compliance

2. In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.



### Scoring Category :A

Score : Insufficient Compliance

## Observation(s):

EP 1

Observed in Tracer Activities at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.

During tracer activities in the lab, it was found that a syringe on the sterile field which was being used intermittently during the case was not labeled with its contents as required by this standard. Upon interviewing the staff, they stated that they only label one of the two solutions in syringes on the field for the procedure observed. The one they chose to label was the one containing contrast material. It was assumed that the non-labeled syringe was heparinized saline. The basins containing both of these clear fluids were appropriately labeled.

EP 2

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.

During tracer activity in the, the procedure room was being prepared for the next case. It was noted that there were multiple empty syringes laying on the back table which had already been labeled for lidocaine, saline, versed and fentanyl. The intent was to fill the syringes at a later time when the patient was being brought into the room. The syringes should have been labeled individually and contemporaneously at the time they were filled.

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**Chapter:** Provision of Care, Treatment, and Services

**Program:** Hospital Accreditation

**Standard:** PC.02.01.03

ESC 45 days

**Standard Text:** The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

**Primary Priority Focus Area:** Assessment and Care/Services

## Element(s) of Performance:

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order (s).



### Scoring Category :A

Score : Insufficient Compliance

## Observation(s):

# The Joint Commission Findings

EP 7

§482.23(c) - (A-0404) - §482.23(c) Standard: Preparation and Administration of Drugs

Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.

This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

During tracer activity in the Nursing Unit, it was determined that the most recent patient order was not used in providing care. For example, the physician ordered a titrated infusion (Fentanyl) to maintain a RASS score of -2. However, during June 13, 2012, the patient's RASS score was maintained as a -3 and progressing to a -4 on June 14, 2012. The order was modified later on June 14, 2012 to allow for the medication to be titrated for pain.

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**Chapter:** Provision of Care, Treatment, and Services

**Program:** Hospital Accreditation

**Standard:** PC.02.01.21

ESC 60 days

**Standard Text:** The hospital effectively communicates with patients when providing care, treatment, and services.

**Primary Priority Focus Area:** Communication

**Element(s) of Performance:**

1. The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP )  
1)

Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

**Scoring Category :**C

**Score :** Insufficient Compliance

**Observation(s):**

EP 1

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site. During tracer activity, the record of a patient on the unit was reviewed. The patient's language was indicated as "English" on the admission assessment; however, there was no documentation of the patient's preferred language for discussing health care issues.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site. The record of a patient who had undergone an endoscopic examination with moderate sedation was reviewed. The patient's language was documented as "English/Spanish". There was no indication of the patient's preferred language for discussing health care issues.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site. The medical record of the tracer patient did not have the language that the patient preferred during discussion of healthcare information documented.

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site. The medical record of a second tracer patient did not have the language that the patient preferred during discussion of healthcare information documented.

## The Joint Commission Findings

**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:** Infection Control

**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 Building Tour at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.

At the time of survey, it was observed in the main production kitchen dish washing area that the organization was documenting dishwashing machine temperatures twice daily, at 9:30 AM after the breakfast meal period and 2:00 PM after the lunch meal period. There was no documentation of dishwashing temperature readings being performed after the evening meal period for the month of July 2012. Appropriate sanitation of equipment, utensils, and serving items processed after the evening meal period could not be verified due to lack of documentation.

Observed in Building Tour at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site.

At the time of survey, it was observed in the main production kitchen dish washing area that the organization was documenting dishwashing machine temperatures twice daily, at 9:30 AM after the breakfast meal period and 2:00 PM after the lunch meal period. There was no documentation of dishwashing temperature readings being performed after the evening meal period for the months of January - June 2012. Appropriate sanitation of equipment, utensils, and serving items processed after the evening meal periods could not be verified due to lack of documentation.

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**Chapter:** Provision of Care, Treatment, and Services

**Program:** Hospital Accreditation

**Standard:** PC.03.01.07

ESC 45 days

**Standard Text:** The hospital provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.

**Primary Priority Focus Area:** Assessment and Care/Services

**Element(s) of Performance:**

7. For hospitals that use Joint Commission accreditation for deemed status purposes: A postanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services.



**Scoring Category :** A

**Score :** Insufficient Compliance

**Observation(s):**

## The Joint Commission Findings

EP 7

§482.52(b)(3) - (A-1005) - [The policies must ensure that the following are provided for each patient:]

(3) A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for anesthesia recovery must be completed in accordance with State law and with hospital policies and procedures that have been approved by the medical staff and that reflect current standards of anesthesia care.

This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Massachusetts General Hospital (55 Fruit Street, Boston, MA) site for the Hospital deemed service.

During tracer activity the patient's chart was reviewed and no post anesthesia evaluation was documented. The patient's surgery was performed on 7/24/12 with no documentation on review date of 7/27/12.

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# The Joint Commission