Developing Acceptable Plans of Correction (POC)

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Let’s Start With A Deficiency…

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N Tag – Description of the Standard

The findings to support the deficient practice

The Statement of Deficiency

N122 494.30 (a)(1)(i)	(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. ***** This standard was not met. Based on observation, staff interview and review of policy and procedure the facility failed to ensure the dialysis station was vacated prior to disinfection of equipment. • During observation in the treatment area during shift change on 6/3/19 from 0900 to 1130, 11 out of 15 stations had a patient present while the staff disinfected the dialysis equipment and prepared the dialysis machine for the next patient. • During interviews with Staff #1 and #2, they stated they were aware the station needed to be vacated prior to disinfection of the equipment. • Facility Policy IC 100-003 states "the patient must completely vacate the dialysis station before the dialysis machine can be externally disinfected, allowed to dry and set up for the next treatment." • These findings were verified with the clinic manager.

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Commonly Submitted POC

- The clinical educator will review policy 100-103 with all direct care staff.
- The nurse manager will audit practice at change over 3 X week for 2 weeks, then weekly for 2 weeks then resume audit frequency per QAPI calendar if 95% compliance is reached. Progressive discipline will be employed if employees fail to follow policy.
- The nurse manager will report audit results to QAPI.
- Completion date: (2 days after the survey)

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Issues

First:

- Educate
- Audit
- Punish

≠ **Safety Culture**

Second:

Time is needed to assess effectiveness of the action plan

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Here's a Graphic Representation of The Relative Effectiveness of These Actions:

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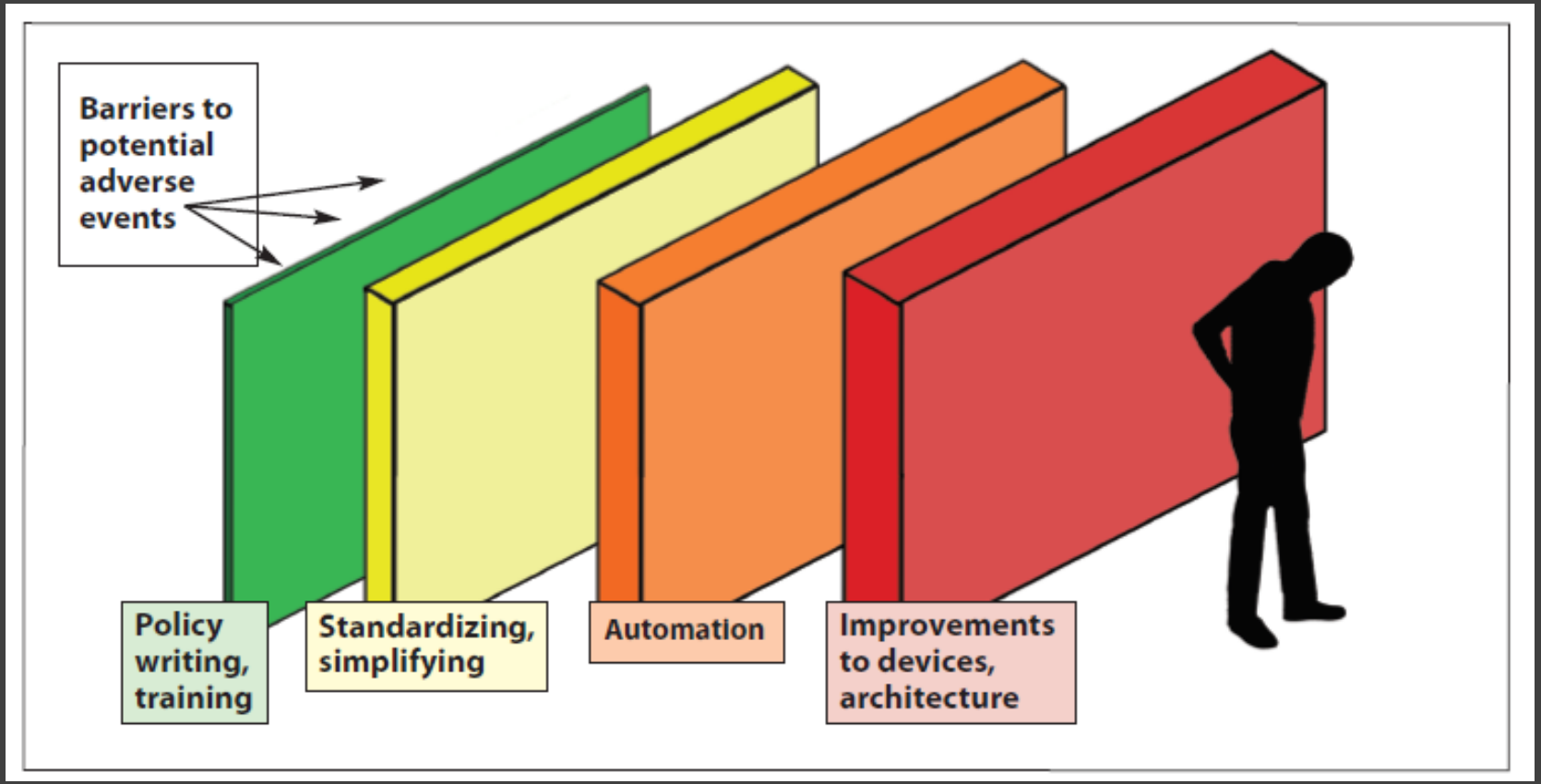

BARRIERS

Protective effectiveness comparison. Notice that training and writing policies are the least effective barriers protecting patients from potential harm and that the level of protection increases with standardization and automation. This illustration also supports the goal to not blame staff when systems fail.

Elements of the Plan of Correction

An acceptable plan of correction (POC) must include:

- The process that allowed the deficient practice
- Barriers to compliance identified by front-line staff
- The process for implementing the POC
- A description of initial and ongoing monitoring to ensure the deficient practice is corrected and stays corrected
- The title of the person responsible for the action
- The date of anticipated correction

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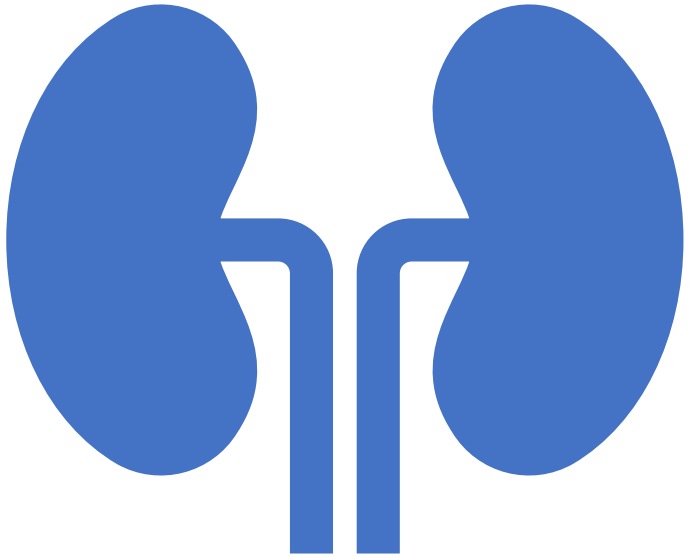
The Process That Allowed The Deficient Practice

Determine what circumstances led to the deficiency

- Ask
  - What happened?
  - What should have happened?
- Must include staff close to/who have knowledge of the issues and processes involved
- Asking “Five Whys” or cause and effect (Fishbone) diagrams may be helpful



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Barriers To Compliance Identified By Front-line Staff

Example: The Nurse Manager interviewed Patient Care Technicians regarding failure to wait until patient vacates the treatment area before disinfecting the machine for the next patient.

Staff Response:

- Staff report that they feel too rushed during shift turn around
- Staff did not appreciate the importance of waiting to prevent patient exposure to disinfectant and potential cross-contamination

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The Process For Implementing The Plan Of Correction

- Develop a list of actions to prevent reoccurrence
- Use a tool such as the Action Hierarchy (next slide)
- Identify at least one stronger or intermediate action for each deficient practice
- Weaker actions may be needed as temporary measures, but alone are insufficient to provide sustained improvement

Example:

WEAKER	INTERMEDIATE	STRONGER
Telling someone to be more careful	Eliminating or reducing distractions	Building a process that is “mistake proof”

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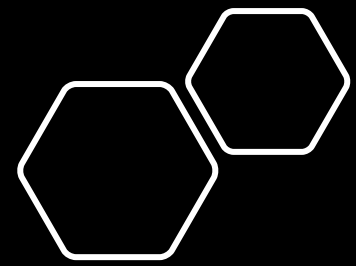
Action Hierarchy	Action Category
Stronger Actions	• Architectural/physical plant changes • New devices with usability testing • Engineering control (forcing function) • Simplify process • Standardize equipment or process • Tangible involvement by leadership
Intermediate Actions	• Redundancy • Increase in staffing/decrease in workload • Software enhancements, modifications • Eliminate/reduce distractions • Education using simulation-based training with periodic refresher sessions and observations • Checklist/ cognitive aids • Eliminate look-and-sound–alike's • Standardized communication tools • Enhanced documentation, communication
Weaker Actions	• Double checks • Warnings • Review or new procedure/memorandum/policy • Training



The Process For Implementing The Plan Of Correction

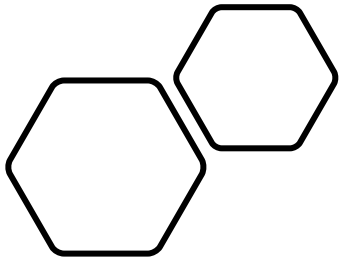
Example:

1. The Education Coordinator will provide training to all staff on cross contamination and the role it can play in infectious outbreaks.
2. The Nurse Manager along with two patient care technicians will revise the patient and staff schedules to allow additional time between patients during shift turn around.

Monitoring To Ensure That The Plan Is Effective…

- Put an audit plan in place to track the correction:
  - Who will do the audits?
  - How often will the audits be done?
  - Where will the audits be recorded?
  - When and where will audit findings be reviewed?
  - Who will be responsible to decide if adjustments to your intervention are necessary?

The Monitoring Procedure To Ensure That The Plan Is Effective...



Example:

1. The Nurse Manager will debrief with staff and patients at the conclusion of turn around each day for one week to ascertain if further schedule revision is needed.
2. The Nurse Manager or designee will audit the staff during turn around daily for compliance with the policy for cleaning and disinfecting the dialysis station. After two weeks or 100% compliance is achieved, whichever is later, the Nurse Manager or designee will conduct the audits monthly. The results will be reported in QAPI.

The Title Of The Person Responsible For The Action

- Do not use proper names
- Be as specific as possible
- Do use: The Nurse Manager will…
- Don’t use:
  - Nancy Smith will…
  - All of the RNs will…

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Second Issue

Time is needed to assess effectiveness of the action plan

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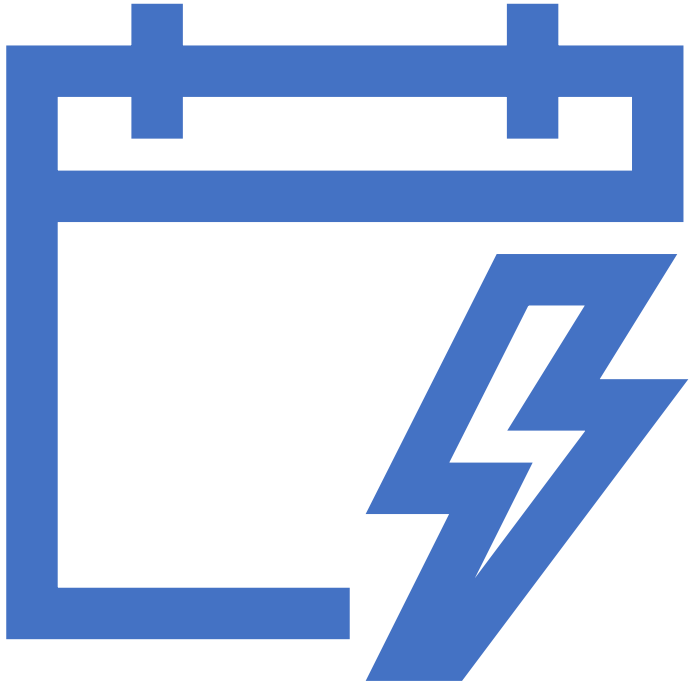
The Date Of Anticipated Correction

- Use a single date of completion for each “tag”
- Choose the earliest reasonable date for correction to be achieved
- Include time to determine if the plan for correction was effective
  - For changes in practice, this means the date of correction should allow time for audits and evaluation of those audits
- Do NOT use the last allowable date for every POC



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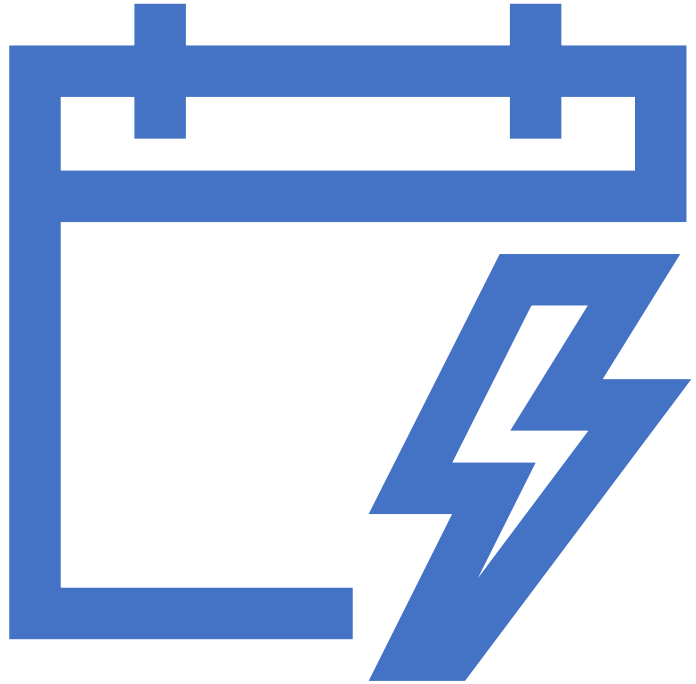
The Date Of Anticipated Correction

- For Standard level deficiencies, date of correction must be within 45 days of the survey
- If Condition level deficiencies are cited:
  - Date of correction must be within 30 days of the survey
  - Allows on-site review for compliance prior to the 45th calendar day post survey



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Putting It All Together

		Date: after next QAPI meeting
Input of Staff ----------	The Nurse Manager interviewed Patient Care Technicians regarding failure to wait until patient vacates the treatment area, before disinfecting the machine for the next patient. Staff report that they feel too rushed during shift turn around. Additionally, staff did not appreciate the importance of waiting to protect patients from exposure to disinfectants and prevent cross-contamination.	7/8/2019
Addressing identified barriers----------	The Education Coordinator will provide training to all staff on cross contamination and the role it can play in infectious outbreaks. The Nurse Manager along with two patient care technicians will revise the patient and staff schedules to allow additional time between patients during shift turn around.	
Initial check on plan effectiveness--------	After the schedule changes, the Nurse Manager will debrief with staff and patients at the conclusion of turn around each day for one week to see if further schedule revision is needed.	
Audits, reporting, revision of plan if needed	The Nurse Manager will do practice audits during turn around daily for compliance with the policy for cleaning and disinfecting the dialysis station. After two weeks or when 100% compliance is achieved, whichever is later, the Nurse manager will conduct the audits monthly. The results will be reported in QAPI for need to revise this plan.	

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Writing the Plan of Correction

- A few things to remember:
  - Avoid using abbreviations, initials, or technical terms
  - Avoid defensive language
  - Avoid blame and punishment as corrective action

Questions and Discussion

Feel free to submit questions to info@ndacommission.com

Thanks for the work you do!

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References

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- National Patient Safety Foundation (2016). RCA2 Improving Root Cause Analyses and Actions to Prevent Harm.
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