STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	390073	A. BLDG: 00 B. WING:	09/15/2015

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
UPMC ALTOONA STATE LICENSE NUMBER: **012801**	**620 HOWARD AVENUE** **ALTOONA, PA 16601**

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P 0000	INITIAL COMMENT This report is the result of an unannounced, onsite complaint investigation (CEN15JC719J) completed on September 15, 2015, at UPMC Altoona. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.	P 0000		
P 1309		P 1309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

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P 1309	Continued from page 1 113.5 (b) PHARMACY & THERAPEUTICS COMMITTEE 113.5 (b) The committee shall meet at least quarterly, record its proceedings and report to the medical staff. It shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use and safety procedures, and all other matters relating to drugs in the hospital. This should include some mechanism to review and evaluate adverse drug reactions and make appropriate recommendations if necessary. The committee shall: This REGULATION is not met as evidenced by:	P 1309	The Manager of the Pharmacy educated the Expanded Directors Leadership Group on September 22, 2015 regarding hospital policy HS-NA0404, "Medication Event: Reporting, Documentation, and Evaluation" The Patient Safety Officer educated the Expanded Directors Leadership Group on September 22, 2015 regarding hospital policy HS-RI1305 "Initial Incident/Event Reporting (IIER)" The Chief Medical Officer will provide all physicians and medical staff members with a copy of hospital policies HS-NA0404 and HS-RI1305 for their review. This will be completed through email or regular mail if the physician does not utilize email. Completion of this task will be reported at the Continous process improvement committee meeting on November 11, 2015. All nursing staff members who are able to administer medications and	Completion Date: **11/11/2015** Status: **APPROVED** Date: **09/24/2015**

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P 1309	Continued from page 2	P 1309	all pharmacy staff will be required to review hospital policies HS-NA0404 and HS-RI1305. Directors will collect read/sign accountability sheets for each department, and forward to the Patient Safety Officer, with the goal of 90% staff completion. The percentage compliance of this education will be reported at the Continuous Process Improvement committee, on November 11, 2015. In addition, review of adverse drug reaction reported events will become a standard item on the agenda for the Pharmacy and Therapeutics committee meeting. This will be initiated at their next scheduled meeting on November 9, 2015. Completion of this task will be reported at the Continuous Process Improvement Committee on November 11, 2015.	

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P 1309	Continued from page 3 Based on a review of facility documents, and staff interviews (EMP) it was determined that UPMC Altoona failed to follow their adopted policy regarding an apparent adverse drug reaction in one of one medical record (MR) reviewed. Findings: A review of UPMC Policy And Procedure Manual, Policy: HS-NA0404. Subject: Medication Event: Reporting, Documentation, and Evaluation ... I. Policy It is the policy of the UPMC to encourage and promote a philosophy of performance improvement and meet the patient safety requirements of federal and state laws and regulations, including but not limited to the (a) Centers for Medicare & Medicaid Services Conditions of Participation and (b) Pennsylvania Medical Care Availability and Reduction of Error Act ("Mcare"), 40 P.S. 1301.101, et. seq. All reported "Medication Events" (see definition in Section IV below) will be investigated and analyzed as part of each entity's quality improvement initiative	P 1309		

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P 1309	Continued from page 4 and in accordance with relevant laws and regulations governing operations of peer review organizations and the protection of peer review information ... II. Purpose The purpose of this policy is to promote consistent documentation, reporting and follow-up of medication events; promote safe prescribing, transcription, dispensing, administration and monitoring of medications to patients; provide a mechanism for monitoring medication events and provide useful information to identify trends and indicate opportunities for performance improvement ... IV. Definitions A. "Medication Event": Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures and systems, including prescribing; order communications; product labeling, packaging and nomenclature; compounding, dispensing, distribution, administration, education, monitoring or use ... B. Adverse Event (AE): Is defined as any negative patient events that are	P 1309		

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P 1309	Continued from page 5 expressed as symptoms, signs or laboratory abnormalities. (1) C. Adverse Drug Event)ADE): Is defined as any untoward occurrence that may be present during treatment with a pharmaceutical product which does not necessarily have a causal relationship. (2) D. Adverse Drug Reaction (ADR): Is defined as any response to a drug that is noxious and unintended and occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or for modification of physiology function. (3) V. Form A. The Initial Investigation Event Report (IIER) Form. The IIER Form, whether in electronic or paper form, is the initial and primary form used to report all patient incidents at UPMC facilities, including medication events. Any staff member or employee should report each Medication Event on the standard IIER Form with information regarding the event. VI. Procedure A. When a medication event or adverse drug reaction occurs, the IIER From should be completed by the staff member (physician, nurse, pharmacist or other clinician or person) who discovers the event. The report should be completed in accordance with the	P 1309		

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P 1309	Continued from page 6 established procedure (Policy HS-R11305, "Initial Incident/Event Reporting). ... 2. ... Documentation: The medication event or adverse drug reaction as well as notification of the physician(s) is to be documented in the medical record. B. As soon as possible upon completion, any IIER Form relating to a medication event or adverse drug reaction shall go through the entity's medication review process for investigation and appropriate further action. C. The results of the medication event review should be shared with the appropriate peer review organizations within the entity and UPMC such as a P & T Committee, Patient Safety Committee or Quality Improvement Committee or Council. ... D. Any medication event determined to be an adverse drug reaction shall be forwarded to the appropriate peer review organization for review if such review is conducted by a peer review organization other than the MER process reviewing medication events. ... " This policy was implemented on June 1, 2015. 1. A review of MR1 revealed a Physician Progress	P 1309		

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P 1309	Continued from page 7 Note dated September 4, 2015, "... the patient was on narcotic meds hence gave Narcan IV then pt suddenly became active... diagnosed with acute hypoxic/hypercarbic resp failure 2/2 to narcotic overdose ... . " 2. MR1 revealed that on 8/30 @ 11:40 PM the patient was ordered Morphine 15 mg q 4 prn. On 9/3 @1:00 PM the order was changed to Morphine 20 mg q 4 prn via NG On 9/4 @ 10:00 AM the order was changed to 30 mg Morphine q 4 prn On 9/4 @12:00 PM there was an order for 30 mg via PEG x 1 It was documented that the patient received Morphine: 9/3 @ 9:47 PM 20 mg 9/4 @ 4:10 AM 20 mg 9/4 @ 8:23 AM 20 mg 9/4 @ 12:47 PM 30 mg 9/4 @ 4:48 PM 30 mg On 9/1 @ 10:10 PM the patient was ordered	P 1309		

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P 1309	Continued from page 8 Fentanyl patch 50 mcg q 72 hours. The patch was pulled from the Pyxis at 10:52 PM, and documented as placed on the patient at 11:11 PM. The following are documented as the patch being checked and noted on the patient: 9/2 @ 1:12 AM 9/2 @ 10:37 AM 9/2 @ 4:56 PM 9/3 @ 2:09 AM 9/3 @ 9:30 AM 9/3 @ 3:13 PM 9/4 @ 4:03 AM 9/4 @ 8:22 AM 9/4 @ 2:54 PM 9/4 @ 9:43 PM, removed at earlier RRT 9/4 @ 10:30 PM, new patch not placed due to earlier RRT 3. An interview was conducted with EMP1 on September 15, 2015, at approximately 11:00 AM. " ... Because this patient had received Narcan, it should have been report as an adverse drug reaction	P 1309		

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P 1309	Continued from page 9 (ADR). This event would be coded as an overdose, that would trigger a review. We review these reports monthly. This was not reported, adverse drug reactions are under reported." 4. An interview was conducted with EMP2 on September 15, 2015, at approximately 12:00 PM. " ... We gave the patient Narcan and suddenly he was awake. ... I think he had too much narcotic medications. The patient was overdosed definitely ... ." 5. An interview was conducted with EMP3 on September 15, 2015, at approximately 10:40 AM. "The staff should have filled out an ADR form in Risk Master. I do not remember seeing a ADR on this patient and I review all ADR events."	P 1309		

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P 1309	Continued from page 10	P 1309		