

# EMERGENCY MANAGEMENT AND BUSINESS CONTINUITY - ADDRESSING ASSOCIATED REGULATORY REQUIREMENTS

HFMA 2022 Webinar

March 9, 2022

# PRESENTATION OBJECTIVES

1

Identify the key elements of an emergency management and business continuity program

2

Identify clinical processes for maintaining services in an emergency

3

The importance of Emergency Management Automation – Utilizing a centralized repository and workflow

# CMS RECOVERY REQUIREMENTS FOR CONTINGENCY PLANNING

Include contingency planning in emergency plans, such as evacuation triggers in the event essential resources cannot be fulfilled.

Include in your facilities planning and revisions of existing plans, contracts and inventory of supply needs; availability of personal protective equipment (PPE); critical care equipment; and transportation options/needs to be prepared for surge events.

Develop an emergency plan that is based on the facility and community-based HVA using an “all-hazards” approach. Conduct facility-based risk assessments to take into consideration, among other things, a facility’s patient population and vulnerabilities.

For public health emergencies, such as EIDs or pandemics: consider risk assessments that include the needs of your patient population.

Planning should include a process to evaluate the facility’s needs based on the specific characteristics of an EID that include:

- Influx in need for PPE - Supply Chain Resiliency Plan
- Considerations for screening patients and visitors; to also include testing considerations
- Transfers and discharges of patients;
- Home-based healthcare settings;
- Physical Environment, including but not limited to changes needed for distancing, isolation, or capacity/surge

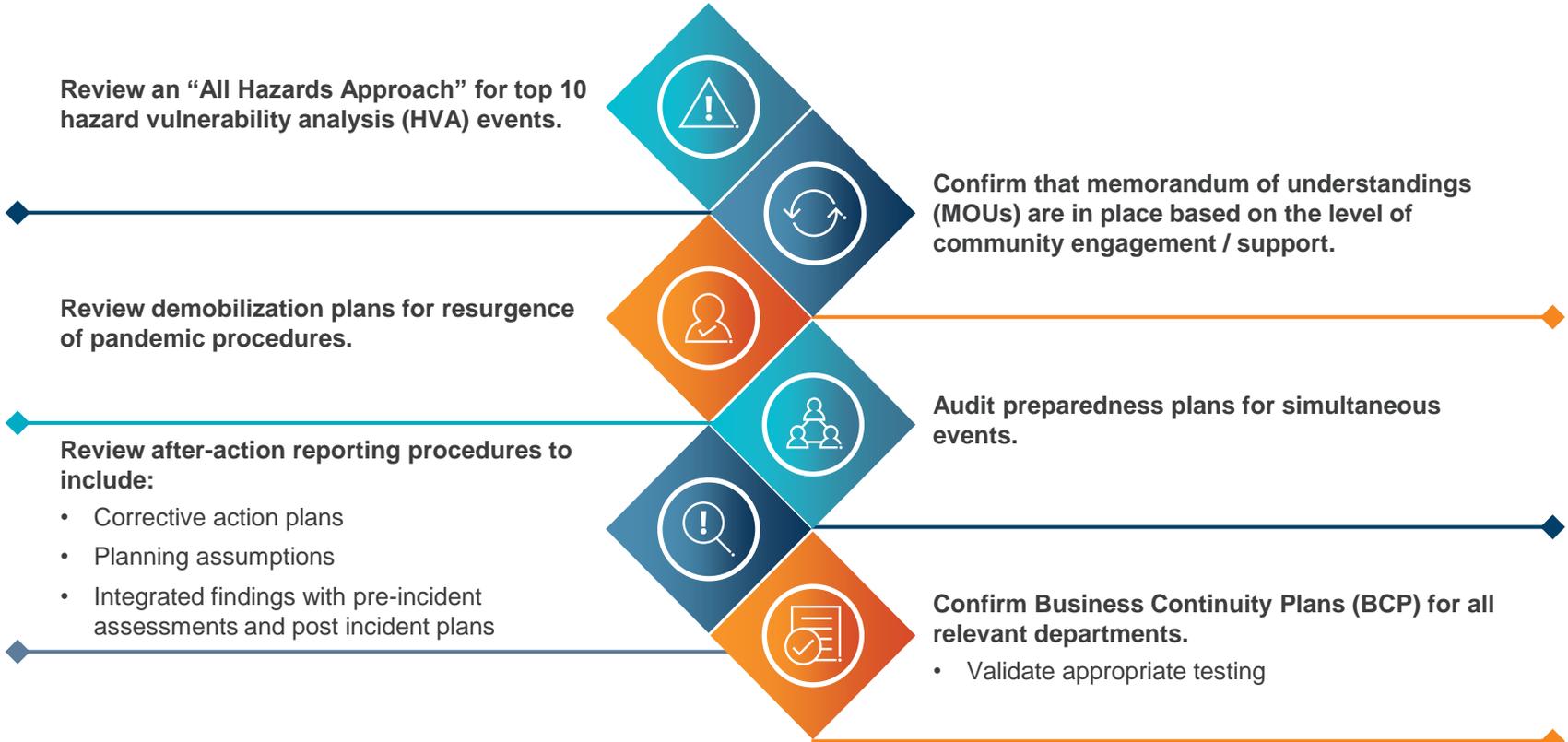
# CMS EMERGENCY MANAGEMENT

-  The facility should identify within their policies and procedures under what circumstances the facility would invoke procedures (e.g., evacuate or shelter), and actions that may vary based on the type of hazard and the procedures should include who would initiate the emergency preparedness response
-  A comprehensive approach to meeting the health and safety needs of a patient population should encompass the elements for emergency preparedness planning based on the “all- hazards” definition and specific to the location of the facility.
-  The EPP must be in writing –keep documentation and records for at least 2 years. The plan must be reviewed and updated at least every 2 years.
-  As emerging infectious disease outbreaks may affect any facility in any location, a comprehensive emergency preparedness program must now include emerging infectious diseases and surge planning per CMS and TJC updated requirements.
-  Business Continuity Plans (BCP) or Continuity of Operations Plans (COOP) to include departmental specific resiliency plans
-  BCP must now take into consideration an all-hazards approach
-  Incorporation of Succession Planning

# TJC EMERGENCY MANAGEMENT AREAS OF FOCUS

-  Environment of Care – EOC Management Plans and annual evaluations
-  Emergency Management - Hazard Vulnerability Analysis, Emergency Operations Plan (EOP) and documented annual review with updates and training and communications plans
-  Emergency Management drill records and after-action reports
-  Integrated Emergency Management System risk assessments, plans, and annual review
-  Continuity of Operations Plan/Business Continuity plans and documentation of completed/attempted contacts with local, state, tribal, regional, federal EM officials in organization's service area
-  Emergency Management protocols for Transplant Services
-  Infection Control Plans, annual risk assessment and annual program review including assessment-based, prioritized goals
-  Infection Control surveillance data from the past 12 months
-  Annual training documentation
-  Medical Device Preventative Maintenance, Medical Equipment Management Plan and Alternative Equipment Maintenance Plans
-  Most recent culture of safety and quality evaluation data

# EMERGENCY MANAGEMENT – STEP BY STEP



# EMERGENCY OPERATIONS PLAN - ALL HAZARDS APPROACH



# POLLING QUESTION NUMBER 1

Have you incorporated Lessons Learned from the Pandemic into your Emergency Management plans?

A.

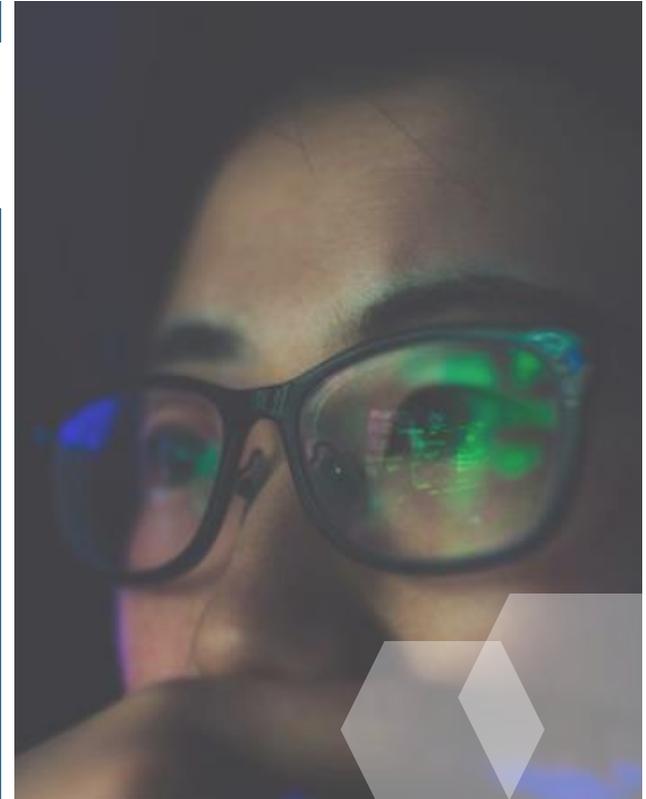
Yes

B.

No

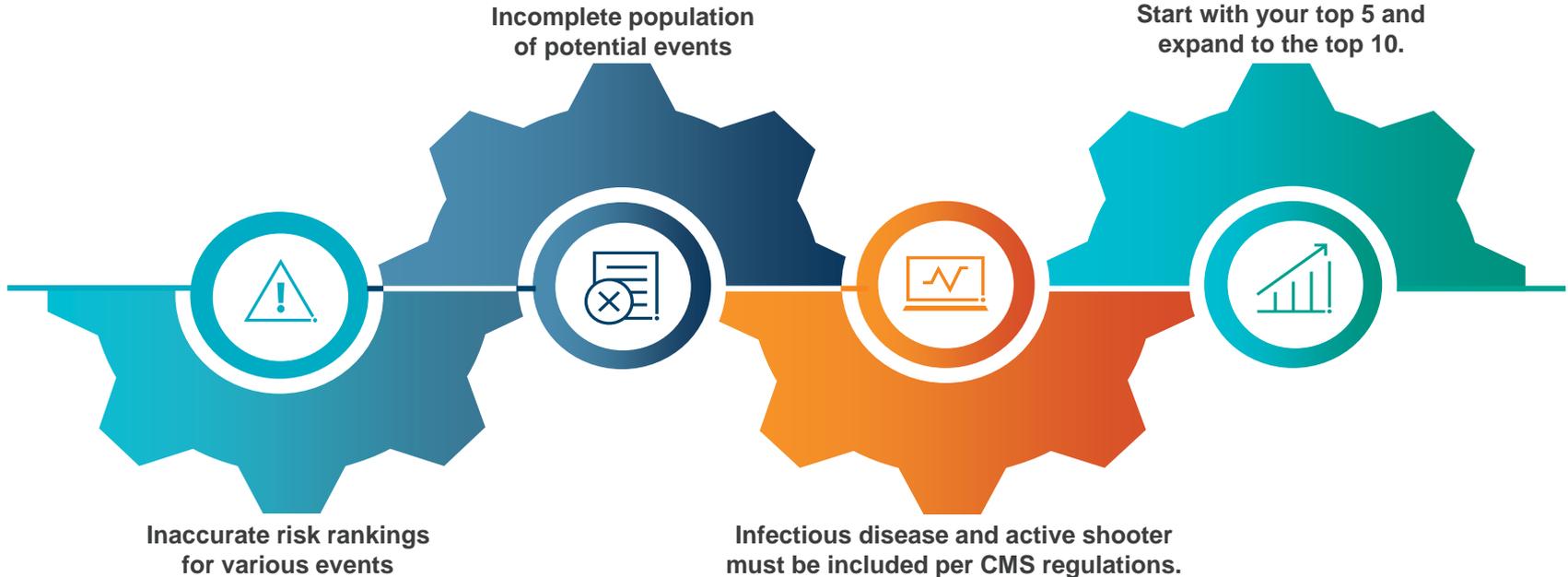
C.

I Don't Know



# HAZARD VULNERABILITY ANALYSIS – LESSONS LEARNED

One of the essential areas to audit for EM is the “All Hazards Approach” for top 5-10 (HVA) events.



Dealing with Simultaneous Events

# SURGE PLANNING FOR INFECTIOUS DISEASE

Continuity of operations planning considers elements such as: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources.

Pandemic infectious disease can cause severe impacts to response and staffing strategies, the primary planning goals should consider the following:

- Reduce morbidity and mortality
- Minimize disease transmission
- Protect healthcare personnel



Validate the process to engage in collaborative planning for an integrated emergency response, includes Surge Planning in its integrated emergency response

Surge Planning Considerations:

Develop policies and procedures to reduce non-essential healthcare visits and slow surges.

- Instructing patients to use available advice lines, patient portals, and/or on-line self-assessment tools;
- Call options to speak to an office/clinic staff and identification of staff to conduct telephonic interactions with patients;
- Development of protocols so that staff can triage and assess patients quickly;
- Determine algorithms to identify which patients can be managed by telephone and advised to
- stay home, and which patients will need to be sent for emergency care or come to your facility.

# CLINICAL CRISIS MANAGEMENT



## Reporting and Data Management

- Daily data collection
- HIPAA
- Technology support for patient care

## Care Coordination Across the Continuum

- Daily multidisciplinary rounds
- Use of virtual care
- Community services



## Patient Safety

- Employee wellness
- Review and update policies, procedures, practices
- Establish a monitoring plan

## Clinical Care

- Clinical protocols, triage guidelines, and evidence-based order sets



# ON - SITE SERVICES



## Improve Clinical Care

### Participate in organizing the separation of patient flows

- Help to design dedicated pandemic ERs, floors, ORs or ICUs. Help to switch to tele-consultations.

### Provide just-in-time teamwork training (briefs, debriefs, huddles, structured communication, situation monitoring, mutual support)

- Promote short briefs and huddles to summarize new guidelines, new tips for best practice and information on the situation to support horizontal and vertical communication and help get all team members on the same page. Emphasize debriefs, mutual support and structured handoffs

### Develop clinical decision support

- Assist in the rapid discovery, review and development of clinical decision supports.



## Reduce Harm

### Update infection control guidelines

- Help the infection control team update guidelines and liaise with human factors and ergonomics (HF/E) and communications experts to help communicate and disseminate them.

### Organize just-in-time audits of key relevant standards

- Carry out a hand hygiene compliance audit, with feedback to the teams, to take place on the onset of the outbreak.

### Coordinate risk identification, analysis and management

- Arrange collaborative brainstorming about risks and potential failure modes, followed by risk reduction or mitigation solutions. Run analyses of vulnerabilities in new and existing services.

### Prevent pandemic-associated pressure injuries

- Spread guidelines and set up training to prevent staff acquiring PPE-associated skin lesions. Spread and train on guidelines for Pressure Ulcers induced by prone positioning.

# ANCILLARY AND COMMUNITY FACILITIES

Focus on logistics for your facilities surrounding community-based resources and services

01



02

Mitigation and logistics surrounding infection control

Ensure training on protocols and emergency procedures reach all ancillary and community-based facilities

03



# STAFFING DURING A CRISIS



# PATIENT SAFETY & PREPARING FOR THE NEXT EMERGENCY



## Community Landscape and Organizational Landscape

- Facilities healthcare capacity and availability of healthcare workforce
- Testing capacity
- Vaccination capacity
- Availability of personal protective equipment (PPE)
- Public health capacity and public health workforce availability of resources to implement strategies
- Available support from State/local government agencies and partner organizations



## Real Life Scenarios

**CMS requires an all-hazards approach to Emergency Management in order to address simultaneous events.**

- California Wildfires
- Hurricanes

## POLLING QUESTION NUMBER 2

Does your organization have a Supply Chain Resiliency Plan?

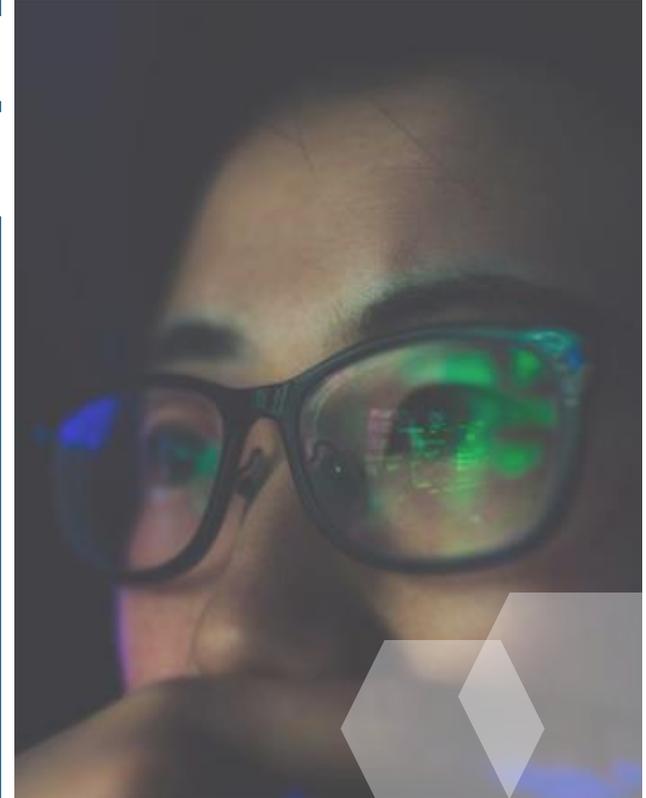
Which of the following are considerations to be incorporated in the Supply Chain Resiliency Plan?

A. Review GPO Contracts

B. Secondary Vendors

C. Stockpiles

D. All of the Above



# SUPPLY CHAIN MANAGEMENT



# SUPPLY CHAIN RESILIENCY PLAN

High- level overview of the role that manufacturers and distributors play in the supply chain process. Following the manufacturer and distributor roles and key vulnerabilities, the following sections provide pre-event, response, and recovery considerations for various components of the healthcare supply chain for providers and patients.



## Manufacturers

Role in Supply Chain	Key Vulnerabilities
<ul style="list-style-type: none"><li>• Create and manufacture medical products.</li><li>• Produce disposable and durable products and medications.</li><li>• Monitor and respond to shortages.</li></ul>	<ul style="list-style-type: none"><li>• Raw materials/product disruption.</li><li>• Spike in demand outpaces production.</li><li>• Limited number of vendors for needed products.</li><li>• Damage to factory/utilities</li><li>• Overseas production vulnerability.</li></ul>



## Distributors

Role in Supply Chain	Key Vulnerabilities
<ul style="list-style-type: none"><li>• Responsible for delivering medicines and supplies from manufacturers to providers and healthcare facilities</li><li>• 92% of prescription drug sales are handled by distributors</li></ul>	<ul style="list-style-type: none"><li>• Spikes in customer orders</li><li>• Road damage/infrastructure damage</li><li>• Product shortages</li><li>• Impacts to labor force</li></ul>

# CHECKLIST OF SUPPLY CHAIN AUDIT

Has a supply chain resiliency plan been developed to address supply chain shortages, or have you developed a supply chain risk mitigation plan?

Is there an organization level plan for communicating criteria, strategies, and timelines for product needs/availability with distributors?

Does the supply chain resiliency plan consider staff shortages during events that might alter medical supply needs?

Are there Memorandums of Understanding between health care coalitions, providers, and other supply chain stakeholders to assist in managing expectations of additional supply support during an emergency?

Does the hospital have a stockpile of non-medical products that would last for at least 90-days in the event of a supply shortage?

Have alternate delivery locations, such as alternate care facilities or central warehouses, been identified in the event distributors cannot make deliveries to normal delivery locations?

Have providers developed continuity of care plans with care teams in the event that transition care to a new or temporary facility is required?



Have hazards, vulnerabilities, and threats been identified that could significantly disrupt supply delivery or compromise current supplies?

Does the hospital contract with a Group Purchasing Organization (GPO)?

- If yes, have alternative mechanisms for ordering, receiving, and tracking supplies been identified?

Are drug supply shortages addressed in the supply chain resiliency plan?

Has the hospital coordinated with the public sector responders to receive information about supply changes and donation availability?

Has the hospital anticipated or evaluated current capacity and security for receiving and storing extra supplies?

Is there a plan in the event of a critical healthcare equipment shortage (i.e. ventilators, pacemakers, etc.?)

## POLLING QUESTION NUMBER 3

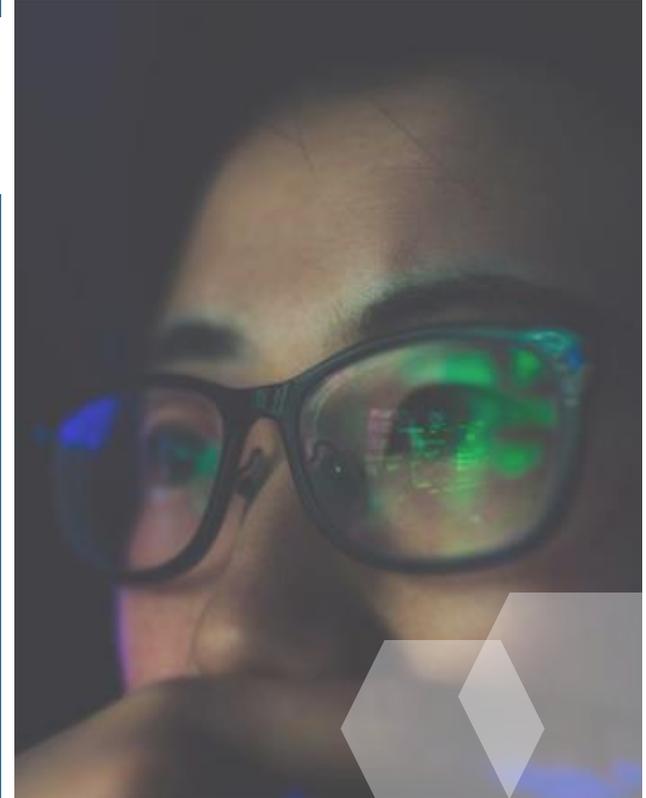
What Supply Chain area do you think your organization needs to focus on?

**A.** All of them

**B.** Supply Chain Planning and Sourcing & Procurement

**C.** Logistics and Order Management

**D.** Other



# EM, BCM, OR BOTH?

Business continuity management (BCM) and emergency management (EM) are programs that help prepare and protect enterprises from threats and the impacts of those threats. Like EM, BCM looks at identifying risk and focuses on how to plan for, and respond to, disruption. When you design your BCM program, you must reflect on what is already considered in the EM scope to ensure all aspects of the enterprise are considered.

## Business Continuity Management

Corporate Oriented	Supply Chain	Regulatory Landscape	Patient Oriented
<b>Business Continuity Plan (BCP) – Business / Administrative Functions</b> <ul style="list-style-type: none"><li>• Crisis Management</li><li>• IT Disaster Recovery and IT Architecture Capability</li><li>• Business Resumption</li></ul>	<b>Supply Chain – Logistics / Transportation / Inventory &amp; Asset Management</b> <ul style="list-style-type: none"><li>• Third-party/ Vendor Risk Management (includes technology)</li><li>• Emergency Operations Plan / ES&amp;H</li><li>• Site Systems / Equipment</li></ul>	<b>An amalgamation of regulatory / compliance considerations</b> <ul style="list-style-type: none"><li>• NIST / NFPA / ISO</li><li>• TJC / CMS</li><li>• COOP / NIMS</li></ul>	<b>Nuanced Operational Risk</b> <ul style="list-style-type: none"><li>• Community focus</li><li>• Availability and cost of supplies and materials</li><li>• Communications (numerous stakeholder groups)</li><li>• Information technology</li></ul>

## Emergency Management

# HOW HVAs AND BIAs CAN COMPLEMENT EACH OTHER

About 76,100 results (0.54 seconds)

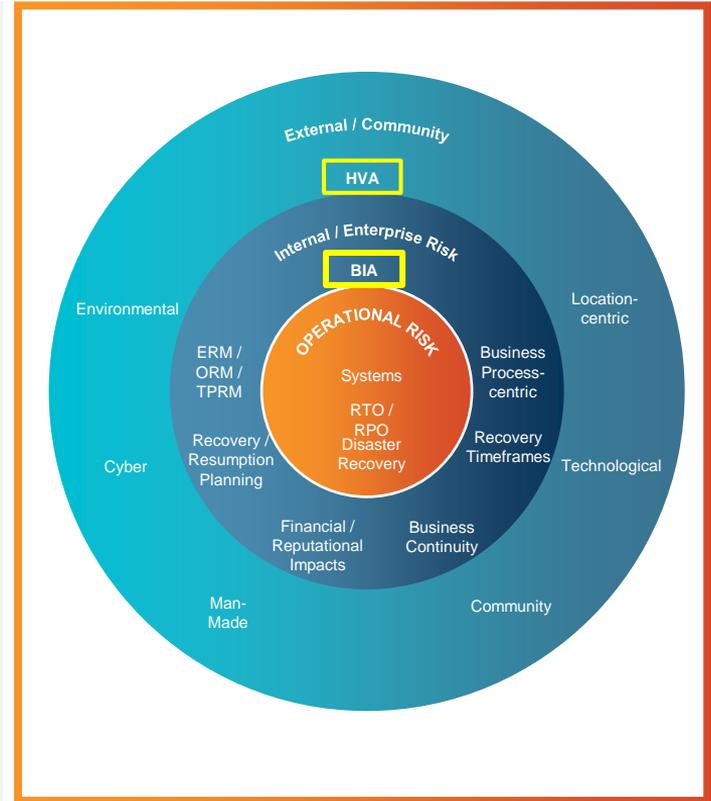
Organizations are expected to have a hazard vulnerability analysis (HVA) which identify potential emergencies, for locations within the organization/facility and the community. The potential emergencies could affect demand for services and/or the ability to provide services.

[www.jointcommission.org](http://www.jointcommission.org) > emergency-management-em

[EM - Hazard Vulnerability Analysis - The Joint Commission](#)

**Business Impact Analysis (BIA)** — The BIA, a type of risk assessment that serves as the foundation of a BCM program, enables organizations to capture and effectively measure the potential business impacts of a disruption (i.e., operational, reputation, financial, regulatory or compliance impacts). The objective of the BIA is to establish recovery priorities for business processes and the resources (i.e., technology, workspace, equipment, personnel and third parties) on which each of those processes rely.

The combination of the HVA (enterprise and/ or location/ facility-specific) and the business process-centric BIA allows for a full understanding of how a disruptive event can impact operations *and* how recovery should be prioritized. Together, they inform how a BCP/COOP should be scoped.



# BUSINESS CONTINUITY PLANNING

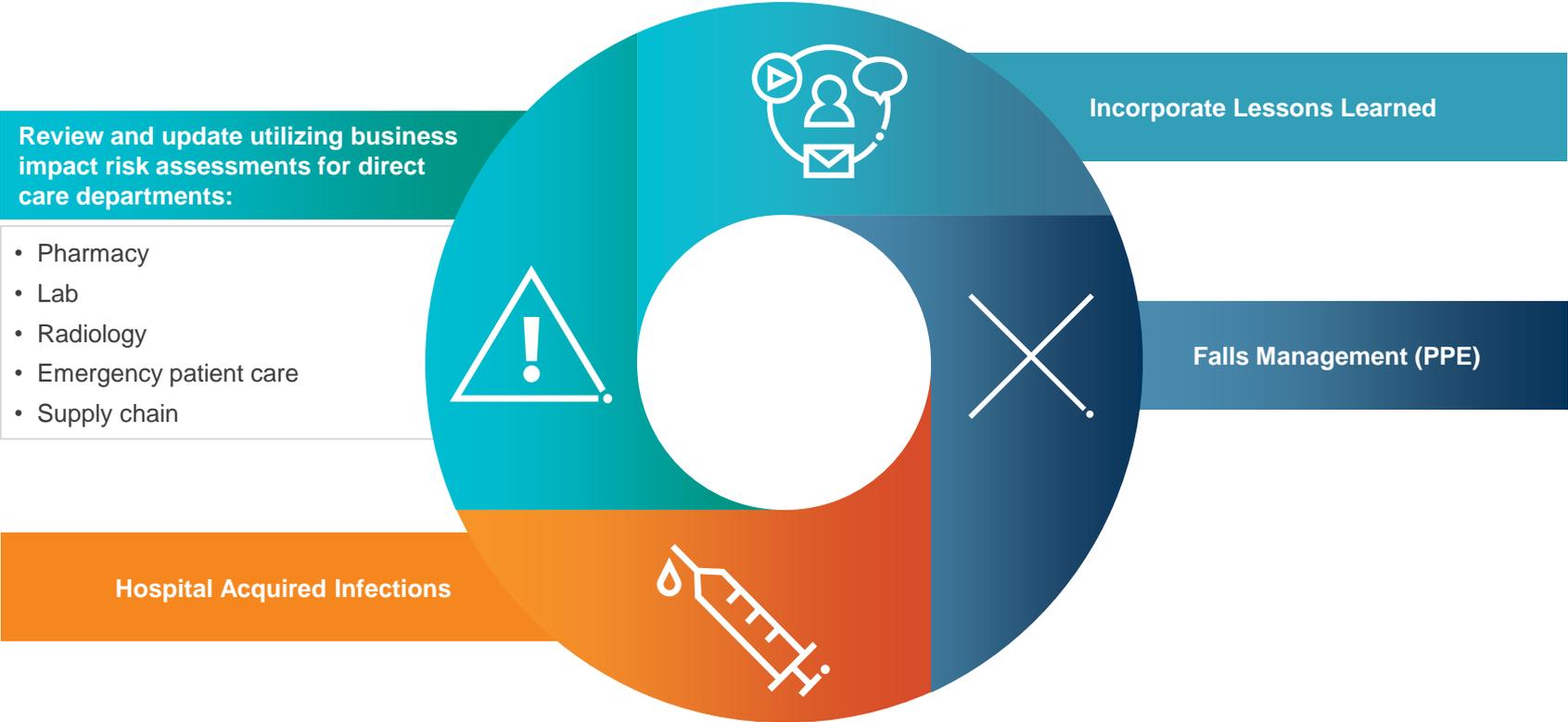
The Center for Medicaid and Medicare (CMS) and The Joint Commission (TJC) require that hospitals have an integrated emergency management plan, policies and recovery plans to address an HCO 's preparedness capability and healthcare system recovery. BC and COOP plans ensure the continuation of essential operations, patient care services and ancillary support functions across a wide range of potential emergencies

## Consideration for IA to address effective business continuity planning include:

- Examining the performance of activities in the plan and ensure that the business continuity and disaster recovery processes meet organizational standards.
- Ensure Communications plans balance caution with a business-as-usual mindset.
- Examining department BCP's that address critical services to include Supply Chain, Pharmacy, Laboratory, Human Resources and Financial Services.
- Ensure that all departmental BC plans started with a Business Impact Analysis (BIA) and that the BIA were tested prior to the creation or update of the subsequent BCP.
- Lessons Learned from After-Action Plans have been incorporated into BCP's
- Supply Chain has created a Supply Chain Resiliency Plan that takes into account an all-hazards approach for emergencies and that has identified secondary and tertiary vendors.
- Utilize your Memorandums of Understanding with community, state, local authorities and vendors.
- Determine how the event affects budgets and business plans to assess financial and operational risks, including the evaluation of short-term liquidity (e.g., terms and conditions on loans and contracts with creditors and investors).
- Consult legal teams for advice on potential liabilities and risk mitigation.
- Make decisions and take actions during the crisis with recovery in mind.
- Execute revised strategies and continue to monitor the situation.



# CLINICAL BUSINESS CONTINUITY



# EMERGENCY MANAGEMENT – KEY AUDIT AREAS

## Post-Pandemic Recovery

### Audit Objectives:

- Validate that the planning for recovery activities has occurred as early as possible.
- Validate that comprehensive documentation exists for all aspects of emergency events.
- Validate a plan exists for demobilization and replenishment of regional supply caches.
- Validate the Business Impact Analysis (BIA) has been developed or conducted to address the necessary components of departmental business continuity plan updates.
- Review Business Continuity Plans (BCP) are created based on the BCP operations strategy plan.



### Audit Steps:

- Confirm that participation in health and social services reconstitution/ restoration planning is occurring.
- Validate that documentation exists for costs, losses, interfacing with local, state, and federal partners for recovery reimbursement, grants, and other programs.
- Review demobilization plan for inclusion of reoccurring events.
- Validate the process for replenishment and supply stockpile amounts.
- Validate the BIA assumptions have been tested.
- Validate BCPs have been tested.



## POLLING QUESTION NUMBER 4

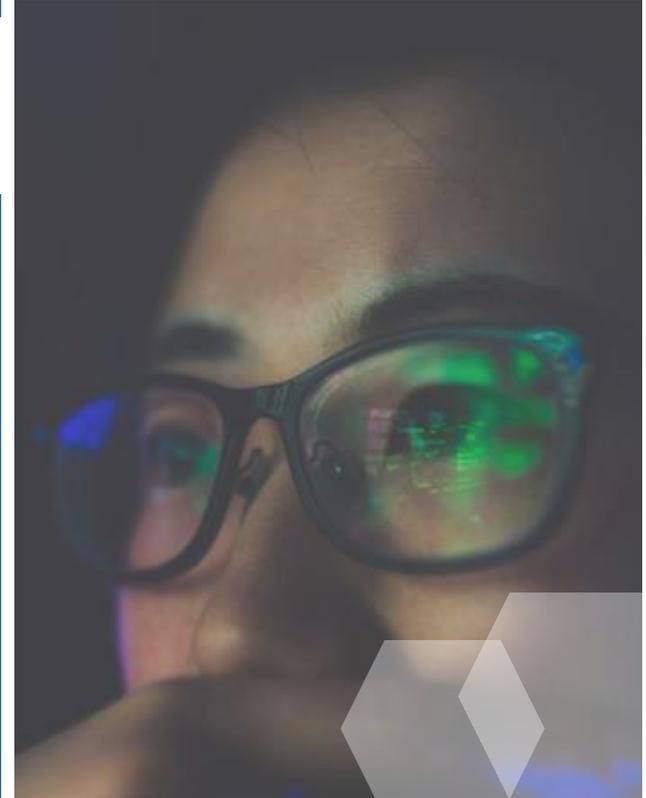
Does your facility/system use a central repository to store all Emergency Management documentation?

**A. Yes**

**B. No (would like to)**

**C. No (do not plan to)**

**D. Not Sure**



AUTOMATING THE PROCESS FOR  
EMERGENCY MANAGEMENT,  
BUSINESS CONTINUITY AND MOCK  
TRACERS PROTECTIVE DEFENDER  
SOLUTION

# LIBRARY

The screenshot displays the Defender application interface. At the top, the title bar reads "Defender" and includes navigation links for "User", "Bookmark", "Help", "Sign Out", and a dropdown menu currently set to "Defender". Below this is a main navigation bar with tabs for "Home", "EPP", "HVA", "Events", "Audits", "CAPs", "RCA", "Library" (which is highlighted), "Workflow Management", "Analysis", and "Administration".

Under the "Library" tab, there are several sub-sections: "Corporate Policies", "Best Practices", "Research Related...", "Regulatory Agenc...", "Enterprise Training", "NIMS", and "Enterprise Documents". Each sub-section has a corresponding icon and a "Facility Library" label.

The main content area is titled "01. Facility Library" and contains a table of items. Above the table, there are instructions: "Drag a column header and drop it here to group by that column" and a set of action icons: "Refresh", "Switch Filter Mode", and "Edit Search Criteria".

Facility Name	Folder Name
City Memorial Hospital	After Action Reports
City Memorial Hospital	Audits
City Memorial Hospital	Business Continuity Plans
City Memorial Hospital	Business Impact Analysis
City Memorial Hospital	Command Center Organizational Charts
City Memorial Hospital	Community Links
City Memorial Hospital	EM Committee Minutes
City Memorial Hospital	EM Plans
City Memorial Hospital	EPP
City Memorial Hospital	Facility Training
City Memorial Hospital	HVA
City Memorial Hospital	Job Action Sheets
City Memorial Hospital	Loss Mitigation
City Memorial Hospital	Mock Tracers
City Memorial Hospital	MOUs
City Memorial Hospital	Policies and Procedures
City Memorial Hospital	Recovery Plans
City Memorial Hospital	Supply Chain

At the bottom of the table, there is a pagination control showing "Page size: 20" and a status message "20 Items in 1 pages".

# EVENTS

Defender
User    Bookmark    Help    Sign Out    Defender

Home
EPP
HVA
Events
Audits
CAPs
RCA
Library
Workflow Management
Analysis
Administration

Add Event

Event Log

Event Summary

Events Details

02. All Events

Drag a column header and drop it here to group by that column

Refresh
Switch Filter Mode
Edit Search Criteria

Facility Name	Hazard Name	Event Name	Event Date	Description	Alert Category	Alert Type	Internal / External	Event
City Memorial Hospital	Bomb Threat	Bomb Threat	2/14/2021	A bomb threat was called into the facility and an unidentified large box was found in the corner of the emergency waiting room.	Human	Bomb Threat	* None Selected	Adam K
City Memorial Hospital		Bomb Threat June 2021	6/28/2021		Human	Bomb Threat	Both	
City Memorial Hospital	Hazmat Incident	Chemical Exposure, External	3/30/2020		Hazmat	Chemical Exposure, External	* None Selected	
City Memorial Hospital		Civil Unrest		Protest	Human	Civil Unrest	Both	
City Memorial Hospital	IT Failure	Communication / PDX Failure	8/5/2019		Hazmat	Communication / PDX Failure	* None Selected	
St. John's Memorial	Infectious Disease Outbreak	COVID 19 Round 1			* None Selected	Infectious Disease Outbreak	* None Selected	
St. Mary's Hospital	Infectious Disease Outbreak	COVID 19 Round 2			Hazmat	Infectious Disease Outbreak	* None Selected	
City Memorial Hospital	Epidemic	Covid-19 Surge	6/28/2021	Covid EID Surge	Human	Epidemic	Both	Facility
City Memorial Hospital		E1			Hazmat	Active Shooter	Both	
City Memorial Hospital		E2			* None Selected	* None Selected	* None Selected	
City Memorial Hospital	Active Shooter	Event 2			* None Selected	* None Selected	* None Selected	

Page size: 50
19 items in 1 pages

# AUDITS

**City Memorial - Infection Prevention and Control (IC.01.01.01 - 01.06.01)**  
( City Memorial Hospital )

Facility 1 of 1

**Overview:** The year 2020 will be remembered for the incredible effect one virus had on the world. Hospitals across the world struggled to combat the novel coronavirus illness (COVID-19) while continuing to treat patients with other ailments. Preventing infection has never been more front and center in our lives than it is today. Modern health care, despite its great strides in preventing and treating disease, has yet to conquer the risk to patients of acquiring an infection in the very place where infection should be least present. Effective infection prevention and control plans have the support of hospital leadership and will stress communication and collaboration. Strong plans will go well beyond the “wash your hands” approach and include everyone in the hospital from practitioners to receptionists to kitchen staff and dock workers—patients and visitors also play a key role.

To help reduce the possibility of acquiring and transmitting an infection, hospitals need to establish a systematic IC program. The processes outlined in this chapter are applicable to all infections or potential sources of infection that hospital staff, practitioners, and administrators might encounter, including a sudden influx of potentially infectious patients. The design and scope of your hospital’s program are determined by the specific risks faced by your location, the population(s) you serve, and the types of services you provide. The IC activities you adopt also should be practical and reasonable to follow.

**01. Does the hospital identify the individual(s) with clinical authority over the infection prevention and control program? (IC.01.01.01, EP 1)**

**Comments:**

**Attachments:**

**02. When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, does he or she consult with someone who has such expertise in order to make knowledgeable decisions? (IC.01.01.01, EP 2)**

**Comments:**

**Attachments:**

**03. Does the hospital assign responsibility for the daily management of the infection prevention and control activities? (IC.01.01.01, EP 3)**

**Comments:**

The screenshot displays the Defender CAPS interface. At the top, a navigation bar includes 'Home', 'EPP', 'HVA', 'Events', 'Audits', 'CAPs', 'RCA', 'Library', 'Workflow Management', 'Analysis', and 'Administration'. The 'CAPs' tab is active. Below the navigation bar are icons for 'Add CAP', 'All CAPs', 'Open CAPs', 'Overdue CAPs', and 'CAP Summary', with a link for 'Corrective Action Plans'. The main content area is titled 'CAPs' and shows a form for a specific CAP record. The form is divided into two columns. The left column contains: 'Facility Name' (City Memorial Hospital), 'CAP ID' (31258), 'CAP Name' (02. Does the hospital take action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications? R), 'Description' (This CAP was automatically generated based off of the negative answer provided to an Audit Question. Consequently, we had a pediatric dosage error that we will address both in this CAP and subsequent RCA.), and 'Begin Date' (03/04/2021 8:29 pm). The right column contains: 'Assessment Details' (with a link icon), 'CAP Leader' (Yahitza Nunez), 'CAP Closed Date' (empty), 'Team Members' (empty), 'Additional Team Members' (Radgia Cook), and 'Auto Email' (checked). 'Edit' and 'Copy URL' buttons are located at the top right of the form. The footer shows 'powered by protiviti' on the left and 'Technical Information | Terms of Use' on the right.

Defender

User Bookmark Help Sign Out Defender

Home EPP HVA Events Audits CAPs RCA Library Workflow Management Analysis Administration

Add CAP All CAPs Open CAPs Overdue CAPs CAP Summary

Corrective Action Plans

### CAPs

Facility Name: City Memorial Hospital

Assessment Details: [Link]

CAP ID: 31258

CAP Leader: Yahitza Nunez

CAP Name: 02. Does the hospital take action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications? R

CAP Closed Date: [Empty]

Description: This CAP was automatically generated based off of the negative answer provided to an Audit Question. Consequently, we had a pediatric dosage error that we will address both in this CAP and subsequent RCA.

Team Members: [Empty]

Additional Team Members: Radgia Cook

Begin Date: 03/04/2021 8:29 pm

Auto Email:

powered by protiviti

Technical Information | Terms of Use

# PDSA METHODOLOGY

The screenshot shows the Defender software interface. At the top, there is a navigation bar with the following items: Home, EPP, HVA, Events, Audits, CAPs (highlighted), RCA, Library, Workflow Management, Analysis, and Administration. On the right side of the navigation bar, there are links for User, Bookmark, Help, Sign Out, and Defender. Below the navigation bar, there is a toolbar with icons for Add CAP, All CAPs, Open CAPs, Overdue CAPs, and CAP Summary. A link for Corrective Action Plans is also visible. The main content area is titled '2. In Progress' and has a sub-menu with Plan, Do, Study, Act, Documents, Comments, Audit Trail, and RCAs. The 'Plan' section is active and contains the following text:

**Opportunity Statement**

The question was asked:

Does the hospital take action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications? Response was I do not know - Consequently a pediatric patient received an adult dosage of a medication resulting in the need for medical intervention to prevent death. The medication was on a cart that had both the adult and pediatric dosage vials next to each other with a similar label. The nurse was at the end of her shift and accidentally grabbed the wrong vial.

We need to address training and sound alike/look alike medications in carts, labeling, and medication being placed near each other to prevent errors and promote patient safety.

**What is the expected outcome of CAP team?**

The CAP team needs to address nurse training guidelines and frequency of training.

The CAP team need to also address placement of sound alike and look alike drugs in medication carts.

The CAP team needs to address, with pharmacy, appropriate labelling guidelines.

# RCA'S

The screenshot displays the Defender software interface. At the top, the 'Defender' logo is on the left, and 'User', 'Bookmark', 'Help', and 'Sign Out' are on the right. Below this is a navigation bar with tabs for Home, EPP, HVA, Events, Audits, CAPs, RCA (selected), Library, Workflow Management, Analysis, and Administration. A secondary bar contains icons for 'Add RCA', 'All RCAs', 'Open RCAs', 'Overdue RCAs', 'RCA Summary', and 'RCA Ranking', with 'Root Cause Analysis' text below. The main content area is titled 'RCA' and contains a form with the following fields: 'RCA Name' (text: 'Medication dosage error for pediatric patient, nurse responsible stated she was overly tired.'), 'Leader' (text: 'Lauren DeBree'), 'Initiation Date' (text: '03/10/2021'), 'RCA Submitted' (empty), 'Completion Review Date' (empty), and 'Significance' (text: 'High'). Action buttons 'Edit', 'Return', and 'Copy URL' are located at the top right of the form. A vertical sidebar on the left is labeled 'Favorites & Action Items'.

# 5 WHY METHODOLOGY

The screenshot displays the 'Defender' software interface, which is used for Root Cause Analysis (RCA). The interface features a top navigation bar with the following menu items: Home, EPP, HVA, Events, Audits, CAPs, RCA, Library, Workflow Management, Analysis, and Administration. A secondary navigation bar includes icons for 'Add RCA', 'All RCAs', 'Open RCAs', 'Overdue RCAs', 'RCA Summary', and 'RCA Ranking'. Below these is a 'Root Cause Analysis' section with a search bar and tabs for 'RCA Details', 'Attachments', and 'Change History'. The 'RCA Details' tab is active, showing a form for entering RCA information. The form includes the following sections:

- 5 Why Level 1**: A text input field containing the question 'Why were you late to work?' and the answer 'I ran out of gas.'
- 5 Why Level 1 Rank**: A text input field containing the rank '3 = Moderate Importance'.
- 5 Why Level 2**: A text input field containing the question 'Why did you run out of gas?' and the answer 'I did not have any money.'
- 5 Why Level 2 Rank**: A text input field (currently empty).

At the top right of the 'RCA Details' section, there are three buttons: 'Edit', 'Return', and 'Copy URL'. A vertical sidebar on the left is labeled 'Favorite & Action Items'.

# RCA REPORTING

The screenshot displays the Defender application interface for RCA reporting. The top navigation bar includes 'Home', 'EPP', 'HVA', 'Events', 'Audits', 'CAPs', 'RCA', 'Library', 'Workflow Management', 'Analysis', and 'Administration'. The 'RCA' menu is active, showing options like 'Add RCA', 'All RCAs', 'Open RCAs', 'Overdue RCAs', 'RCA Summary', and 'RCA Ranking'. Below this is a 'Root Cause Analysis' section with a star icon and the heading '03. Open RCAs'. A toolbar contains 'Refresh', 'Switch Filter Mode', and 'Edit Search Criteria'. The main content is a table with the following columns: Facility Name, CAP Name, CAP Description, RCA Name, Root Cause, Due Date, and Status.

Facility Name	CAP Name	CAP Description	RCA Name	Root Cause	Due Date	Status
City Memorial Hospital			Patient Medication Error		2/27/2021	In Progress
City Memorial Hospital	Auto-Created Audit CAP - 2	This CAP was auto generated from a Medication Management assessment but the issue resulted in a medication management incident for sound alike - look alike medications	Medication dosage error for pediatric patient, nurse responsible stated she was overly tired.	Look alike medications should not be placed together with similar labeling for different dosages.	5/29/2021	In Progress
City Memorial Hospital	02. Does the hospital take action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications? R	This CAP was automatically generated based off of the negative answer provided to an Audit Question. Consequently, we had a pediatric dosage error that we will address both in this CAP and subsequent RCA.	Medication dosage error for pediatric patient, nurse responsible stated she was overly tired.	Look alike medications should not be placed together with similar labeling for different dosages.	5/29/2021	In Progress
City Memorial Hospital	Infection Control Audit	Infection control for ED.	Example RCA		3/4/2021	Not Started

At the bottom, there is a pagination control showing 'Page size: 20' and '4 items in 1 pages'.

# MOCK TRACERS

The screenshot displays the Defender application interface. At the top, there is a navigation bar with the following menu items: Home, EPP, HVA, Events, Audits (selected), CAPS, RCA, Library, Workflow Management, Analysis, and Administration. Below the navigation bar, there are several icons and labels: Add CAP, All CAPS, Open CAPS, Overdue CAPS, and CAP Summary. A sub-section titled 'Corrective Action Plans' is also visible.

The main content area is titled '02. Audit Response Details - All'. It features a table with the following columns: Facility Name, Folder Name, Audit Name, Assignment User Name, User Status, Question Name, Response, Comment, and Document Name. The table contains four rows of data, all under the 'Mock Audits' folder. The first row is highlighted in light blue, while the others are in light gray.

Facility Name	Folder Name	Audit Name	Assignment User Name	User Status	Question Name	Response	Comment	Document Name
	Mock Audits	Environment of Care (EC.02.03.01 - 02.03.05)			11. (R) Does the hospital conduct fire drills once per shift per quarter in each building defined as a health care occupancy by the <i>Life Safety Code</i> ®? Does the hospital conduct quarterly fire drills in each building defined as an ambulatory health care occupancy by the <i>Life Safety Code</i> ? (EC.02.03.03, EP 1)			
	Mock Audits	Environment of Care (EC.02.03.01 - 02.03.05)			01. (R) Does the hospital minimize the potential for harm from fire, smoke, and other products of combustion? (EC.02.03.01, EP 1)			
	Mock Audits	Environment of Care (EC.02.03.01 - 02.03.05)			02. Does the hospital maintain free and unobstructed access to all exits? (EC.02.03.01, EP 4)			
	Mock Audits	Environment of Care (EC.02.03.01 - 02.03.05)			03. Does the written fire response plan describe the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms,			

At the bottom of the interface, there is a pagination control showing 'Page size: 50' and a total count of '4931 Items in 99 pages'.

# QUESTIONS

## Organizational ROI of Automation

# QUESTIONS



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