KDHE Surveyors Identify Top Deficiencies

June 2015

1. **Hand Hygiene** – This critical, basic infection control practice is still being overlooked.

2. **Outdated Medication** – Expired meds are often seen in the OR, PACU and with anesthesia.

3. **Skull Caps - Bouffant shower-like caps (NOT skull caps) must be worn in the operating room. Skull caps do not cover hair adequately. Sideburns and facial hair must also be covered. Once again, this continues to be a problem as physicians often enter the hospital wearing skull caps. (The hospital gets the deficiency, not the physician.)**

4. **Improper Cleaning of Equipment** – Equipment such as blood glucose meters are not being cleaned after use.

5. **Pre-Drawn Syringes** - Lidocaine and other drugs such as Labaterol cannot be drawn up in advance for use throughout the day. Any substance should be drawn up with the intent to use it immediately, not for convenience.

6. **Terminal Cleaning** – Wet disinfectant cleaning solutions are not left on surfaces long enough according to manufacturers’ instructions.

7. **Dantrolene, (Dantrium), used to treat and prevent symptoms of malignant hyperthermia (an inherited muscle disorder) must be on-site and immediately available when general anesthesia is given. Thirty-six vials (36) must be available to treat an average person weighing 170 pounds. Often, vials of this drug have expired or cannot be located on-site for immediate use.**

8. **On-Call Lists** – A hospital must have an on-call list for physicians available for staff use. A physician can be available by phone, but a CAH also needs a physician to be available on-site within 30 minutes or within 60 minutes in frontier counties.

9. **Yankauer Suction Machines** - Suction tubing can be connected only if patient is on the way. Suction machine tubing cannot be connected “just in case it may be needed.”

** = top 10 deficiency in 2014