Department of Health and Human Services
Medicare/Medicaid/CLIA Complaint Form

Control Number: YYE311 (OH00060587)

Part I - To Be Completed by Component First Receiving Complaint (SA or RO)

1. Medicare/Medicaid Identification Number

Facility Name and Address
AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OH 44305

3. Date Complaint Received
04 27 11
M M D D Y Y

4. Receiving Component
1 State Survey Agy.
[1] 2 RO

5. Date Acknowledged
M M D D Y Y

6A. Source of Complaint
1 [4]
2 [ ]
3 [ ]
1 Resident/Patient Family
2 Ombudsman
3 Facility Employee/Ex-Employ
4 Anonymous
5 Other

6B. Total Number of Complainants
[01]

7. Allegations

7.A. Category
1 [18]
2 [ ]
3 [ ]
4 [ ]
5 [ ]

1 Resident Abuse
2 Resident Neglect
3 Resident Rights
4 Patient Dumping
5 Environment
6 Care or Services
7 Dietary
8 Misuse of Funds/ Property
9 Certification/Un-authorized Testing
10 Proficiency Test
11 Falsification of Records / Reports
12 Unqualified Personnel
13 Quality Control
14 Specimen Handling
15 Diagnostic Erroneous Test Results
16 Fraud/False Billing
17 Fatality/Transfusion Fatality
18 Other (Specify) State Licensure
19 Life Safety Code
20 State Monitoring

7.B. Findings (To be completed following investigation)
1 [02]
2 [ ]
3 [ ]
4 [ ]
5 [ ]

01 Substantiated
02 Unsubstantiated/ Unable to Verify

7.C. Number of Complainants per Allegation
1 [01]
2 [ ]
3 [ ]
4 [ ]
5 [ ]

8. Action (if multiple actions, indicate earliest action)
[3]
1 Investigate within 2 working days
2 Investigate within 10 working days
3 Investigate within 45 working days
4 Investigate during next onsite
5 Referral (Specify) _____
6 Other Action (Specify) _____
7 None

Part II - To Be Completed By Component Investigating Complaint (SA or RO)

9. Investigated by
[1] 1 State Survey Agency
2 RO
3 Other (Specify) _____

10. Complaint Survey Date
05 17 11
M M D D Y Y

11. Findings (Under 7B Above)
Substantiated

12. Proposed Actions Taken by SA or RO
1: [04]
2: [ ]
3: [ ]

1 Recommend Termination (23-day)
2 Recommend Termination (90-day)
3 Recommend Intermediate Sanction
4 POC (No Sanction)
5 Fine
6 Denial of Payment for New Admissions
7 License Revocation
8 Receivership
9 Provisional License
10 Special Monitor
11 Directed POC
12 Limitation of Certificate
13 Suspension of Certificate
14 Revocation of Certificate
15 Injunction
16 Civil Monetary Penalty
17 TA & Training for Unsuccessful PT
18 State Onsite Monitoring
19 Suspension of Part of Medicare Payments
20 Suspension of All Medicare Payments
21 None
22 Other (Specify) _____
23 Enforcement Action

13. Date of Proposed Action
05 17 11
M MD D Y Y

14. Parties Notified and Dates
1 Facility
2 Complainant
3 Representative
4 Other (Specify) _____

Party	Date
1. [1]	05 17 11
2. [ ]	
3. [ ]	

M M D D Y Y

15. Date Forwarded to CMS RO or Medicaid SA (MSA) (Attach HCFA-2567)
M MD DY Y

Part III - To Be Completed By Component Taking Final Close-Out Action (RO/MSA)

16. Date of CMS/MSA Receipt
M M D D Y Y

17. CMS RO/MSA Action
[ ]
1 None
2 Termination (23-day)
3 Termination (90-day)
4 Intermediate Sanction
5 Move Routine Survey Date Forward
6 Limitation of Certificate
7 Suspension of Certification
8 Revocation of Certificate
9 Injunction
10 Civil Monetary Penalty
11 TA & Training For Unsuccessful PT
12 Cancellation of Medicare Approval
13 Other (Specify) _____
14 Enforcement Action

18. Date of Final Action Sign-off
M M D D Y Y

approved
desk audit
6/21/11

PRINTED: 06/01/2011
FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0969AS	A. BUILDING _____ B. WING _____	R 05/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AKRON WOMEN'S MEDICAL GROUP	692 EAST MARKET STREET AKRON, OH 44305

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments JS County: Summit Administrator: Carol Westfall Post Inspection Revisit To Licensure Inspection Completed 03/17/11 Complaint Investigation Complaint Number OH00060587 Number of Operating Rooms: Two	{C 000}		
C 114	3701-83-07 (A) Patient Care Policies The HCF shall develop and follow comprehensive and effective patient care policies that include the following requirements: (1) Each patient shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and personal care needs; (2) Each patient shall be allowed to refuse or withdraw consent for treatment; (3) Each patient shall have access to his or her medical record, unless access is specifically restricted by the attending physician for medical reasons; (4) Each patient's medical and financial records shall be kept in confidence; and (5) Each patient shall receive, if requested, a detailed explanation of facility charges including an itemized bill for services received.	C 114	All patients of the Akron women's medical Group shall be treated w the upmost respect and dignity & patient feels they have not been treated with upmost respect & dignity they may call Carol Westfall Executive Director @	attach A B C D E F

Ohio Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 6/15/11

STATE FORM 6899 UN5412 If continuation sheet 1 of 10

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C 114	Continued From page 1 This Rule is not met as evidenced by: Based on review of employee personnel files, review of employee job descriptions and staff interview and verification, the facility failed to ensure that each patient was treated with consideration, respect, and full recognition of dignity and individuality. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11. Findings included: On 05/17/11 review of the facility personnel files was completed. Review of the personnel file for Staff G7 revealed employment with the facility began 12/10/04. According to documentation Staff G7's recent performance evaluation was dated 03/30/11. Staff G7 was noted to hold a position which required receptionist, telephone and cashier duties. Review of the most recent performance evaluation revealed Staff G7 had occasional problems with patient interaction and lacked professionalism while interacting with patients. On 05/17/11 Staff C was interviewed regarding the comments noted on the employee evaluation. Staff C verified that Staff G7 occasionally speaks in a curt and short manner to patients during the admission process. Staff C stated the curt and short interaction with patients had been addressed with Staff G7. Review of the job description for Staff G7 indicated that phone counseling was to be done in a calm, supportive and understanding manner. The job description noted the employee was the first contact and the first impression so must be	C 114	1-800-858-8980. Every effort will be made to correct situation. There is also a patient complaint form and log. Enclosed is copy A, B, & C which policy on Complaints we have also implimented a seperate notebook for patient Complaints There have also been placed throughout the clinic Signs that if patient is dissatisfied w their treatment to call the executive director, Coral Westfall @ 1 800 858-8980. This way the problem can be handled without patient calling State of Ohio.	

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C 114	Continued From page 2 friendly, helpful and be pleasant. Qualifications for the position noted the staff was to possess warmth and sensitivity. Interview on 05/17/11 with Staff A and B regarding staff assignments in the facility revealed Staff G7 was only assigned to the receptionist, phone and cashier duties. Staff A and B further verified that Staff G7 had been over heard to be short and curt during interaction with patients. This violation substantiated Allegation #1 in Complaint Number OH00060587.	C 114	Staff member G7 was sent to the Cleveland office on 6-14-11 to be retrained by the Cleveland employee. They were training her on professionalism her attitude also she has been moved from being the only employee at the front desk. Someone will be with her to work with the patients and this way her attitude will improve because she will not have as much stress. Also she has spent over a week dealing with dissatisfied patients See examples "D" "E" "F" attach E	6/15/11
{C 139}	3701-83-10 (B) Safety & Sanitation The HCF shall be maintained in a safe and sanitary manner. This Rule is not met as evidenced by: RECITE Based on tour of the facility, review of facility maintenance receipts, employee job descriptions, facility policy and procedures and staff interview and verification it was determined the staff failed to ensure the facility was maintained in a safe and sanitary manner. Although the previous safety and sanitary issues identified during the licensure inspection completed 03/17/11, were corrected, observation during the revisit revealed the facility was continues to be not maintained in a safe and sanitary manner. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11. Findings included:	{C 139}	3/31/11 6/15/11	

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{C 139}	Continued From page 3 On 05/17/11 between 9:50 A.M. and 10:20 A.M., tour of the facility was completed with Staff A and revealed the following: 1. The main waiting area on the upper floor of the facility was observed to have a used can of an energy drink sitting on the floor under a chair. Also observed was a large crumb of a snack food on the floor as well as a discarded clear wrapper. The carpet in the waiting area was noted to have large stained and dirty looking areas. Staff A and B were interviewed regarding the cleaning practices of the facility. A receipt was provided that indicated the upper floor waiting area had the carpet cleaned in April 2011. Review of the job description for the receptionist/ telephone/cashier employees revealed that duties included responsibility for the appearance of the waiting rooms. 2. Observation of the lower level of the facility, specifically the main operating room, revealed unlocked cabinets where antibiotics and physician prescription pads were kept. A red instrument cart and ultrasound machine were covered with a layer of dust and powdery white residue. Twenty-six multi-dose bottles of a blood thinning medication and one ampule of a heart medication were sitting on a counter top in the operating room. Five cardboard boxes of extension sets commonly used by the certified registered nurse anesthetist (CRNA) for intravenous sedation during procedures were observed sitting on the operating room floor. Staff A verified the boxes	{C 139}	Employees will now be required to stay after their shift to clean their appropriate stations for at least 30 minutes this includes the emptying of Biohazard trash wipe down all equipment of blood and body fluids from the tables counters, floors windows sills wearing proper PPE. Employee shall wipe down all counters & disinfectant wipes. Dusting and filling of all supplies in their work stations	5/20/11

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{C 139}	Continued From page 4 had been delivered to the facility four days earlier. One multi-dose bottle of lidocaine (an analgesic) approximately half full, was observed sitting on a window sill with a needle inserted and still in place in the stopper of the bottle. The bottle was not dated as to when it was initially opened. Staff A verified the lidocaine was last used during procedures performed in the operation room four days ago. Six, 22 gauge caths, used by the CRNA during intravenous sedation, were observed in their wrappers, openly lying on a surface close to the operating table. Observed next to the operating table was a 10 gallon red sharps container with no lid in place. The red sharps container was slightly over half full of used syringes with needles attached. Two syringes lying at the top of the pile of syringes was noted to have visible blood in the syringes. Staff A verified the operating room had not been properly cleaned and secured after the completion of procedures, four days earlier. 3. Observation of a patient holding area on the lower level of the facility revealed the carpet in the room had small pieces for white debris on the flooring. Staff A verified the carpet had not been vacuumed for at least four days. Review of facility policy and procedures revealed facility staff failed to follow facility policy and procedures with regards to storage of clean and sterile supplies, universal precautions including CDC recommendations, multi-dose vials, control of restricted items, inspection of drug storage area, general security measures, physician	{C 139}	New Locks have been placed on cupboards in the OR so that only staff can lock. All vials shall be kept on Sharps Containers at all times. The OR and other areas of the clinic shall be cleaned at the end of shift before any employee shall go home for the day. All employees shall follow universal precautions and keep all areas of the clinic secured during & physicians room shall be locked up	6/15/11 6/15/11

Ohio Dept Health

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{C 139}	Continued From page 5 ordering of medication, prescription blanks, medication administration, and environmental cleaning. This violation substantiated Allegation #2 of Complaint Number OH00060587.	{C 139}	see example "G" for employee Cleaning of Area "H" Employee cleaning log	
{C 152}	3701-83-12 (C) Q A & Improvement Requirements The quality assessment and performance improvement program shall do all of the following: (1) Monitor and evaluate all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction; (2) Establish expectations, develop plans, and implement procedures to assess and improve the quality of care and resolve identified problems; (3) Establish expectations, develop plans, and implement procedures to assess and improve the health care facility's governance, management, clinical and support processes; (4) Establish information systems and appropriate data management processes to facilitate the collection, management, and analysis of data needed for quality assessment and performance improvement, and to comply with the applicable data collection requirements of Chapter 3701-83 of the Administrative Code; (5) Document and report the status of quality assessment and improvement program to the governing body every twelve months; (6) Document and review all unexpected	{C 152}	at Akron Womens Medical Group Robin Grimes Shall be the head of our QAPI program. She is our laboratory Consultant with CLIA. She will look over the following Criteria to be sure that we meet the Specifications. The System to be reviewed ① the reason for the Review Scheduled or Focused. The method she will be using to review. The minimum Acceptable levels for the review	3/31/11 6/11/11 6/11/11

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{C 152}	Continued From page 6 complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and (7) Hold regular meetings, chaired by the medical director of the HCF or designee, as necessary, but at least within sixty days after a serious injury or death, to review all deaths and serious injuries and report findings. Any pattern that might indicate a problem shall be investigated and remedied, if necessary. This Rule is not met as evidenced by: RECITE Based on review of the facility quality improvement program and review of governing body meeting minutes the facility failed to ensure that a report of the status of the quality assessment and improvement program was provided to the governing body at least every 12 months. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11. Findings included: On 05/17/11 review of the facility's quality assurance program and governing body meeting minutes was completed. Documentation of the quality improvement (QI) program revealed the facility had a program but no documented evidence of ongoing QI projects. There was no documented evidence of QI meetings held in 2010 and to date in 2011. Review of governing body meeting minutes revealed the most recent documented governing	{C 152}	And the date range we are running. She will then hold a quarterly meeting along with the rest of the staff on the results of the QAPI and discuss any changes that need to be made. She will make along with the rest of the staff any changes and then the staff will implement the changes to be sure that we are constantly trying to improve the patient outcomes in a positive way	6/15/11

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{C 152}	Continued From page 7 body meeting was held on 03/31/11. The minutes noted that twenty patient medical records were reviewed for quality assurance and were found to have no errors. Interview of Staff C on 05/17/11 at 1:30 P.M. revealed there was no documentation of QI projects available for review. Staff C revealed changes in the QI program were still in the works and were not yet completed.	{C 152}	Enclosed is our copy of our QAPI plan for the first quarter of 2011 See example "I"	6/15/11
{C201}	3701-83-16 (B) Governing Body Duties The governing body shall: (1) At least every twenty-four months review, update, and approve the surgical procedures that may be performed at the facility and maintain an up-to-date listing of these procedures; (2) Grant or deny clinical (medical-surgical and anesthesia) privileges, in writing and reviewed or re-approved at least every twenty-four months, to physicians and other appropriately licensed or certified health care professionals based on documented professional peer advice and on recommendations from appropriate professional staff. These actions shall be consistent with applicable law and based on documented evidence of the following: (a) Current licensure and certification, if applicable; (b) Relevant education, training, and experience; and (c) Competence in performance of the procedures for which privileges are requested, as indicated in part by relevant findings of quality assessment and improvement activities and other reasonable indicators of current competency.	{C201}	All Doctors CRNA's and Nurse Licenses have been updated and everyone has privileges and is updated and we are now in compliance w State Rules See example "J" Physicians Complete Credentialing Packet	3/31/11 6/15/11 at 3

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{C201}	Continued From page 8 (3) In the case of an ASF owned and operated by a single individual, provide for an external peer review by an unrelated person not otherwise affiliated or associated with the individual. The external peer review shall consist of a quarterly audit of a random sample of surgical cases. This Rule is not met as evidenced by: RECITE Based on review of physician credentialing information and staff interview and verification, the facility failed to ensure that a review, update, and approval of the surgical procedures that may be performed at the center were maintained in an up-to-date listing of the procedures for the physician's who requested clinical privileges. One of two physician files (Physician #2) was affected. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11. Findings included: On 05/17/11 review of the physician credentialing files was completed. The facility utilized two physicians for the provision of surgical services. Review of both physician credentialing files revealed there was no delineation of requested procedures for one physician. The file for Physician #2 did not contain an updated list of the procedures requested by the physician to be performed in the facility, no review and no approval date for procedures currently performed by the physician. Staff A and B verified the credentialing file for	{C201}	Each quarter a Random selection of charts are pulled and checked for accuracy by other physicians Physician #2 has been updated and has been credentialed and privileges have been approved Enclosed is a copy Physicians #2 credentialing packet that is up to date See example (J-11)	

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{C201}	Continued From page 9 Physician #2 did not contain an updated list of requested and approved procedures performed in the facility.	{C201}		

AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44304
1-800-428-3673

STATE AMBULATORY SURGERY CENTER LICENSE 0969AS

ADDENDUM PER PHONE CONVERSATION WITH LINDA HEART ON 4/21/2011

ID PREFIX TAG #	REPLY
122	THE ASSOCIATE ADMINISTRATOR VICKI GRIFFIN ALONG WITH THE DIRECTOR OF NURSING BRENDA HARLESS WILL MONITOR JOB DESCRIPTIONS.
123	MONTHLY CONTINUING EDUCATION WILL BE GIVEN TO EVERY EMPLOYEE. A QUIZ WILL BE ADMINISTERED AND GIVEN TO THE EMPLOYEE . THE RESULTS WILL BE PUT IN THEIR EMPLOYEE CHART. THIS WILL BE MONITORED BY THE ASSOCIATE ADMINISTRATOR VICKI GRIFFIN AND THE DIRECTOR OF NURSING BRENDA HARLESS. ALL NEW EMPLOYEES SHALL HAVE JOB TRAINING IN THE AREA IN WHICH THEY WERE HIRED.
125	THE ASSOCIATE ADMINISTRATOR VICKI GRIFFIN AND THE DIRECTOR OF NURSING BRENDA HARLESS SHALL MONITOR ALL EMPLOYEE EVALUATIONS SO THAT THEY ARE DONE IN A TIMELY MANNER.
139	THE DIRECTOR OF NURSING BRENDA HARLESS SHALL MONITOR THE CHANGING OF THE GURNEY COVERS. SEE EXAMPLE "A". ALL MEDICAL EQUIPMENT SHALL BE CLEANED MONTHLY AND THIS WILL BE MONITORED BY THE DIRECTOR OF NURSING BRENDA HARLESS. SEE EXAMPLE "B". ALL SHALL BE MONITORED BY A MONTHLY LOG.
143	THE PLAN OF CORRECTION FOR LEGIBILITY OF HANDWRITING IS AS FOLLOWS: ALL MEDICAL CHARTS SHALL HAVE LEGIBLE HANDWRITING ON ALL PARTS OF THE PATIENT RECORD. IF THE PHYSICIAN OR A NURSE IS UNABLE TO WRITE LEGIBLY THEN THE CHART SHALL BE DICTATED TO THE DIRECTOR OF NURSING BRENDA HARLESS TO WRITE IN A LEGIBLE MANNER AND SIGNED BY THE PHYSICIAN WHO DID THE PATIENTS PROCEDURE. ALL PROBLEM CHARTS SHALL BE PUT IN A RED FOLDER AND KEPT IN THE ASSOCIATE DIRECTORS OFFICE WHERE THE CHART SHALL BE

RELIABLY AVAILABLE. THE ASSOCIATE DIRECTOR VICKI GRIFFIN SHALL MONITOR THAT HOSPITAL RECORDS ARE AVAILABLE TO ALL STAFF.

152 THE BOARD OF DIRECTORS MEETING WAS HELD ON 03/31/2011. ENCLOSED IS COPY OF THE MEETING. THE DIRECTOR OF NURSING BRENDA HARLESS WILL MONITOR THE CREDENTIALING OF ALL PHYSICIANS AND NURSES AND BE SURE THEY ARE UP TO DATE.

243 THERE IS A NEW TEMPERATURE AND HUMIDITY MONITOR IN THE DOWNSTAIRS. ENCLOSED IS THE LOG EXAMPLE "D" WHICH WILL BE MONITORED BY THE DIRECTOR OF NURSING BRENDA HARLESS.

244 PREVENTATIVE MAINTENANCE ON THE BATTERY BACK-UP GENERATOR SHALL HAVE PREVENTATIVE MAINTENANCE DONE ON IT SEMI-ANNUALLY BY THE MAXIM COMPANY. ANY MACHINE THAT DOES NOT PASS THE PREVENTATIVE MAINTENANCE TESTS, SHALL BE TAKEN OUT OF CIRCULATION AND USE UNTIL IT CAN BE REPLACED OR SERVICED. THIS SHALL BE MONITORED BY THE DIRECTOR OF NURSING BRENDA HARLESS. ALSO, THERE IS A LOG TO MONITOR THAT THE MACHINE IS WORKING PROPERLY. EXAMPLE "E".

ENCLOSED ARE EXAMPLES "A" THROUGH "E". IF THERE ARE ANY QUESTIONS PLEASE CALL ME AT OUR OFFICE AT 1-800-428-3673.

THANK YOU

BRENDA HARLESS, RN, DON

THE AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44304
1-800-428-3673

THE AKRON WOMEN'S MEDICAL GROUP IS COMMITTED TO PROVIDING YOU WITH RESPECTFUL CARE AS WE MEET YOUR HEALTH CARE NEEDS. FOR THIS REASON, WE WANT YOU TO HAVE A SUMMARY OF YOUR RIGHTS AS A PATIENT.

You have a right to considerate and respectful care. You have the right to participate in the development and implementation of your plan of care. You will not be denied access to care due to race, creed, color, national origin, sex, age, sexual orientation, disability, or source of payment. You have the right to information about your diagnosis, condition, and treatment in terms that you can understand. You have the right to refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal. You are entitled to be free from all forms of abuse or harassment. You have the right to make or have a representative of your choice make informed decisions about your care. You have the right to formulate advance directives and have them followed.

You have the right to have your family or representative of your choice and your own physician notified of your treatment. You have the right to appropriate assessment and management of your case. You are entitled to be free from any forms of restraint or seclusion as a means of convenience, discipline, coercion, or retaliation. Seclusion and restraint for behavior management can only be used in emergency situations. You are entitled to information about rules and regulations affecting your care or conduct.

You can request a change of provider or second opinion if you choose. You have the right to personal privacy and to receive care in a safe environment. You have the right to a prompt and reasonable response to any request for services within the capacity of the health care facility. You have the right to express concerns or grievances regarding your care to the Director of our facility. The confidentiality of your clinical and personal records will be maintained. You have the right to see your medical record within the limits of the law. You have the right to an explanation of all items on your bill.

If you are dissatisfied with any course of your treatment or feel that you have not been treated with the upmost respect and dignity please call Carol Westfall, Executive Director at 1-800-858-8980. Every effort will be made to correct the situation.

_____
Patient Signature

_____
Patient Educator Signature

"A"

AKRON WOMEN'S MEDICAL GROUP

POLICY AND PROCEDURES:

DATE EFFECTIVE 6/20/2002

POLICY: COMPLAINT DEPARTMENT

The Akron Women's Medical group strives to make every patients visit as pleasant as possible. However occasionally a patient may have a complaint about some aspect of their service. The Akron women's medical group will appoint one person to handle complaints. Each department will try to handle the patients concerns at the time that it happens. If this is not possible then one of the RN's will try to help the patients and handle their concerns. Then the patients concerns will be taken up with the Associate Director so that there will be a mutual agreeable outcome.

The chain that the complaint will follow will be:

1. The department that the complaint originated.
2. The Registered Nurses will then try to find a solution to the problem.
3. The Associate director will go over the problem and try to find a solution to the problem.

The complaint form will have the following attached to it. (See example sheet)

1. Date the complaint was received.
2. The patients name and account number
3. A description of the complaint
4. Identity of the facility personnel assigned to the complaint.
5. The findings of the complaint.
6. The resolution of the complaint.

We will try to solve all of our patients concerns and problems at the clinic level this way the State of Ohio will not have to become involved in patient disputes.

"B"

THE AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44305
1-800-428-3673

PATIENT COMPLAINT FORM

DATE:_____

PATIENT NAME:_____

ACCOUNT NUMBER:_____

COMPLAINT
DESCRIPTION:_____

_____

_____

_____

_____

IDENTITY OF PERSONS
INVOLVED:_____

_____

FINDINGS OF
INVESTIGATION:_____

_____

RESOLUTION
:_____

_____

SIGNATURES:_____DATE:_____

a B''

IF YOU ARE DISSATISFIED WITH ANY COURSE OF YOUR TREATMENT OR YOU FEEL THAT YOU HAVE NOT BEEN TREATED WITH THE UPMOST RESPECT AND DIGNITY PLEASE CALL CAROL WESTFALL, EXECUTIVE DIRECTOR AT 1-800-858-8980. EVERY EFFORT WILL BE MADE TO CORRECT THE SITUATION.

THANK YOU. THE STAFF AT AKRON WOMEN'S MEDICAL GROUP

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: 05/28/2011	REVISED DATE:	PAGE NUMBER: 1
POLICY NUMBER: MISC	SUBJECT: EMPLOYEE CLEANING OF STATIONS	

PURPOSE: To be sure that all the areas of the clinic are cleaned and disinfected on a daily basis to ensure decontamination of areas.

POLICY: All personnel of the Akron Women's Medical Group are responsible for the area that they are working for the day. The employee shall stay over at least 30 minutes to clean and sanitize their area.

This includes but is not limited to empting biohazard trash and boxing up and putting in the biohazard room. Removing full sharps containers and placing in biohazard boxes properly and putting in the biohazard room. Removing any blood or body fluids from the floor, counters walls and windowsills, wearing proper protective equipment (gloves, gowns, masks), using proper disinfectant solutions and wipes. Wiping off all counters with the disinfectant wipes. Wiping down all medical equipment with disinfectant wipes. Dusting and filling all supplies in all areas of their work stations.

Akron Women's Medical Group
692 East Market
Akron, OH 44304
1-800-428-3673

Date	Counter Tops	Counter Suction Machine	Crash Cart	Anesthesia Machine	Table	Big Suction Machine	Signature

Akron Women's Medical Group

POLICIES AND PROCEDURES

TITLE: Quality Assurance Audits	SECTION: 3
Original Version: June 10, 2011	PAGE: 1 OF 3
EFFECTIVE DATE: June 11, 2011	

Purpose:

To monitor each phase of laboratory operations including but not limited to:

- Pre-analytical
  - Specimen collection, handling and storage
  - Reagent receipt and storage
  - Personnel training, evaluation and competency
- Analytical
  - Instrument calibration and maintenance
  - Quality control performance and evaluation
  - Proficiency testing
  - Testing performance and documentation
- Post-analytical
  - Result reporting
  - Patient satisfaction and complaint resolution
  - Panic value reporting

Frequency of audits:

Perform quarterly routine quality assurance (QA) audits each calendar year (Q1: Jan-Mar; Q2: April-June; Q3 July-Sept; Q4: Oct-Dec). Rotate audits to ensure the evaluation of each phase of laboratory operations within a calendar year.

Perform focused QA audits when indicated by unfavorable occurrences or complaints. Any Akron General Medical Group (AWMG) Staff member can request an audit to investigate a situation by contacting the Technical Consultant or Laboratory Medical Director.

Procedure:

1. Prior to beginning the audit, the Technical Consultant or Laboratory Medical Director must complete the first six items of the Quality Assurance Audit Report form (AWMG 11-01) as indicated below with some examples and suggested information:

   a. System to be reviewed (examples include: Customer Satisfaction, Rh or hemoglobin/hematocrit testing, Sample quality)

   b. Reason for review: Scheduled or Focused

c. Method of review: Be specific (examples include but are not limited to: Review of one testing date of records for each tester within the week; Repeat one testing date samples for Rh testing: Interview each testing personnel about indicated action in certain situations such as patient fainting during phlebotomy).

d. Minimum acceptable: Be realistic and specific, but at the same time strive for quality (example: 100% results confirmed by repeat testing; 85% patient evaluations rate laboratory personnel as "good or excellent," no more than 5% rated as "poor")

e. Date range reviewed: Ensure evaluation of laboratory personnel performing testing within each date range unless focus of the audit is on one of the testing personnel

f. Reviewer: Name of individual evaluating the data.

The items must be clear, well defined and complete.

2. The Technical Consultant, laboratory personnel, or other designated staff reviews measured parameters, according to the identified date range and documents the review. A worksheet can be created for documentation.

3. At the end of the review period, the Technical Consultant or Laboratory Medical Director evaluates all documentation to determines if data meets or exceeds the minimum acceptable level of performance.

4. The Technical Consultant or Laboratory Medical Director/designee completes the following QA Audit Report form sections:

   a. Measured Parameters: Summarize the results (A chart or graph often allows the reader to better understand the results).
   b. Evaluation of Results: Define if minimum acceptable level of performance was achieved.

5. If minimum acceptable level of performance is not achieved, determine the root cause of the failure using root cause analysis and problem solving techniques such as asking the 5 Whys.

a. Root cause possibilities may include: report form inadequate, procedure unclear, training inadequate

6. Based on the root cause, determine the corrective action, define follow-up action, and obtain Laboratory Medical Director approval.

   a. Corrective action possibilities: revise form; revise procedure; retrain staff
   b. Follow-up action: example - repeat audit in 2 months

7. Document further actions including but not limited to follow-up results and an evaluation of effectiveness of corrective action.

8. The Laboratory Medical Director and the Reviewer must sign the final audit report.

9. Discuss the audit reports with the laboratory testing personnel, Laboratory Medical Director, and Executive Director within 1 month of completion.

10. Maintain the audit reports for a minimum of 5 years.

References:

42 Code of Federal Regulations, 493.1239 Standard; General Laboratory Systems Quality Assessment. 2011, June 9 *Electronic Code of Federal Regulations.* Retrieved from eCFR website, http://ecfr.gpoaccess.gov

42 Code of Federal Regulations, Sec. 493.551 Standard; General Requirements for Laboratories. 2011, June 9 *Electronic Code of Federal Regulations.* Retrieved from eCFR website, http://ecfr.gpoaccess.gov

Prepared and Approved by/date: 06.11.2011

Robin Grimes, MBA/HCM, MT(ASCP)SBB,
Technical Consultant

Laboratory Medical Director Approval/date: _____

Raymond Robinson, MD
Laboratory Medical Director

Akron Women's Medical Group
692 East Market Street
Akron, OH 44305

Quality Assurance Review

System to be reviewed:

Reason for review:

Method of review:

Minimum acceptable

Date range reviewed

Reviewer:

Measured Parameters:

Evaluation of results:

Corrected Action (If required):

Reviewer Signature: _____

Robin Grimes, MBA/HCM, MT(ASCP)SBB
Technical Consultant

Laboratory Medical Director: _____

Raymond Robinson, MD
Laboratory Medical Director

Akron Women's Medical Group
692 East Market Street
Akron, OH 44305

Quality Assurance Review First Quarter 2011

System reviewed: Equipment maintenance and quality control

Reason for review: 2011 Quarterly Audit

Method of review: Record Review and Interview

Minimum acceptable: 100%

Date range reviewed: January 2011 – March 2011

Reviewer: Robin Grimes

Measured Parameters: Interview of laboratory testing personnel and review of equipment maintenance and quality control logs.

Evaluation of results: Acceptable completion of periodic and daily equipment maintenance and quality control.

Corrected Action (If required): None

Reviewer Signature: 06.11.2011

Robin Grimes, MBA/HCM, MT(ASCP)SBB
Technical Consultant

Laboratory Medical Director _____

Raymond Robinson, MD
Laboratory Medical Director

AH Form Approved
6/27/2011

DESK AUDIT

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
0969AS	A. Building B. Wing	6/21/2011

Name of Facility	Street Address, City, State, Zip Code
AKRON WOMEN'S MEDICAL GROUP	692 EAST MARKET STREET AKRON, OH 44305

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

DESK AUDIT

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix C0114 Reg. # O.A.C. 3701-83-07 (A) LSC	06/21/2011	ID Prefix C0139 Reg. # O.A.C. 3701-83-10 (B) LSC	06/21/2011	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By KK	Date: 7-6-11	Signature of Surveyor: April Stein /BL.	Date: 6/21/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 5/17/2011 Complaint

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
0969AS	AKRON WOMEN'S MEDICAL GROUP

Type of Survey (select all that apply)

[3]

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

[D]

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 03180	05/17/2011	05/17/2011	0.50	0.00	8.50	0.00	3.00	4.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 1.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 1.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

DESK AUDIT

ATG
FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
0969AS	AKRON WOMEN'S MEDICAL GROUP

Type of Survey (select all that apply)

3 D

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

F

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

06000 60587

DESK AUDIT

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. 07312			0.25	0.00	0.00	0.00	0.00	0.75
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.50

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.50

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

OH000 60587

CHECKLIST FOR COMPLAINT SURVEY

FACILITY Akron Womens Medical Group

CCN # 0969AS SURVEY DATE 5-17-11 COUNTY Summit

1) ✓ ~~Golden~~ Green Rod (Pink if applicable)

2) ✓ Facility Information Form (FID)

3) NA HCFA 1539 C&T if applicable

4) ✓ HCFA 562

5) ✓ HCFA 1682

6) ✓ HCFA 1602

7) ✓ Complainant letter

8) ✓ HCFA 670

9) NA HCFA 2567Ls

10) ✓ Licensure (if applicable)

11) ✓ Miscellaneous information

12) ✓ Offsite prep form

13) ✓ Confidential package

OHIO DEPARTMENT OF HEALTH

DIVISION OF QUALITY ASSURANCE
BUREAU OF COMMUNITY HEALTH CARE FACILITIES
NON LONG TERM CARE QUALITY UNIT

FACILITY INFORMATION DOCUMENT

Facility Name	Akron Women's Medical Group NPI 1790815892
Address	692 East Market Street
City/County	Akron, Ohio Summit Zip +4: 44304-2460
Mailing Address	692 East Market Street
City/County	Akron, Ohio Summit Zip +4: 44304-2460
E-Mail Address	Bharless RN721@GMAIL.com
Administrator Name	Brenda Harless RN DON / Carol Westfall Director

Number:	Type:	Eff. Date:	Exp. Date:	Date Began Employment With Facility:

Other Information	Telephone: (330) 535-9191 Fax: (330) 535 9925
	Provider No.: NA Licensure No.: 0969A5 Medicaid No.:
	FISCAL INTERMEDIARY/CARRIER: Name/Address/Phone #
	NA.

Facility Type: ☒ ASC ☐ CAH ☐ CORF ☐ ESRD ☐ HHA ☐ HOSPICE ☐ PPS ☐ PTIP
☐ REHAB ☐ RURAL H ☐ X-RAY ☐ MLP ☐ HOSP ☐ HCS

facility census
3-17-11 → 5-17-11
461 pts

ACCREDITED: ☐ Yes ☒ No Maternity Lic Exp Date _____

Fiscal Year 12-31-11

Action: ☐Certification ☐Licensure ☒ PCR/PSR ☒ Complaint No. OH00060587 ☐Other: _____

FACILITY BEDS:	Total	Hospital	Hospice	PPS Psych	PPS Rehab	Maternal Beds	N/B
Total Beds							
Total Census							

HEALTH SURVEYS:

Survey Entry Date: 5-17-11	Entrance Time: 935 A.M. P.M.
Day of the Week: M (T) W Th F Sat Sun	
Week of the Month: 1 2 3 4	
Survey Exit Date: 5-17-11	Exit Time: A.M. P.M.

LSC SURVEYS:

Survey Entry Date:	Entrance Time: A.M. P.M.
Number of Buildings:	Description of Construction Type:
Construction Dates (each bldg.): NA	
Survey Exit Date:	Exit Time: A.M. P.M.

☐ Additional Information On Back

Completed By: x Roudebush LisaMarie	Date: 5/17/11

Fac info doc NLTC revised 3 03/31/09

POC REVIEW

Provider Name: Akron Women's Medical Group CCN: 0969 AS.

Facility Phone #: Survey Exit Date: 5/17/11.

POC Reviewed By: AS 6/21 Date Approved:

Desk Audit: AStine 6/21/11 C/060587. & PSR to file

2567 signed and dated: Yes Completed Date: 6/15/11

C - 114 139 152 201.

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?	Y	Y	Y	Y									
Address how to correct situation for specific patients; indicate situation and reason specific patients cannot be corrected.	6/15	6/15	~~5/18~~ 6/15	6/15									
If staff change is corrective action taken, specify change made.													
If POC refers to creating new policies/procedures, is a copy should be included?	✓	✓	✓	✓									
Does the plan address all of the deficient practice?	✓	✓	✓	✓									
If in-servicing is provided, is all pertinent staff to attend identified?	✓												
Waiver/Variance requested?													

COMMENTS:

POC REVIEW

Provider Name: Akron Women's Med. Grp. CCN: 036975

Facility Phone #: 330-535-9191 Survey Exit Date: 5/17/11

POC Reviewed By: _____ Date Approved: _____

Desk Audit: _____ Brenda Hailes RN DON
Carol Westfall admn

2567 signed and dated: _____ Completed Date: _____ 30d = 6/16/11

	114 Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?													
If POC refers to creating new policies/procedures, is a copy included?													
Does the plan address all of the deficient practice?													
Does the plan address who will monitor for compliance?													
Waiver/Variance requested?													

COMMENTS:

No POC as yet -
6/14/11 attempting to reach one of the above - Carol Westfall in mtg. Then voicemail only upon second call
Message left + FAX to fax the POC
5pm Retd call - will fax POC tomorrow + fwd - w the original

6/20/11 desk audit AS

POC REVIEW

Provider Name: Akron Womens Med Group CCN: 0969AS

Facility Phone #: 330-535-9191 Survey Exit Date: 3/17/11

POC Reviewed By: AS Date Approved:

Desk Audit:

2567 signed and dated: yes - Vickie Duffy Completed Date: 3/31/11

C 105 C122 C123 C125 C139 C143 C152 C201 C243

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?	3/31/11	3/31	3/31	3/31	3/31	3/31	3/31	3/31	3/31				
Address how to correct situation for specific patients; indicate situation and reason specific patients cannot be corrected.	✓	✓	✓	✓	✓	✓	✓	✓	✓				
If staff change is corrective action taken, specify change made.		✓	✓	✓	✓	✓	✓	✓	✓				
If POC refers to creating new policies/procedures, is a copy should be included?		NA	—	—	—	NO	NA	—					
Does the plan address all of the deficient practice?	✓	✓	✓	✓	NO	NO	✓	✓	✓				
If in-servicing is provided, is all pertinent staff to attend identified?	N	N	Y	NA	—	—	—	—	→				
Waiver/Variance requested?													

COMMENTS:

4/20/11 C 122 - who will monitor?
C 123 - how is education provided to current staff and new staff? who will monitor?
C 125 - who will monitor evals are done?
C 139 - who " " survey covers?
need evidence anesthesia machine serviced or removed.
who will monitor suction machine & other equipment is clean, how will they monitor
C 143 POC does not address legibility of records - policy attached
~~C 152~~ - are Hospital records kept accessible to staff if stored in director's office?

03/19/2010 C 152 - was m+q completed & med director, what + OK who will monitor credentialing
C 243 - how is Temp + humidity monitored
called 4:30 - only manual logs - will continue

OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

June 6, 2011

Brenda Harless, Administrator
Akron Women's Medical Group
692 East Market Street
Akron, OH 44305

RE: Akron Women's Medical Group - License: 0969AS
Survey Completed on May 17, 2011

Dear Ms. Harless:

The Ohio Department of Health, under the authority of Chapter 3702 of the Ohio Revised Code, inspects Health Care Facilities to determine compliance with the licensure requirements set forth in Chapter 3701-83 of the Ohio Administrative Code. To attain and maintain licensure, a health care facility must be in compliance with each licensure requirement and not have any violations that jeopardize the patients' health and safety or seriously limit the facility's capacity to provide adequate care and services.

On the date noted above, pursuant to a complaint investigation, we completed a inspection of your facility and cited the violation(s) annotated on the enclosed form. Therefore, in order to recommend your agency for licensure, we must receive an acceptable plan of correction **signed and dated within ten (10) calendar days** after you receive this notice. **Failure to provide an acceptable plan of correction may result in denial, revocation, or non-renewal of your license.**

This plan of correction must contain the following at a minimum:

What action(s) will be accomplished to correct the situation(s) or condition(s) causing or contributing to the noncompliance.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance/improvement program will be put into place.

FILE COPY

The Plan of Correction must be written on the enclosed Statement of Deficiency form.

The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

Where documentary evidence of corrective action is appropriate, such evidence should accompany the plan of correction wherever possible. When this is not possible, these documents should be provided not later than the latest correction date submitted in your plan of correction **and accepted by this office**. Evidence of compliance may include documentation of facility monitoring, in-service training records, consultant reports, work orders, purchase orders, invoices, photographs, or other information that would confirm compliance.

Normally, an onsite revisit will be conducted to verify corrective action has been taken per the plan of correction. However, after our review of the plan of correction and any evidence of compliance, it is possible that an onsite visit will not be required. If this is the case, you will be advised by phone that your plan of correction was accepted and that the appropriate licensure action will be recommended to the licensure administrator.

If you have any questions regarding this notice, please feel free to contact me at (614) 387-0801.

Sincerely,

Wanda L. Iacovetta, RN/BSN

Wanda L. Iacovetta, R.N.
Non Long Term Care Unit Supervisor
Bureau of Community Health Care Facilities and Services
Division of Quality Assurance

WLI/st

Enclosure: STATE FORM Licensure

AKRON WOMEN'S MEDICAL GROUP c/o OH000160587

EMPLOYEE JOB DESCRIPTION

I. JOB TITLE: **RECEPTIONIST/TELEPHONE/CASHIER**

II. JOB DESCRIPTION: To answer all incoming calls and questions, make appointments, and counsel patients on the telephone. A patient is the first contact with the facility. Therefore, the phone counselor must be calm, supportive and understanding, as well as informative. It is important to maintain this state of caring and sensitivity regardless of how busy they are. All calls should be answered by the third ring as follows:

Akron Women's Medical Group _____speaking may I help you?

Ascertain the nature of the call and then say:
I will be glad to assist you.

Answer all questions and then follow up with whatever the patient is requesting. Remember, you are the first contact so you will make the first impression, and it must be friendly and helpful and stated in a pleasant manner.

III. RESPONSIBLE TO: Executive Director and Office manager

IV. QUALIFICATIONS: Should possess the qualities of warmth and sensitivity and be able to impart these attitudes to others. Must possess a pleasing personality with the ability to manage and relate on the phone. Should possess skills in the counseling field, but it is not necessary to have counseling experience. Knowledge of family planning and expertise in pregnancy termination procedures is required and can be learned and mastered with on-the-job training.

V. JOB DUTIES:

a. Much of the conversation with women or significant others calling will require reassuring them, correcting misinformation, allaying fears and imparting accurate information. To be able to accomplish this is essential.

b. Process patients on surgery and family planning days.
c. Give pregnancy test results to walk-in patients.
d. Verify insurance coverage for surgery on prospective patients.
e. Responsible for the appearance of the waiting rooms, front office and individual work space

f. Maintain adequate knowledge and understanding of the clinic's services, procedures and protocols.
g. All other duties as assigned, within reason and relevant to this position
h. Checking in of all clinic patients, and thorough knowledge and responsibility of the day sheet and deposit collection. Must balance and complete day sheet before leaving for the day.

I have read the above duties and responsibilities and agree to perform them as directed.

NAME: Angelique Wardal DATE: 4-8-11

WITNESS: Vicki

PSR

AKRON WOMEN'S MEDICAL GROUP

EMPLOYEE JOB DESCRIPTION

I. Job Title: **Recovery Room R.N./LPN**

II Job description: To provide competent, professional and skilled nursing care to recovery room patients.
To meet the physical and emotional needs of these patients in a confidential environment.

III. Qualifications: The Recovery Room Nursing Staff may consist of Registered Nurses, as well as Licensed Practical Nurses who are currently licensed by the state of Ohio. Their professional backgrounds should include Recovery Room Nursing or other PACU or Post-op nursing.

IV. Staffing Levels The Nurse/patient ratio should be appropriate and adequate with regard to the anesthesia used. General anesthesia and second trimester patients require one nurse of every three patients. First trimester patients require one nurse for every four- (4) patients.

V. Procedure Check supplies in medicine cabinet and refrigerator; particular attention is given to expiration dates of medications, and inventory levels. The R.R. nurse is responsible for the emergency cart. The oxygen tanks must be checked daily.

The work area must be kept clean at all times, and the area checklist must be completed at the end of every clinic day.

Immediately upon patient admission, the R.R. nurse charts:

A. Time of admission
B. Vitals including; B/P, pulse, respiration's.
C. Bleeding; (scant, moderate, or large)
D. Pulse ox if necessary

DO NOT leave patient bedside until patient's condition is stable and patient is responsive.

SIDE RAILS MUST BE UP ON ALL PATIENTS.

Review patient chart; check MD's orders, chart results of physical assessment.

Repeat patient assessment at 15-minute intervals, then at 30-minute intervals, more frequently if condition warrants. Chart all findings in nurse's notes, record all medication administered or dispensed.

The nurse continues to make the patient as comfortable as possible and answer any questions that may arise during the recovery period.

Stimulate patient frequently. General anesthesia patients must be encouraged to deep breathe to remain awake.

All IV's must be monitored, added to and discontinued as indicated.

In the event of an emergency or the development of any abnormal symptoms, the nurse must take appropriate action and simultaneously notify the doctor. Report immediately and change in vital signs, bleeding or any other problem so that immediate action can be taken.

A thorough knowledge of emergency procedure is mandatory.

VI. DISCHARGE

Patients receiving only local anesthesia may be discharged after 20 minutes. Those receiving IV sedation may be discharged after 30 minutes if vital signs are stable, bleeding is normal, and the patient is in on apparent distress.

Patients receiving a general anesthesia are to remain a minimum of 45 minutes. When the patient is alert and vital signs are stable, she may sit up. Assist the patient to the discharge area and dressing rooms. All patients who have had any type of sedation are to leave the facility via the elevator.

PATIENT DISCHARGE PACKET MUST INCLUDE:

a. A prescription for ergotrate 0.2 mcg to be taken QID (#12) if the physician prescribes this medication.
b. Doxycycline 500mg. PO BID until gone if physician prescribes.
c. Cytotec 400 Mcg buccally q4hrs if physician prescribes.
d. Oral contraceptives, as prescribed by the physician or other contraceptive instructions.
e. Post-op instruction sheet.

The nurse based on the patient's physical and emotional condition makes discharge decision. Time of discharge must be charted on the recovery room sheet.

At the end of the day, all medications are to be counted and all accounted for by two RN's. They must then be locked in the medicine cabinet. Used needles and syringes are to be put in proper disposal units. Clean all mattresses and pillows with the proper disinfectant.

Restock supplies; report needed supplies to the nursing supervisor indicating the data and the amount on hand. Turn off the lights and check the air conditioner/furnace thermostat.

I have read the above duties and responsibilities and agree to perform them as directed.

NAME:_____ DATE:_____

WITNESS:_____

PSR

AKRON WOMEN'S MEDICAL GROUP
EMPLOYEE JOB DESCRIPTION

I. JOB TITLE:

Medical Assistant/O.R. Room tech

II. QUALIFICATIONS:

Needs a broad base of experience in general Hospital or Surgery Center procedures with knowledge of basic nursing procedures and terminology. Must have current CPR card. Special qualifications should include a pleasing personality, the ability to establish patient rapport, and the ability to display a supportive attitude towards patients. Emergency Room and previous surgery experience and/or knowledge of OB/GYN experience and/or knowledge of OB/GYN techniques and terminology are desirable. Can be trained by physician on duty.

III. RESPONSIBLE TO:

The Director of Nursing and Medical Director

IV. RESPONSIBILITIES:

A. To provide basic, direct care of patients and patient flow in the center.
B. Generally assisting patients during their visit with the facility.
C. Assist nurses with obtaining patient's vital signs.
D. Informing the nurses and/or medical director of any complications with a patient.
E. Be sure that all patients' area treated in a kind professional manner.
F. To dispose of all trash in plastic bags or Biohazard bags.
G. Assist with cleaning and maintaining instruments and/or supplies.
H. Inventory supplies in the morning and request needed supplies from Ordering Clerk.
I. Maintain the appearance of the supply closets and put supplies in their proper order when they arrive.
J. Wear scrub clothes when procedures are in progress.
K. Other jobs as deemed necessary by the Director of Nursing.

I have read the above duties and responsibilities and agree to perform them as directed.

NAME:_____ **DATE:**_____

WITNESS:_____

"D"

THE AKRON WOMEN'S MEDICAL GROUP

PSR

EMPLOYEE JOB DESCRIPTION

I. JOB TITLE: **PATIENT EDUCATOR**

II. QUALIFICATIONS:

Bachelor's degree or associates degree preferably in the Medical field or Social Services. Medical assisting or high school or GED. Practical work experience in family planning and abortion counseling may be substituted for a degree. On the job training is also available.

Specific qualifications include the ability to be a good facilitator, to be warm and supportive, comforting and non-judgmental regardless of the circumstances.

III. RESPONSIBLE TO: Executive Director, Associate Director

IV. RESPONSIBILITIES:

A. Maintain patient flow.

1. If you encounter any serious problems that you are not comfortable with, refer the patient to the Associate Director or the Director of Nursing, noting the problem.

2. Forward any chart with medical concerns to the Director of Nursing. It is not up to the counselor to determine if the patient can be done or not, this will be determined by the medical staff.

3. ALL CHARTS MUST BE COMPLETE BEFORE THEY ARE FORWARDED TO THE RECOVERY ROOM NURSE. The chard should be signed and ready for the medical staff before the chart is forwarded to the medical staff.

4. Be sure the patient understands the procedure and how long they will be in the facility on all days they are to be at the clinic.

5. Give the patient birth control options, however the final decision will be made by the medical staff.

6. Be sure all the papers are signed by the patient and parents in minor charts.

7. Give patients the options of the State of Ohio abortion books if they request the books.

8. For second trimester patient have knowledge of the laminaria procedure.

9. Be a patient advocate.

10. Offer patients options who are too far for a procedure at our facility. This includes but not limited to information on adoption, and other facilities around the country.

I have read the above duties and responsibilities and agree to perform them as directed.

NAME:_____ DATE:_____

WITNESS:_____

THE AKRON WOMEN'S MEDICAL GROUP

PSR

EMPLOYEE JOB DESCRIPTIONS

I. JOB TITLES: **DIRECTOR OF NURSING**

II. JOB DESCRIPTION:

Responsible for the maintenance of high standards of care for all the services to patients at the clinic. To direct and supervise and train members of nursing staff according to the policies and procedures of the clinic. To supervise the medical assistants in the laboratory. Responsible for coordinating the activities or services with the policies of the clinic and ensuring those proper standards of quality and care are maintained.

III. RESPONSIBLE TO: The executive Director and the Medical Director

IV. QUALIFICATIONS:

A. Shall be a RN currently licensed to practice in the State of Ohio.

B. Shall be experienced in OR and Recovery Room techniques. Shall hold a certified CPR rescuer card. Should have some type of supervisory experience with administrative skills. Family planning training and OB-GYN training would be helpful. Should also be certified in ACLS.

C. It is necessary that the administrative assistant in charge of service possess knowledge of the functioning, aims and activities of the Akron Women's Medical Group. She should be committed to the principles of family planning and the right of each to control their fertility. Also, her personality should allow harmonious working with all staff members to direct and produce maximum efficiency of the staff.

V. DUTIES:

A. To check emergency equipment each morning that procedures are being done.

B. To direct the nursing team and operating procedures when procedures are to be performed at The Akron Women's Medical Group.

C. To provide and schedule adequate nursing personnel.

D. In charge of complaint calls and follow through on dispositions ensuring that notes are added to patient records, return necessary calls.

E

Must maintain a record of all patient complaint calls.

E. To handle all patient calls received during surgical days when on the premises. After hour the nurse or physician on call will handle calls.

F. To follow up on all abnormal lab reports.

G. To inspect daily and insure each department is equipped, organized, clean, and prepared in order to insure aseptic technique, provide safe and adequate care to all patients, and maintain efficient functioning of each department.

H. To help insure that the OR log is maintained and correct on all procedures.

I. Responsible for appearances, supervision, and teamwork of the staff for all services.

J. To evaluate staff and submit forms to the executive director on a yearly basis, reflecting the hire date.

K. To conduct in-service training for the staff.

L. To insure all patients records are in order to maintain the accuracy of those records.

M. To orient and supervise students.

N. To provide patient education in conjunction with the counselor.

O. To be sure that all state licensing requirements are met as far as nursing care is concerned.

P. To be sure that all licenses are up to date.

Q. To do all N.A.F. statistics.

R. To keep accurate medical files on all employees. Giving yearly TB and Hepatitis reviews.

S. To schedule all medical staffing on a weekly basis with copy of schedule to the Executive Director.

I have read the above duties and responsibilities and agree to perform them as directed.

NAME: _____DATE:_____

WITNESS:_____

PSR

AKRON WOMEN'S MEDICAL GROUP
Employee Job Evaluation
Medical Assistant/ O.R. Room Tech

Employee Name:_____

Employee knows how to obtain patient vital signs._____

Employee knows how to inform nurses/doctor of any complications with patient._____

Employee knows how to dispose of all trash in plastic bags or Biohazard bags._____

Employee knows how to clean and maintain instruments and/or supplies._____

Employee knows how to document the inventory of supplies._____

Employee knows how to stock supplies and maintain the appearance of the supply closets._____

Employee knows how to take appropriate action in case a patient is experiencing an emergency._____

Employee knows what to do in case of fire or emergency._____

Employee understands and is able to perform the above duties

EMPLOYEE SIGNATURE_____

PRINT NAME_____

EMPLOYEE EDUCATOR SIGNATURE _____

DATE_____

"D"

THE AKRON WOMANS MEDICAL GROUP

EMPLOYEE JOB DESCRIPTION

PSR

I. JOB TITLE: **Associate Administrator**

II. QUALIFICATIONS: Associates or Bachelors degree, preferably in the Medical field or Social Services. Experience in management of a social agency or a medical facility. Experience in the field of reproductive health, particularly family planning and abortion services.

III. RESPONSIBLE TO: Executive Director

IV. RESPONSIBILITIES:

A. Maintain referral statistics.

1. Abortion and State Statistics on a monthly basis
2. Maintain accurate listing of referral resources

B. Manage clinic operations on Saturday's and in the absence of the Executive Director.

C. Revise and update policy and procedures as directed by the Executive Director.

1. Procedure manual
2. Counseling protocols and procedures.
3. OSHA manuals.
4. HIPPA policy and procedure.
5. Notes from all staff meetings.
6. CLIA manual and inspections.
7. State of Ohio inspections.

"B"

D. Act as liaison for indigent woman seeking financial assistance for abortions.

E. Oversee schedule for employees

F. Coordinate scheduling of private patients of staff physicians.

G. Responsible for ordering and maintaining supply of brochures, appointment cards, etc.

H. Revise and prepare changes in printed materials as directed by the Executive Director.

V. COUNSELING: Maintain and supervise the counseling staff.

1. With the help of other counselors train and orient new counselors.
2. Act as reject/discharge counselor for undecided Patients per clinic schedule.
3. Fill in for counseling staff as needed.

I have read the above duties and responsibilities and agree to perform them as directed.

NAME: _____ **DATE:**_____

WITNESS:_____

AKRON WOMEN'S MEDICAL GROUP
BATTERY BACK-UP GENERATOR LOG

PSR

DATE	GREEN LIGHT ON	PLAN OF CORRECTION	INITIALS

AKRON WOMEN'S MEDICAL GROUP
DOWNSTAIRS TEMPERATURE LOG
TEMPERATURE MUST BE BETWEEN 66-75^{0}F
HUMIDITY MUST BE BELOW 65%

PSP

DATE	TEMPERATURE	HUMIDITY	INITIALS

PSR

AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44304
1-800-428-3673

MONTHLY EQUIPMENT CLEANING LOG

MONTH	ALL MEDICAL EQUIPMENT CLEANED AND DUSTED	SIGNATURE
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

"B"

AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44304
1-800-428-3673

PSR

MONTHLY GURNEY COVER CHANGING LOG

MONTH	# GURNEY COVERS CHANGED	SIGNATURE
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

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AKRON WOMEN'S MEDICAL GROUP

BN 800060587

ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 1
POLICY NUMBER: 12-10	SUBJECT: STORAGE OF CLEAN AND STERILE SUPPLIES	

POLICY:

Maintain proper aseptic and sterile storage for infection control.

PROCEDURE:

1. Cabinets and covered carts are provided for the storage of clean items.
2. Sterile supply storage: See SPD Sterile Supply Storage
3. Storage of any items in the cabinets, under any sink, or under any Steris system with drainage is never allowed.
4. Proper storage is monitored as part of the monthly infection control environment rounds.
5. Supplies shall be stored 8" off the floor and 18" from the ceiling.

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE AUGUST 2009	REVISED DATE	PAGE NUMBER 1 OF 2
POLICY NUMBER 12-12	SUBJECT: UNIVERSAL PRECAUTIONS INCLUDING CDC RECOMMENDATIONS	

c/o OH0006058

POLICY

All healthcare workers should routinely use appropriate barrier precautions to prevent exposures when contact with blood or body fluids of any patient is anticipated. Adequate infection control devices and supplies will be readily available in all patient care areas.

PURPOSE

To minimize the risk of exposure to blood and body fluids of all patients.

PROCEDURE

1) Gloves
   a) Will be worn when it can be reasonably anticipated that contact may occur with blood and/or other potentially infectious materials, mucous membranes, and non-intact skin. Gloves will be worn when handling or touching contaminated items or surfaces.
   b) Disposable gloves will be replaced as soon as possible when contaminated, torn, or punctured, or when its ability to function as a barrier is compromised.
   c) Gloves will be changed after contact with each patient. Change gloves when performing procedures from one body site to another on the same patient. Remove gloves and wash hands before leaving the room or after leaving surgical suite. In general, double gloving has been shown to reduce the chance of blood exposure. Disposable (single use) gloves will not be washed or decontaminated for reuse.
   d) Utility gloves must be discarded if they are cracked, peeling, torn, punctured or exhibit signs of deterioration or when its ability to function as a barrier is compromised.
   e) Gloves will be readily accessible to all healthcare workers (appropriate in type and size to the procedures, activity, and type of exposure)
   f) In the event of a suspected latex glove allergy, the employee will report the allergy to their supervisor. The supervisor will then refer the employee to the Administrator.
   g) Healthcare workers who have open lesions dermatitis or other skin irritations should not participate in direct patient care activities and should not handle contaminated equipment without being gloved.

2) Masks and Eye Protection
   a) Masks, eye protection and face shields will be worn whenever splashed, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eyes, nose, and mouth contamination can be reasonably anticipated.
   b) These items should be changed after contact with each patient.

OH 000 60587

c) To minimize risk of or exchange of body fluids during resuscitation procedures, masks or mechanical ventilation devices should be readily available where these procedures are likely to be needed.

3) Gowns
   a) Gowns and other protective body clothing will be worn in occupational exposure situations. The type and characteristics of the protections of body clothing depend upon the task and degree of exposure anticipated. Based upon this determination, appropriate protective clothing will be selected.
   b) Disposable gowns and/or waterproof gowns are made available for use. If a garment is penetrated by blood or any other potentially infectious material that garment shall be removed immediately or as soon as possible. Scrub uniforms are provided for all clinical staff. The Center will be responsible for the purchase and cleaning of scrub attire.

4) Spills
   a) Spills of blood or blood-containing body fluids should be cleaned up using a solution of (1 part) household bleach to (10 parts) water for smooth surfaces and (1 part) bleach to (12 parts) water for porous surfaces. Diluted bleach solutions should be no more than 24 hours old.

5) Sharp Objects
   a) Sharp objects represent the greatest risk for exposure. Contaminated needles should never be bent, clipped, or recapped. Contaminated sharp objects should immediately be discarded into a puncture-resistant "sharps" container designed for this purpose. Never overfill needle containers. These containers should be sealed and discarded when two-thirds full.

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 1
POLICY NUMBER: 12-08	SUBJECT: MULTI-DOSE VIALS	

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POLICY

For Infection Control purposes, multi-dose containers will be good until expiration date on bottle/vial. After vials are opened they will be good for 30 days unless otherwise noted on vial.

PROCEDURE

1) Insulin Vials should be dated when opened, and discarded within 30 days from then.

2) Containers of medication or solution are to be checked regularly and disposed of appropriately after their expiration date.

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AKRON WOMEN'S MEDICAL GROUP

ORIGINAL DATE:	REVISED DATE:	PAGE NUMBER:
AUGUST 2009		1 OF 1

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POLICY NUMBER:	SUBJECT:
16-07	CONTROL OF RESTRICTED ITEMS

POLICY

The Center and its employees are responsible for controlling access to various restricted items, including medications, syringes, needles, prescription pads, dangerous drugs: such as oxytocics, narcotics, antibiotics, sedatives, anticoagulants and corticosteroid products.

PROCEDURE

1) All medications , syringes, and needles will be stored in a secure cabinet not easily accessible to the public.

2) Prescription pads will not be left out unattended.

3) In the event of missing or lost keys, the Director of Nursing will be notified immediately.

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 2
POLICY NUMBER: 16-11	SUBJECT: INSPECTION OF DRUG STORAGE AREA	

POLICY

The Nursing Director or designee conducts, at least monthly, inspections of all areas where medications are administered or stored, to assure quality control of medications.

PROCEDURE

1) A file of the monthly inspection of each drug storage area is maintained to verify that

   a) Antiseptics, other drugs for external use, and disinfectants are stored separately from internal injectable medications.

   b) Drugs requiring special conditions for storage to assure stability are properly stored. For example, biologicals and other thermo labile medications shall be stored in a separate compartment within a refrigerator which is capable of maintaining the necessary temperature of 36 to 46 degrees Fahrenheit in the refrigerator compartment and 4 to 14 degrees Fahrenheit in the freezer compartment. All drugs are stored in accordance with current established standards (United States Pharmacopeia). Drugs not listed in the official compendia are stored so that their integrity, stability, and effectiveness are maintained.

   c) Outdated and otherwise unusable drugs have been identified and their distribution and administration prevented.

   d) Distribution and administration of controlled drugs are adequately documented by the pharmacy, nursing service, and other involved services or personnel, and are in accordance with federal and state law.

   e) Emergency drugs, as approved by the Professional Staff, are in adequate and proper supply and in designated areas.

   f) Telephone numbers of the regional poison control center are kept in the pre/post areas.

2) Records of the drug storage inspections and the emergency cart inspections for each area are maintained in the office for at least three years.

   a) Disinfectants, germicides, test agents, and other household agents are stored separately from drugs.

   b) Drugs requiring special considerations for storage are properly stored.

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AKRON WOMEN'S MEDICAL GROUP

ORIGINAL DATE:	REVISED DATE:	PAGE NUMBER:
AUGUST 2009		1 OF 2

POLICY NUMBER:	SUBJECT:
16-11	INSPECTION OF DRUG STORAGE AREA

c) Distribution and administration of controlled drugs are adequately documented.

d) Drugs are not to be kept in stock after the expiration date on the label and no contaminated or deteriorated drug is available for use (include anesthesia drugs).

e) Drugs are stored at appropriate temperature. The log temperatures have been checked and refrigerator temperatures have been checked and refrigerator temperature was between 2.2 degrees C (36 degrees F), and 7.7 degrees C (46 degrees F) and room temperature between 15 degrees C (59 degrees F) and 30 degrees C (86 degrees F). Temperatures are recorded daily (see temperature log sheet).

f) Drugs are stored in an orderly manner in cabinets, shelves, drawers and/or carts of sufficient size to prevent crowding.

g) Drugs are accessible only to responsible personnel designated by the Center.

h) The telephone number of the regional poison control center is kept in the drug preparation area.

i) Poisons, external drugs and internal drugs are stored on separate shelves or in separate cabinets.

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AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 2
POLICY NUMBER: 15-39	SUBJECT: GENERAL SECURITY MEASURES	

PHYSICAL BUILDING SECURITY

Master keys are available to assure prompt access to all locked areas. These keys are in the possession of the Director of Nursing

CONTROLLED SUBSTANCES STORAGE/USE SECURITY

The keys to the narcotic drug cabinets will be kept in a designated, locked area when the facility is closed. During the hours of operation, the narcotic keys will be in the possession of the PACU Charge Nurse or her designee. Under no circumstances should these keys leave the facility.

All controlled drugs/substances will be stored in two separate double-locked cabinets, which will be kept locked at all times.

1. When the facility is closed, the keys will be kept in the locked designated area.
2. Under no circumstances are the narcotic keys to be removed from the premises of the facility.
3. In case of stolen or missing keys, the locks will be replaced or the tumblers changed. If the key is broken, the key will be replaced and the Director of Nursing's key will be used until another key is obtained.

SECURITY (ALARMS) SYSTEMS

The facility is equipped with a security system, which is activated after hours to protect the facility property. During operating hours, doors other than the lobby/main doors are locked or otherwise secured by means of a keypad entry system to control traffic into the facility and potential security risks. A "panic button" silent alarm system is installed at the front desk of the lobby for use in the event of an intruder or security threat, which does not allow for obvious telephoning of the police department.

PUBLIC RELATIONS ISSUES

In the event that the media must be addressed regarding an incident, it will be the responsibility of the Director of Nursing to contact the Corporate Office for specific directions or statements to be released to the media. Employees will not discuss any facility related events with the media.

REPORTING AND MONITORING OF THE SECURITY PLAN

The daily monitoring and immediate contact for a security incident or issue will be the responsibility of the Director of Nursing who may, in turn, contact the Medical Director and Corporate Office, dependent upon the seriousness of the issue. The scope and effectiveness of the Security Plan will be reviewed annually, and any recommendations will be addresses during this review.

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AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 2
POLICY NUMBER: 16-27	SUBJECT: PHYSICIAN ORDERING OF MEDICATION	

0969AS

POLICY

Medication ordering and usage in the Center will be managed by the Director of Nursing or designee. Medications will be ordered from an approved pharmaceutical source.

PROCEDURE

1) The medications for the Center are to be locked in a secure location. Access is available through individual key entry.

2) Narcotics will be kept within the Anesthesia and Recovery Room stations.

3) The Registered Nurse will check all medications on a monthly basis for quantities and dating and reorder any needed or outdated medications. All prescription pads will be kept in a secure location.

4) Medications that are outdated, discontinued or deteriorated will be disposed of according to Federal/DEA regulations.

5) All written and verbal medication orders will be signed by the physician. Any narcotics that are wasted will be documented per recommendations.

6) All medications to be used in the Surgery Center will be purchased only through the Surgery Center and only from an approved retail pharmacy source. The Director of Nursing/or Designee will manage the order and use of medications with assistance from the contracted Pharmacist.

7) Invoices for all purchased medications will be kept on file for one year.

8) No medication may be removed from the Surgery Center, opened or not opened, by any Surgery Center personnel, staff physicians, CRNA's or anesthesiologists.

9) Multi-dose medication vials are discouraged for use in the Surgery Center. Only single dose vials should be used unless a particular medication does not come in a single dose vial or container. Multiple dose medications must show the date it was first used, initials of person first using medication, and the discard date, 30 days later.

10) Medication syringes should never be pre-filled, recapped or stored in the anesthesia cart or any other locations.

11) Patients must receive instruction from the Registered Nurse or physician regarding the possible side effects of ay medications administered to patients in the Surgery Center.

12) No medications will be dispensed to patients for the purpose of taking these medications outside the facility.

13) Sample medications will neither be accepted into the facility, nor be dispensed to patients in the surgery center.

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AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 1
POLICY NUMBER: 16-29	SUBJECT: PRESCRIPTION BLANKS	

0969A5

POLICY

Prescription blanks are utilized to provide patients with the means to obtain from the pharmacy of choice the necessary medications prescribed by the physician.

PROCEDURE

1. Prescription blanks for physicians shall be kept in a secure area in the Recovery Room.

2. A copy of the prescription given to any patient or proper documentation of the medication ordered is required on the medical record.

0969AS

AKRON WOMEN'S MEDICAL GROUP

OH 00060587

ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 5
POLICY NUMBER: 14-01	SUBJECT: ENVIRONMENTAL CLEANING	

PSR + Complaint

POLICY

Patients shall be provided a safe, clean environment.

PROCEDURE

1. Housekeeping personnel shall be trained upon hire and attend in-services and maintain educational training on an annual basis.
2. All areas, including areas with limited access such as cabinet drawers, locked medication rooms, and storage areas, shall be kept clean to sight and touch and free of condensation, mold growth, and noxious odors.
3. Cleaning products in the facility shall be identified, labeled, and securely stored in a cabinet, closet, or room which is inaccessible to patients.
4. Housekeeping and cleaning supplies shall be selected and approved by the Infection Control Committee. They shall be measured and used correctly according to the manufacturer's written instructions.
5. All toilets and bathrooms shall be kept clean to sight and touch, in good repair, and free of odors.
6. Toilet tissue, soap, and disposable towels or air driers shall be provided in each bathroom at all times. Soap and disposable towels or air driers shall be provided at each hand washing sink at all times.
7. Reusable hand-cleanser dispensers shall be clean inside and out. Disposable dispensers shall be discarded and not refilled.
8. Carpeting shall be kept clean and odor-free and shall not be frayed, worn, torn, or buckled.
9. Window and partitioning curtains and drapes shall be kept clean to sight and touch and odor-free.
10. Walls, ceilings, and vents shall be kept clean to sight and touch and odor-free.
11. Windows and screens shall be kept clean to sight and touch and in good repair.
12. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility. The premises shall be kept in such condition as to prevent the breeding, harborage, or feeding of vermin. All openings to the outer air shall be effectively protected against the entrance of insects.
13. Nonskid wax shall be used on all waxed floors.
14. Plants and flowers shall not be allowed in patient treatment areas (such as operating rooms and procedure rooms) or sterile processing areas.
15. Patients shall be provided a safe, clean environment.

0969A3

OH 00060587

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 2 OF 5
POLICY NUMBER: 14-01	SUBJECT: ENVIRONMENTAL CLEANING	

A. Cleaning shall be performed on a regular basis to reduce the amount of dust, organic debris, and microbial load in surgical environments. Operating rooms shall be cleaned before and after each surgical procedure and at the end of each day. Cleaning also may be necessary during any surgical procedure.
B. All horizontal surfaces in the OR (eg furniture, surgical lights, equipment) shall be damp dusted before the first scheduled surgical procedure of the day with a clean, lint-free cloth moistened with an Environmental Protection Agency (EPA) –registered disinfectant. Equipment from areas outside the OR shall be damp dusted before being brought into the OR.
C. For subsequent surgical procedures, between-procedure cleaning is performed. Preparation of OR shall include visual inspection for cleanliness before case carts, supplies and instrument sets are brought into the room.

16. During surgical procedures, contamination should be confined and contained within the immediate vicinity of the surgical field to the degree possible.

A. Spills of contamination debris (eg, blood, tissue, body fluids) in areas outside the surgical field shall be removed as promptly as possible.
B. Small (ie, less than 10mL) spills shall be cleaned and disinfected using a soft, absorbent, low-linting cloth and either an intermediate-level dermicide (ie, germicides that are EPA-registered for hospital use and have a tubercolucidal claim) or an EPA-registered germicide product having a label claim for HIV and/or Hepatitis B virus. The selected product shall be used at the recommended dilution and for the full contact time.
C. Spills containing large amounts (ie greater than 10 mL) of blood and OPIM shall be cleaned first using a disposable absorbent material followed by application of the selected germicidal product. Used cleaning materials, including the absorbent material, shall be discarded in biohazard-labeled containers.
D. Contaminated disposable patient care items shall be discarded in leak-proof, tear-resistant, labeled containers to prevent exposure of personnel to items potentially contaminated with infectious microorganisms and to prevent contamination of the surgical environment.
E. People handling contaminated items shall wear gloves, gowns, and/or other protective attire as appropriate to the task.

F. Contaminated items shall not leave the OR unless necessary for patient care. All blood, tissue, and body-fluid specimens should be placed in leak-proof containers for health care workers' protection. The exterior surfaces of specimen containers received form the surgical field shall be cleaned with an EPA-registered hospital-grade disinfectant before leaving the surgical environment. Inanimate objects (eg, laboratory slips, x-rays, patient charts) contaminated with blood, tissue, or body fluids may expose health care workers to bloodborne pathogens. Items that cannot be discarded and replaced with noncontaminated items (eg, x-rays, patient records) shall be placed in a protective covering when possible. Items that can be discarded and replaced with noncontaminated items (eg laboratory requisitions) should be handled accordingly.

17. After each surgical procedure, a safe, clean environment should be reestablished.

A. Patient transport vehicles, including nondisposable straps and attachments, should be cleaned after use with a cloth moistened with an EPA-registered hospital-grade germicidal agent.
B. Operating room equipment and furniture that are visibly soiled shall be cleaned with an EPA-registered hospital grade germicidal agent at the end of each surgical procedure. Walls, doors, surgical lights, and ceilings shall be spot cleaned if soiled with blood, tissue, or body fluids. Mechanical friction should be used when cleaning. Equipment and furniture used for surgical procedures are considered contaminated through contact with patients and OPIM, including blood.
C. Visibly soiled areas on the floor shall be cleaned using a new or freshly laundered mop head and an EPA-registered hospital-grade germicidal agent. Unless the germicidal agent is changed after each use, the mop head shall be dipped into the solution only when it is clean and before the mopping activity is begun. A used/soiled mop head shall not be redipped into the solution, the solution shall be discarded after each use and a fresh solution mixed for additional mopping activity. Soiled mop handles shall be cleaned with the EPA-registered germicide of discarded according to the type of contamination present. For end-of-procedure cleaning, it is only necessary to clean a 3-ft to 4-ft perimeter around the surgical field when it is visibly soiled. The area cleaned should be extended as necessary to adjacent visibly soiled areas. The OR bed should be moved to check for any items (eg, sponges, instruments) that may be concealed under the bed. For daily terminal cleaning, the entire floor should be cleaned, including the area under the OR bed.

D. Disposable items contaminated with blood and/or tissue that would release blood or other infectious materials in a liquid or semi-liquid state if compressed or items that are caked with dried blood or OPIM must be placed in closable, leak-proof containers or bags that are color coded, labeled, or tagged for easy identification as biohazardous waste.
E. All used, disposable sharps (eg, needles scalpels, staples/stapling devices, electrosurgical tips, pins) are considered infectious waste. They must be placed in designated puncture-resistant containers that have a biohazard label.
F. Reusable items contaminated with blood and/or tissue that would release blood or other infectious materials in a liquid or semi-liquid state if compressed or times that are caked with dried blood or OPIM must be placed in closable, leak-proof containers or bags that are color coded, tagged, or labeled as infectious. Reusable items may include procedural drapes, gowns, and other items. Reusable items that do not release blood or other infectious material in a liquid or semi-liquid state if compressed or that are not caked with dried blood or OPIM are considered noninfectious. These items should be cleaned, decontaminated, and processed according to facility policy.
G. Until contaminated surgical instruments, basins, trays and other items are decontaminated; people handling these items must wear appropriate personal protective equipment to reduce the risk of exposure to bloodborne or other potentially infectious microorganisms.

18. Surgical procedure rooms and scrub/utility areas should be terminally cleaned daily.

A. Operating rooms in which procedures may be performed, regardless of whether they are used, shall be terminally cleaned once during each 24-hour period during the regular work week.
B. Mechanical friction and EPA-registered agent are used to clean equipment and areas hat should include, but are not limited to,
    i. Surgical lights and external tracks
    ii. Fixed and ceiling-mounted equipment
    iii. All furniture and equipment, including wheels, casters, step stools, foot pedals, telephones, and light switches
    iv. Hallways and floors
    v. Handles or cabinets and push plates
    vi. Ventilations faceplates
    vii. Horizontal surfaces (eg tops of counters, sterilizers, fixed shelving)
    viii. Substerile areas
    ix. Scrub/utility areas; and
    x. Scrub sinks

C. Operating room floors should be wet-vacuumed with an EPA-registered hospital-grade disinfectant after the last scheduled procedure of the day or at least once during a 24-hour period.
D. Cleaning equipment should be disassembled cleansed with an EPS-registered facility-approved agent, and dried before storage.

19. All areas and equipment in the Surgery Center should be cleaned according to and established schedule.

A. Areas and equipment to be cleaned should include, but are not limited to,
   i. Ducts and filters, including high-efficiency particulate air filters
   ii. Air-conditioning equipment
   iii. Return ventilation and heating grills
   iv. Recessed ceiling tracks (eg, overhead lighting tracks)
   v. Closers, cabinets, and shelves
   vi. Storerooms
   vii. Sterilizers, warming cabinets, and refrigerators
   viii. Walls and ceilings; and
   ix. Offices, lounges, lavatories, and locker rooms

OH 00060587

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: AUGUST 2009	REVISED DATE:	PAGE NUMBER: 1 OF 3
POLICY NUMBER: 16-15	SUBJECT: MEDICATION ADMINISTRATION	

0969 AS

POLICY

All medications administered to patients shall be written by a physician and administered by a nurse as per the physician's written order and documented appropriately in the patient's medical record. Medications are to be administered only by order of a physician who has staff privileges.

Purpose: To establish and maintain safe and effective guidelines for the administration of prescribed medications to patients. A medication shall be ordered, administered, and recorded according to accepted standards of practice.

PROCEDURE

The Director of Nursing is responsible for overseeing drug administration as per the following policies. The Director of Nursing reports any noncompliance to these policies to the Medical Director and the Quality Assurance Committee.

A. Responsibility

1. It is the responsibility of the physician to provide written orders for the administration of medications to a patient. The physician shall have staff privileges.

2. Prior to medication administration, it is the responsibility of the physician or nurse to:

   a. Identify the patient.
   b. Review the patient's allergies and risk conditions.
   c. Check the patient's temperature, pulse, respiration, and blood pressure, have been recorded and are stable.
   d. Verify medication ordered.

B. Documentation

1. The documentation or administration of medications shall be recorded on either the medication record form or the nurse's notes portion of the patient's record.

2. Documentation shall include, but not be limited to:

   a. Date and time given.
   b. Medication given.
   c. Dosage, route of administration
   d. Initials of the person administering the drug.

C. General Information

1. Medications prescribed for and administered to one patient shall not be administered to another patient.

2. Administration of medications shall be performed promptly, after the dose has been prepared, by the individual who prepared the dose and properly labeled.

D. Stop Order Policy

1. All medications are to be written by the physician specifically for each dose to be administered. Each medication order is for the administration of one dose, except when the order specifies otherwise.

2. Intravenous medications are administered by a registered nurse or physician in accordance to the written physician's order.

3. Oral, subcutaneous, and intramuscular medications may be administered by registered nurses, and licensed practical nurses. The nurse that administers the medication shall record the name and strength of drug, the dose given, time given, and the site of administration on the patient's medical record.

4. If the nurse questions the rationale or the safety of administering a particular medication ordered by the physician, he/she shall confer with that physician and express his/her feelings about that issue. If after an explanation by the physician, he/she is still not comfortable administering the medications, the physician shall administer that medication, if he/she feels that it is in the best interest of the patient. If the nurse feels that it is endangering the safety of the patient, he/she can file a report with the Medical Director or the advisory board.

5. If the medications were given from a multiple dose vial, and the top of the vial was punctured, the rest of the vial would be dated and initialed. Open vials are good for thirty (30) days unless specified otherwise by the drug manufacturer on the vial or package insert.

6. Verbal orders, including telephone orders are only received by a registered nurse. The order must be promptly recorded in the patient's medical record, noting the name of the person giving the verbal order, time, date, and the full signature of the individual receiving the order. A complete order contains all of the following information: Drug (trade or generic name), strength per dose, frequency (how often it is to be given), total

quantity to be administered per course of therapy where applicable, signature of physician, date and time of order.

7. Orders for IV solutions must specify the amount to be infused, for example, 1000cc/unit time.

8. Medications should never be given if the order is not complete or there is a question. All medications must be prepared and administered according to established policies and acceptable standards of practice. Medications may be administered only by licensed nurses and physicians. Medications are not to be returned to the medication container once it has been removed. Medications are not used from containers where the label is unclear or defaced. A medication should not be administered unless the individual administering the medication knows its action, usual dose, and potential side effects and any emergency treatment necessary to treat acute untoward reaction.

9. The anesthesiologist is responsible for anesthesia drug preparation and administration.

10. Assumptions or interpretations of medication orders should never be made. If the order is unclear or illegible it should be verified with the prescribing physician.

11. Written or verbal orders for drugs shall be signed by the prescribing physician. That should be done promptly, but in no case longer than 7 days.

12. Only drugs and drug products approved by the Food and Drug Administration (FDA) will be administered. However, FDA approved drugs, not approved for a specific use or route of administration (e.g. sublingual Nifedipine or epidural Fentanyl, Cytotec), can be given by order of a physician who would be responsible for any complications.

13. Physicians whose handwriting is not legible will print their orders.

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE: MARCH 31, 2011	REVISED DATE:	PAGE NUMBER: 1 OF 1
POLICY NUMBER: 07-05	SUBJECT: LEGIBILITY OF HANDWRITING	

PSR 0969AS

POLICY

HANDWRITING LEGIBILITY

All medical charts shall have legible handwriting on all parts of the patient record. If there is a physician or nurse who is not able to write legible then the chart shall be dictated to someone on staff that can legibly write and signed by the physician who handled the patient.

F

AKRON WOMEN'S MEDICAL GROUP 0969AS

PATIENT NAME:_____ PATIENT CHART NUMBER:_____

DATE OF SERVICE:_____ REVIEWERS NAME:_____

MEET-N-GREET DAY:_____ DOCTOR's NAME: RAY ROBINSON

M.H. REZAEE

Critical indictors	Action necessary	Follow-up
PT. ASSESSMENT COMPLETE/PT.ID/MED HX.COMPLETE		
PT. ID/ APPOINTMENT CARD COMPLETED		
COUNSELING DOCUMENTED		
MD/RN/ALL OTHER SIGNATURES		
LAB WORK COMPLETE		
ULTRASOUND COMPLETE		
RIDE HOME COMPLETE		
MD. ORDERS COMPLETE		
ALLERGIES/RHOGAM COMPLETE		
RECOVERY ROOM SHEET DONE		
MEDS DOCUMENTED		
PROCEDURE SHEET FILLED OUT		
TIMES AND VITALS FILLED OUT		
COMPLICATIONS FILLED OUT IF ANY		
SCRUB SHEET FILLED OUT		
DISCHARGE/RX/FOLLOW-UP COMPLETE		
PARENTAL NOTIFICATION IF NECESSARY		
PATIENT SURVEY COMPLETE		
OHIO ABORTION REPORT COMPLETE		
CITY OF AKRON ABORTION REPORT COMPLETE		
EMERGENCY CONTACT COMPLETE		
HIPPA SIGNATURE FORMS COMPLETE		
INFORMED CONSENT/ H&P DONE		
LAMINARI # AND TIME ON FRONT OF CHART		
ANESTHESIA SHEET FILLED OUT		
NOTED IF SENT TO LAB		
PAIN SCALE 0-10		
MEET-N-GREET PAPER FILLED OUT		