



The University of Texas M. D. Anderson Cancer Center  
1515 Holcombe Boulevard  
Houston, TX 77030-4095

**Organization Identification Number: 9087**

**Date(s) of Survey: 12/10/2007 - 12/14/2007**

**PROGRAM(S)**

Hospital Accreditation Program

**SURVEYOR(S)**

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**Executive Summary**

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within 45 days from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

**The Joint Commission**  
**Accreditation Survey Findings**

**Requirement(s) for Improvement**

**These are the Requirements for Improvement related to the Primary Priority Focus Area:**

**Information Management**

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**Standard:** IM.6.50

**Program:** HAP

**Standard Text:** Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : A

3. When required by law or regulation, verbal or telephone orders are authenticated within the specified time frame.

**Surveyor Findings**

EP 3

Observed in 5th Floor (Medical/Surgical) Unit at University of Texas MD Anderson Cancer Center site. During tracer activity, it was noted that a verbal medication order remained unsigned despite being transmitted six days previously.

Observed in P12 medical-telemetry at University of Texas MD Anderson Cancer Center site. During an individual tracer, it was noted that an intravenous potassium chloride was ordered on December 8, 2007. As of December 10, 2007, the order had not been authenticated by its author. The organization's policy required that telephone orders be authenticated by its author within 24 hours.

Observed in P12 medical-telemetry at University of Texas MD Anderson Cancer Blood Donation Cntr site. In the same individual tracer, another order that included "Vitamin K 5 mg po" was given as a telephone order on December 9, 2007 but was not authenticated by its author within 24 hours as required by the organization's policy.

Observed in P5 medical-surgical unit at University of Texas MD Anderson Cancer Center site. In another individual tracer, another order that included "Vitamin K 10 mg IV" was ordered but was not authenticated by its author within 24 hours as required by the organization's policy.

Observed in P5 medical-surgical unit at University of Texas MD Anderson Cancer Center site. In the same individual tracer, a second order that included "KCL 20 mg IV X1 now" was not authenticated by its author within 24 hours as required by the organization's policy.

Observed in P5 medical telemetry at University of Texas MD Anderson Cancer Center site. In the same individual tracer, a third order that included "stat ABG,CBC, PT/PTT" was not authenticated by its author within 24 hours as required by the organization's policy.

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The Joint Commission  
Accreditation Survey Findings

**Requirement(s) for Improvement**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

**Medication Management**

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**Standard:** MM.2.20

**Program:** HAP

**Standard Text:** Medications are properly and safely stored.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : A

6. Controlled substances are stored to prevent diversion and according to state and federal laws and regulations.

**Surveyor Findings**

EP 6

Observed in Gynecology Services Clinic at University of Texas MD Anderson Cancer Center site. During individual tracer activity, it was noted that an unlocked medication room contained narcotics stored in a reduced level security automated storage device. This device did not provide the double lock security required by law to house controlled substances.

Observed in P7 medical telemetry at M.D. Anderson Clinical Care Center site.

During an individual tracer, it was learned through discussions with staff that it was the routine practice of the staff to throw away used Fentanyl patches in the trash, not in the sharps container. Information regarding Fentanyl Alert in October, 2001 from the New York State Department of Health stated that "Fentanyl transdermal patches are either stolen from ward stock or in some instances, actually removed from the skin of patients. The patch is then sliced open to extract the fentanyl". The alert went on to state that "one method of rendering the patch unusable and unrecoverable is to fold it together, adhesive to adhesive, and dispose of it in a container of used sharps."

The current organization's disposal process represented an unsafe medication disposal process.

EP 15

Observed in Clinical Care Center at M.D. Anderson Clinical Care Center site.

The Nassau Bay site had been open for 5 months but there was no evidence that the 30 day pharmacy checks and review required by the hospital had been performed.

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**Standard:** MM.3.20

**Program:** HAP

**Standard Text:** Medication orders are written clearly and transcribed accurately.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : C

13. Policies and procedures regarding medication orders are implemented.

**The Joint Commission**  
**Accreditation Survey Findings**

**Requirement(s) for Improvement**

**Surveyor Findings**

EP 13

Observed in 5th Floor (Medical/Surgical) Unit at University of Texas MD Anderson Cancer Center site. During individual tracer activity, it was noted that a medication order was written without indicating the frequency of administration for that drug. Despite hospital policy and procedure calling for action to clarify this incomplete order, there was no evidence that such action occurred.

Observed in Main Inpatient Pharmacy at University of Texas MD Anderson Cancer Center site. During tracer activity leading to the pharmacy, it was noted that a post-operative order was found to read "OK to resume current medications" representing a blanket re-instatement order. This was despite hospital policy prohibiting such blanket medication orders.

Observed in 5th Floor (Medical/Surgical) at University of Texas MD Anderson Cancer Center site. During individual tracer activity, it was noted that a patient's chart contained hand-written simultaneous orders for two different medications written for the same PRN indication (Zofran and Reglan PRN nausea). Hospital policy required action to clarify this unclear order, but there was no evidence that this action had occurred.

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**Standard:** MM.4.10

**Program:** HAP

**Standard Text:** All prescriptions or medication orders are reviewed for appropriateness.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : C

1. Before dispensing, removal from floor stock, or removal from an automated storage and distribution device, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparation, and administration of the medication; or in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status (for example, new onset of nausea).

**Surveyor Findings**

**The Joint Commission**  
**Accreditation Survey Findings**

**Requirement(s) for Improvement**

EP 1

Observed in Individual Patient Tracer at University of Texas MD Anderson Cancer Center site. The record of one ambulatory surgery patient traced contained an order for 25 mcg of Fentanyl and 50 mcg of Fentanyl. In trying to determine how the pharmacist had clarified this order, it was learned that the pharmacist had entered 12.5mcg of Fentanyl into the automated storage and distribution device. Interviews with pharmacy staff indicated that the entry into the automated system had been made prior to the writing of the orders. The physician ordering the medication was not present during the administration of the medication and the medication was not ordered or needed stat.

Observed in 5th Floor (Medical/Surgical) Unit at University of Texas MD Anderson Cancer Center site. During tracer activity, it was noted that a PM dose of an insomnia medication was removed from the automated dispensing unit by nursing staff without prior review by pharmacy. Further discussion with leadership confirmed that this dispensing did not meet the hospital definition of an "urgent" medication. In this case, there was also not a licensed independent practitioner controlling the actual administration of the medication.

Observed in Post Anesthesia Care Unit at University of Texas MD Anderson Cancer Center site. During individual tracer activity, it was noted that a patient received multiple doses of IV Dilaudid over a significant time period post-operatively. While the first dose may have been considered urgent, discussion with leadership confirmed that the time frame should have allowed for pharmacy review prior to the patient receiving the second dose. Despite this fact, neither the first or second administrations underwent pharmacy review. In this case, there was also no licensed independent practitioner directly controlling the administration of the medication.

Observed in Main Pharmacy at University of Texas MD Anderson Cancer Center site. Review of a representative 24 hour pharmacy report of "override" data revealed four episodes of the removal of Tylenol from automated storage devices on four separate units during daylight hours and two episodes of removal of Tenezepam from a single unit at night, all without prior review by pharmacy. In these cases, there was no evidence that a licensed independent practitioner was controlling the administration of those medications. Further discussion with leadership confirmed that they had not yet achieved comprehensive pharmacy review of non-urgent medications throughout the inpatient service line.

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The Joint Commission  
Accreditation Survey Findings

**Requirement(s) for Improvement**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

**Patient Safety**

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**Standard:** NPSG Requirement 9B

**Program:** HAP

**Standard Text:** Implement a fall reduction program including an evaluation of the effectiveness of the program.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : C

2. The fall reduction program includes an evaluation as appropriate to the patient population, settings and services provided.

**Surveyor Findings**

EP 2

Observed in the pediatric cancer center at University of Texas MD Anderson Cancer Center site. During an individual tracer, it was noted that the fall risk assessment tool that was used to screen for the two-year old patient's risk for falling was the same tool that was used for the adult patient population.

Observed in the pediatric cancer center at University of Texas MD Anderson Cancer Center site. During a second individual tracer, it was again noted that the fall risk assessment tool that was used to screen for the five-year old patient's risk for falling was the same tool that was used for the adult patient population.

Observed in the pediatric cancer center at University of Texas MD Anderson Cancer Center site. During a third individual tracer, it was again noted that the fall risk assessment tool that was used to screen for the 17-year old patient's risk for falling was the same tool that was used for the adult patient population.

It must be noted that at the time of the survey, the organization's practice council had acknowledged that the current fall risk assessment tool was not appropriate to the age of the patient population and was therefore in the process of revising the fall risk evaluation tool for its pediatric patients.

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**The Joint Commission**  
**Accreditation Survey Findings**

**Life Safety Code**

**Inpatient Occupancy Existing Healthcare Occupancies; Section I - Buildings**

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**Requirement:** EC.A.1B.3

**Phrase:** Existing Health Care Occupancies Where two-hour fire resistance rated separations are required: openings therein are protected by at least 1 1/2-hour fire resistance rated assemblies. (EC.A.1B)(EC.A.1B.3)

**Surveyor Findings:**

During the building tour it was observed at G1.3708 in the Alkek building there were two locations where the pipes going through the barrier that were not sealed properly.

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**Inpatient Occupancy Existing Healthcare Occupancies; Section II - Rooms**

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**Requirement:** EC.A.2I.2

**Phrase:** Existing Health Care Occupancies Corridor doors are: at least 1 3/4-inches solid bonded wood core or equivalent (non-rated if sprinklered). (EC.A.2I)(EC.A.2I.2)

**Surveyor Findings:**

In the Lutheran building, the Child Visitation Room (P1.3159) corridor dutch door assembly did not latch at the bottom or top leaf.

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**Requirement:** EC.A.2K

**Phrase:** Existing Health Care Occupancies Hazardous areas are appropriately protected. (EC.A.2K)

**Surveyor Findings:**

During the building tour it was noted that the soiled linen rooms were not properly sealed to provide the protection required. This occurred on each floor where the soiled linen rooms were located in the Lutheran building.

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The Joint Commission  
Accreditation Survey Findings

## Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

### Assessment and Care/Services

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**Standard:** PC.3.10  
**Program:** HAP  
**Standard Text:** Patients who may be victims of abuse or neglect are assessed. (See standard RI.2.150.)

**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : B

2. Appropriate staff\* is educated about abuse or neglect and how to refer as appropriate.

\*Staff should be able to screen for abuse and neglect as indicated by the patient's needs or conditions. The hospital may define who conducts the full assessment for alleged or suspected abuse or neglect or refer to another organization.

Scoring Category : B

4. Victims of abuse or neglect are identified using the criteria developed or adopted by the hospital at entry into the system and on an ongoing basis.

#### Surveyor Findings

EP 2

Observed in Individual Patient Tracers at University of Texas MD Anderson Cancer Center site. Interviews with three staff members indicated that they could not recall receiving education about abuse or neglect and how to refer as appropriate. A review of their education records did not show that they had participated in any education programs about abuse or neglect.

EP 4

Observed in Individual Tracer at University of Texas MD Anderson Cancer Center site. Interviews with staff members involved in the care of three sperate patients indicated that the patients had not been assessed to determine if they were victims of abuse or neglect.

Observed in Emergency Department at University of Texas MD Anderson Cancer Center site. During tracer activity, there was no evidence that assessment for potential patient abuse or neglect had been performed.

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**Standard:** PC.4.10  
**Program:** HAP  
**Standard Text:** Development of a plan for care, treatment, and services is individualized and appropriate to the patient's needs, strengths, limitations, and goals.

**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : B

1. Care, treatment, and services are planned to ensure that they are individualized to the patient's needs.

**The Joint Commission**  
**Accreditation Survey Findings**

**Supplemental Findings**

**Surveyor Findings**

EP 1

Observed in P5-medical surgical unit at University of Texas MD Anderson Cancer Center site. During the discharge planning meeting, it was noted that the patient was transferred from P5 to intensive care unit due to excessive bleeding of the anastomosis. There was no evidence on the plan of care document that the identified problem was addressed. At the present time, the organization utilized pre-printed nursing care plans that did not allow for consistent individualization of the patients' plans for care.

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**These are the Supplemental Findings related to the Primary Priority Focus Area of:**

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**Information Management**

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**Standard:** IM.6.30  
**Program:** HAP  
**Standard Text:** The medical record thoroughly documents operative or other high risk procedures and the use of moderate or deep sedation or anesthesia. (See also standards PC.13.30 and PC.13.40)

**Secondary Priority Focus Area(s)** N/A

**Element(s) of Performance**

Scoring Category : C

2. Operative or other high-risk procedure reports dictated or written immediately\* after an operative or other high-risk procedure record the name of the licensed independent practitioner and assistants; procedure(s) performed and description of the procedure; findings; estimated blood loss; specimens removed; and postoperative diagnosis. Note: The exception to the requirement is when an operative or other high-risk procedure progress note is written immediately after the procedure (see EP # 3), in which case the full operative or other high-risk procedure report can be written or dictated within a timeframe defined by the organization

\*Immediately after a procedure Defined as "upon completion of the operation or procedure, before the patient is transferred to the next level of care." This is to ensure that pertinent information is available to the next caregiver. In addition, if the surgeon accompanies the patient from the operating room to the next unit or area of care, the operative note or progress note can be written in that unit or area of care.

**Surveyor Findings**

EP 2

Observed in Gastroenterology Lab at University of Texas MD Anderson Cancer Center site. During individual tracer activity, it was noted that a patient's chart contained a procedure note written immediately after the endoscopy, but did not contain all of the required elements. In this case, estimated blood loss was not addressed despite multiple gastric biopsies having been performed.

Observed in Gastroenterology Lab at University of Texas MD Anderson Cancer Center site. During tracer activity, it was noted that a patient's chart undergoing colonoscopy contained an immediate procedure note that did not contain all the required elements. In this case, multiple biopsies were performed, but estimated blood loss was not addressed.

The Joint Commission  
Accreditation Survey Findings

## Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

### Organizational Structure

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**Standard:** LD.3.80

**Program:** HAP

**Standard Text:** The leaders provide for adequate space, equipment, and other resources.

**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : B

4. The leaders provide for adequate equipment and other resources.

#### Surveyor Findings

EP 4

Observed in Pharmacy at University of Texas MD Anderson Cancer Center site.

Cumulative survey activity including data from multiple patient tracers, visits to both the main and satellite pharmacies, a special issue resolution session, and a meeting with senior leadership from the pharmacy and the pharmacy and therapeutics committee demonstrated that comprehensive pharmacy review of medications prior to administration to patients had not been comprehensively put in place throughout the inpatient areas. Measurable improvements had been made in the outpatient services in this regard.

Senior members indicated that resource allocations and IT support were not thought to be adequate nor was empowerment completely delegated to achieve these goals.

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The Joint Commission  
Accreditation Survey Findings

## Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

### Patient Safety

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**Standard:** MM.7.10

**Program:** HAP

**Standard Text:** The hospital develops processes for managing high-risk or high-alert medications.

**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : C

3. The processes for managing high-risk or high-alert medications are implemented.

#### Surveyor Findings

EP 3

Observed in P11 medical surgical unit at University of Texas MD Anderson Cancer Center site. During an individual tracer, it was noted that the patient was receiving analgesia delivered through PCA, which was considered as one of the organization's high-risk/high-alert category of medications. The organization's process for managing high-risk/high-alert medications required a two-person check once a shift. However, during the 7pm-7a shift on December 7, 2007, there was no evidence on the medication administration record that the two-person check was completed to assure the safety of the administration of the medication.

Observed in P11 medical-surgical unit at University of Texas MD Anderson Cancer Center site. On the same individual tracer, it was again noted on December 8, 2007 during the 7am-7pm shift that the required two-person check was not completed.

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**Standard:** NPSG Requirement 2B

**Program:** HAP

**Standard Text:** Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : C

3. The organization implements the "do not use" list and applies this list to all orders and all medication-related documentation when handwritten or entered as free text into a computer.

#### Surveyor Findings

EP 3

Observed in Gastroenterology Lab at University of Texas MD Anderson Cancer Center site. During tracer activity, it was noted that a (short-form) history and physical contained the do not use abbreviation "Q D" when referring to the daily dose of aspirin.

Observed in P 10 Unit at University of Texas MD Anderson Cancer Center site. During tracer activity, a patient's chart was found to contain two do not use abbreviations including, "QD" and "MgS04".

**The Joint Commission**  
**Accreditation Survey Findings**

**Supplemental Findings**

**Standard:** UP Requirement 1B

**Program:** HAP

**Standard Text:** Mark the operative site as described in the Universal Protocol

**Secondary Priority Focus Area(s)** N/A

**Element(s) of Performance**

Scoring Category : C

5. At a minimum, mark all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine). (Note: In addition to pre-operative skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level).

**Surveyor Findings**

EP 5

Observed in Bronchoscopy Lab at University of Texas MD Anderson Cancer Center site.

During individual tracer activity, it was noted that a patient underwent a unilateral pleuroscopy, but did not have site marking performed prior to the procedure. In this case, the practitioner was not in continuous attendance within the interval between making the decision to do the procedure and the actual performance of the pleuroscopy.

Observed in Bronchoscopy Lab at University of Texas MD Anderson Cancer Center site.

During tracer activity, it was noted that a patient underwent unilateral ultrasound-guided thoracentesis, but did not have the site marked prior to the procedure. In this case, the practitioner was not in continuous attendance within the interval between making the decision to perform the procedure and actually beginning the thoracentesis.

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The Joint Commission  
Accreditation Survey Findings

## Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

### Physical Environment

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**Standard:** EC.3.10  
**Program:** HAP  
**Standard Text:** The hospital manages its hazardous materials and waste risks.  
**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : B  
7. The hospital provides adequate and appropriate space and equipment for safely handling and storing hazardous materials and waste.

#### Surveyor Findings

EP 7  
Observed in the main pharmacy IV admixing area at University of Texas MD Anderson Cancer Center site. Hazardous materials were stored in the anteroom next to clean equipment and supplies.

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**Standard:** EC.5.20  
**Program:** HAP  
**Standard Text:** Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.  
**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : B  
1. Each building in which patients are housed or receive care, treatment, and services complies with the LSC, NFPA 101® 2000; OR Each building in which patients are housed or receive care, treatment, and services does not comply with the LSC, but the resolution of all deficiencies is evidenced through the following:

An equivalency approved by the Joint Commission Or

Continued progress in completing an acceptable Plan For Improvement (Statement of Conditions™, Part 4)

#### Surveyor Findings

See Life Life Safety Report

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