

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150002	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/03/2012
NAME OF PROVIDER OR SUPPLIER METHODIST HOSPITALS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANT ST GARY, IN 46402		
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S0000	<p>Initial Comments: The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00106268 Unsubstantiated: deficiency cited unrelated to the allegations.</p> <p>Date: 7-03-12</p> <p>Facility Number: 005002</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: claughlin 08/13/12</p>	S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0252	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(a)(1)</p> <p>(a) The Governing Board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following: (1) Function as the supreme authority of the hospital.</p> <p>Based on document review and interview, the governing board failed to assure that the facility ' s policy/procedures Patient Rights (reviewed 8-11) and Patient or Patient ' s Representative Complaint/Grievance Process (reviewed 1-12) were followed and failed to document an appropriate action in response to a grievance allegation that confidential patient information was disclosed in an outpatient setting.</p> <p>Findings:</p> <p>1. The policy/procedure Patient Rights (reviewed 8-11) indicated the following: " Issues related to patient rights are resolved through the hospital ' s grievance process ...patients (or patient ' s representative as allowed under State law) have the right to ...personal privacy [and] confidentiality of his/her clinical records. "</p> <p>2. The policy/procedure Patient or Patient</p>	S0252	<p>Corrective Actions Related to the Grievance Process: 1) The Patient Advocate and Grievance Committee members were reminded that all written complaints are considered a grievance and must follow the grievance process. (Attachment A, Grievance Committee Minutes) 2) The following actions were taken responding to the ISDH complaint investigated:</p> <p>a. The complaint was entered in the Hospital's electronic system as a late entry. (Attachment B, Complaint Log) b. The complaint was entered on the July Grievance log and will be included in the 3rd quarter grievance report presented to the Quality Board of Directors. (Attachment C, Grievance Log) c. The complaint was discussed by the Grievance Committee on July 23, 2012. (Attachment A, Grievance Committee Minutes) d. A letter was sent to the patient, including notification that a follow-up letter will be sent with resolution within 30 days. (Attachment D, Copy of Letter)</p>	07/23/2012			

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	' s Representative Complaint/Grievance Process (reviewed 1-12) indicated the following: " All patients and families will have an opportunity to voice suggestions or concerns relating to the quality of care of service provided ...A written complaint is always considered a grievance - whether from an inpatient, outpatient, released/discharged patient or their representative ...the staff should document the complaint and the actions taken to resolve it and maintain the records for quality improvement activities ...when the grievance is resolved, the patient will be sent a written response ...Patient Advocate assures all documentation concerning findings or the investigation and resultant action taken are clearly documented in the electronic web-based concern-reporting system ...Summary report is submitted to the Quality Committee of the Board of Directors ...The Patient Advocate or Risk Management staff will forward any complaints/concerns related to possible or potential violations of the Compliance Program to the Compliance Coordinator and participate as appropriate in the investigation and resolution of those issues ...The Corporate Compliance Officer will coordinate and/or conduct compliance investigations of alleged violations of law, regulation, and the Code of Organizational ethics to ensure		<u>Plan for Preventing Recurrence:</u> 1) 100% of all future written communication voicing concern(s) will be handled as a grievance and will follow the defined grievance process: a) An initial letter of receipt and investigation (if investigation and response will take longer than 7 days) will be sent to the complainant. A final letter will be written to the complainant to inform them of the steps taken to investigate the grievance, results, date of completion, and name of hospital contact person for further questions or concerns. Correspondence is reviewed/approved by the appropriate Leaders before distribution, following applicable policies/procedures. b) Complaint will be entered in the hospital's electronic system, including the concern, findings of the investigation, and actions taken. c) Complaint will be entered on the grievance log. d) A report of all grievances will be submitted to the Quality Board of Directors quarterly. The Chief Executive Officer is a member of the Quality Board of Directors. <u>Addendum:</u> The Patient Advocate will ensure compliance by monitoring the following: Numerator: Number of complaint letters received Denominator: Number of complaint letters logged on the grievance log Goal: 100% <u>Corrective Actions Related to Patient Rights</u>				

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	<p>proper investigation, follow-up, and resolution including appropriate documentation of any such investigation.</p> <p>"</p> <p>3. During an interview on 7-03-12 at 1140 hours, staff A4 indicated that the Patient Advocate A9 had received a complaint letter dated 2-25-12 alleging that confidential information was overheard by others in an open area and that a registration staff did not know what to do for an unresponsive patient. Staff A4 indicated that staff A9 had forwarded the information to the manager of registration services A10.</p> <p>4. Review of grievances for the period 1-01-12 to 3-31-12 listed in the electronic web-based concern reporting system failed to indicate a concern related to the complaint allegations.</p> <p>5. During an interview on 7-03-12 at 1130 hours, staff A4 confirmed that the list of grievances failed to indicate a concern related to the allegations.</p> <p>6. The Governing Board summary report 2012 Grievance Analysis for SLC Campus failed to indicate a confidentiality issue was among the 23 grievances included in the report.</p>		<p>(Confidentiality) 1) During the complaint survey, the follow-up actions related to the privacy complaint were reported to the surveyor. They included: a) Recent relocation of outpatient registration to new area. Relocation was on 2/19/12. Date of complaint was 2/25/12. b) After complaint was received, the staff member involved was counseled regarding patient privacy and patient emergency response. c) The issue of patient privacy was discussed with all staff at a meeting on 3/15/12. (Attachment E, Copy of Agenda) d) On 3/31/12, an e-mail was sent to all patient registration staff reminding staff on where to perform the registration process to respect patient privacy. (Attachment F, Copy of E-Mail) <u>Plan for Preventing Recurrence:</u> 1) Registration staff are aware of the process to register patients, ensuring their privacy. 2) Patients are registered in private patient booths (rooms with doors). 3) If a violation of this process is identified (by observation or complaint), corrective action is taken with the staff involved (according to HR policies). 4) If a complaint is received, it is investigated according to policy. If a pattern/trend is identified, process improvements will be initiated. Addendum: The Manager over Patient Access will periodically (at least monthly)</p>				

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	<p>7. Documentation dated 3-07-12 provided by Staff A10 indicated that the Patient Advocate A9 had authored a response letter to the complainant prior to forwarding the complaint letter to staff A10 and indicated that the complaint letter was addressed and not presented to the chief executive officer.</p> <p>8. During a telephone interview on 7-03-12 at 1230 hours, staff A10 indicated that the outpatient registration services had relocated on 2-19-12 to the present location from the opposite end of the facility by the Emergency Department. Staff A10 indicated that the registration specialist A14 was counseled by A10 following receipt of the allegations regarding the patient emergency response and a breach of information privacy and confirmed that the counseling was not documented. Staff A10 indicated that the issue of patient privacy at the front desk was discussed with all outpatient registration staff on 3-15-12 during a Patient Access Team Huddle.</p> <p>9. During a telephone interview on 7-03-12 at 1310 hours, staff A9 confirmed that the 2-25-12 complaint was forwarded to staff A10 as suggestions and confirmed that no documentation of an investigation or the results of an investigation was documented by staff A9 or A10. Staff A9</p>		observe the registration process and monitor complaints for patterns/trends related to privacy to ensure ongoing compliance.				

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	confirmed that the electronic web-based reporting system used by the Patient Advocate for all documentation involving grievances and the 2012 Grievance Analysis provided to the Governing Board failed to indicate a grievance regarding a breach of confidentiality.				