

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150023		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/13/2012	
NAME OF PROVIDER OR SUPPLIER UNION HOSPITAL INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1606 N SEVENTH ST TERRE HAUTE, IN 47804			
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S0000	<p>This visit was for the investigation of one State complaint.</p> <p>Complaint # IN00119775 Unsubstantiated: Deficiencies unrelated to the allegations are cited.</p> <p>Facility #: 005022</p> <p>Date: 12-13-12</p> <p>Surveyor: Billie Jo Fritch RN, MSN, MBA Public Health Nurse Surveyor</p> <p>QA: cloughlin 01/10/13</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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S0322	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on document review and interview, the governing board failed to ensure facility policies and procedures were followed for 1 of 1 complaint/grievance (P#1).</p> <p>Findings included:</p> <ol style="list-style-type: none"> Review of the facility policy titled PATIENT GRIEVANCE/COMPLAINT PROCEDURE on 12-13-12 indicated the following on page 4: The Director of Risk Management or Designee will facilitate a written response to the patient or patient's representative within seven (7) days from the date of receipt of a Patient Grievance. Review of facility documents on 12-13-12 indicated the facility received a complaint from P#1's patient representative dated 11-2-12; facility 	S0322	S322 This complain came to us via a phone call. The call was forwarded to the V.P. of Medical Affairs (individual relatively new in the position). He did an investigation of the complain and communicated back to the individual filing the complaint. The administrator did not realize he needed to forward the information to the Risk Manager so a letter could be written in follow-up to the phone conversation. Thus our policy was not followed. The Risk Manager did education with the VPMA about the need to forward the information to the Risk Manager so written communication could be done in follow-up to verbal communication. This was conducted on December 13, 2012. The VPMA will now forward information to the Risk Manager should such events occur in the future. The Risk Manager is the	12/13/2012			

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	<p>documentation lacked evidence a written response was provided to P#1/P#1's representative.</p> <p>3. An interview was conducted on 12-13-12 at 1225 hours with MD#3 who indicated he/she spoke with the representative of P#1 by phone on 11-16-12 to resolve the complaint/grievance; a written response was not sent as required by facility policy.</p> <p>4. An interview was was conducted on 12-13-12 at 1245 hours with B#1 who confirmed a phone conference occurred between MD#3 and the representative of P#1 on 11-16-12 and a written response was not sent as required by facility policy.</p>		owner of the process and will coordinate efforts to assure these complaints are being follow-up in writing.				

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S0771	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(g)(7)</p> <p>(g) A short stay record form used for inpatients hospitalized for less than forty-eight (48) hours, observation patients, ambulatory care patients and ambulatory surgery patients shall document and contain, but not be limited to, the following:</p> <p>(7) Final progress note, including instructions to the patient and family with dismissal diagnosis and disposition of patient.</p> <p>Based on document review and interview, the the Medical Staff failed to assure a final progress note was completed for 1 of 5 medical records reviewed, for a short stay patient (P#2).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Review of the Medical and Dental Staff Rules and Regulations (amended 2-23-12) on 12-13-12 indicated the following on page 5: The final progress note for a stay less than forty-eight (48) hours must contain the following: outcome of the hospitalization, case disposition, provisions for follow-up care, and diagnosis. 2. Review of the medical record for P#2, admitted on 9-20-12 at 1309 hours and discharged by signing out against medical advice on 9-20-12 at 2355 hours lacked 	S0771	S0771 This deficiency was corrected 1/10/13 by having the chart analysis staff in the Medical Record Department review all charts of inpatients in the hospital less than 48 hours to check for documentation of the required elements in the final progress note. If the physician has not completed the required elements in the record, a special query is sent to the physician. This query notifies the physician of the elements needed to complete the final progress note. This query is sent back to a special queue for review through the electronic system. The analysis staff check the response to the deficiency and if it is not completed as required, the analysis staff will send the deficiency back to the physician until all of the elements are documented. The Director of the Medical Records Department is responsible for making sure	01/10/2013			

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	evidence of a final progress note. 3. Interview with B#3 on 12-13-12 at 1215 hours confirmed the medical record of P#2 does not contain a final progress note as required by the Medical and Dental Staff Rules and Regulations; the physician was asked to provide a final progress note and only provided his/her initials. 4. Interview with B#1 on 12-13-12 at 1245 hours confirmed the medical record of P#2 lacked a final progress note as required by the Medical and Dental Staff Rules and Regulations.		that the system is in place, and to all ensure that all of the Medical Record Analysis Staff have been properly educated about the process		