

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150051	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2022
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NAME OF PROVIDER OR SUPPLIER IU HEALTH BLOOMINGTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2651 EAST DISCOVERY PARKWAY BLOOMINGTON, IN 47408
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S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00277548</p> <p>Unsubstantiated: Lack of sufficient evidence. Deficiencies unrelated to the allegations are cited.</p> <p>Survey Date: 1/25/2022</p> <p>Facility Number: 005047</p> <p>QA: 2/8/2022</p>	S 0000		
S 0759 Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(f)(10)</p> <p>(f) All inpatient records, except those in subsections (g), shall document and contain, but not be limited to, the following:</p> <p>(10) Nursing notes, nursing plan of care, and entries by other health care providers that contain pertinent, meaningful observations and information.</p> <p>Based on document review and interview, the hospital failed to ensure medical record nursing notes and entries by other health care providers contained pertinent, meaningful observations and information surrounding events of a patient leaving prior to discharge by a provider for 1 of 5 (P1) patient medical records (MRs) reviewed.</p> <p>Findings include:</p>	S 0759	<p>Deficiency S_759 Completion Date: 03.11.2022 Request for IDR: No Deficiency: <i>1. Incomplete Medical Record secondary to the lack of complete documentation per policy: AMA: Leaving the Hospital Against Medical Advice on a patient</i></p>	03/11/2022

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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S 0762	<p>1. Review of the policy titled AMA: Leaving the Hospital Against Medical Advice, Effective 11/9/2015 and last revised 5/17/2019, indicated that in the event of a patient leaving Against Medical Advice (AMA) documentation should include: The reason patient is requesting to leave. Documentation of the attending physician's notification, date, time, and mode of transfer will be made in the patient's record. The risks/danger of leaving AMA being communicated to the patient. Attempts made to convince the patient to stay. Condition upon leaving the hospital. Method of transportation upon release and documentation should the patient refuse to be assisted in leaving.</p> <p>2. The MR of patient P1 indicated the patient left the hospital against medical advice (AMA). The MR lacked documentation of reason for the patient's request to leave AMA. The MR indicated the attending physician was MD1 (Hospitalist) and lacked documentation of his/her notification of the patient's request to leave AMA. The MR lacked documentation of potential risks/dangers and alternatives discussed with the patient prior to him/her signing the AMA and/or leaving the facility. The MR lacked documentation of attempts made to convince the patient to stay. The MR lacked documentation of how the patient left the facility, with whom or in what condition.</p> <p>3. On 1/25/22, beginning at approximately 3:30 PM, A8, Sepsis Coordinator-Quality RN (Registered Nurse), verified MR findings.</p> <p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES</p>		<p><i>requesting to leave AMA</i> <i>Plan of Correction: Re-education provided to the nursing team and medical staff regarding the CMS Conditions of Participation and Indiana Code standards to ensure that nursing notes and entries by other health care providers contain pertinent, meaningful observations, and information surrounding events of a patient leaving prior to discharge by a provider including: Reason for request to leave AMA; Potential risks & dangers and alternatives discussed with the patient prior to signature of the AMA consent; Notification of the the patient's request to the attending physician; Condition of the patient upon leaving; Date, time, and mode of transportation upon release.</i> Prevent Recurrence: <i>Random audits will be completed on patients leaving Against Medical Advice (AMA) to ensure documentation is completed per policy. Compliance data will be shared with the Nursing Executive and Medical Staff Leadership to ensure compliance and sustainment.</i></p> <p>Responsible for Corrective Action: <i>Manager, Clinical Operations 3W</i> Completion Date: <i>03.11.2022</i></p>				

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Bldg. 00	<p>410 IAC 15-1.5-4(f)(13)</p> <p>(f) All inpatient records, except those in subsections (g), shall document and contain, but not be limited to, the following:</p> <p>(13) A discharge summary authenticated by the physician. A final progress note may be substituted for the discharge summary in the case of a normal newborn infant and uncomplicated obstetric delivery. The final progress note should include any instruction given to the patient and family.</p> <p>Based on document review and interview, the hospital failed to ensure patient record documentation contained a discharge summary (DCS) by the physician for 2 of 5 medical records (MRs) reviewed (P1 and P3).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of Rules and Regulations of the Medical Staff (MS), approved January 2018 and November 2021, indicated a Discharge Summary must be entered in the medical record by the practitioner within seven (7) days of an inpatient or observation discharge, transfer, or death. Review of patient MRs indicated the following: <ol style="list-style-type: none"> P1 was discharged/left against medical advice on 10/13/18. The MR lacked documentation of a DCS or final diagnosis. P3 was discharged 10/11/18. The MR lacked documentation of a DCS or final diagnosis. On 1/25/22, beginning at approximately 3:30 PM, A8, Sepsis Coordinator-Quality RN 	S 0762	<p>Deficiency S_762 Completion Date: 03.11.2022 Request for IDR: No Deficiency: 1. Incomplete Medical Record secondary to lack of documentation of a Discharge Summary Plan of Correction Text: Re-education provided to the Medical Staff regarding the CMS Conditions of Participation and Indiana Code standards to maintain a medical record that is accurate, timely, and readily available to ensure care transition and coordination including documentation of a Discharge Summary on patients discharged from the hospital. Prevent Recurrence: Random audits will be completed to ensure a Discharge Summary has been completed and documented within</p>	03/11/2022	

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S 0926 Bldg. 00	<p>(Registered Nurse), verified MR findings.</p> <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(1)</p> <p>(b) The nursing service shall have the following:</p> <p>(1) Adequate numbers of licensed registered nurses, licensed practical nurses, and other ancillary personnel necessary for the provision of appropriate care to all patients, as needed, to include the immediate availability of a registered nurse.</p> <p>Based on document review and interview, the hospital failed to have adequate numbers of licensed Registered Nurses (RN) and other personnel to provide nursing care to all patients as needed in accordance to their staffing guidelines for 5 of 8 shifts reviewed.</p> <p>Findings include:</p> <p>1. Review of the hospital staffing grid and guidelines for the 4-south unit, effective 12/23/18, indicated the following:</p>	S 0926	<p><i>the Medical Record. Compliance data will be shared with Medical Staff Leadership to ensure compliance and sustainment. Continued trends will be shared with Medical Staff Leadership for follow up per the Medical Staff policies, Bylaws, Rules and Regulations, as applicable.</i></p> <p>Responsible for Corrective Action: Manager Medical Staff Services</p> <p>Completion Date: 03.11.2022</p> <p>Deficiency S_926</p> <p>Completion Date: 03.11.2022</p> <p>Request for IDR: No</p> <p>Deficiency:</p> <p><i>1. Inadequate number of licensed and non-licensed personnel necessary for the provision of appropriate care to all patients in accordance to the organization guidelines</i></p>	03/11/2022

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	<p>A. Day shift for a census of 20 should staff 6 RNs and 4 Patient Care Assistants (PCAs)</p> <p>B. Day shift for a census of 21 should staff 6 RNs and 4 PCAs.</p> <p>C. Night shift for a census of 19 should staff 5 RNs and 4 PCAs.</p> <p>D. Night shift for a census of 21 should staff 5 RNs and 4 PCAs.</p> <p>2. Review of the Staffing Pattern Worksheet indicated the 4-south unit was short staff as follows:</p> <p>A. On 10/11/18 day shift, with a census of 21, was short 1 PCA; and night shift with a census of 21 was short 1 PCA.</p> <p>B. On 10/12/18 day shift, with a census of 21, was short 1 RN; and night shift with a census of 19, was short 1 RN and 1 PCA.</p> <p>C. On 10/13/18 day shift, with a census of 20, was short 1 RN.</p> <p>3. On 1/25/22, beginning at approximately 4:45 PM, A4, Regulatory, verified the staffing numbers and shortages.</p>		<p>Plan of Correction Text: The policy and guidelines for staffing nursing units has been revised to focus on the patient acuity versus ratio based staffing. The focus has been shifted to focus on the acuity and complexity of patient needs, including physical, psychological, social, and educational needs; complexity of technical equipment necessary to care for the patient, with consideration of the clinical and nonclinical skills of available nursing team. The acuity based staffing grid is utilized as a resource guide in staffing clinical and nonclinical professionals necessary to meet the patient needs. Additional initiatives have been implemented to to supplement clinical and nonclinical staffing needs for optimal resource allocation including a regional and system level nursing resource pool; 'I Can Help' and 'Helping Hands' apps that can be utilized by team members to proactively enter their availability; and 'All Hands on Deck' which shifts the focus to patient care by canceling nonpatient care activities and pulling licensed personnel in support roles to the bedside, as needed. Additional nursing personnel have been obtained through an increased number of agency RNs on staff. A centralized staffing plan has been</p>	

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			<p><i>developed and implemented to evaluate staffing across the facility for improved resource allocation across the organization.</i></p> <p>Prevent Recurrence: <i>The nursing vacancy rate of the Ortho/Neuro unit will be evaluated and analyzed monthly for comparison of the vacancy rate to the utilization of the staffing resources available to decrease the overall vacancy rate to support the nursing needs of the organization to ensure the delivery of appropriate care to all patients. The data will be shared with the Executive Nursing Leadership on a monthly cadence.</i></p> <p>Responsible for Corrective Action: <i>Director of Nursing Operations</i> Completion Date: <i>03.11.2022</i></p>	