

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150112	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/09/2014
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NAME OF PROVIDER OR SUPPLIER  COLUMBUS REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E 17TH ST COLUMBUS, IN 47201
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S000000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00139313 Substantiated: deficiency related to allegations is cited.</p> <p>Date of survey: 07-09-14</p> <p>Facility number: 005099</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 07/18/14</p>	S000000		
S001504	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(a)</p> <p>(a) If a hospital provides a community emergency service, the service shall meet the emergency needs of the patients served, within the scope of the service offered, in accordance with acceptable standards of practice, and be under the direction of a physician qualified by education or experience.</p> <p>Based on document review and</p>	S001504	S 15041. How are you going to	07/10/2014

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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	<p>interview, the emergency department failed to address/treat a patient's abnormal urinalysis within standards of practice for 1 of 5 patients (patient #N1).</p> <p>Findings include:</p> <p>1. Review of patient #N1 medical record indicated the following: (A) He/she presented to the ED at 1900 on 9/23/14. The patient was triaged at 1920 with chief complaint listed as "abdominal pain that starts under (his/her) breast and goes all the way to lower abdominal;....." (B) Test included a urinalysis which revealed a cloudy appearance to the urine, moderate leukocytes (normal range is negative for leukocytes). The microscopic exam of the urine revealed 10-20 white blood cells (normal range is negative), 0-5 red blood cells (normal range is negative), and rare squamous epithelial cells (normal is negative). (C) The patient was given prescriptions for Bentyl (stomach medication) and Tramadol (pain medication) and was discharged with diagnosis of abdominal pain unknown origin. (D) The medical record lacked evidence that the abnormal urinalysis was addressed/treated.</p> <p>2. M.D. #2 indicated the following in</p>		<p>correct the deficiency? If already corrected, include the steps taken and the date of correction.1.a. Education provided to Provider of record by supervising physician on July 10, 2014. Education included: - Kachalla, A. et al, "Missed and Delayed Diagnosis in the Emergency Department: A Study of Closed Malpractice Claims from 4 Liability Insurers", Annals of Emergency Medicine, 2007/49/2/196-205 (document uploaded)- Walsh, N, "Interruptions in the Emergency Department Can Lead to Errors", Hospital-Based Medicine, May 13, 2013 (document uploaded)- Westbrook, JI, Coiera E, Dunsmuir WTM, et al, "The impact of interruptions on clinical task completion" Qual and Saf Health Care (2010). doi:10.1136 (document uploaded)- Weesner, C, "RN and Staff Medical Pearls, UTI, UA and Squamous Cells, January, 2, 2013 (document uploaded)- Tintinalli, J. Emergency Medicine Textbook, portions of chapters on Renal Disease and Urological Emergencies pertaining to urinary tract infection and sepsis. (Reference textbook located in the Emergency Department's reference library)1.b. Perform Medical Staff peer review on identified case2. How are you going to prevent the deficiency from recurring in the future?2.a. Supervising physician to review 10 cases per month for</p>				

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	<p>interview beginning at 12:05 p.m. on 7/9/14 after reviewing urinalysis results for patient #N1:</p> <p>(A) Results of urinalysis for patient #N1 was consistent with a bladder infection. It would depend on the patient's presentation and complaints. It could be an issue with the appendix pressing on the ureter causing the evidence of white blood cells. When informed the CT scan was negative, indicated he/she would lean toward an infection and treat as such.</p>		<p>2 months with similar admitting complaints and provide feedback to provider if any concerns identified. 2.b. Continue 5% random sampling of charts and medications prescribed for patients by the provider of record (as outlined in the Delineation of Privileges). This documentation will be submitted with a request for reappointment or change in privileges.3. Who is going to be responsible for numbers 1 and 2 above?1.a. Supervising Physician for NP1.b. Medical Director of Quality Management2.a. Supervising Physiain for Provider of record2.b. Supervising Physician for Provider of record4. By what date are you going to have the deficiency corrected?1.a. July 10, 20141.b. July 29, 20142.a. First 10 records will be reviewed by July 31, 2014. Second 10 cases will be reviewed by August 30, 2014.2.b. Ongoing for the duration of privileges granted.</p>	