

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150023	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/04/2016
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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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S 0000 Bldg. 00	<p>This visit was for State investigation of a complaint.</p> <p>Complaint #IN00178684, Substantiated; Deficiencies related to the allegation are cited.</p> <p>Survey date: 5/4/16</p> <p>Facility # 05022</p> <p>QA: 6/29/16 jlh</p>	S 0000		
S 1316 Bldg. 00	<p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING 410 IAC 15-1.5-10 (e)(2)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(2) is initiated in a timely manner within time frames as established by written hospital policy; Based on document review and interview, the hospital failed to ensure discharge planning was implemented per policy for 4 of 5 patients (P1, P2, P4 and P5).</p> <p>Findings:</p>	S 1316	<p>1. How are you going to correct the deficiency? If already corrected, include the steps and the date of correction. 7/28/16 the following policies were revised and approved: a. #2904 "Discharge of a patient" -Updated as a comprehensive, interdisciplinary</p>	09/01/2016

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>1. Review of policy #2870 titled Discharge Planning indicated the following:</p> <p>a. The registered nurse (RN) shall be responsible for assessing all patients for determination of their discharge planning needs and making appropriate referrals to the Medical Social Services Department or Case Management for further intervention.</p> <p>b. The nursing plan of care shall also reflect the patient's discharge planning needs as appropriate.</p> <p>c. The RN shall document assessment findings in the Nursing Admission Assessment. If the RN identifies discharge planning needs, he/she will be responsible for making a referral to Case Management for follow-up.</p> <p>d. Current effective date: 03/11/2016</p> <p>2. Review of policy #180 titled Transfer of patients from (Hospital) and Its Affiliated Health Care Centers to Other Health Care Facilities indicated the following:</p> <p>a. Any written physician orders regarding inpatient transfer should be made known to the Utilization Management Department immediately...On review of the nurse's assessments, the Utilization Case Specialist/Discharge Planner will assess</p>		<p>guideline to patient discharge, including discharges to other facilities (pieces from the archived policies noted below) (Attachment A-S1316)</p> <p>b. #2870 "Discharge Planning": Updated to reflect current practices of Case Management (Case Managers and Discharge Planners) workflow in regards to safe discharge plans. (Attachment B-S1316)</p> <p>c. #714 "Patient ambulance transportation in non-emergency and emergency situations": Removed "The physician is to note the required level of care for transportation; car, wheelchair van, BLS or ALS." (Attachment C-S1316)</p> <p>7/28/16 The following policies were approved to be archived. Key elements of these policies were addressed in the updates of #2904 and #2870): (Attachment D-S1316)</p> <p>a. #2915 "Transfer of patients to the care of other health care facilities including home health care agencies"</p> <p>b. #673 "Payment of transportation for patients"</p> <p>c. #180 "Transfer of patients from Union Hospital and its affiliated health care centers to other health care facilities".</p> <p>7/29/16 The EMR Patient Plan of Care (POC) process was revised that when the specific triggers prompted the "Discharge Readiness" POC the one-time prompt was restructured to a</p>	

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	<p>all the patient's needs with the patient, patient family, staff nurse, and the physician.</p> <p>b. Current effective date: 04/08/2016</p> <p>3. Review of policy #2915 titled Transfer of Patients to the Care of Other Health Care Facilities...indicated the following:</p> <p>a. For patients transferred to institutions other than home health care, only the Transfer Discharge Teaching Summary must be completed.</p> <p>b. Information: See related policies for Ambulance Transfer...</p> <p>c. Current effective date: 04/13/2016</p> <p>4. Review of policy #714 titled Patient Ambulance Transportation in Non-Emergency and Emergency Situations indicated the following:</p> <p>a. When available, Utilization Case Specialist or Discharge Planners will make all the arrangements for hospital transportation.</p> <p>b. The physician is to note the required level of care for transportation; car, wheelchair van, basic life support...</p> <p>c. Current effective date: 03/11/2016</p> <p>5. Review of medical records (MR) indicated the following:</p> <p>a. P1 was admitted 7/13/15 at 20:58 hrs with a diagnosis of overdose and</p>		<p>multiple-time prompt that will trigger reminder until addressed. Scheduled revision to go live on 9/1/16 following education.</p> <p>8/3/16- Case Management staff educated on recent discharge planning policy updates, process for transfer communication and documentation, and concurrent audit tool. (Attachment E-S1316)</p> <p>8/4/16- RN Staff education initiated to cover recent discharge planning policy updates, process for transfer communication and documentation, and Plan of Care EMR update and triggers. (Attachment F-S1316)</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>9/1/16 Case Management Staff in coordination with Clinical Nurse Specialist will perform concurrent and retrospective reviews on all transfer patients being sent to another inpatient facility. (Attachment G-S1316)</p> <p>9/27/16 Audit details will report up to Quality Steering Committee for a three-month consecutive period. Expectation to be at 95% or greater by the end of the three-month consecutive time in all tracked indicators and then to be re-evaluated to determine needs for further monitoring or additional opportunities for improvement.</p> <p>3. Who is going to be responsible for numbers 1 and</p>	

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	<p>discharged 7/15/15 at 9:30 pm as a transfer to H1. The Nursing Admission Assessment indicated Plans upon Discharge; "unknown". Assistance Needed After D/C (discharge); unknown. The nursing plan of care (POC) lacked documentation of the patient's discharge planning needs.</p> <p>b. P2 was admitted 7/17/15 at 17:52 hrs with a diagnosis of acute paranoid psychosis and discharged 7/20/15 at 6:32 pm as a transfer to H1. The Nursing Admission Assessment indicated Plans upon Discharge; return home. Assistance Needed After D/C; Yes. The nursing POC lacked documentation of the patient's discharge planning needs and the MR lacked documentation of Case Management (CM) or Discharge Planning (DCP) involvement.</p> <p>c. P4 was admitted 8/27/15 at 19:40 hrs with a diagnosis of benzo (benzodiazepine) OD (overdose)/alcohol intoxication and discharged 8/29/15 at 7:20 pm as a transfer to H2. The Nursing Admission Assessment indicated Plans upon Discharge; go to live with parent/per parent. Assistance Needed After D/C; Yes. The nursing POC lacked documentation of the patient's discharge planning needs and the MR lacked documentation of Case Management (CM) or Discharge Planning (DCP) involvement.</p>		<p>2 Rhonda Smith, VP Patient Care Services, CNO</p> <p>4. By what date are you going to have deficiency corrected? 9/1/2016</p>	

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	<p>d. P5 was admitted 9/11/15 at 21:00 hrs with a diagnosis of suicidal/homicidal/ETOH (alcohol) and discharged 9/12/15 at 8:30 pm as a transfer to H1. The Nursing Admission Assessment indicated Plans upon Discharge; unknown. Assistance Needed After D/C; unsure. The nursing POC lacked documentation of the patient's discharge planning needs and the MR lacked documentation of Case Management (CM) or Discharge Planning (DCP) involvement.</p> <p>6. On 5/4/16 at 3:15 pm, A6, Director of Case Management, indicated CMs document a discharge planning assessment for each patient assessed in the EMR (electronic medical record) in the Case Management Assessment notes.</p> <p>7. On 5/4/16 at 4:45 pm, A5, Medical/surgical CNS (certified nurse specialist), indicated the nursing POC for patients P1, P2, P4 and P5 lacked documentation of the patients discharge planning needs and that the MRs for patients P2, P4 and P5 lacked documentation of Case Management (CM) or Discharge Planning (DCP) involvement.</p> <p>8. On 5/4/16 at 4:50 pm, A1, CNO (chief nursing officer), indicated that per the</p>			

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S 1318 Bldg. 00	<p>P&P, nursing staff should have included discharge planning needs for each patient for whom a need was identified.</p> <p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING 410 IAC 15-1.5-10 (e)(3)(A)(B)(C) (D)(E)(F)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(3) transfers or refers patients, along with the necessary medical information and records, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care. The information shall include, but not be limited to, the following: (A) medical history; (B) current medications; (C) activities status; (D) nutritional needs; (E) outpatient service needs; (F) follow-up care needs; and Based on document review and interview, the hospital failed to ensure</p>	S 1318	1. How are you going to correct the deficiency? If already corrected, include the steps	09/01/2016	

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	<p>appropriate discharge and transfer per policies and medical staff (MS) rules for 4 of 5 patients (P1, P2, P4 and P5).</p> <p>Findings:</p> <p>1. Review of policy #2904 titled Discharge of a Patient indicated the following KEY POINTS:</p> <ul style="list-style-type: none"> a. Check on available transportation. b. Have patient or significant other sign discharge instructions sheets. c. Confirm arrangements with appropriate agency and call report if applicable. d. Complete Inter-Agency Referral Form when indicated. e. Current Effective Date: 03/11/2016 <p>2. Review of policy #180 titled Transfer of Patients from (Hospital) and Its Affiliated Health Care Centers to Other Health Care Facilities indicated the following:</p> <ul style="list-style-type: none"> a. Any written physician orders regarding inpatient transfer should be made known to the Utilization Management Department immediately. b. On review of the nurse's assessments, the Utilization Case Specialist/Discharge Planner will assess all the patient's needs with the patient, patient family, staff nurse, and the 		<p>and the date of correction.</p> <p>7/28/16 the following policies were revised and approved:</p> <ul style="list-style-type: none"> a. #2904 "Discharge of a patient" -Updated as a comprehensive, interdisciplinary guideline to patient discharge, including discharges to other facilities (pieces from the archived policies noted below) (Attachment A-S1318) b. #2870 "Discharge Planning": Updated to reflect current practices of Case Management (Case Managers and Discharge Planners) workflow in regards to safe discharge plans. (Attachment B-S1318) c. #714 "Patient ambulance transportation in non-emergency and emergency situations": Removed "The physician is to note the required level of care for transportation; car, wheelchair van, BLS or ALS." (Attachment C-S1318) <p>7/28/16 The following policies were approved to be archived. Key elements of these policies were addressed in the updates of #2904 and #2870): (Attachment D-S1318)</p> <ul style="list-style-type: none"> a. #2915 "Transfer of patients to the care of other health care facilities including home health care agencies" b. #673 "Payment of transportation for patients" c. #180 "Transfer of patients from Union Hospital and its affiliated health care centers to other health care facilities". 	

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	<p>physician.</p> <p>c. Although the Case Specialist (CS)/Discharge Planner (DCP) will assess patient's discharge planning needs within 24 hours of admission...the unit staff may need to contact the CS/DCP for transportation plans prior to the initial assessment.</p> <p>d. The physician is responsible for the patient's hospital care and will write orders for discharge including transfer orders.</p> <p>e. If the patient is being transferred to another acute care facility, the referring physician must contact the receiving physician to determine acceptance...Acceptance by the receiving facility and physician must be documented.</p> <p>f. Upon receipt of the transfer order, arrangements are made for patient transfer as needed per agreement of patient/family.</p> <p>g. Current effective date: 04/08/2016</p> <p>3. Review of policy #2915 titled Transfer of Patients to the Care of Other Health Care Facilities...indicated the following:</p> <p>a. If the patient is being transferred to another acute care facility, the referring physician must contact the receiving care physician to determine acceptance of patient transfer.</p>		<p>8/1/16- Chief Medical Officer presented education on physician requirements on transfers including documentation and discharge summaries. (Attachment E-S1318)</p> <p>8/3/16- Case Management staff educated on recent discharge planning policy updates, process for transfer communication and documentation, and concurrent audit tool. (Attachment F-1318)</p> <p>8/4/16- RN Staff education initiated to cover recent discharge planning policy updates, and process for transfer communication and documentation. (Attachment G-1318)</p> <p>8/8/16 A correspondence along with postings scheduled to be submitted to Medical and Dental Staff on physician requirements on transfers including documentation and discharge summaries. Education of topic also to be presented at the 8/9/16 Department of Medicine and the 8/11/16, Department of Surgery meetings</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>9/1/16 Case Management Staff in coordination with Clinical Nurse Specialist will perform concurrent and retrospective reviews on all transfer patients being sent to another inpatient facility. (Attachment H-1318)</p> <p>8/23/16 Discharge summary</p>				

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	<p>b. The Inter-Agency Transfer Form must be used to document patient transfer information.</p> <p>c. For patients transferred to institutions other than home health care, only the Transfer Discharge Teaching Summary must be completed.</p> <p>d. Information: See related policies for Ambulance Transfer...</p> <p>e. Current effective date: 04/13/2016</p> <p>4. Review of policy #714 titled Patient Ambulance Transportation in Non-Emergency and Emergency Situations indicated the following:</p> <p>a. POLICY: Patient ambulance transportation to another healthcare facility...shall be arranged by hospital personnel.</p> <p>b. When available, Utilization Case Specialist or Discharge Planners will make all the arrangements for hospital transportation.</p> <p>c. In the event Utilization Management staff are not available to make the arrangement, nursing personnel will be involved...</p> <p>d. The physician is to note the required level of care for transportation; car, wheelchair van, basic life support...</p> <p>c. Current effective date: 03/11/2016</p> <p>5. Review of policy #673 titled Payment of Transportation for Patients indicated</p>		<p>compliance will report up to Quality Steering Committee for a three-month consecutive period. Expectation that discharge summary for inpatient stays and final progress notes for short stays (less than 48 hours) will be at 100% by the end of the three-month consecutive time and then to be re-evaluated to determine needs for further monitoring or additional opportunities for improvement. 9/27/16 Audit details will report up to Quality Steering Committee for a three-month consecutive period. Expectation to be at 95% or greater by the end of the three-month consecutive time in all tracked indicators and then to be re-evaluated to determine needs for further monitoring or additional opportunities for improvement.</p> <p>3. Who is going to be responsible for numbers 1 and 2 Rhonda Smith, VP Patient Care Services, CNO</p> <p>4. By what date are you going to have deficiency corrected? 9/1/2016</p>		

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	<p>the following:</p> <p>a. PURPOSE: To ensure that all parties involved are utilizing consistent procedures to provide a safe mode of transportation upon discharge.</p> <p>b. Patients Nurse or Case Management Staff nurse will assess the patient for transportation needs upon discharge.</p> <p>c. Current effective date: 04/08/2016</p> <p>6. Review of the policy titled Completion of Discharge Summaries indicated the following:</p> <p>a. A discharge summary must be completed on all inpatients at the time of discharge. The discharge summary must be completed within 7 days from the date of discharge.</p> <p>b. The discharge summary for patients hospitalized less than 48 hours can be documented in the final progress note or on the discharge summary...</p> <p>c. Reviewed: 10/15</p> <p>7. Review of MS Rules and Regulations indicated the following:</p> <p>a. The Discharge Summary must be dictated within seven (7) days from the date of discharge on all inpatients that are hospitalized longer than 48 hours.</p> <p>b. The final progress note for a stay less than 48 hours must contain the following...Outcome of the</p>				

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	<p>hospitalization, Case disposition, Provisions for follow-up care, Diagnosis.</p> <p>c. The Rules were approved February 2016.</p> <p>8. Review of patient medical records (MR) indicated the following:</p> <p>a. P1 was admitted 7/13/15 at 20:58 hrs with a diagnosis of overdose and discharged 7/15/15 at 9:30 pm as a transfer to H1.</p> <p>i. Case Management Progress Note dated 7/15/15 at 11:34 am indicated Behavioral Health (BH) met with patient; states patient is suicidal and will need psych (psychiatric) placement once medically cleared. BH will work on d/c (discharge) plan for patient (pt) at this time.</p> <p>ii. Hand written physician's orders indicated the following: 7/15/15 at 15:35 hrs; transfer to H1 Stress Unit, waiting for behavioral health to o.k. availability of bed. O.K. for (family) to transfer pt to H1 per private vehicle, pt medically stable. Per P.O. (telephone order). At 18:10 hrs, per VTO (verbal telephone order) Ok to transfer pt to inpatient H1 Stress Unit once bed is available. Pt is to transfer by ambulance. At 20:32 hrs per VTO; Ok for pt to be transported to H1 by (family). The order was authenticated by the physician on 7/20/15 at 8:55 am.</p> <p>iii. Behavioral Health (BH)</p>			

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	<p>consultation documentation dated 7/15/15 at 10:58 hrs, Assessment and Recommendations indicated: Because of the severity ...recent suicide attempt and recurring suicidal ideations, psychiatric hospitalization is warranted.</p> <p>iv. The Discharge Inter-Agency form lacked indication of date or time of contact with accepting physician.</p> <p>v. RN (registered nurse) Progress Note dated 7/15/15 at 8:30 pm indicated the following: Pt's (family) to transport to H1 stress center...Pt to call corrections officer upon arrival home, upon leaving home for H1, and then upon arrival to H1...Pt escorted out of hospital...</p> <p>vi. The MR lacked documentation of a discharge summary and/or a final progress note with outcome of the hospitalization, case disposition, provisions for follow-up care and diagnosis.</p> <p>vii. The MR lacked documentation of transfer arrangements confirmed or of report called to H1.</p> <p>viii. The MR lacked documentation of mode of transport.</p> <p>b. P2 was admitted 7/17/15 at 17:52 hrs with a diagnosis of acute paranoid psychosis and discharged 7/20/15 at 6:32 pm as a transfer to H1.</p> <p>i. The MR lacked documentation of CS or DCP involvement.</p> <p>ii. BH Progress Note dated</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>7/20/15 at 9:50 am indicated the following: Pt is considered a danger to self.</p> <p>iii. Discharge Inter-Agency forms lacked patient or significant other signature.</p> <p>iv. The MR lacked documentation of transportation needs addressed.</p> <p>v. The MR lacked documentation of transfer arrangements confirmed or of report called to H1.</p> <p>vi. The Transfer Discharge Assessment indicated the following: Discharged to: Previous Living; Accompanied by: Family; Other; sheriff's department; Discharged via: Walking; Carried by whom: (area blank).</p> <p>vii. The Discharge Summary indicated Disposition: Patient is going to be transferred to H1 inpatient psych (psychiatric) facility.</p> <p>viii. Discharge instructions lacked documentation of any signatures.</p> <p>ix. The MR lacked documentation physician notation of required level of care for transportation or any notation as to mode of transport.</p> <p>c. P4 was admitted 8/27/15 at 19:40 hrs with a diagnosis of benzo (benzodiazepine) OD (overdose) alcohol intoxication and was discharged 8/29/15 at 7:20 pm as a transfer to H2.</p> <p>i. The MR lacked documentation of CS or DCP involvement.</p>						

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	<p>ii. The MR lacked documentation of transportation needs addressed.</p> <p>iii. The MR lacked documentation of physician notation related to required level of care for transportation or any notation as to mode of transport..</p> <p>iv. The Discharge Inter-Agency form lacked indication of date or time of contact with accepting physician and lacked patient or significant other signature.</p> <p>d. P5 was admitted 9/11/15 at 21:00 hrs with a diagnosis of suicidal, homicidal, ETOH (alcohol) and was discharged 9/12/15 at 8:30 pm as a transfer to H1.</p> <p>i. The MR lacked documentation of CS or DCP involvement.</p> <p>ii. Physician Orders dated 9/12/15 at 12:54 hrs indicated Discharge Patient To: Other; Dx Alcohol intoxication; F/U (follow up) Appts (appointments): go to H3.</p> <p>iii. RN Progress Note dated 9/12/15 9:12 pm indicated: Called report to H1. Pt is being transferred to H1.</p> <p>iv. Discharge Summary documentation dated 9/12/15 at 12:47 hrs indicated Disposition: Discharged home. Addendum dated 9/12/15 at 12:54 hrs: The patient was not cleared by BH service...actively suicidal as well as having some homicidal thoughts...The patient will be discharged to H3 when a</p>						

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	<p>bed is available.</p> <p>v. Discharge instructions dated 9/12/15 at 1:13 pm indicated Destination Upon Discharge: Home with Additional Services. The Discharge instructions lacked signature by patient or significant other.</p> <p>vi. The MR lacked documentation of an Inter-Agency Transfer form.</p> <p>vii. The MR lacked documentation of where the patient was transferred/discharged or by what means/mode of transport.</p> <p>9. On 5/4/16 at 3:15 pm, A6, Director of Case Management, indicated transportation needs are documented in CM notes as a conversation with the patient and/or family. A6 indicated first choice of transfer transportation is with family unless there is a clinical need. A6 indicated that in making transportation decisions for patients the CM will read any notes by the HCPs (healthcare provider) and the first priority would be to provide safe transportation. A6 indicated uncertainty of a process for determining appropriateness of family transporting patients with psychosis or suicidal/homicidal ideation.</p> <p>10. On 5/4/16 at 4:45 pm, A5, Medical/surgical CNS (certified nurse specialist), indicated discharge/transfer</p>			

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	<p>and transportation documentation for P1, P2, P4 and P5 failed to comply with policies.</p> <p>11. On 5/4/16 at 4:50 pm, A1, Chief Nursing Officer, indicated physicians/MS should be writing discharge summaries or final progress notes for all patients discharged from the hospital and the MR should contain information of how the patient is to be transported to another facility.</p>			