

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/26/2012
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NAME OF PROVIDER OR SUPPLIER  ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750
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S0000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00108506 Substantiated: Deficiencies cited.</p> <p>Date of survey: 6-26-12</p> <p>Facility number: 005089</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 07/13/12</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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S0276	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (b)(1)</p> <p>(b) The governing board is responsible for the conduct of the medical staff. The governing board shall do the following: (1) Determine, with the advice and recommendation of the medical staff, and in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff.</p> <p>Based on document review and staff interview, the governing board failed to ensure hospitalist #1 responded to request to evaluate patients for 1 of 5 patients (patient #1).</p> <p>Findings include:</p> <p>1. Review of patient #1 medical record indicated the following: (A) The patient was admitted to facility #1 and underwent an anterior cervical discectomy and fusion of C 6-7 on 5/1/12 after a car crash where he/she sustained fractures in the area. (B) The patient was admitted to the post surgical unit at 1730 and complained of pain to the right side of the sternum at 1850. Narrative nurses notes state "patient is anxious". Hospitalist #1 was called with no orders received. The narrative notes state "... (hospitalist #1) refused to come see patient that (he/she)</p>	S0276	<p><b>Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. <u>Credible Allegation of Compliance:</u> For the purpose of any allegation that St. Mary's Medical Center (St. Mary's) is not in substantial compliance with Indiana Administrative Code IAC 15-1 and accompanying regulations, this response constitutes St. Mary's allegations of compliance. <u>Credible Allegation of Correction:</u> For each of the following findings, St. Mary's incorporates by reference its response as set forth above. Within 30 days: Chief</b></p>	07/27/2012			

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	<p>is too busy at this time. will not let me read ekg to here (known error), stated she was not coming to see patient unless rrt (rapid response team) called but (he/she) told me not to call just to get her to see patient."</p> <p>2. RN #1 indicated the following in interview at 4:30 p.m. on 6/26/12: (A) Hospitalist #1 did initially refuse to see patient #1.</p>		<p>Medical Officer verbally counseled hospitalist regarding specific incident and the expectations for proper response to nursing when reporting change in patient's medical condition. The Chief Medical Officer will be responsible for ensuring the hospitalist's compliance with proper interactions with staff and timely response to patients' needs. To monitor the physician's compliance with timely response to changes in patient's medical condition, the Chief Medical Officer will review 100 percent of the hospital's Code of Conduct forms and event reports which are to be completed by all staff who experience an incident when a physician does not respond timely.</p>		

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S0871	<p>410 IAC 15-1.5-5 Medical Staff 410 IAC 15-1.5-5(b)(3)(O)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall: (3) include, but not be limited to, the following:</p> <p>(O) A requirement that all verbal orders must be authenticated by the responsible individual in accordance with hospital and medical staff policies. The individual receiving a verbal order shall date, time, and sign the verbal order in accordance with hospital policy. Authentication of a verbal order must occur within forty-eight (48) hours unless a read back and verify process described under items (i) and (ii) is utilized. If a patient is discharged within forty-eight (48) hours of the time that the verbal order was given, authentication shall occur within thirty (30) days after the patient's discharge.</p> <p>(i) As an alternative, hospital policy may provide for a read back and verify process for verbal orders. Any read back and verify process must require that the individual receiving the order shall immediately read back the order to the ordering physician or other responsible individual who shall immediately verify that the read back order is correct.</p> <p>(ii) The individual receiving the verbal order shall document in the patient's medical record that the order was read back and verified. Where the read back and verify process is followed, the hospital shall require authentication of the verbal order not later than thirty (30) days after the patient's discharge.</p>						

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	<p>Based on document review and staff interview, the facility failed to ensure the person taking a verbal order documented the correct time of the order per policy for 1 of 3 verbal orders reviewed.</p> <p>Findings include:</p> <p>1. Facility policy titled "VERBAL/TELEPHONE ORDERS" last reviewed/revised 1/9/12 states on page 1: "D. Verbal/telephone orders: 1. Must be dated and timed and authenticated."</p> <p>2. Review of patient #1 medical record indicated the following: (A) Nurses notes at 1910 on 5/1/12 indicate Cardiologist #1 was consulted. Notes state ".....order cardiac enzymes call if tropin abnormal, gave orders for metoprolol and nitro if needed for chest pain will continue to monitor." The verbal order from cardiologist #1 and written by RN #2 had the incorrect time. The order was dated 5/1/12 and had 0743 as the time. Per nurses notes, the time was 1910 on 5/1/12.</p> <p>3. Staff member #1 verified the incorrect time on the order at 4:20 p.m. on 6/26/12.</p>	S0871	<p>Within 30 days:1. Registered Nurse was verbally counseled regarding documentation of dating and timing verbal orders, in accordance with hospital policy, Verbal/Telephone Orders. (7/13/12)2. All Registered Nurses on 5 South/General Surgical nursing unit received re-education regarding proper documentation of verbal orders during department minutes, in accordance with hospital policy, Verbal/Telephone Orders. (7/24/12)Second 30 Day Period1. Ten medical records will be audited for compliance during the month of August with a minimum compliance goal of 90%. If the goal is not met, the audit will continue until compliance is achieved. 2. Oversight responsibility for compliance with correct documentation of verbal orders will be provided by Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation, Executive Director, Medical Nursing, and Director, 5South/General Surgical nursing unit.</p>	07/27/2012	

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S0912	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii)(iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on document review and staff interview, the facility failed to maintain current job descriptions for 1 of 2 Registered Nurses (RN) personnel files reviewed.</p>	S0912	<p>Within first 30 Days:1. Human Resource Manager notified all Nursing Unit Managers and Directors that a copy of the Job Description must be provided to all employees, along with</p>	07/27/2012			

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	<p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of RN #1 personnel file indicated the following: (A) The job description in the file was for a student nurse extern and not an RN.</li> <li>Staff member #5 verified that the file did not contain an RN job description at 1:30 p.m. on 6/26/12.</li> </ol>		<p>documentation that it was received by the employee (Completed 6/26/12)2. Human Resource Manager re-educated Human Resource staff that process new hire documentation that documentation must be present in the employee file indicating a Job Description was given to the employee (6/26/12)3. Auditing and monitoring for 100 percent compliance will be the responsibility of the Senior Vice President/Chief Nursing Officer, Vice President Human Resources, Vice President, Regulatory Compliance, Risk, and Accreditation, Human Resource Manager. (6/26/12 and ongoing)</p>		

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S0930	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review, the facility failed to ensure a registered nurse educated patients on equipment usage and tested equipment prior to use for 1 of 5 patients (patient #1).</p> <p>Findings include:</p> <p>1. Review of patient #1 medical record indicated the following: (A) The patient was admitted to facility #1 and underwent an anterior cervical discectomy and fusion of C 6-7 on 5/1/12 after a car crash where he/she sustained fractures in the area. (B) Nurses notes at 2030 on 5/1/12 indicated that a "yanker" (suction catheter) was given to the patient to help with secretions that (he/she) is unable to cough up. The notes did not indicate that the patient was educated on use of the yanker catheter/suction. There was no indication in the record that the suction was checked prior to giving the patient the yander catheter.</p>	S0930	<p>Within 30 Days: 1. Registered Nurse who documented that she provided suction to patient was counseled regarding need for patient education on use of equipment, including patient's competency. She was further advised stated education should be documented in the medical record (Completed 7/13/12).2. Registered Nurse was also counseled on checking equipment to ensure in working order prior to handing off to patient followed by documentation of status in medical record (Completed 7/13/12)3. All staff on 5 South/General Surgical received re-education during department meeting about ensuring equipment in working order prior to providing to patient and that patients must receive education on proper use of equipment and that patients competency must be evaluated prior to use. Patient education and competency, along with status of equipment, are to be noted in the medical record (Completed 7/24/12)Within second 30 days:4. In the month of</p>	07/27/2012	

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	<p>2. When the maintenance department was requested to check the suction by staff member #1 on 6/26/12, it was discovered that it did not work.</p> <p>3. An email from staff member #1 received on 6/29/12 states "....I have also attached a work order for the test performed on 6/25/12 which indicates the suction was not working and the Engineering Services employee replaced the equipment." (Known date error. The request was made on 6/26/12 during the survey) (B) Work order #0000770610 indicated a new "vac outlet" was installed.</p>		<p>August, 10 charts will be audited to verify Registered Nurses documented patient education, patient's competency, and that equipment was in working order.</p> <p>5. Oversight for compliance will be the responsibility of the Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation, Executive Director, Medical Nursing, Director of Nursing, 5 South/General Surgical.</p>		

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S0934	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6(b)(5)</p> <p>(b) The nursing service shall have the following:</p> <p>(5) A registered nurse shall assign the care of each patient to nursing personnel in accordance with the patient's need and the specialized qualifications and competence of the nursing staff available.</p> <p>Based on document review and staff interview, the facility failed to ensure patient care was provided in accordance with competency of nursing staff for 1 of 5 patients (patient #1).</p> <p>Findings include:</p> <p>1. Review of RN #1 personnel file indicated the following: (A) Document titled "Job Specific Orientation" had a section on page 4 for signs and symptoms of shock and post-op hemorrhage. This section was left blank. One column of the section was completely blank and the other column had lines drawn through it.</p> <p>2. Staff member #1 indicated the following in interview at 4:00 p.m. on 6/26/12: (A) He/she verified the lack of orientation to postoperative hemorrhage</p>	S0934	<p>Within 30 Days or less:1. Signs and symptoms of shock and post-op hemorrhage were reviewed with noted RN by the Clinical Nurse Specialist for Medical/Surgical Services, but education was not documented (Completed 5/2/12)2. The Registered Nurse's Job Specific Orientation checklist was updated to reflect she received education on the signs and symptoms of shock and post-op hemorrhage on 5/2/12 (Completed 6/26/12)Within Second 30 Day Period:1. All Registered Nurses on 5South/General Surgical Services will have received re-education on signs and symptoms of shock and post-op hemorrhage (Completed 8/31/12)2. Auditing and monitoring for completion of Job Specific Orientation checklist will be performed for 60 days with a goal of 100 percent compliance. 3. Oversight for compliance will be the responsibility of Senior</p>	07/27/2012	

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	<p>for RN #1.</p> <p>3. Review of patient #1 medical record indicated the following:</p> <p>(A) The patient was admitted to facility #1 and underwent an anterior cervical discectomy and fusion of C 6-7 on 5/1/12.</p> <p>(B) The patient was admitted to the post surgical unit and care was provided by RN #1. He/she did not recognize and report signs of hemorrhage to the physician. Nurses notes at 1930 indicated the patients vitals were blood pressure 160/110, pulse 102, and respirations 24.</p> <p>(C) Nursing notes at 1945 state "pt is agitated and moving around a lot."</p> <p>(D) Nurses notes at 2030 state "Pt getting increasingly anxious; .....Notified (M.D. #1) of pt's continuing anxiety; ....."</p> <p>The physician was not notified of the increased blood pressure, pulse, and respirations.</p> <p>(E) The patients condition deteriorated and a rapid response team was called. The patient underwent a second surgery to remove a large amount of clot in the prevertebral space. He/she was returned to ICU after surgery at 0215 on 5/2/12. He/she remained in intensive care and on a ventilator until 5/4/12.</p>		Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation, Executive Director, Medical Nursing, Director, 5South/General Surgical		

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