

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/19/2015
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NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804
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S 0000 Bldg. 00	The visit was for investigation of a State complaint. Complaint Number: IN00177841 Substantiated: No deficiencies related to the allegations are cited. An unrelated deficiency is cited. Date 11-19-15 QA: cjl 12/15/15	S 0000		
S 0838 Bldg. 00	410 IAC 15-1.5-5 MEDICAL STAFF 410 IAC 15-1.5-5 (b)(1) (b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall: (1) be approved by the governing board; Based upon document review, the medical staff failed to enforce its bylaws and rules and ensure all dictated and transcribed medical record (MR) entries were authenticated in a timely manner for 1 of 6 MRs reviewed (patient 27) for two occurrences. Findings include:	S 0838	1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. To correct the deficiency, all Medical Staff will be re-educated to the Medical Staff Rules & Regulations that state "the	01/12/2016

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. The policy/procedure Medical Record Access and Documentation Guidelines (approved 4-15) indicated the following: Documentation in the medical record will follow the guidelines set forth in the Medical Staff Rules and Regulations and standards of practice as set forth by the American Health Information Management Association and other disciplines. The health care physician/practitioner who treats a patient shall have the responsibility for documenting and authenticating the care rendered. The policy/procedure failed to specify a timeframe requirement for entry authentication by a physician or allied health practitioner.</p> <p>2. The Medical Staff Rules and Regulations (approved 4-15) indicated the following: Completion of Medical Records. The patient's medical record shall be complete at the time of discharge, including progress notes and final diagnosis ...The written or dictated discharge summary shall be completed within thirty (30) days of discharge.</p> <p>3. On 11-23-15 at 0800 hours, the quality director, staff A3, and the quality director, staff A4, were requested to provide a copy of a Medical Staff requirement for authenticating dictated</p>		<p>patient's medical record shall be complete at the time of discharge, including progress notes and final diagnosis ...The written or dictated discharge summary shall be completed within thirty (30) days of discharge". It will be clarified with the Medical Staff that completion of the medical record includes authentication of all dictated summaries. This education will be presented to the Medical Staff via the monthly Med Staff Newsletter.</p> <ul style="list-style-type: none"> The Chief Medical Officer addressed the deficiency of a discharge summary completed greater than 30 days after discharge and no authentication of the summary with the responsible physician provider via email correspondence. <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <ul style="list-style-type: none"> All patient records are reviewed by the Health Information Management Department (HIM) to ensure completion of the entire medical record as well as a Discharge Summary is present in the record within 30 days of discharge. Records are assigned a Dictation Deficiency and or authentication/signature deficiency at the time the record is reviewed by HIM, if there is no discharge summary or signature 	

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	<p>and transcribed MR entries if not incorporated by the general statements indicated above and no other documentation was provided in response.</p> <p>4. Review of patient 27's History and Physical dated 6-11-15 by admitting physician MD11 indicated the transcribed report was not authenticated for 54 days following discharge on 6-24-15, until 8-17-15.</p> <p>5. Review of patient 27's Discharge Summary dated 10-14-15 by discharging physician MD16 indicated the report was not dictated for 112 days following discharge on 6-24-15 and was not authenticated by the time of survey on 11-19-15.</p> <p>6. On 11-23-15 at 1135 hours, the quality manager, staff A3, confirmed the MR documentation for patient 27 failed to indicate a timely authentication by either physician and confirmed the discharge summary failed to indicate it was dictated within the required 30 day timeframe.</p>		<p>present. The responsible physician is notified of the deficiency with a request to complete the document. Records with deficiencies are reviewed weekly to ensure missing documents and signatures are completed and scanned into the record. If a deficiency remains absent after 30 days, a Delinquent Deficiency is assigned and the responsible physician is notified via email, postcard notice, and fax and he/she is placed in pending suspension. Monthly, the Delinquent Deficiency list is submitted to the Chief Medical Officer who corresponds with the individual responsible physicians to ensure all delinquencies are completed.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</p> <p>· The Chief Medical Officer will be responsible for the plan of correction.</p> <p>4. By what date are you going to have the deficiency corrected?</p> <p>· The Chief Medical Officer addressed the deficiency of a discharge summary completed</p>	

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			<p>greater than 30 days after discharge and no authentication of the summary with the responsible physician provider via email correspondence on December 22, 2015.</p> <p>Medical Staff will be re-educated to the Medical Staff Rules & Regulations that state "the patient's medical record shall be complete at the time of discharge, including progress notes and final diagnosis ...The written or dictated discharge summary shall be completed within thirty (30) days of discharge". It will be clarified with the Medical Staff that completion of the medical record includes authentication of all dictated summaries. This education will be presented to the Medical Staff via the monthly Med Staff Newsletter on January 12th, 2016.</p>		