

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151319	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2013
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NAME OF PROVIDER OR SUPPLIER GIBSON GENERAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 SHERMAN DR PRINCETON, IN 47670
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S000000	<p>This visit was for the investigation of one State hospital complaint.</p> <p>Complaint Number: IN00122100 Substantiated: Deficiency related to the allegations is cited.</p> <p>Date of Survey: 2-25-13</p> <p>Facility: 005019</p> <p>Surveyor: Billie Jo Fritch RN, MBA, MSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 04/23/13</p>	S000000		
S000422	<p>410 IAC 15-1.4-2.2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2.2(a)(2)</p> <p>(2) A process for reporting to the department each reportable event listed in subdivision (1) that is determined by the hospital's quality assessment and improvement program to have occurred within the hospital. (b) Subject to subsection (e), the process for</p>			

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>determining the occurrence of the reportable events listed in subsection (a)(1) improvement program shall be designed by the hospital to accurately determine the occurrence of any of the reportable events listed in subsection (a)(1) within the hospital in a timely manner.</p> <p>(c) Subject to subsection (e), the process for reporting the occurrence of a reportable event listed in subsection (a)(1) shall comply with the following:</p> <p>(1) The report shall:</p> <p>(A) be made to the department;</p> <p>(B) be submitted not later than fifteen (15) working days after the serious adverse event is determined to have occurred by the hospital's quality assessment and improvement program;</p> <p>(C) be submitted not later than four (4) months after the potential reportable event is brought to the program's attention; and</p> <p>(D) identify the reportable event, the quarter of occurrence, and the hospital, but shall not include any identifying information for any:</p> <p>(i) patient;</p> <p>(ii) individual licensed under IC 25; or</p> <p>(iii) hospital employee involved;</p> <p>or any other information.</p> <p>(2) A potential reportable event may be identified by a hospital that:</p> <p>(A) receives a patient as a transfer; or</p> <p>(B) admits a patient subsequent to discharge;</p> <p>from another health care facility subject to a reportable event requirement. In the event that a hospital identifies a potential reportable event originating from another health care facility subject to a reportable event requirement, the identifying hospital shall notify</p>			

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	<p>the originating health care facility as soon as they determine an event has potentially occurred for consideration by the originating health care facility's quality assessment and improvement program.</p> <p>(3) The report, and any documents permitted under this section to accompany the report, shall be submitted in an electronic format, including a format for electronically affixed signatures.</p> <p>(4) A quality assessment and improvement program may refrain from making a determination about the occurrence of a reportable event that involves a possible criminal act until criminal charges are filed in the applicable court of law.</p> <p>(d) The hospital's report of a reportable event listed in subsection (a)(1) shall be used by the department for purposes of publicly reporting the type and number of reportable events occurring within each hospital. The department's public report will be issued annually.</p> <p>(e) Any reportable event listed in subsection (a)(1) that:</p> <p>(1) is determined to have occurred within the hospital between:</p> <p>(A) January 1, 2009; and</p> <p>(B) the effective date of this rule; and</p> <p>(2) has not been previously reported; must be reported within five (5) days of the effective date of this rule. (Indiana State Department of Health; 410 IAC 15-1.4-2.2)</p> <p>Based on document review and interview, the facility failed to report a wrong-site surgical procedure to the Indiana State Department of Health for 1 of 1 wrong-site surgery.</p> <p>Findings included:</p>	S000422	<p>S 422</p> <p>On 7/25/13, Gibson General Hospital submitted a report to the Indiana State Department of Health (ISDH) via the Medical Error Reporting System concerning a surgical procedure performed on the wrong body part</p>	07/29/2013

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	<p>1. Review of medical records on 2-25-13 indicated P#1 was admitted to the pre-operative area on 9-24-12 and signed a consent for a trigger finger release of the left index finger. Medical record review indicated MD#1 made an incision at the base of the left thumb, then closed the incision, and made a second incision at the base of the left index finger.</p> <p>2. Review of 410 IAC 15-1.1-22, Surgery or other invasive procedure is defined as surgical or other invasive procedure that involves a skin incision, puncture, or insertion of an instrument or foreign material into tissues, cavities, or organs.</p> <p>3. Review of facility policy titled REPORTABLE EVENTS REPORTING POLICY AND PROCEDURE on 2-25-13 indicated the following: The Risk Manager or designee will report the event to the Indiana State Department of Health; report shall be submitted not later than fifteen (15) working days after the reportable event is determined to have occurred.</p> <p>4. Review of facility documents on 2-25-13 lacked evidence that the wrong-site surgical procedure was reported to the Indiana State Department of Health as required by facility policy.</p> <p>5. An interview was conducted with B#2 on 2-25-13 at 1240 hours who confirmed</p>		<p>occurring on 9/24/12. Gibson General Hospital completed a thorough review of the event immediately following the incident, including Policy and Procedure (P&P) review, root cause analysis of the event, and consultation with legal counsel. Investigation into the event resulted in revision of Hospital P&Ps, process changes involving surgical case set-up for all surgical procedures, and education and training of all surgical staff and providers. Surgical case set-up was changed to include moving the scalpel from the mayo to the back table allowing for more pause between the time out process and incision to ensure greater focus on the procedure. The Director of Surgery, or their designee, will monitor the process. For a four (4) month period following the event, 100% of all surgical procedures were monitored for compliance with process changes. Ongoing monitoring continues and is reported to the Performance Improvement Committee.</p> <p>P&P revisions require thorough and immediate review of any un-consented surgical processes and timely reporting of the events to Hospital Administration, Medical Executive Committee, the Hospital Board of Trustees, and appropriate regulatory agencies, including ISDH and</p>	

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	the wrong-site surgical procedure was not reported to the Indiana State Department of Health following a conversation with their legal counsel.		The Joint Commission. The Hospital's Risk Manager will be responsible for investigation of events, timely reporting of events, development of corrective action plans to ensure events do not again occur, and ongoing monitoring to ensure compliance with process changes.		