

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150051	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2011
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 601 W SECOND ST BLOOMINGTON, IN47403
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S0000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00096570 Unsubstantiated; Unrelated deficiency cited.</p> <p>Date of survey: 11-9-11</p> <p>Facility number: 005047</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 12/14/11</p>	S0000		
S0732	<p>410 IAC 15-1.5-4(d)(1)(2)(3)(4)</p> <p>(d) The medical record shall contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of treatment and results.</p> <p>Based on document review and staff interview, the facility failed to ensure emergency detention documents were part of the medical record for 2 of 2 patients (patients #1 and #5).</p>	S0732	<p>1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. a. From the copy files of legal documentation maintained on the unit, the judge's signature pages were</p>	12/01/2011

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>Findings include:</p> <ol style="list-style-type: none"> <li>Review of patient #1 medical record indicated the following: (A) The patient was admitted on a 72 hour detention on 6/17/11. The emergency detention paperwork as well as the police transport order was not part of the medical record. It was found on the unit by staff member #2 and presented for review. The paperwork had not been scanned by medical records.</li> <li>Review of patient #5 medical record indicated the following: (A) His/her emergency detention paperwork was not part of the medical record. It was found on the unit by staff member #2 and presented for review. The document had not been scanned into the electronic medical record.</li> <li>Facility policy titled "Emergency Detention (72-Hour Holds) last reviewed/revised 6/17/11 states under the last paragraph: "2.....The signed form becomes a part of the patient's medical record."</li> <li>Updated facility policy titled"Emergency Detention (72-Hour Holds) last reviewed/revised 11/18/11 states under the last paragraph:</li> </ol>		<p>located and scanned in to the EMR; completed 11/10/11.b. In addition, the Judge's chamber was contacted to ensure all documents related to an Emergency Detention were faxed directly to the unit the patient was being cared for on; contact with the Judge's chamber was made on 11/10/11.c. If any part of the Emergency Detention document is faxed to the incorrect unit, or to the therapist office, it is the employee who receives those documents responsibility to take those documents and place them directly in the patient's medical record. It is never to be handed off to any other employee to complete this process. Behavioral Health staff was re-educated on our policy in regards to ensuring all documents of the medical record, including the 72-hr hold to be scanned as part of the the permanent record on 11/9/11 - 11/10/11. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identifies as being affected. a. From the copy files of legal documentation maintained on the unit, all signature pages where matched against the EMR to assure the documentation was scanned into the EMR. All deficiencies identified have been</p>		

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	"2.....the signed documentation shall become part of the medical record."  5. Staff member #2 indicated the following in interview beginning at 2:40 p.m.: (A) He/she found the emergency detention paperwork for patients #1 and #5 "in a basket" on the unit. The paperwork had not been scanned into the electronic medical record.		sent to HIMs to be scanned into the EMR. The process of scanning the documents into the medical record started immediately - 11/9/11.b. HIMs Director was made aware of the deficient practice and requested to review practices within each department to uncover similar deficiencies, and to correct them in a similar fashion on 11/10/11. Additional communication will take place at the January Leadership meeting (all directors and managers). 3. Describe the steps or systematic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. a. Reviewed the practice on how the department was receiving the documents necessary for completion of the Emergency Detention for completion of the medical record b. Reviewed with Judge's chamber the process in which they believed the department was receiving the documents as well as any and all phone/fax numbers associated with the department c. Found there to be an inconsistent practice amongst the departmental staff on the process for the Emergency Detention documents once received from the judge. d. Policy and Practice was found not to be consistent. This was corrected so that		

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			practice accurately matched policy. e. Educated the departmental staff thru departmental meetings on the correct practice regarding the receiving of any and all documents related to Emergency Detentions, as well as the requirement any and all documents are placed directly into the medical record. f. Instructed departmental staff that only those in a leadership position have the authority to change or deviate from this practice, and that prior to any change or deviation from this practice all departmental staff would be instructed on what the practice change would be, prior to the practice change 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. a. A Clinical Therapist/Social Worker for Behavioral Health creates a list every day (Mon-Fri) identifying all patients within Behavioral Health on an Emergency Detention b. The prepared list identifies the date the hold was initiated and when it will expire. c. At the time that the Clinical Therapist files a Report following an Emergency Detention, the chart will be audited by the Clinical Therapist for a signed Judge's signature page. The Judge's chamber will be notified that the documentation is needed to close the chart. d.		

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			<p>Furthermore, at the time that the chart is prepared to be sent to HIMS for scanning into the EMR, the Unit Coordinator will audited the chart to assure that the judge's signature page is part of the chart. Any deficiencies will be reported to the Program manager. e. A random audit of the charts of patients admitted on an Emergency Detention will be conducted on a monthly basis for the first quarter to ensure continuity of the practice change f. After the first quarters data being reviewed monthly proves no deviation or error in practice the data will be reviewed on a quarterly basis to ensure no further deficient in practice related to the deficiency found from Complaint #IN00096570 g. The results of the audit will be added to the scorecards for Behavioral Health - the data will be available on the 1Q 2012 scorecard.5. Continued need for correction related to the deficiency found a. The corrective actions taken should correct the deficiency. Should the monitoring reveal that the deficiency remains additional education will be implemented.</p>		