

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2013
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NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845
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S000000	This visit was for investigation of one State hospital complaint. Complaint Number: IN00140904 Substantiated with deficiency cited Date: 12/30/13 Facility: 005020 Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor	S000000		
S000712	QA: cloughlin 02/04/14 410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(1) (c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows: (1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information. Based on patient medical record review and staff interview, the facility failed to ensure that nursing documented accurate, timely information related to end of life patient care for one patient. (pt. #3) Findings:	S000712	Updated 5/7/2014 Action Plan 1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. -Palliative Care in-service provided to Progressive Care on 12/11/13-Completed-Internal	09/01/2014

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 patient medical record #3 indicated:</p> <p>a. a progress note, initially at 1:53 PM, by the palliative care NP (nurse practitioner) on 6/18/13 indicated that staff would "Remove Bipap when family and patient ready-pre medicate with Dilaudid, Ativan and Robinul..."</p> <p>b. there was no documentation by nursing staff that indicated when the Bipap mask/machine was discontinued for the patient</p> <p>c. Haldol 1 mg was noted as being given at 1 PM with Robinul 0.2 mg at 1:16 PM and Dilaudid 1 mg at 2:15 PM.</p> <p>d. a second and final dose of Dilaudid 1 mg was noted as being given at 2:52 PM (death noted at 4:30 PM on 6/18/13)</p> <p>2. interview with staff members #61, an accreditation specialist, and #67, a palliative care NP, at 3:30 PM on 12/30/13 indicated:</p> <p>a. due to the lack of documentation by nursing staff, it cannot be determined when the Bipap was discontinued</p> <p>b. without documentation of the exact time the Bipap was discontinued, it cannot be determined whether medications, listed in 1. c. and d. above, were appropriately administered for patient comfort prior to the discontinuation</p> <p>c. the floor nurse told staff member #67 that the patient and spouse demanded immediate removal of the Bipap without waiting for palliative care staff</p> <p>d. the medical record lacks any documentation to support the information stated in c. above</p>		<p>Root Cause Analysis of event completed on 12/23/13.</p> <p>-Documentation in-service provided to RT and PICU co-workers beginning 1/29/14-Completed -Progressive nurse leads are involved in terminal BIPAP removals and documentation support beginning 3/1/2014. 2. How are you going to prevent the deficiency from recurring in the future? -A one hundred percent (100%) chart review of terminal BIPAP removals will be conducted weekly in the department cited, to verify that the removal time was documented within the record, and will be tracked on the MOS Dashboard until 95% compliance is sustained. 3. Who is going to be responsible for numbers 1 and 2? -The Director of Nursing Services is responsible for the completion of this action plan. 4. By what date are you going to have the deficiency corrected? 09/01/14 Please consider information included herein as sufficient to review and process the request for an Informal Dispute Resolution. Parkview is seeking to have this complaint changed to Unsubstantiated with Deficiency Finding. Parkview acknowledges that withdrawal of mechanical ventilation was remarkable to the patient's loved ones as traumatic and difficult to watch. Further there is understanding that this situation was further complicated by family</p>				

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			dynamics, the patient's young age, and other psychosocial issues. Loss of a family member is certainly difficult and Parkview recognizes this family's rumination surrounding these events. Despite the allegations presented, Parkview disputes that the patient suffered a cruel and inhumane episode status post removal of the bipap machine. Rather, it appears from review of documentation and provider interviews that the patient's response to mechanical withdrawal was within normal limits. The patient's plan of care to remove the bipap was altered at his own request and as a result did not allow for the Nurse Practitioner to be present at his bedside. The patient was assessed and treated within the standard of care and nursing clinical judgment. The patient received medications immediately prior to and after removal of the bi-pap machine. Although there was opportunity to request that the bi-pap be reapplied, neither the patient nor his POA made this request. Dyspnea, anxiety, and terminal agitation are all common outcomes patient's experience as part of the dying process. Medications can work to alleviate some of this discomfort but cannot be overused and result in causing/hastening death. Terminal weaning of the alert patient is a vastly different proposition than terminal weaning		

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			of moribund, unconscious patient. Patients who opt for death rather than the perpetual encumbrance of life support systems are alert enough to feel discomfort on discontinuation of these devices. According to a published case study (D Crippen - Clinical Intensive Care, 1992 - eugen.leitl.org), dyspnea immediately precipitates a self-perpetuating spiral of anxiety, increased carbon dioxide production from increased musculoskeletal hyperactivity, increased catecholamine release from hypercarbia. There is no way weaning from mechanical ventilation can be totally anxiety or discomfort free in the alert patient. Internal Root Cause Analysis of the event revealed that the altered care plan (patient request for immediate removal of the bipap machine) prevented the Nurse Practitioner from being at the patient's bedside. Had the Nurse Practitioner been at the bedside as planned, family concerns would have been addressed. As a result of this change, the family may not have been adequately prepared for the terminal wean and could have benefited from additional discussions and education. Further, the family was not asked if they wanted to leave the room immediately prior to or during the wean. As a result, it is believed that the family was not prepared for the patient's response and	

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			viewed the expected patient outcome as inhumane. Complaint information presented to the Indiana State Department of Health was done so not by the patient's POA, who was at bedside, and further agreed with the patient's altered plan of care, but rather by his sisters who appeared to have been removed from their brother's deteriorating health. It is believed that family dynamics, difficulty in saying goodbye, and other issues have prompted filing of this complaint without support from the patient's Power of Attorney. Review of this allegation on site did reveal a medical record deficiency as entry into the record did not account for the time the bipap machine was removed. Complaint investigation however did not include interview of the Parkview co-worker who removed the bipap per the patient's request. Had this interview occurred, there would have been additional evidence to show that the bipap was removed per patient request, that the patient was medicated prior to and after removal, that the patient did not suffer a cruel and inhumane death, and that the patient nor his POA made request to have the machine reapplied. In closing, our interpretation of the essence of the allegation was that the patient experienced an inhumane struggle to breathe without intervention. Per evidence and	

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			information included herein, Parkview challenges this finding as asks that this complaint be ruled as unsubstantiated with finding. Thank you for your consideration of this appeal. Katie Martinez, MPM, CPHQLean Six Sigma Black BeltQuality Accreditation SpecialistParkview Regional Medical Center/Parkview Hospital11109 Parkview Plaza Dr.Fort Wayne, Indiana 46845Phone: 260/266-1205		