

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/19/2021

FORM APPROVED

OMB NO. 0938-039

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 02/01/2021
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NAME OF PROVIDER OR SUPPLIER  LUTHERAN HOSPITAL OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804
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S 0000  Bldg. 00	The visit was for investigation of a State licensure hospital complaint.  Complaint Number: IN00289466  Unsubstantiated: Lack of sufficient evidence. Deficiencies unrelated to the allegations are cited.  Survey Date: 2/1/2021  Facility Number: 005016  QA: 2/9/21	S 0000		
S 0256  Bldg. 00	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(a)(2)(A)(B)  (a) The Governing Board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following:  (2) Ensure that the hospital:  (A) meets all rules and regulations for licensure and certification, if applicable; and  (B) makes available to the commissioner upon request all reports, records, minutes, documentation, information, and files required for licensure.			

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>Based on interview, the governing body failed to ensure all reports, records, documentation and information required for licensure were made available upon request to the commissioner and the commissioner's representative, the surveyor, for one Emergency Department (ED) patient control register.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 2-1-21 at 1100 hours, the Chief Quality Officer A1 and the Quality Manager A2 were requested verbally and in writing to provide an ED patient control register for the dates from 1-4-19 through 1-6-19 indicating, not limited to, the following: the date and time of arrival to ED, the medical record number/encounter number, the patient's name, the chief complaint and/or diagnosis, and ED Disposition (discharged, admitted, transferred, expired, assigned to observation, etc) in order to (a) select a sample list of patients with similar diagnoses and to (b) consider the extent, timing and significance of the additional patients in the ED and/or waiting to be seen at the time of care.</li> <li>Review of the 29 day ED patient control register provided on 2-1-21 at 1528 hours in response to the above request failed to indicate any patients were admitted to the hospital and/or transferred to another facility and/or expired in the ED or indicate the first ED medical record (Patient #1) selected to review.</li> <li>On 2-1-21 at 1530 hours, staff A2 confirmed the patient control register provided in response to a request at 1100 hours failed to indicate the time each patient arrived to the ED, or indicate any patients that were seen in the ED and (a) admitted to the hospital, (b) transferred to another facility,</li> </ol>	S 0256	<p>Allegation/Concern: ISDH Tag A1520 requires the hospital to have a patient control register. The hospital was unable to generate a Patient Register for the dates 1-4-19 through 1-6-19 indicating the medical record number/encounter number, the patient's name, the chief complaint and/or diagnosis, the ED arrival time and disposition from their previous McKesson (STAR) Electronic Health Record System during the time the surveyor was in the building from 11:10 am through 4:55 pm. This plan addresses Tag 256 &amp; Tag 1530.</p> <p>How will you correct the deficiency and by what date? Hospital leadership recognized that there is a need to have a process in place that would enable our ability to provide a patient register from our sunsetted McKesson software in a timely manner. Two opportunities were identified: 1) the notification and activation process to request the patient register report, and 2) the generation of the report in a timely manner.</p> <p>1. Under the direction of the Chief Medical Information Services Officer, the Lutheran Health Network Information Systems team developed an Information Services key contact list that was distributed on 2-3-21.</p>	02/12/2021

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	or (c) expired.		<p>2.An interdisciplinary team met on 2-5-21 to establish a process to ensure timely generation of the patient control register. It was determined that IT will generate these reports for 2014 through March 2019 when the McKesson (STAR) Electronic Health Record System was discontinued. How are you going to prevent the deficiency in the future? The reports for 2014 through March 2019 when the McKesson (STAR) Electronic Health Record Systems was sunsetted will be placed in a common file thereby providing immediate access to the information. From March 19, 2019 forward, our ED via our Cerner EHR is able to readily generate the patient register upon demand. Who (title) is going to be responsible? The Chief Medical Information Officer is responsible to ensure the IS Contact List is updated and distributed when changes occur. The Chief Medical Information Officer is responsible to ensure sustainment of the established process for timely access to the patient control register. By what date are you going to have the deficiency corrected? The reports were generated and placed in a common file on 2-12-21.</p>	

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S 1530  Bldg. 00	<p>410 IAC 15-1.6-2 EMERGENCY SERVICE 410 IAC 15-1.6-2 (b)(7)</p> <p>(b) The emergency service shall have the following:</p> <p>(7) A patient control register. Based on document review and interview, the hospital failed to maintain a central log of each individual that comes to the ED (Emergency Department) seeking assistance and medical care including documentation indicating whether the patient received treatment and was discharged, or was stabilized and transferred to another facility, or admitted to the facility and treated for 1 of 5 medical records (MR) reviewed (Patient #1).</p> <p>Findings include:</p> <p>1. Review of the policy/procedure 3.11.15 Emergency Medical Treatment and Patient Transfer - EMTALA (approved 2-20) and the embedded link to the corporate policy titled CHSPSC Emergency Medical Treatment and Patient Transfer Policy.29.2.docx (revised 9-13) indicated the following: "Central Log means a log the Hospital maintains of all individuals who present to the Hospital seeking emergency medical assistance and the disposition of such individuals, whether the person refused treatment, was transferred, was admitted and treated, was stabilized and transferred, or discharged. The purpose of the Central Log is to track the care provided to each individual who comes to the hospital seeking care for an Emergency Medical Condition."</p> <p>2. On 2-1-21 at 1100 hours, the Chief Quality Officer A1 and the Quality Manager A2 were</p>	S 1530	<p>Allegation/Concern: ISDH Tag A1520 requires the hospital to have a patient control register. The hospital was unable to generate a Patient Register for the dates 1-4-19 through 1-6-19 indicating the medical record number/encounter number, the patient's name, the chief complaint and/or diagnosis, the ED arrival time and disposition from their previous McKesson (STAR) Electronic Health Record System during the time the surveyor was in the building from 11:10 am through 4:55 pm. This plan addresses Tag 256 &amp; Tag 1530.</p> <p>How will you correct the deficiency and by what date? Hospital leadership recognized that there is a need to have a process in place that would enable our ability to provide a patient register from our sunsetted McKesson software in a timely manner. Two opportunities were identified: 1) the notification and activation process to request the patient register report, and 2) the generation of the report in a timely</p>	02/12/2021	

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	<p>requested verbally and in writing to provide an ED Patient Log for the dates from 1-4-19, 1-5-19 &amp; 1-6-19.</p> <p>3. Review of the Central Log provided on 2-1-21 at 1528 hours in response to the above request failed to indicate the time of arrival for any patient and/or any patient who was admitted to the hospital and/or transferred to another facility and/or indicate the first MR (Patient #1) selected to review.</p> <p>4. On 2-1-21 at 1530 hours, staff A2 confirmed the above.</p>		<p>manner.</p> <p>1. Under the direction of the Chief Medical Information Services Officer, the Lutheran Health Network Information Systems team developed an Information Services key contact list that was distributed on 2-3-21.</p> <p>2. An interdisciplinary team met on 2-5-21 to establish a process to ensure timely generation of the patient control register. It was determined that IT will generate these reports for 2014 through March 2019 when the McKesson (STAR) Electronic Health Record System was discontinued. How are you going to prevent the deficiency in the future? The reports for 2014 through March 2019 when the McKesson (STAR) Electronic Health Record Systems was sunsetted will be placed in a common file thereby providing immediate access to the information. From March 19, 2019 forward, our ED via our Cerner EHR is able to readily generate the patient register upon demand. Who (title) is going to be responsible? The Chief Medical Information Officer is responsible to ensure the IS Contact List is updated and distributed when changes occur. The Chief Medical Information Officer is responsible to ensure sustainment of the established process for timely access to the patient control register.</p>		

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