

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

PRINTED: 07/07/2021

FORM APPROVED

OMB NO. 0938-039

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|--|---|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150089 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 05/24/2021 | |
| NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL | | | | STREET ADDRESS, CITY, STATE, ZIP COD 2401 UNIVERSITY AVE MUNCIE, IN 47303 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| S 0000 Bldg. 00 | <p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00319923</p> <p>Substantiated: Deficiency related to the allegation is cited.</p> <p>Date of survey: 5/24/21</p> <p>Facility number: 005079</p> <p>QA: 6/14/2021</p> | | | S 0000 | | | |
| S 1706 Bldg. 00 | <p>410 IAC 15-1.6-4 OUT-PATIENT CARE SERVICES 410 IAC 15-1.6-4(b)(1)(2)(3)</p> <p>(b) Outpatient care services shall be appropriately organized and integrated with inpatient services, as follows:</p> <p>(1) Assign a qualified registered nurse to provide the nursing care in outpatient care services.</p> <p>(2) Have appropriate personnel available.</p> <p>(3) Ensure a record is maintained in accordance with 410 IAC 15-1.5-4 and hospital policy.</p> <p>Based on document review and interview, the facility failed to ensure nursing staff documented preoperative/pre-procedural patient teaching in the medical record for 5 of 5 patients. (Patients #1, 2, 3, 4 and 5)</p> | | | S 1706 | <p>1.Updated policy titled "Patient Education" on 6/23/21. Under policy statement number 1. Notification to patient of surgery/procedure date and time</p> | | 07/02/2021 |

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 disclosable 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> <p>1. Facility policy titled "Patient Education", PolicyStat ID 5924369, last reviewed/revised 10/2018, indicated the following: "...PURPOSE...Patient evaluation should take place sufficiently in advance of the scheduled surgery to integrate...thorough patient education to properly prepare the patient for surgery...Assessment and management criteria for preadmission testing and day of surgery...14. Preoperative/pre-procedural patient teaching...c. Arrival time...16. Documentation and communication of all pertinent information..."</p> <p>2. A review of the facility "OR [Operating Room] Schedule log" for the time period of 1/14/20 through 2/14/20 and 4/2021 indicated the following:</p> <p>a. Patient #1 was scheduled for an MRI (Magnetic resonance imaging) with general anesthesia on 1/24/20 at 10:00 a.m.</p> <p>b. Patient #2 was scheduled for an MRI with general anesthesia on 4/2/21 at 8:00 a.m.</p> <p>c. Patient #3 was scheduled for an MRI with general anesthesia on 4/9/21 at 10:00 a.m.</p> <p>d. Patient #4 was scheduled for an MRI with general anesthesia on 1/17/20 at 8:00 a.m.</p> <p>e. Patient #5 was scheduled for an MRI with general anesthesia on 1/17/20 at 10:00 a.m.</p> <p>3. Review of patient #1's medical record indicated the following: The patient received a pre-procedure phone call on 1/14/20 at 1:13 p.m. The medical record had an area for pre-procedure phone call documentation that included but was not limited to the following: "...Expected Arrival Date/ Time...Scheduled Procedure Date/Time..."</p> | | | | <p>including check in time is the responsibility of the surgeon/provider or their representative. Added additional policy language to number 17. of afore mentioned policy to state "Documentation and communication of all pertinent information including patients expected arrival time and the anticipated procedure time based on current schedule information at the time of patient education".</p> <p>2. Instruct patient to contact provider's office one business day prior to procedure for any changes of arrival time or scheduled procedure.</p> <p>3. Communicate to Preadmission testing team members the correct procedure for documenting patient education by July 2, 2021.</p> <p>4. Conduct Audit of 5 patients in a three month time period to insure compliance. In the event that there are fewer than 5 patients, 100% of the patients will be audited. With a compliance of 90% or greater. ongoing random audits will occur.</p> <p>5. Utilize Cerner documentation under Pre Procedural Admission History to insert patient arrival time and procedure time.</p> <p>6. During patient education in person or via telephone will reiterate to the patient that they should call the providers office for any additional instructions on date</p> | | |

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| | <p>The medical record lacked documentation of Patient #1's expected arrival date/time and scheduled procedure date/time for an MRI with general anesthesia, therefore unable to determine if that was discussed with Patient #1 during the phone call.</p> <p>4. Review of patient #2's medical record indicated the following: The patient received a pre-procedure phone call on 3/8/21 at 2:43 p.m. The medical record had an area for pre-procedure phone call documentation that included but was not limited to the following: "...Expected Arrival Date/ Time...Scheduled Procedure Date/Time...". The medical record lacked documentation of Patient #2's expected arrival date/time and scheduled procedure date/time for an MRI with general anesthesia, therefore unable to determine if that was discussed with Patient #2 during the phone call.</p> <p>5. Review of patient #3's medical record indicated the following: The patient received a pre-procedure phone call on 4/5/21 at 11:57 a.m. The medical record had an area for pre-procedure phone call documentation that included but was not limited to the following: "...Expected Arrival Date/ Time...Scheduled Procedure Date/Time...". The medical record lacked documentation of Patient #3's expected arrival date/time and scheduled procedure date/time for an MRI with general anesthesia, therefore unable to determine if that was discussed with Patient #3 during the phone call.</p> <p>6. Review of patient #4's medical record indicated the following: The patient received a pre-procedure phone call on 12/26/19 at 3:13 p.m. The medical record had an area for pre-procedure phone call documentation that included but was</p> | | | | <p>and time of procedure and instruction as to when they should report to the hospital.</p> <p>7.Surgical Services Director will be responsible for monitoring audit results and compliance with this plan.</p> | | |

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| | <p>not limited to the following: "...Expected Arrival Date/ Time...Scheduled Procedure Date/Time...". The medical record lacked documentation of Patient #4's expected arrival date/time and scheduled procedure date/time for an MRI with general anesthesia, therefore unable to determine if that was discussed with Patient #4 during the phone call.</p> <p>7. Review of patient #5's medical record indicated the following: The patient received a pre-procedure phone call on 1/7/20 at 12:58 p.m. The medical record had an area for pre-procedure phone call documentation that included but was not limited to the following: "...Expected Arrival Date/ Time...Scheduled Procedure Date/Time...". The medical record lacked documentation of Patient #5's expected arrival date/time and scheduled procedure date/time for an MRI with general anesthesia, therefore unable to determine if that was discussed with Patient #5 during the phone call.</p> <p>8. During an interview with A3 (Clinical Manager of Operations Surgical Care Unit) on 5/24/21 at 4:54 p.m., he/she verified the medical record information for Patient's #1, 2, 3, 4 and 5. A3 verified that a patient scheduled for an MRI with anesthesia should arrive two hours prior to the scheduled procedure time.</p> | | | | | | |