

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150084	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/01/2019
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NAME OF PROVIDER OR SUPPLIER ST VINCENT HOSPITAL & HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W 86TH ST INDIANAPOLIS, IN 46260
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S 0000 Bldg. 00	<p>This visit was for the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00289341</p> <p>Substantiated: No deficiency related to the allegation is cited; deficiency not related to the allegation is cited.</p> <p>Date of Survey: 04/01/19</p> <p>Facility Number: 005075</p> <p>QA: 4/5/19</p>	S 0000		
S 0785 Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(i)(6)</p> <p>(i) Emergency service records shall document and contain, but not be limited to, the following:</p> <p>(6) Authentication by the practitioner or licensed health professional who rendered treatment or prescribed for the patient in accordance with hospital policy.</p> <p>Based on document review and interview, the facility failed to ensure proper authentication of practitioner per hospital policy in 5 of 5 medical records (MR) reviewed (Patient's 1, 2, 3, 4 and 5).</p> <p>1. Review of policy titled: Medical Record Requirements last approved 07/2018 indicated "Any entry may be signed, dated and timed by hand or electronic signature".</p>	S 0785	<p>410 IAC 15-1.5-4 Medical Record Services 410 IAC 15-1.5-4 (i) (6) S 785 Medical Record Services- The facility was cited for failing to ensure proper authentication of practitioner per hospital policy in 5 of 5 medical records (MR) reviewed.</p>	04/19/2019

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>2. Review of patient's 1, 2, 3, 4 and 5's MRs indicated that physician used a signature stamp on the Surgery Consent forms.</p> <p>3. Interview with P50, Director of Quality, on 04/01/19 at 1:45 pm confirmed that patient's 1, 2, 3, 4 and 5 were surgical patients of P56, Pediatric ENT (ear, nose, throat) Physician, and all 5 of the MR's had Surgery Consent forms with a stamp signature.</p>		<p>Corrective Action (s): St. Vincent Quality, Accreditation, practice manager, and Vice President of Surgical Services reviewed the Medical Records Requirements policy to ensure it appropriately identified the required standards of practice and no revisions were warranted.</p> <p>On or before April 19, 2019, ENT clinic staff were re-educated regarding the importance of ensuring that informed consent forms were either signed, dated, and timed by hand or by electronic signature not by a physician stamp per policy.</p> <p>Monitoring: To ensure compliance, beginning in May 2019, the practice manager or her designee will review five informed consent forms per week per month to ensure that the date, time, and physician signature is completed by hand or electronic signature per policy. Any identified gaps will be immediately discussed with the physician on an individual basis for performance improvement. This audit process will be completed for a 3-month period with expectations for achievement of 90% or electronic signature per policy. Any identified gaps will be immediately discussed with the physician on an individual basis for performance improvement. This audit process will be completed</p>		

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			<p>for a 3-month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects achievement of the threshold. Results of audits will be communicated through the Operations and Accreditation Committee.</p> <p>Responsible Person (s): The practice manager or her designee will be responsible for ensuring that clinic staff has a clear understanding of the importance of ensuring proper authentication of practitioner per hospital policy in all medical records especially that the informed consent forms are authenticated either by hand or by electronic signature.</p>	