

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150172	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/25/2022
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NAME OF PROVIDER OR SUPPLIER  PHYSICIANS' MEDICAL CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP COD 4023 REAS LN NEW ALBANY, IN 47150
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S 0000  Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00279065</p> <p>Unsubstantiated: Lack of sufficient evidence. Unrelated deficiency is cited.</p> <p>Survey Date: 7/25/22</p> <p>Facility Number: 011352</p> <p>QA: 7/28/2022</p>	S 0000		
S 0556  Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(b)</p> <p>(b) There shall be an active, effective, and written hospital-wide infection control program. Included in this program shall be system designed for the identification, surveillance, investigation, control, and prevention of infections and communicable diseases in patients and health care workers.</p> <p>Based on document review and interview, the hospital failed to ensure for an effective infection control process for identification, surveillance, reporting and investigation, for 1 of 5 patients (P1) who reported complications following a surgical procedure.</p> <p>Findings include:</p> <p>1. Review of the policy titled Surveillance Plan for</p>	S 0556	<p>1. To improve the hospitals infection control process for identification, surveillance, reporting, and investigation of patients who report complications, changes were made to the post-op follow-up process, education was provided to staff and physicians, and revisions made to electronic health forms. Through these</p>	08/15/2022

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>Prevention and Control of Infections, revised 12/2018, indicated the following:</p> <p>Surgeon Wound Infection Reports: 1. Each month the Infection Control Professional (ICP) will retrieve a list of surgeries for the previous month sorted by physician. 2. The individual physician lists will be distributed to the physician. The physician should indicate if upon return visit any other their patients met the criteria for nosocomial infection or complication. 3. Infection reports resulting from this survey will be investigated on an individual basis.</p> <p>Investigation: The ICP will conduct investigations based on information gathered from reports, follow-up calls, Infection/Complication report form, or referral from nursing staff.</p> <p>2. Review of the policy titled Unusual Occurrence Reports, reviewed 12/2012, indicated the following: All reports of adverse incidents should be reported and handled through established channels in the organization.</p> <p>3. The MR of patient P1 indicated the patient's colonoscopy procedure date was 11/7/18. Discharge instructions indicated the patient was to follow up with physician MD1 as needed and to contact the (endoscopy) office if a fever if greater than 101 degrees (Fahrenheit [F]) or chills developed during the next 48 hours. Chart Note, created on 11/7/18 at 5:07 PM by physician MD2 indicated the following regarding P1: Called with headache, feeling bad, and temperature of 100.1 F. No abdominal pain. No neurological defects. Will prescribe 5 days of antibiotics for reactive bacterial translocation during colonoscopy today.</p> <p>4. Review of the 2018 Monthly Infection Control report for November 2018 indicated MD1 nor MD2</p>		<p>changes, improved screening of all patients will help to identify any possible post-op complications or infections. Therefore, the Infection Control RN will be able to successfully identify, monitor, report and investigate all possible patient complications and infections.</p> <p>2. PMC Regional Hospital calls all patients after surgery to inquire about their recovery and answer any questions they may have. If unable to reach the patient, the RN conducting the telephone call mails a letter to the patient. To effectively capture any post-op complications patients may experience, the following actions were taken:</p> <p>3. The post-op telephone call page located in the electronic health system was updated to include the question: "Have you had to contact your surgeon's office or seek treatment after your discharge?" Yes or No. Instructions were added that an incident report must be completed for any patient who answers yes. A brief description of the reason the patient sought treatment or contacted their surgeon will be documented in the comment section on the post-op call page.</p> <p>4. The post-op letter mailed to patients who aren't reached by telephone was updated to include language instructing the patient to contact the hospital if they</p>	

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	reported any infections or complications during that time period. The facility lacked documentation of incidents/unusual occurrences related to patient P1.		<p>experienced any issues, or required follow-up care from their surgeon.</p> <p>5. Education was provided to employees who conduct post-op telephone call regarding the addition of the new question, and importance of filling out incident reports.</p> <p>Education was provided to all surgeons through the medical staff department regarding requirement to report any post-op complications or infections on their Monthly Infection Control Report.</p> <p>6. To ensure compliance with surgeons reporting post-op complications or post-op infections, incident reports that are completed as a result of the post op calls will be checked against the Monthly Infection Control Report by the Infection Control RN. If an incident report is received but not reported on the Monthly IC Report, the Infection Control RN will contact the surgeon to obtain details on the incident. The Infection Control RN will report to the findings to the QA department for monitoring. Trends identifying non-compliance will be sent to the Medical Executive Committee.</p>		