STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	150056	A. BUILDING 00 B. WING	08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD INDIANAPOLIS, IN 46202

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the investigation of a State Licensure Hospital complaint. Complaint IN00380731 - State deficiency related to the allegations is cited at tag S0776. Survey Date: 8/29/2023 Facility Number: 005051 QA: 9/8/2023 & 9/11/2023	S 0000		
S 0776 Bldg. 00	410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(h)(3) (h) Outpatient records shall document and contain, but not be limited to, the following: (3) Description of treatment given, procedures performed, and documentation of patient response to intervention, if applicable. Based on document review and interview, the facility failed to have complete IV (intravenous) documentation in 5 of 5 (1, 2, 3, 4, and 5) medical records reviewed. Findings include: 1. Review of facility policy titled, "Peripheral Venous Access Device: Insertion, Assessment, and Management", last approved 03/29/2023, indicated the scope applies to...providing care to patients with peripheral venous access devices and refers to Lippincott IV Catheter Insertion,	S 0776	1 How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. a The subsequent internal investigation of the complaint demonstrated that the correct policy applicable to the radiology department was not shown to the on-site surveyor during the investigation. The applicable policy for radiology department is the *Perioperative Peripheral Venous*	09/28/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Heidi Coffey	Accreditation and Regulatory Manager	09/29/2023

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	revised August 21, 2023: a. Date and time of insertion; b. Number of insertion attempts; c. Device functionality; d. Insertion method, including any visualization and guidance technology used; e. Condition of the insertion site; f. Method of the insertion site; g. Dressing; h. Patient's tolerance of the procedure; i. Teaching provided to the patient and family (if applicable). 2. Medical records 1, 2, 3, 4, and 5 lacked documentation of a. through i. from above statement. 3. Interview with A2 (Director of Operations) on 08/29/2023 at approximately 11:00 am, confirmed that IV catheter placement should include documentation outlined in the Lippincott IV Catheter Insertion guidelines found in facility policy.		*Access Devices* and is attached to our response. It aligns with the capabilities of the Radnet EMR platform in its documentation reflecting "the placement of any new peripheral IV access site, including the size and type of catheter, and any unexpected findings", which differs from the policy shown to the surveyor. The radiology Radnet EMR platform does not support the required documentation of the policy provided *Peripheral Venous Access Device: Insertion, Assessment, and Management* with Lippencott Procedures reference. This investigation has provided us the opportunity to discover divergent charting practices and improve awareness of policy differences. b Evidence of compliance to the Perioperative Policy is attached in a second attachment for the other patients surveyed. 2 How are you going to prevent the deficiency from recurring in the future? a Subsequent to discovering that patient documentation aligns with the correct policy, we suggest that at present time no deficiency exists. b The correct policy is within the review period and is current and was established originally in 2008 and most recently reviewed in 2022. c Subsequent in discovering a	

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			lack of familiarity of the existence of two IV policies by the radiology supervisor on the day of survey, the manager has provided education to department team members who are trained on IV placement to ensure familiarity with policy differences. This education will be repeated upon hire and annually for all team members. 3 Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.? a Manager Imaging Services i Supervisor Imaging Services ii Nursing Professional Development Generalist iii Clinical Nurse Specialist 4 By what date are you going to have the deficiency corrected? a Deficiency has been corrected by 9/28/2023.	