STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150051	A. BUILDING 00 B. WING	04/04/2018

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IU HEALTH BLOOMINGTON HOSPITAL	601 W SECOND ST BLOOMINGTON, IN 47403

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S 0000 Bldg. 00	This visit was for the State investigation of a hospital complaint. Complaint number: IN00238055 Substantiated: State deficiency related to the allegation is cited. Date: 4/4/18 Facility 005047 QA: 6/06/2018	S 0000		
S 1316 Bldg. 00	410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING 410 IAC 15-1.5-10 (e)(2) (e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that: (2) is initiated in a timely manner within time frames as established by written hospital policy; Based on document review and interview, the hospital failed to ensure discharge was implemented per policies and procedures (P&P) for 5 of 5 patient medical records (MR) reviewed (P1, P2, P3, P4 and P5). Findings include: 1. Review of hospital P&Ps indicated the following: A. Policy INTER-T-150 titled Transfer	S 1316	**ISDH Tag S-_1316** 1.Plan of Correction: How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. **1.Policy INTER-T-150 titled Transfer Guidelines for Patients was updated July 2018 to reflect the addition of the term acute hospital to the**	09/01/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Guidelines for Patients, Effective Date: 3/17: I. This policy is to establish guidelines for the transfer of patients from a nursing unit to other health care facilities to facilitate patient care. V. "IU Health Bloomington" provides for transfer of patient to another facility based on the patient's assessed needs and the facility's ability to provide the care. E. The referring physician or designee will provide orders to utilize during transfer and is responsible for the patient during transfer. H. The patient is prepared for transfer according to the referring physician or designee orders. I. The physician or practitioner designates the mode of transfer and the accompanying personnel and ACLS (Advanced Cardiac Life Support) or BLS (Basic Life Support) need. J. Patients will not be arbitrarily transferred due to ability or inability to pay for medical care. N. Nurse to nurse report should be completed to enhance communication and continuity of care. IX. Forms/Appendices lacked documentation of wheelchair or wheelchair van transfers criteria. B. Policy ICM-09 titled New Transfer to an Extended Care Facility, Effective Date: 12/15: II. This policy encompasses all patients discharged from "IU Bloomington Hospital" as a new admission to an extended care facility. VI. Methods and cost of transporting the patient to the facility will be discussed with the patient/family. If it is determined that medical necessity will not be met for an ambulance transfer of a Medicare patient, an Advanced Beneficiary Notice will be presented to the patient/representative to sign. This signed document will be placed in the medical record... C. Protocol/Procedure titled Transportation Guidelines, unable to determine date of approval or effective date, indicated a review list for use in determination of Wheelchair versus Ambulance transportation. The list indicated the following (not all inclusive) for the "Wheelchair Category":		**Purpose and Scope: Change in policy reviewed with staff members.** **2.Policy ICM-09 titled New Transfer to an Extended Care Facility. Director of Care Management created an educational power point mandatory for all case managers and emergency medical service staff. This information included discussing transport options with patient and family. If it is determined that medical necessity will not be met for an ambulance transfer of a Medicare patient, and Advanced Beneficiary Notice will be presented to the patient/family representative to be signed and placed in medical record chart. The information was discussed at the August 7th and 15th unit meetings.** **Two new forms were created and will be totally implemented by 9/1/2018.** **Medical Necessity for Air and Ground Critical Care Transport.** **Physician Certification Statement for Non-Emergency Ambulance Services** **1.The Manager of Clinical Operations discussed at July 2018 unit meeting and daily huddles the importance of documenting in patient medical**	

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	Will do ambulatory transports if no other means available. Can safely sit for length of transport. Can sit and maintain upper body and airway in a neutral position (use caution with sedation). Does not need an attendant in the rear of the van or medical monitoring. Can bear some weight to transfer at destination. 2. Review of patient MRs indicated the following: A. Patient P1 was admitted 8/16/17 and discharged as a transfer to a rehabilitation facility on 8/24/17. The MR lacked documentation of physician or designee orders to utilize during transfer, physician designation for the mode of transfer, accompanying personnel and ACLS or BLS need. The MR also lacked documentation of nurse to nurse report. B. Patient P2 was admitted 8/21/17 and discharged as a transfer to a rehabilitation facility on 8/25/17. The MR lacked documentation of physician or designee orders to utilize during transfer, physician designation for the mode of transfer, accompanying personnel and ACLS or BLS need. C. Patient P3 was admitted 8/1/17 and discharged as a transfer to a rehabilitation facility on 8/9/17. The MR lacked documentation of the patient's assessed needs for transport. The MR lacked documentation of physician or designee orders to utilize during transfer, physician designation for the mode of transfer, accompanying personnel and ACLS or BLS need. The MR lacked documentation of a signed Advanced Beneficiary Notice (ABN). The MR Physical Therapy (PT) Treatment Note dated 8/9/17 indicated the following: Impairments: Balance deficit, gait deficit, transfer deficit. Patient requires total assistance of 2 for bed mobility and to sit at end of bed x 15 minutes. Patient able to raise head x 8 trials with		**record the following information.** **Provide education to patient/ caregivers about post hospitalization** **Call report to ECF/home health/inpatient rehabilitation unit. Include in your documentation mode of transport and time of discharge** 1.How are you going to prevent the deficiency from recurring in the future? **Integrated Care Management and Manager Clinical Operations will monitor their areas. This will also be added to our Joint Commission Tracer.** 2.Who is going to be responsible for numbers 1 and 2 above; ie director, superivisor, etc? (this just needs a title, not the person's name) **Integrated Care Management and Manager Clinical Operations** 3.By what date are you going to have the deficiency corrected? **(a and b) Total implementation is 9/1/2018. Upon reviewing charts, forms, and documentation implementation is complete.**	

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	verbal/tactile cues. Moderate assistance to keep head raised longer than 2-3 seconds. Therapeutic Activities: Response: Safety concerns, slow to perform. Consult note dated 8/7/18 indicated the following: Rehabilitation Unit was contacted to evaluate the patient. Functional Evaluation: Bed mobility, "max assist". Transfers, "max assist". The patient did not tolerate sitting on the edge of the bed. The MR lacked documentation of length of time patient could safely sit for transport. MR transport documentation indicated the patient was picked up for wheelchair (WC) van transport 8/9/17 at 15:17 hours and arrived at destination on 8/9/17 at 17:14 hours. The transport form indicated the patient was unable to sign due to weakness and stroke. D. Patient P4 was admitted 8/8/17 and discharged as a transfer to a rehabilitation facility on 8/10/17. The MR lacked documentation of physician or designee orders to utilize during transfer, physician designation for the mode of transfer, accompanying personnel and ACLS or BLS need. The MR lacked documentation of mode of transportation to the rehabilitation facility/unit or by whom. E. Patient P5 was admitted 9/18/17 and discharged as a transfer to a rehabilitation facility on 9/21/17. The MR lacked documentation of physician or designee orders to utilize during transfer, physician designation for the mode of transfer, accompanying personnel and ACLS or BLS need. The MR lacked documentation of mode of transportation to the rehabilitation facility/unit or by whom and the MR lacked documentation of nurse to nurse report. 3. On 4/4/18 the following was indicated in interview: A. Between approximately 11:30am and 3:00pm, during medical record review, A2, Quality Data Coordinator, verified MRs for			

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	patient's P1, P2, P3, P4 and P5 lacked documentation of physician or designee orders to utilize during transfer, physician designation for the mode of transfer, accompanying personnel and ACLS or BLS need(s). A2 verified lack of MR documentation for nurse to nurse reports on patients P1 and P5 as well as lack of MR documentation for mode of transportation to the rehabilitation facility/unit or by whom for patients P4 and P5. B. Between approximately 2:10pm and 4:00pm, A5, Care Management Manager, indicated that the ABN form was not required for a WC transport and applied to ambulance transfers only. (A5 indicated that to be his/her interpretation of policy ICM-09. VI). A5 indicated that if a medical necessity (MN) form was not completed, a case manager (CM) would know an ambulance transfer was not needed/would not be covered for payment by Medicare. A5 indicated the mode of transfer would then be determined by patient's functional status, ability to tolerate various modes of transport and individual needs. A5 indicated the CMs use a blank MN form as a means of determining safe transportation modes when ambulance transport is not ordered/indicated. A5 later indicated the the CM department utilized PT notes and a criteria list (Transportation Guidelines) to assist with mode of transportation decisions. A5 indicated he/she could not show/verify how it was used in determining the WC van transport selected for patient P3. C. Between approximately 3:00pm and 3:30pm, A8, Director of Integrated Care Management, indicated that CMs use PT notes to check mobility status of patients for determining mode of transportation needs. A8 indicated CMs sometimes ask providers. A8 also indicated that for transportation to the rehabilitation facility/unit of the hospital, they would most likely use the			

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	in-house patient transport services. A8 indicated that he/she believed they (the service) kept documentation of how patients were transported and by whom. D. At approximately 4:15pm, A9, RN (registered nurse) Manager of Central Patient Transport, indicated the department did not have records of transporting patients P1, P2, P4 or P5 to the rehabilitation facility/unit.			