**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

### Identification Number:
150021

### Name of Provider or Supplier
PARKVIEW REGIONAL MEDICAL CENTER

### Street Address, City, State, Zip Code
11109 PARKVIEW PLAZA DRIVE
FORT WAYNE, IN 46845

### Date Survey Completed
03/07/2018

### Prefix
S

### Tag
0000

### Event ID:
1SRO11

### Facility ID:
005020

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**SUMMARY STATEMENT OF DEFICIENCIES**

**PREFIX**

**TAG**

**ID**

**DESCRIPTION**

**COMPLETION DATE**

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**S 0000**

Bldg. 00

This visit was for the investigation of one (1) state complaint.

Complaint Number: IN00245632

Unsubstantiated; lack of sufficient evidence.

Unrelated deficiency cited.

Date of survey: 3/6/18 and 3/7/18

Facility number: 005020

QA: 5/22/18

**410 IAC 15-1.5-9**

**RADIOLOGIC SERVICES**

**410 IAC 15-1.5-9(b)(1)(A)(B)(i)(ii)**

(b) The services that use ionizing radiation shall not compromise the health, safety, and welfare of patients or personnel in accordance with federal and state rules, as follows:

(1) Proper safety precautions shall be maintained against radiation hazards in accordance with the hospital's radiation and safety program as developed by the radiation safety officer. This includes, but is not limited to, the following:

(A) Adequate shielding for patients, personnel, and facilities.

(B) Procedures for monitoring:

(i) skin dosage;

(ii) radionuclide contamination;

(iii) quality control;

(iv) technique charts, where applicable; and

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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

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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.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

PARKVIEW REGIONAL MEDICAL CENTER

<table>
<thead>
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<th>ID</th>
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<tr>
<td>S 1216</td>
<td>Parkview Hospital (PVH) #5020 ISDH Complaint – IN00245632 – March 6 &amp; 7, 2018 1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. Response to 4D: Deficiency for lack of documentation from whom, where, and when Point of Care Testing (POCT) HCG was completed, was corrected on 03.12.2018. The imaging electronic health record (EHR) was updated to include a comment field for charting of documentation from whom, where, and when POCT HCG was received from e.g. emergency department nurse or hospital EHR system. The Director of Parkview Hospital (PVH) Radiology provided education on policy &quot;Pregnancy Determination for Patients Prior to Diagnostic Procedures&quot;, to the radiology team prior to the EHR update and reinforced education on 07.05.2018. 2. How are you going to prevent the deficiency from recurring in the future? Response to 4D: To prevent the deficiency from occurring in the future, the Director of PVH Radiology/delegate will audit 30 charts per month within the imaging EHR documentation.</td>
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### 3. A review of "PROJECT EPIC - November 5 at 2:00 AM! DON'T FORGET TO FALL BACK" training material created on 11/2/17 indicated the following: "...What to do in the ED [Emergency Department] during the Fall Back hour of Daylight Savings? The Daylight Savings Time transition occurs on Sunday, 11/5/17 at 2:00 a.m. When the clock moves from 1:59 a.m. to 2:00 a.m., the time in Epic will switch backwards to 1:00 a.m. again. In other words, there will be two 1:00 a.m.'s For the next hour, all times will repeat (two 1:01 a.m.'s, two 1:02 a.m.'s, etc) ...Try It Out: Documentation in DocFlowsheets *Document in the flowsheets as usual during the first 0100-0159 [hours] timeframe. At 0200, when the second 0100-0200 timeframe begins, create a note in the Notes activity, to accommodate manual documentation of the accurate time that clinical assessments, observations, or titrations occurred. Type "Fall Day Light Savings Time" and use the note during the second 0100-0200 timeframe ...."

### 4. Review of patient #4's medical record indicated the following:

- **A** The patient presented to the emergency department of Parkview Randallia Hospital on 11/5/17 at 0103 hours with complaints of abdominal pain, right sided times two weeks, denied nausea, vomiting, diarrhea and no period for three months.

- **B** The patient had a physician order for an abdominal X-ray 1 view (KUB) ordered on 11/5/17 at 0110 hours. Staff member N4 (Registered Nurse) acknowledged the order for the X-ray at 0111 hours. The X-ray was started on 11/5/17 at 0117 hours and ended at 0129 hours. The final result of the X-ray was at 0135 hours.

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**Audits will be conducted to monitor compliance of documentation from whom, where, and when POCT HCG test results were received from. For instances of non-compliance, the Director of PVH Radiology will discuss with individual accountable. Auditing will begin 07.16.2018 and will results will be reviewed by the director of PVH radiology. Auditing will continue until compliance has reached 90% for 3 consecutive months.**

### Response to 4D:
The responsible person for questions 1 and 2 will be the Director of Radiology.

### 4. By what date are you going to have the deficiency corrected?

**Response to 4D:** Deficiency corrected 03.12.2018. Education regarding correction was reinforced to the radiology team on 07.05.2018 and the auditing process will begin 07.16.2018.

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**1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.**

Response to 4E: In regards, to ED provider notes lacking POCT pregnancy urine test results, it is not part of the PVH policy to provide the results in this location. Our internal policy

"Sure-Vue Urine Pregnancy -
hours and indicated mild constipation.

(C) The patient had a physician order for labs which included but were not limited to urinalysis with culture if indicated and a PoCT pregnancy urine test ordered on 11/5/17 at 0121 hours. The urinalysis with culture if indicated specimen was collected on 11/5/17 at 0134 hours with final results on 11/5/17 at 0150 hours. Staff member N4 acknowledged the lab orders on 11/5/17 at 0159 hours. The PoCT pregnancy urine was collected and documented on 11/5/17 at 0200 hours by staff member N4 and the final result was at 0200 hours but indicated it was last updated 11/5/17 at 0100 hours. The result indicated the PoCT pregnancy test was negative.

(D) A review of abdominal X-ray 1 view imaging information on 11/5/17 indicated the following: 
"...Order Entry...Question 1. Reason for Exam? (Please include Diagnosis and/or Symptoms)
Answer: abd [abdominal pain [times] 2 weeks, Comment: [blank] [Question] 2. What is the patient's pregnancy status? [Answer] Not Pregnant, Comment: [blank] [Question] 3. Additional instructions, [Answer and Comment both blank] ...BEGIN EXAM VERIFICATION Question 1. Who verified the two patient identifiers and procedure? Answer: [Staff RT10, radiology technician] Comment: [blank] BEGIN EXAM Question 1. Is the patient pregnant? Answer: No, Comment: [blank] 2. When was the patient's LMP? [last menstrual period] Answer: [blank] Comment: [blank] ...END EXAM XRAY Question 1. Tech Comments: Dx [diagnosis] right abdominal pain x [times] 2 weeks worsening this week, amenorrhea x3 months, no other abdominal complaints, HX [history] of appendectomy per pt [patient] ...." The imaging record lacked documentation from whom, where and when they received the information that the PoCT is to capture POCT urine HCG results within the EHR includes those who perform the test to document date, time and results. The emergency department team will receive education from the emergency department director and/or manager on 07.16.2018. The team will receive ongoing education during daily huddles that occur during each shift for the week of 07.16.2018.

2. How are you going to prevent the deficiency from recurring in the future?
Response to 4E: To prevent the deficiency from reoccurring the director and/or delegate of PVH emergency department will audit 30 charts per month to monitor compliance of documentation within the medical record of whom completed the POCT urine HCG, date, time and results of the test.

3. Who is going to be responsible for 1 and 2 above, (i.e. director, supervisor, etc.)?
Response to 4E: The responsible person for questions 1 and 2 will be the Director of the Emergency Department.

4. By what date are you going to have the deficiency corrected?
Response to 4E: The deficiency will be corrected 07.16.2018 and the auditing process will begin 07.23.2018.

1. How are you going to correct
PATIENT WAS NOT PREGNANT.

(E) A review of the ED [Emergency Department] provider notes by MD1 and electronically signed on 11/5/17 at 0149 hours indicated the following: 
"...[Patient #4] had Nexplanon for 4 years, removed in July, had an abnormal irregular menses August 15 and none since but believes that she is not pregnant ...Review of Systems Gastrointestinal: Positive for abdominal pain ...Genitourinary: Positive for menstrual problem..." The ED provider notes lacked documentation of the PoCT pregnancy urine test results.

(F) The medical record lacked documentation that the PoCT pregnancy urine test was completed prior to the X-ray and prior to the patient being discharged on 11/5/17 at 0159 hours.

5. During an interview with staff member A4 (Quality/Accreditation Specialist) on 3/7/18 at 1:50 p.m., he/she was unable to verify by reviewing Patient #4's clinical record the time the PoCT pregnancy urine test was completed and he/she verified the clinical record lacked documentation of whom, where and when the radiology staff received the information that the patient was not pregnant prior to receiving an X-ray.

6. During an interview with staff member A14 (Manager of Parkview Randallia Imaging) on 3/7/18 at 2:35 p.m., he/she verified was unable to determine who the radiology technician received the information from that Patient #4 was not pregnant prior to the X-ray being performed.

7. During an interview with staff member N8 (Registered Nurse) on 3/7/18 at 4:35 p.m., he/she indicated a PoCT pregnancy urine test would be the deficiency? If already corrected, include the steps taken and the date of correction.

Response to 4F: In regards to the medical record lacking documentation to evidence POCT urine HCG was completed to prior to x-ray and patient discharge, the PVH emergency department director will educate emergency department staff. Education will include reviewing the policy, "Pregnancy Determination for Patients Prior to Diagnostic Procedures" and expectation of documentation.

2. How are you going to prevent the deficiency from recurring in the future?

Response to 4F: To prevent the deficiency from recurring in the future, the Emergency Department Director or delegate will perform chart audits beginning 07.23.2018. Thirty chart audits per month will begin 07.22.2018 and will continue until a 90% compliance has been met for 3 consecutive months.

3. Who is going to be responsible for 1 and 2 above, (i.e. director, supervisor, etc.)?

Response to 4F: The Director of the Emergency Department will be responsible for 1 and 2 above.

4. By what date are you going to have the deficiency corrected?

Response: Correction will take place 07.16.2018 and team will receive a daily follow-up through during team huddles on each shift through the week of 07.16.2018.
completed prior to an X-ray unless STAT (immediate) emergent situation. and the auditing process will begin on 07.23.2018.