

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150158	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2012
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NAME OF PROVIDER OR SUPPLIER  IU HEALTH WEST HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 N RONALD REAGAN PKWY AVON, IN 46123
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S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 003776</p> <p>Survey Date: 2-6/8-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Karilyn Tretter, RN Public Health Nurse Surveyor</p> <p>Cleone Peterson Medical Surveyor</p> <p>QA: claughlin 02/16/12</p>	S0000		

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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S0270	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(a)(6)</p> <p>(a) The governing board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following:</p> <p>(6) Review, at least quarterly, reports of management operations, medical staff actions, and quality monitoring, including patient services provided, results attained, recommendations made, actions taken and follow-up.</p> <p>Based on document review and interview, the governing board failed to review reports of quality monitoring activities for 2 contracted services.</p> <p>Findings:</p> <p>1. Review of the governing board minutes for year 2010 indicated they did not include review of reports for the contracted services of biohazardous waste and blood bank.</p> <p>2 On 2-8-12 at 3:45 pm, upon interview, employee #A3 indicated no reports for the above 2 services were reviewed by the governing board in year 2010.</p>	S0270	<p><b>Action Plan to Prevent Recurrence:</b>At the time of the survey the Board of Managers had not received quality data in their annual report to monitor the contracted services of blood bank and biohazardous waste. Quality monitors were developed in collaboration with the Vice President of Operations and the Director of Lab/Blood Bank for the contracted services of biohazardous waste and blood services. The monitors include a measurement and a standard for each of the identified indicators. The monitors and standards were approved by the Medical Executive Committee on February 27, 2012 and will be presented to the Board of managers for approval on 3/12/12. See the selected indicators below: <b>Biohazardous Waste (Contracted Services)</b></p>	03/08/2012			

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			<p>The organization will monitor the manifest and measure the number of pickups that reach their delivery destination site. The monitoring will be via the manifest that is provided by the contractor and will be compared to the set standard for performance. <b>Blood Bank (Contracted Services):</b>The blood bank will monitor the following indicators for blood received from The American Red Cross and the Central Indiana Regional Blood Center. The monitor will include: product quality, mislabeling, and delivery delays and compare to the set standards for performance. Additionally, both monitors have been uploaded for review. <b>Long Term Monitoring:</b>The biohazardous waste monitor will be reported bi-monthly to the Infection Control Committee and annually will be reported to the Board of Managers. The monitor for contracted blood services will be monitored by the Transfusion Committee and will be reported annually to the Board of Managers. <b>Responsible Leader:</b>Lisa Sparks, Vice President of Clinical Excellence</p>		

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S0406	<p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1)</p> <p>(a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor.</p> <p>Based on document review and interview, the hospital failed to include monitors and/or standards for 2 services provided by a contractor as part of its comprehensive quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program indicated it lacked monitors and/or standards for the contracted services of blood bank and medical records.</p> <p>2. On 2-8-12 at 3:45 pm, upon interview, employee #A3 indicated there was no documentation for the above activities and none was provided prior to exit.</p>	S0406	<p><b>Action Plan to Prevent Recurrence:</b>At the time of survey the QAPI program/plan did not include monitors and/or standards for the contracted services of blood bank and medical records. Post survey monitors and standards for these two services were developed in collaboration with the Manager of Medical Records and the Vice President of Operations. See below for the list of monitors for each of the services. The monitors were presented and approved by the Medical Executive Committee on February 27, 2012 for inclusion into the QAPI program, and will be presented to the Board of Managers on 3/12/12. <b>Blood Bank (Contracted Services):</b>The blood bank will monitor the following indicators for blood received from The</p>	03/08/2012			

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			American Red Cross and the Central Indiana Regional Blood Center. The monitor will include: product quality, mislabeling, and delivery delays and compare to the set standard for performance. <b>Medical Records (Contracted Service):</b> The medical records monitor will monitor the following indicators: transcription accuracy, transcription turnaround time, scanning turnaround time, and release of information turnaround time and compare each indicator to the set standard for performance. Additionally, both monitors have been uploaded for review. <b>Long Term Monitoring:</b> On an ongoing basis, the monitor for contracted blood services will be reviewed and monitored quarterly by the Transfusion committee. The medical records monitor will be monitored monthly by the medical executive committee. The performance of both monitors will be reported at least annually to the Board of Managers. <b>Responsible Leader:</b> Lisa Sparks, Vice President of Clinical Excellence		

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S0554	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(a)</p> <p>(a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>Based on observation, the hospital created one (1) condition which failed to provide a healthful environment that minimized infection exposure and risk to patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 2-7-12 at 11:05 am, upon interview, radiology staff indicated surgical invasive procedures such as breast biopsies were performed in Magnetic Resonance Imaging (MRI) Room 1.</li> <li>On 2-7-12 at 11:05 am, in the presence of employee #A1, it was observed in MRI Room 1 there was a large ceiling panel through which passed a large number of wires and cables to the MRI machine. Around the cords and cables was a large area uncovered by the panel. Thus, there was a large hole in the panel potentially allowing dust and dirt to fall onto the patient surgical field, potentially causing cross contamination.</li> </ol>	S0554	<p><b>Action Plan to Prevent Recurrence:</b> During survey an opening was noted around a large number of wires and cables coming from the MRI machine up through the ceiling in MRI room #1. The open space around the cables will be sealed.</p> <p><b>Long Term Monitoring:</b> The integrity of the ceiling tiles will be inspected during the routine safety inspections included in the facilities building inspection plan done quarterly by the leadership team.</p> <p><b>Responsible Leader:</b> Mark Sluka, Director of Facilities</p>	03/08/2012			

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S0952	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6(d)</p> <p>(d) Blood transfusions and intravenous medications shall be administered in accordance with state law and approved medical staff policies and procedures. If the blood transfusions and intravenous medications are administered by personnel other than physicians, the personnel shall have special training for these procedures in accordance with subsection (b)(6).</p> <p>Based on policy/procedure review, and transfusion record review, the facility failed to administer one of seven blood transfusions reviewed in accordance with approved medical staff policies and procedures.</p> <p>Findings included: 1. On 2/7/12 between 10:30 a.m. and 12:30 p.m. review of a policy/procedure titled: "Blood Administration-Adult, Policy #: HM 1.01A, Approval Date: 11.10.04, Effective date: 12.01.04, Revision Date: 3.02.09" revealed the following: "A nursing staff member trained about symptoms of blood reactions and how to respond will observe the patient closely for the first 15 minutes after the transfusion is started to watch for immediate anaphylactic, pyrogenic, or hemolytic reaction. At the end of this time, temperature, heart rate, respiration</p>	S0952	<p><b><u>Action Plan to Prevent Recurrence:</u></b> An RN is required to monitor the patient closely for the first 15 minutes of a transfusion and at the end of that time, temperature, heart rate, respirations, and blood pressure will be taken. On one of the reviewed transfusion documents the set of vital signs was taken at 25 minutes instead of 15 minutes. In response and educational document explaining the policy of monitoring for 15 minutes and recording the vital signs at the end of that period was developed by nursing education and distributed to all nursing staff who administers blood products. Additionally all staff who administer blood products are required to complete their annual blood administration education by 3/31/12.</p> <p>The education tool has been uploaded for review.</p>	02/28/2012			

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	and blood pressure will be taken and recorded on the transfusion document." 2. On 2/06/12 between 10:30 a.m. and 12:30 p.m. transfusion record review revealed transfusion record #1 had a documented start time of 12:50 p.m. and the temperature, heart rate, respiration and blood pressure readings were not documented until 1:15 p.m. which is ten minutes beyond policy/procedure requirements.		<b>Long Term Monitoring:</b> The blood bank staff will monitor each transfusion record for accuracy of completion and documentation of vital signs at the 15 minute mark. Any instances of noncompliance will be reported to the nursing leader for that department. The nursing leader will review the policy with the nurse involved in the transfusion. The Chief Nursing Officer will monitor the overall compliance percentage with completing the vital signs at the 15 minute point.  <b>Responsible Leader:</b> Mary Myers, Chief Nursing Officer, and Vice President of Patient Care Services		

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S1128	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8(c)(1)</p> <p>(c) In new construction, renovations, and additions, the hospital site and facilities, or nonlicensed facilities acquired for the purpose of providing hospital services, shall meet the following:</p> <p>(1) The 2001 edition of the national "Guideline for Construction and Equipment of Hospitals and Medical Facilities" (Guidelines).</p> <p>Based on document review and observation, the hospital did not meet the 2001 edition of the national "Guideline for Construction and Equipment of Hospitals and Medical Facilities" for 1 Magnetic Resonance Imaging (MRI) room.</p> <p>Findings:</p> <p>1. Review of Section 7.28.B8 of the 2001 edition of the AIA national <u>Guideline for Construction and Equipment of Hospitals and Medical Facilities</u> indicates:</p> <p>Ceiling finishes in semi-restricted areas such as ... specialized radiographic rooms, [i]f lay-in ceiling is provided, shall be gasketed or clipped down to prevent the passage of particles from the cavity above the ceiling plane into the semi-restricted environment.</p>	S1128	<p><b><u>Action Plan to Prevent Recurrence:</u></b>It was noted during survey that the ceiling tiles in MRI Room #1, where invasive procedures are performed, that the ceiling tiles were not gasketed or clipped down as required in the 2001 edition of the AIA nation Guidelines for Construction. The ceiling tiles will be replaced and clipped into place in MRI room #1 on March 8, 2012. <b><u>Long Term Monitoring:</u></b>As new areas are constructed and services expanded facilities will review this requirement as plans are developed. <b><u>Responsible Leader:</u></b>Paul Ivkovich, Vice President of Operations</p>	03/08/2012			

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	2. On 2-7-12 at 11:05 am in the presence of employees #A, it was observed in the MRI room the lay-in ceiling was not gasketed or clipped down.				