

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/25/2011
NAME OF PROVIDER OR SUPPLIER ST MARY'S MEDICAL CENTER OF EVANSVILLE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN47750		
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S0000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00090508 Substantiated; deficiencies related and unrelated to allegation are cited</p> <p>Date of Survey: 7/25/2011</p> <p>Facility Number: 005089</p> <p>Surveyor: Deborah Franco, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 09/02/11</p>	S0000	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>Credible Allegation of Compliance: For the purpose of any allegation that St. Mary's Medical Center (St. Mary's) is not in substantial compliance with Indiana Administrative Code IAC 15-1 and accompanying regulations, this response constitutes St. Mary's allegations of compliance.</p> <p>Credible Allegation of Correction: Even though St. Mary's disputes the allegations and the Indiana State Board of Health's claim that St. Mary's is in violation of Indiana Administrative Code 15-1 and accompanying regulations, St. Mary's submits the following as the credible allegation of correction. For each of the following findings, St. Mary's incorporates by reference it response as set forth above.</p>		

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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S0322	<p>410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially. Based upon documenti review and intierview, tih governing board failed tio ensure tihati policies were reviewed ati leasti tiriennially fior on(1) ofi tiwd(2) policies reviewed. Findings included:</p> <ol style="list-style-type: none"> Facility policy titled " Pain Management (General Hospitia) " was adopted 2/21/2007 and lacked evidence tihati tih policy has been reviewed since tihati datie During intierview with E#1, beginning ati 4:50 PM on 7/25/2011, E#1 verified tihati tih above-referenced policy has noti been reviewed since 2/21/2007. 	S0322	<p>St. Mary's directs that all policies and procedures are revised and updated on a timely basis. General Hospital policy renamed Pain Management for Adult and Pediatric Patients (Reference# 161918) was revised and approved 8/16/11 (See Exhibit A)</p> <p>A second policy (Exhibit B) has been approved, Pain Assessment, Reassessment, and Management-Emergency Department on 9/23/11. This policy was developed to address the specific population of patients who present to the Emergency Department for pain management issues. The policy was approved by the Medical Director of the Emergency Department.</p> <p>Oversight for future compliance of revisions and updates will be monitored by the Senior Vice President, Chief Nursing Officer and Vice President, Regulatory Compliance, Risk, and Accreditation, and the Executive Director, Emergency Services.</p>	08/16/2011	

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S0912	<p>410 IAC 15-15-6 (a)(2)(B)(i)(ii)(iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based upon document review and</p>	S0912	St. Mary's is dedicated to ensuring our registered nurses receive regular	07/26/2011	

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	<p>interview the nurse executive failed to ensure that two (2) of two (2) staff met annual in-service requirements as established by facility policy.</p> <p>1. Facility policy "Pain Management (General Hospital)" provides "RN's receive education in pain assessment and pain management in orientation and on a recurring or periodic basis." [Page 4, (F0 (1))]</p> <p>2. Review of P1's personnel file indicated: a. Lack of documentation of in-service education in pain management after 7/29/2004. b. In interview with E4 at 4:30 PM on 7/25/2011, E4 verified the above.</p> <p>3. Review of P2's personnel file indicated: a. Lack of documentation of in-service education in pain management after 6/19/2008. b. In interview with E4 at 4:30 PM on 7/25/2011, E4 verified the above.</p>		<p>education on topics that impact the care and comfort of our patients, specifically pain assessment and reassessment, .</p> <p>All registered nurses are required to have annual education regarding pain assessment and pain medication administration. While documentation was not available on the date of the survey, documentation was retrieved on both employees and is included with the Plan of Correction (See Exhibit C)</p> <p>In addition to the annual required education, all registered nurses in the Emergency Department will receive mandatory re-education regarding pain assessment and pain by 10/31/11.</p> <p>Oversight for compliance will be the responsibility of Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk and Accreditation, and the Executive Director, Emergency Services</p>		

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S1510	<p>410 IAC 15-1.6-2(b)(2)(A)(B)(C)</p> <p>(b) The emergency service shall have the following:</p> <p>(2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following:</p> <p>(A) Provision for the care of the disturbed patient.</p> <p>(B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care.</p> <p>(C) Provision for transfer of patients when care is needed which cannot be provided.</p> <p>Based upon document review and interview, the Emergency Department failed to establish and document a pain management plan according to facility policy in two (2) of five (5) emergency department patients who presented with complaints of pain.</p> <p>Findings included:</p> <p>1. Facility policy #100465 titled "Pain</p>	S1510	<p>St. Mary's takes the matter of pain management of our patients very seriously and continuously strives to develop tools that provide meaningful data to assess the outcome of pain management interventions. Key indicators are included in the comprehensive pain assessment and medical record documentation will be audited to ensure compliance.</p> <p>A new audit tool (Exhibit D) was developed to address the specified</p>	10/01/2011	

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	<p>Management (General Hospital)" , last reviewed 2/21/2007, states in pertinent part:</p> <p>a. "Effective and aggressive pain management is to be provided for all patients.." [Page 1, (I)].</p> <p>b. The expected outcomes from the facility's pain management program include "Patient reports adequate pain relief" and "patient is satisfied with his/her pain management" [Page 2, (IV) (3)].</p> <p>c. "All patients are assessed for the presence or absence of pain and asked to identify a personal goal for pain relief or an acceptable level of pain for them (0-10)" [Page 2, (C)].</p> <p>d. "Patients who report a pain level of five (5) or greater OR (capitalization in original) pain above their acceptable level have attempts made to treat their pain" [Page 3(IV)(D)].</p> <p>e. "Nonpharmacologic interventions are not intended to replace analgesics but rather are to be used as adjuncts to medications" [Page 4, (D)(2)].</p> <p>2. In interview at 10:00 AM on 7/25/2011, E1 indicated that the above policy is a house wide policy that includes the ED.</p> <p>3. Review of N1's medical record indicated the following:</p>		<p>components of pain management of the approved policy, Pain Assessment, Reassessment and Management-Emergency Department –Reference# 162238). The Emergency Department Assessment will be reviewed and the components that will be evaluated include:</p> <ol style="list-style-type: none"> 1. The documentation of a comprehensive pain assessment 2. The assessment methodology is appropriate based on the patient's age and abilities 3. A pain management intervention is documented 4. The pain management is reassessed after every medication and prior to discharge 5. The documentation regarding pain management education 6. Documentation that patient was included in the plan of care, including pain management. <p>Audits will be conducted 30 Emergency Department patients beginning October 1, 2011 to December 31, 2011. The goal for compliance with all components is 90 percent or greater. If the goal of 90 percent or greater is not achieved, the audit will continue. If the goal of 90 percent or greater is achieved, the sample size will be reduced to 30 medical records monthly on an ongoing basis.</p> <p>Oversight for compliance will be the responsibility of Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk and Accreditation, and the Executive Director, Emergency</p>		

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	<p>a. The patient presented to the ED at 16:46 on 5/7/2011 with chief complaint of headache and reported pain of 9 on a scale of 0-10.</p> <p>b. After pharmacologic intervention, N1 was discharged with a pain level of 6 to 7 of 10.</p> <p>c. The medical record lacked documentation that:</p> <p style="padding-left: 20px;">i. N1 identified a personal goal for pain relief or an acceptable level of pain.</p> <p style="padding-left: 20px;">ii. N1's pain of 6 to 7 of 10 following the administration of pain/nausea medication at 17:25 was adequate pain relief to N1.</p> <p style="padding-left: 20px;">iii. N1 was satisfied with his/her pain management program.</p> <p>4. During interview with E3 at 3:00 p.m. on 7/25/2011, E3 verified the above.</p> <p>5. Review of N2's medical record indicated the following:</p> <p>a. The patient presented to the ED at 11:06 on 5/7/2011 with a chief complaint of headache and body aches and pain reported at 7 of 10.</p> <p>b. N2 was discharged at 12:12 with pain of 7 of 10; unchanged from his/her pain level upon admission.</p> <p>c. The medical record lacked documentation that:</p> <p style="padding-left: 20px;">i. N2 received any pain medication during his/her ED admission.</p> <p style="padding-left: 20px;">ii. N2 had set a goal for acceptable</p>		Services				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>pain relief.</p> <p>iii. N2 was satisfied with his/her pain management program.</p> <p>6. During interview with E3 at 3:00 p.m. on 7/25/2011, E3 verified the above.</p>				