

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150161	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2012
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 11700 N MERIDIAN ST CARMEL, IN 46032
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S0000	<p>This visit was for the investigation of one State hospital complaint.</p> <p>Complaint Number: IN00102751 Unsubstantiated; deficiency unrelated to allegations was cited.</p> <p>Survey Date: 8-7-2012</p> <p>Facility Number: 004171</p> <p>Surveyor: Deborah Franco, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 08/22/12</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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S0930	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and interview the registered nurse failed to supervise and evaluate pain assessment and pain management care as per facility policy for 1 of 5 medical records reviewed (N1) .</p> <p>1. Facility policy "Documentation Standards" , last reviewed/revised 2-3-2009 and current in 8-2011, provided on pg. 7, C, 1 ,j, ix "following a pharmacological or non-pharmacological intervention for pain, re-assessment should be documented per guidelines in Pain Assessment and Pain Management Policy" .</p> <p>2. Facility policy "Pain Assessment and Management" , last reviewed/revised 3-9-2009 and current in 8-2011, provided (III,B) that " pain is the 5th vital sign ...( IV,A,1) that pain assessments and documentation should include: location,</p>	S0930	<p>Response to ISDH SOD and POC:Preparation and execution of this response and plan of correction do 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 state and federal law. Credible Allegation of Correction and Compliance:For the purpose of any allegation that Indiana University Health North Hospital is not in substantial compliance with the regulations set forth, this plan of correction constitutes IU Health North Hospital's ("IUHNH") credible allegation of correction and compliance.Addressing the issue of Pain has been recognized as a key driver related to quality patient care on 5C at IUHNH, especially as it relates to the surgical patient population.New Nursing Leadership on 5C as of August 9, 2012 was made aware of the increased awareness from the ISDH visit related to</p>	09/07/2012	

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	<p>quality, frequency and duration, and areas of pain radiation ... (IV,A1,f) Identification of comfort-function goal with the patient and/or family using a numeric pain assessment scale ... (V,A) ...whenever pain is present or if there is a new onset of pain a pain assessment must be completed ... (V, B, 1) The nurse must be familiar with the patient's identified comfort-functional goal. Therefore, the identified comfort-functional goal should be placed in the electronic documentation record daily... (V,B, 3) reassessment and documentation of post-intervention effectiveness is required and dependent on type of intervention used: a. IV medications: reassess within 15-30 minutes " .</p> <p>3. Review of N1's medical record indicated: a. lack of documentation of a comfort-function goal established by N1 as required by policy while on surgical unit C5 on 8-29-11, 8-30-11, and 8-31-11. b. an order to administer 25-50 micrograms of fentanyl intravenous push (IV Push) every 1 hour as needed for pain.</p>		<p>documentation and comfort function goals. In late August of 2012, during Pain Rounds with the care team, the unit based Clinical Program Specialist for Orthopaedics began documenting narrative notes in the Cerner Documentation system indicating the Comfort Goal for the patient. Pain Assessment and Management Policy was revised on August 29, 2012. The new policy was pushed out to all associates providing direct care to patients at IUHNH for review in September. Associates must complete a form indicating they have read and understand the policy. On September 7, 2012, Cerner documentation rolled out a new i-Flow sheet change which created the assessment as part of the flow sheet. This negated the previous process of having to click out of the i-Flow and into an ad hoc form. This consolidated all aspects of pain documentation into one location. Plan: Complete a 30 day audit process on 5C. Beginning October 1, 2012, Shift Coordinators and Unit Based Educators will be responsible for auditing a minimum of 3 charts each shift they work. These audits will be real time and if the auditor finds a deficiency in the documentation/care process related to Pain Management, they will provide real time education to the associate involved related to the identified deficiency. The Pain Audit will include: a. Admission</p>				

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	<p>c. administration of 25 mCg fentanyl at 2:41 PM; the medical record lacked documentation of a pre or post pain intervention assessment.</p> <p>c. pain reported by N1 of 5 (on a scale of 0-10) which per facility policy indicated moderate pain, in the right lower quadrant on 8-29-11 at 3:29 PM; administration of 50 micrograms of fentanyl IV Push on 8-29-11 at 4:21 PM (52 minutes after N1 reported pain).</p> <p>d. pain reported by N1 of 6 (on a scale of 0-10) which per facility policy indicated moderate pain, in the right lower quadrant on 8-29-11 at 7:00 PM; administration of 50 micrograms of fentanyl IV Push on 8-29-11 at 8:17 PM (1 hour and 17 minutes after N1 reported pain).</p> <p>e. on 8-30-11 at 12:56 AM, administration of 50 micrograms of fentanyl for reported right lower quadrant pain of 5; the medical record lacked documentation of a post-intervention re-assessment of N1's pain within 15-30 minutes as required by policy.</p> <p>f. on 8-30-11 at 5:05 AM administration of 50 micrograms of fentanyl IV Push for reported right lower quadrant pain of 5;</p>		<p>Pain Assessment documented Yes/Nob. Daily Comfort Function Goal is documented Yes/Noc. Ongoing Pain assessment is documented at least every 8 hours Yes/Nod. Pain assessment time documented when patient has pain Yes/Noe. Does assessment include: Location Yes/NoQuality Yes/NoFrequency Yes/NoDuration Yes/NoArea of Radiation Yes/Nof. Interventions non-pharmacologic/pharmacologic documented Yes/Nog. Documentation, if any delay between pain assessment and medication administration Yes/Noh. Drug/Route Yes/noi. Administration Time documented Yes/Noj. Reassessment and documentation post intervention: Orals within one hour Yes/NoIV within 15-30 minutes Yes/NoNovember 1, 2012, the 5C Nursing Leadership will re-evaluate audit results and potential ongoing learning/educational needs.</p>		

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	<p>the medical record lacked documentation of a post-intervention re-assessment of N1's pain within 15-30 minutes as required by policy.</p> <p>4. During interview with S2 on 8-7-2012 at 4:00 PM, S2 :</p> <p>a. indicated S2 was the Director of Nursing Practice for the facility.</p> <p>b. confirmed the findings in the medical records to include lack of documentation of establishment of a comfort-functional level for N1 while an in-patient on unit C5 and lack of documentation of post-intervention re-assessment of pain for N1 in two instances as required by facility policy.</p> <p>c. stated that both 52 minutes and 1 hour and 17 minutes were unreasonable amounts of time for a patient to wait to receive pain management interventions, including administration of pain medication, and that N1's medical record lacked any documentation of a reason for the delay in treating N1's reported pain on 8-29-11 at 3:29 PM and 7:00 PM; and that the medical record lacked a pre and post pain intervention assesement when 25mCg of fentanyl were administered on 8-29-11 at 2:41 PM.</p>			

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