

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 11/13/2013
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NAME OF PROVIDER OR SUPPLIER ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750
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S000000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Date of survey: 11-13-13</p> <p>Facility number: 005089</p> <p>Complaint number: IN00131898 Substantiated: Deficiencies related to allegations cited.</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 12/19/13</p>	S000000		
S000294	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (c)</p> <p>(c) The governing board is responsible for managing the hospital. Based on document review and interview, the facility failed to review and resolve grievances for 1 of 6 patients (patient #6).</p> <p>Findings include;</p> <p>1. Document titled "Patient Complaint Follow-up Log" indicated that FM #1 of patient #1 phoned the facility and left</p>	S000294	<p>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 federal and state Credible Allegation of Compliance:For the purpose of any allegation that St.</p>	01/06/2014

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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	<p>several voicemails on 6/14/13 with a complaint concerning the care provided to patient #1. The document stated "I offered my apologies to (FM #1) advising I would be following up with the (FM #2) of the patient." On the same date (6/14/13), staff member #A1 spoke with FM #2 of patient #1 who voiced concerns with the care provided to patient #1" The document indicated that response/call to complainant was requested by both parties. The priority for timeliness of immediate response was listed as high. The document indicated that a review by the quality director was requested by the medical director. The complaint was forwarded to the quality director on 6/14/13. There was no resolution to the complaint. The section for quality review was left blank and there was no indication that the complainant was contacted as requested</p> <p>2. Facility policy titled "PATIENT COMPLAINT MANAGEMENT/GRIEVANCE PROCESS" last reviewed/ revised 9/23/11 states on page 1: "<u>Grievance</u>- A formal or informal written or verbal complaint that is made to the Hospital by a patient, or the patient's representative regarding the patient's care (when the complaint is not resolved</p>		<p>Mary's Medical Center (St. Mary's) is not in substantial compliance with Indiana Administrative Code IAC 15-1.4-2.2 (a)(1) and accompanying regulations, this response constitutes St. Mary's allegations of compliance. Credible Allegation of Correction: St. Mary's submits the following as the credible allegation of correction. For each of the following findings, St. Mary's incorporates by reference its response as set forth above. Tag S 294: 410 IAC 15-1.4-1 Governing Board St. Mary's recognizes the importance of maintaining oversight of contracted services. Any allegation that this standard is not routinely met represents the exception rather than the norm at St. Mary's. First 30 days Contracted Provider, Team Health at St. Mary's (subsequently referred to as Team Health) to read and follow hospital Patient Complaint Management//Grievance Process policy #100508 (Attachment A). Completed 11/13/2013 Second 30 days Team Health created revisions to Team Health Complaint/Grievance Form (Attachment B) and initiated log for tracking same. Completed 12/15/2013 Phone calls between VP Medical Affairs, Exec Director ED and Director of Patient Relations to discuss</p>				

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	<p>at the time of the complaint by staff present....." Under response on page 3, the policy states: "1.If not resolved, the staff member refers the concerns to the appropriate Department Director or Patient Relations for follow up. Responses will vary with the nature of the complaint, but are to be made on a timely basis. If investigation is required, ongoing contact with the complaining party is to be maintained during the time needed to complete the investigation/resolution....." Page 5 states "6. The grievance, including review, investigation, and resolution, is to be completed within seven (7) business day. However, based upon the complexity of the grievance and accompanying systemic issues, the Grievance Committee, with representation from the affected area, may approve an extension of this timeframe. 7. If the grievance will not be resolved.....within seven (7) business days, the hospital will contact the patient or the patient's representative indicating a review is in process and that the hospital will follow-up with a written response within a stated number of days. 8. A follow-up letter is provided to the patient or his/her representative....." 9. A grievance is considered resolved when the patient or his/her representative is satisfied with</p>		<p>issues and set meeting time Completed 1/2/2014 Team Health Medical Director met with Vice President Medical Affairs, Executive Director ED and Director of Patient Relations to determine plan of action. Completed 1/3/2014 Team Health Complaint/Grievance Form updated to comply with St. Mary's Complaint /Grievance Policy #100508. If complaint/grievance not resolved within policy timeline, patient will be contacted regarding status of resolution and expected date of resolution. Completed 1/6/2014 Team Health Complaint/Grievance Form contains prompt to notify Patient Relations when complaint/grievance received. Patient Relations will maintain database of all complaints/grievances. Completed 1/6/2014 Team Health Complaint/Grievance Form indicates that complaint has been reviewed with specific provider and subsequent action taken to address complaint/grievance. All actions follow up and outcomes will be forwarded to patient Relations to update database. Completed 1/6/2014 Team Health Medical Director to ensure Team Health coverage for above process in his absence or in absence of Administrative Assistant Completed 1/6/2014 (as</p>		

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	<p>the actions taken on his/her behalf. E. Documentation regarding the grievance, maintained by Patient Relations or Risk Management, is to include:....."</p> <p>3. Staff member #3 indicated the following in interview beginning at 2:00 p.m. on 11/13/13: (A) Staff member #A1 had received a complaint from a family member of patient #1 concerning the care he/she received by M.D. #1. (B) Contracted service #1 (contracted service for E.D. physicians) are in charge of complaints related to the E.D. physicians. (C) After speaking with the Vice President of contracted service #1, he/she indicated that the service has no policy for patient grievances/complaints. They follow the facility policy. (D) He/she verified that the complaint from the family of patient #1 had no follow-up from QA and no update to the complainant.</p> <p>4. M.D. #2 (Medical Director for contracted service #1) indicated the following in phone interview beginning at 2:55 p.m. on 11/13/13: (A) The form titled "Patient Complaint Follow-up Log" was developed by him/her for the facility and is used to direct information to the appropriate</p>		<p>needed) Third/Fourth 30 days Patient Relations and Team Health Administrative Assistant will conduct a comparative audit the last day of the month X 3 months to ensure Patient Relations has received notice and follow up of all Team Health complaints/grievances. Notation will be made on both Complaint/Grievance log and Patient Relations database of compliance for that month. Results will be forwarded to Team Health Medical Director, Vice President of Medical Affairs and Vice President, Chief Risk & Corporate Responsibility Officer. Compliance goal: 90%. Completion date 3/31/2014 Subsequent to the 3 month comparative audit, Patient Relations and Team Health Administrative Assistant will compare logs quarterly to maintain compliance. Results will be forwarded to Team Health Medical Director, Vice President of Medical Affairs and Vice President, Chief Risk & Corporate Responsibility Officer Completion date - ongoing Team Health Administrative Assistant will send a list of providers named in complaint/grievance to Team Health Medical Director, Vice President of Team Health and Vice President of Medical Affairs the last day of the month X 3 months to review for trends among the providers. Review of provider list goal: 100%.</p>		

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	<p>parties.</p> <p>(B) He/she discusses the complaint with both the provider and the complainant.</p> <p>(C) Complaints are handled through contracted service #1.</p> <p>5. Staff member #1 indicated in interview at 3:05 p.m. on 11/13/13 that the patient relations department at facility #1 had no record of a complaint made by the family of patient #1.</p>		<p>Completion date 3/31/2014 Subsequent to the 3 month provider complaint review, a provider list will be sent to Team Health Medical Director, Vice President of Team Health and Vice President of Medical Affairs on a quarterly basis. Completion date - ongoing</p>		

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S001510	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES 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 on document review and staff interview, the facility failed to give appropriate discharge instructions per policy for 1 of 6 patients (patient #6).</p> <p>Findings include:</p> <p>1. Facility policy titled "DISCHARGE OF EMERGENCY DEPARTMENT PATIENT" last reviewed/revised 9/18/13 states under policy statement on page 1: "All patients who are being discharged for the Emergency Department will receive printed condition appropriate instructions for</p>	S001510	<p>Tag S 1510: 410 IAC 15-1.6-2 Emergency Services First 30 days ED Policies exist for provision of care for mental health patients, immediate assessment of all patients and transfer of patients. Team Health has access to all policies. Completed – already in existence MD Discharge 1.2.3 software program discontinued on 9/22/13 and Team Health currently uses ExitCare for discharge instructions. Allscripts electronic physician documentation is linked to ExitCare and appropriate discharge instructions auto</p>	01/06/2014	

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	<p>home care and appropriate referrals."</p> <p>2. Review of patient #1 medical record indicated the following: (A) The patient presented to the emergency department (ED) at 6:20 a.m. on 6/13/13. (B) A problem was identified with the discharge instructions. The discharge instructions sent with the patient was for abdominal pain. There was nothing in the medical record that indicated the patient had abdominal pain.</p> <p>3. Staff member #3 indicated the following in interview beginning at 2:00 p.m. on 11/13/13: (A) He/she verified that patient #1 received discharge instructions for abdominal pain and there was no indication that the patient had abdominal pain.</p>		<p>populate after the discharge diagnoses are entered and provider selects the most appropriate instructions for discharge. Completed 12/2013 Second 30 days Discharge of Emergency Department Patient policy #101792 (Attachment C) reviewed by Team Health Medical Director. Completed 1/3/2014 Third/Fourth 30 days Associate Director of Team Health Quality will audit 30 medical records/month X 3 months for appropriateness of discharge instructions. Goal 90% compliance. Audit results forwarded to Team Health Medical Director, Vice President Medical Affairs and Vice President, Chief Risk & Corporate Responsibility Officer Completion date 3/31/2014 At any point if Team Health is unable to comply with current conditions, team Health Medical Director is to notify Vice President of Medical Affairs and Executive Director of Emergency Services. Completion date - Ongoing</p>		