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| 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 12/18/2012 |
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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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| S0000 | <p>This visit was for the investigation of one (1) State complaint.</p> <p>Date of survey: 12-18-12</p> <p>Facility number: 005089</p> <p>Complaint number: IN00119297 Unsubstantiated: Lack of sufficient evidence. One (1) unrelated deficiency cited.</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 12/28/12</p> | S0000 | | |
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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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| S0872 | <p>410 IAC 15-1.5-5 MEDICAL STAFF 410 IAC 15-1.5-5(b)(3)(P)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall: (3) include, but not be limited to, the following:</p> <p>(P) A requirement that the the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge.</p> <p>Based on document review and interview, the facility failed to ensure the physicians completed the discharge summary according to approved by laws/policy & procured for 1 of 5 patients (patient #1).</p> <p>Findings include:</p> <p>1. Review of patient #1 medical record indicated the following: (A) The patient presented to the emergency department (ED) on 10/22/12 after a fall and was diagnosed with fractured left hip. (B) The patient was discharged to longterm care facility #3 on 11/1/12. (C) The discharge summary lacked information required by medical staff by laws/policy & procedures. The summary did not include the recommended medications at the time of discharge nor</p> | S0872 | <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 <u>Credible Allegation of Compliance</u>: 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 15-2 and accompanying regulations, this response constitutes St. Mary's allegations of compliance. <u>Credible Allegation of Correction</u>: For each of the following findings, St. Mary's</p> | 02/28/2013 |

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| | <p>the discharge diagnoses.</p> <p>2. Staff member #1 verified the lack of information in the discharge summary for patient #1 at 2:45 p.m. on 12/18/12.</p> <p>3. Review of medical staff by laws/policy & procedures approved on 5/27/11 states on page 56-57: "9) Discharge summaries will address, at a minimum, the following: A) summarization of the hospital clinical course of the patient B) dietary instructions, if any C) recommended medications D) disposition and follow-up recommendations (E) documentation of pertinent diagnostic findings during the course of the patient's admission (F) condition of the patient at the time of discharge (G) discharge diagnoses."</p> | | <p>incorporates by reference its response as set forth above.</p> <p>St. Mary's recognizes the importance of complete and accurate medical staff documentation, as determined by Medical Staff Policy and Procedures. Any allegation that this standard is not routinely met represents the exception rather than the norm at St. Mary's. First 30 daysThe Chief Medical Officer spoke with the orthopedic surgeon, who was the supervisor of the Nurse Practitioner, to discuss complete and accurate discharge summaries. The Chief Medical Officer highlighted the importance of nurse practitioners, acting as the physician delegate, adhering to discharge summary guidelines as outlined in Medical Staff Policy and Procedures. (Completed on 12/19/2012)The Vice President of Medical Affairs contacted the orthopedic surgeon and nurse practitioner, via letter, reiterating the deficiency and enclosing the guidelines outlined in the Medical Staff Policy and Procedure entitled "Medical Records Guidelines". (Completed on 1/2/2013)Second 30 daysAn article focusing on completeness of discharge summaries will be included in the January issue of the Medical Staff News as an educational topic directed towards all St. Mary's physicians. (Completed 1/21/2013) To ensure compliance, Risk Management</p> | | |

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| | | | will conduct focus audits on seven charts per week for four weeks. The audits will be focused on discharge summaries, reviewing them for completeness as defined by Policy and Procedure "Medical Records Guidelines". The audits will include both the nurse Practitioner's dictated summaries and the orthopedic surgeon's summaries. Findings of the audit will be forwarded to the Chief Medical Officer and Vice President of Medical Affairs. (Completed 2/28/2013)Oversight for this plan of correction will be the responsibility of the Chief Medical Officer, Vice President of Medical Affairs and the Vice President of Regulatory COmpliance, Risk and Accreditation. | | |