

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150082	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2016
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NAME OF PROVIDER OR SUPPLIER DEACONESS HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MARY ST EVANSVILLE, IN 47747
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S 0000 Bldg. 00	<p>This visit was for one State hospital complaint investigation.</p> <p>Complaint Number: IN00182595 Substantiated: Deficiencies related to the allegations are cited.</p> <p>Survey date: 05-11-16</p> <p>Facility Number: 005074</p> <p>QA: cjl 06/16/16</p>	S 0000		
S 0332 Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(L)</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>(L) Demonstrating and documenting personnel competency in fulfilling assigned responsibilities and verifying inservicing in special procedures.</p>	S 0332		06/02/2016

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>Based on document review and interview the facility failed to follow their policy related to standards of employee conduct and performance for 1 of 2 personnel files reviewed.</p> <p>Findings:</p> <p>1. Policy/procedure No. 45-19 S, Standards of Employee Conduct and Performance, revised/reviewed 5/26/15 indicated on page 1:</p> <p>A. it is the policy of Deaconess to: inform employees and promptly investigate poor performance of actual or suspected violation of hospital and/or department rules, policies and procedures.</p> <p>B. all employees are responsible for adhering to the Standards of Employee Conduct and Performance, and Deaconess and department policies and procedures. Managers are responsible for: Documentation of issues and taking appropriate action using the attached counseling forms.</p> <p>2. On 5/11/16 at approximately 1500 hours, staff N4 (Manager, Lab Tech Operations) was interviewed and confirmed staff N1 (Medical Technologist) did not follow laboratory department procedure for communicating Urinalysis (UA) lab results to Medical</p>		<p>Deficiency:</p> <p>Corrective Action to be Taken;</p> <p>Prevention of Future Deficiencies:</p> <p>Responsible Parties for columns 2 and 3 (</p> <p>Target Date: Give specific dates</p> <p>S 332</p> <p>05/16/2016 Manager documented discussion of incident with performing tech and disciplinary action was taken in accordance with policy.</p> <p>06/01/2016</p> <p>Manager instructed Administrative Lead Medical Technologists to root cause reported issues, take immediate corrective action, document counseling of individuals, and retain records in employee files.</p> <p>Use of Communication Forms</p>	
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	staff 1 (Nurse Practitioner [NP]) and 2 (Physician). Staff N4 confirmed staff N1 did not receive individual counseling or disciplinary action for violation of hospital and/or department rules, policies and procedures.		<p>(exhibit A) and Instrument Troubleshooting Forms (exhibit B) issues will continue to be emphasized at staff and Team Lead meetings and as issues arise in order to report problems and initiate corrective action.</p> <p>Administrative Lead Medical Technologists will review Communication Forms (exhibit A) for root cause, take immediate corrective action, document counseling of individuals, and retain records in employee files.</p> <p>Lessons learned will be communicated to the entire staff via emails, meetings, and meeting note review as appropriate.</p> <p>Beginning 06/02/2016, printed emails and meeting notes are compiled in "Email and Meeting Notes Binder" for monthly review by all medical technologists. Team Leaders review compliance periodically and maintain a copy of the "Review of Lab Mail Messages and Meeting Notes" signature page (exhibit C) with employee records as part of annual performance evaluations.</p>		

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S 0658 Bldg. 00	<p>410 IAC 15-1.5-3 LABORATORY SERVICES 410 IAC 15-1.5-3 (a)(2)</p> <p>(a) The hospital shall have, or make available, those pathology and medical laboratory services and consultation to meet the needs of patients served as determined by the medical staff which include the following:</p> <p>(2) The laboratory performs tests and examines specimens on the written request of individuals and practitioners allowed to order such evaluations and receive the results of the evaluations to the extent permitted by law and authorized by the governing body.</p> <p>Based on document review and interview the facility failed to follow laboratory procedure and ensure results for laboratory tests are accurately communicated to ordering physician as evidenced in 1 of 5 medical records (MR) reviewed.</p> <p>Findings:</p>	S 0658	<p>Lab Manager</p> <p>Administrative Lead Medical Technologists</p> <p>06/02/2016</p> <p>Deficiency: Corrective Action to be Taken; Prevention of Future Deficiencies: Responsible Parties for columns 2 and 3 (Target Date: Give specific dates S 658 10/09/2015 Procedure clarified to note not to report or call results unless they have been confirmed in the urine sediment. 05/13/2016 Email sent to entire</p>	09/20/2016

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	<p>1. Review of Deaconess Hospital Urinalysis Manual, IQ200, indicated on page 25:</p> <p>A. when spermaturia is observed in children 10 years or younger it suggests several abnormal conditions: 1. Abnormal sexual maturation in males. 2. Possible sexual abuse in females.</p> <p>B. when sperm is observed on the IRIS in the urine of a child (male or female) 10 years or less the following is required: 1. Review the specimen collection/handling as much as possible to ensure there has not been a specimen mix-up. Do not report or call results unless confirmed as follows: 2. Centrifuge 12 mls of urine and examine sediment on the microscope. 3. Confirm the presence of sperm in sediment by a second competent technologist for the IRIS and urine microscopies or by a pathologist. Document review with initials on IRIS patient print out. If the results were reviewed by the pathologist, put "reviewed by" and pathologist English text code in comment field of the IRIS patient reporting screen. 4. If confirmed, call the ordering physician to alert him of the observation of sperm in the urine. 5. When the findings of sperm has been confirmed, report, notify the ordering physician, and document the call.</p>		<p>staff about how to appropriately communicate verbal results to clinicians.(exhibit D) 05/27/2016 After consulting with analyzer manufacturer, additional steps were added to the procedure to minimize effects of carry-over that could cause false positive results. Email was sent to staff summarizing these changes and staff were instructed to read/sign the procedural additions (exhibit E). Use of Communication Forms (exhibit A) and Instrument Troubleshooting Forms (exhibit B) issues will continue to be emphasized at staff and leader meetings and as issues arise in order to report problems and initiate corrective action. Document control software implementation is targeted for completion 09/20/2016, which will automate timely review of procedure changes, notify performing technologists of changes, track acknowledgements, and provide compliance reports for leaders to take corrective action. Significant procedural changes, lessons learned, and compliance issues are added to the annual competency program in order to reinforce proficiency. This was implemented with written competency exams due May 26, 2016. (exhibit F) Lab Manager Administrative Lead Medical Technologists Lab Manager Administrative Lead</p>				

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	<p>2. Review of patient 1 MR on 5/11/16 at approximately 1200 indicated:</p> <p>A. patient 1 presented to the Emergency Department (ED) on 9/6/15 for fever and a lab for Urinalysis with Microscopic Culture If Indicated (UA) was ordered per Medical Staff 1 (Nurse Practitioner [NP]) on 9/6/15 at 0906 hours with specimen collection on 9/6/15 at 0914 hours.</p> <p>B. staff N1 (Medical Technologist) reported results of UA on 9/6/15 at approximately 0955 hours to ED nurse.</p> <p>C. review of ED provider note dated 9/6/15 at 1029 hours per Medical Staff 2 (Physician) indicated the following: This patient was initially evaluated by Medical Staff 1. I personally reviewed pertinent information for this visit and performed key portions of the exam myself. I agree with the mid-level provider 's diagnosis and treatment plan for this patient. Asked to see patient because lab called and reported "sperm" in urine specimen.</p> <p>D. patient 1's MR lacked documentation laboratory personnel called the ordering physician about sperm in the specimen.</p> <p>3. On 5/11/16 at approximately 1230 hours, staff N3 (Director Laboratory) was</p>		<p>Medical Technologists Lab Manager Administrative Lead Medical Technologists 06/02/2016 09/20/2016 05/26/2016</p>	

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	interviewed and confirmed the procedure for communicating UA lab results to Medical staff 1 and 2 was not followed.			