

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150056	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/02/2011
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN46206
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S0000	<p>This visit was for the investigation of 2 State complaints.</p> <p>Complaint: IN00085781 Unsubstantiated, lack of sufficient evidence.</p> <p>IN00090103 Unsubstantiated, unrelated deficiency is cited.</p> <p>Date of Survey: 11-02-11</p> <p>Facility number: 005051</p> <p>Surveyor: John Lee, R.N. Public Health Nurse Surveyor</p> <p>QA: claughlin 11/22/11</p>	S0000		
S0930	<p>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 facility failed to ensure a registered</p>	S0930	<b>Complaint # IN00090103 Preparation and execution of</b>	12/02/2011

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>nurse (RN) supervised and evaluated the care planned for and provided to each patient in accordance with written physician orders and established policy/procedures for 1 of 7 surgical medical records (MR) reviewed (Patient #6).</p> <p>Findings include:</p> <p>1. Review of policy/procedure Discharge of Patients indicates the following, "Policy - Patients will be discharged from the Post Anesthesia Care Unit by an Anesthesiologist when they have made an initial recovery from the anesthesia and assessments indicate that they have met identified criteria. Criteria 4. PACU modality score is 8 to 10 with no criteria having a 0 and both circulation and respiration have a score of 2." This policy/procedure was last reviewed/revised on 03-25-11.</p> <p>2. Review of patient #6's MR indicates that the patient was an insulin dependent diabetic and was admitted to the facility on 04-19-11. Review of the patient's MR indicates the patient had a PICC line placed on 04-20-11. Review of the patient's MR indicates the patient was on a continuous tube feeding of Nutren 2.0 at 40 ml/hr. The physician wrote an order on</p>		<p><b>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. <u>Credible Allegation of Correction and Compliance:</u> For the purpose of any allegation that Clarian Health Partners, Inc. ("Clarian") is not in substantial compliance with the regulations set forth, this plan of correction constitutes Clarian's credible allegation of correction and compliance. <b>S 930 410 IAC 15-1.5-6 Nursing Service Corrective Action(s): A. IU Health Methodist Hospital: Post Anesthesia Care Unit</b> The MH Director of Perioperative Services and the MH Post Anesthesia Care Unit (PACU) manager reviewed the current Discharge of Patients policy as well as the PACU Grading Scale procedure to ensure they met the required standards of practice to ensure patients are only discharged from the Post Anesthesia Care Unit by an Anesthesiologist when they have made an initial recovery from the anesthesia and assessments indicate that they have met identified criteria which has been documented in the patient's</b></p>				

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	04-19-11 at 0353 hours that indicated the following; Dextrose 10% in water 1000 ml, only hang if continuous tube feeding or TPN is interrupted. Infuse at 80 ml/hr to prevent hypoglycemia. The physician wrote the following order on 04-20-11 at 1521 hours; NPO except medications, Start on: 04-21-11 0100. Review of the patient's MR indicates the patient's continuous tube feeding was stopped on 04-21-11 at 0100 hours and the MR lacked documentation that Dextrose 10% was started. The physician wrote the following order on 04-19-11 at 0353 hours; glucose (dextrose 50% (dose per calculation)) Per calculation, IV Push, injection, unscheduled, PRN, Low blood sugar, PRN for blood glucose less than or equal to 70 mg/dl as directed by Subcutaneous Insulin GlucoStabilizer Program. Review of the patient's MR indicates the patient's blood glucose on 04-21-11 at 0612 hours was 67. The patient's MR lacked documentation that the physician was notified of the patient's blood glucose. Review of the Medication Administration Record lacked documentation that the GlucoStabilizer was administered. Review of patient #6's MR indicates that the patient had a surgical procedure on 04-21-11. The physician wrote the following order on 04-21-11; May release from PACU when grading scale criteria are met. The		medical record. Further, the identified criteria is a PACU modality score of "8" to "10" with no criteria having a "0" and both circulation and respiration having a score of "2". MH PACU nurses will be reeducated regarding the above referenced policy expectations including the PACU Grading Scale necessary to comply with the requisite procedures. MH PACU nurses will additionally be reminded of the importance of documenting in the patient's medical record whether the patient scored an "8" or higher prior to discharge from the PACU. Education will be provided on or before December 18, 2011 with immediate implementation. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from caring for patients in the MH PACU until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning, December 19, 2011, education regarding policy and performance expectations will be added to the curriculum for orientation for MH PACU nurses. Documentation will be maintained. <b>Monitoring:</b> To ensure compliance, beginning December 19, 2011, MH PACU		

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	<p>patient's MR indicates the patient arrived in the PACU on 04-21-11 at 0949 hours. The patient's PACU Modality score at 1215 hours was a 7. The patient was discharged from the PACU at 1337 hours and the patient's MR lacked documentation of a PACU Modality score of being 8 or higher.</p> <p>3. On 11-02-11 at 1620 hours staff #45 confirmed that the MR lacked documentation that the physician was notified of the patient's blood glucose on 04-21-11 at 0612 hours, that the patient was given the GlucoStabilizer and the patient was started on the Dextrose 10% after tube feeding was stopped on 04-21-11 at 0100 hours.</p> <p>4. On 11-02-11 at 1600 hours staff #43 &amp; 44 confirmed that PACU staff didn't document if the patient was an 8 or higher prior to discharge from the PACU.</p>		<p>manager or his designee will perform ten charts audits daily on PACU patients to ensure the PACU grading scale was appropriately followed. Any identified gaps will immediately be discussed with the MH PACU nurse on an individual basis for performance improvement. The audit processes will be completed for a 3 month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that date for a consecutive 3 month period reflects the achievement of the threshold. Results of the audits will be communicated to the Director of Perioperative Services and Chief Quality Coordinator of Perioperative Services.</p> <p><b>Responsible Person(s):</b> The Director of Perioperative Services of MH hospital and the MH PACU manager will be responsible for ensuring that MH PACU nurses have a clear understanding of what and how services are provided to MH PACU patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur. <b>B. IU Health University Hospital: Medical Progressive Care Unit</b> The University Hospital Medical Progressive Care Unit manager</p>		

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			reviewed the Glucostabilizer protocol to ensure it met the required standards of practice regarding the clear identification of a nurse's responsibility to both treat and document nursing actions when caring for a patient who experiences hypoglycemia within certain specified parameters, including but not limited to: appropriate physician notification, nursing intervention, and nursing documentation in the patient's medical record. UH Medical Progressive Care Unit nurses will be re-educated on or before December 23, 2011, regarding the importance of documentation in the electronic medical record of nursing intervention provided when a patient's tube feeding is discontinued when they are on a glucostabilizer to prevent hypoglycemia. Additionally, they will also be re-educated regarding the importance of documentation in the medical record of nursing interventions provided to a patient with a low blood sugar who is on a glucostabilizer. Any requisite staff members who fail to complete the education within the designated timeframe will be prohibited from participating in the care of MPCU patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis		

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			<p>upon returning to work. Beginning, December 24, 2011, additional education regarding glucostabilizer protocol expectations will be added to the curriculum for orientation for MPCU nurses. Documentation of education will be maintained.</p> <p><b>Monitoring:</b> To ensure compliance, beginning December 24, 2011, UH MPCU manager or his designee will perform a monthly audit of 100% of patients on the glucostabilizer to ensure appropriate documentation in patient's medical record of nursing interventions as well as physician notification. Any identified gaps will immediately be discussed with the UH MPCU nurse on an individual basis for performance improvement. The audit processes will be completed for a 3 month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3 month period reflects the achievement of the threshold. Results of audits will be communicated to the Manager, Director, and Chief Quality Coordinator.</p> <p><b>Responsible Person(s):</b> The Director of Medical Services of UH hospital and the UH MPCU manager will be responsible for</p>		

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			ensuring that UH MPCU nurses have a clear understanding of what and how services are provided to IU Health UH MPCU patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.		