

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150056	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/19/2016
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN 46202
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S 0000  Bldg. 00	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint Number: IN00196260 Substantiated; deficiency related to allegations is cited. Deficiency unrelated to allegations is cited.</p> <p>Date of survey: 4/19/16</p> <p>Facility number: 005051</p> <p>QA: cjl 04/21/16</p>	S 0000		
S 0732  Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(d)(1)(2)(3)(4)</p> <p>(d) The medical record shall contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of treatment and results.</p> <p>Based on document review and</p>	S 0732	<b>S732 15-1.5-4 Medical Record Services</b> The facility failed to	05/31/2016

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>interview, the facility failed to ensure the medical records accurately documented the course of treatment for 4 of 10 patients (patients #1, 2, 3 and 6).</p> <p>Findings include:</p> <p>1. Review of patient #1 medical record indicated the following: (A) The record indicted oxygen (O2) was placed on the patient at 4:00 a.m. on 1/8/15 with no indication in the medical record as to why it was applied. The O2 saturation was documented as 93% at the time the oxygen was applied. (B) The record indicated that oxygen was placed on the patient at 10:00 a.m. on 1/8/15 with no indication as to why it was used. The O2 saturation was documented as 94% at the time the oxygen was placed.</p> <p>2. Review of patient #2 medical record indicated the following: (A) The record indicated that oxygen was placed on the patient at 7:34 a.m. on 1/11/15 and was placed on again at 11:29 a.m. on 1//11/15 with no indication as to why the oxygen was placed. His/her O2 saturation levels were documented as 96% at 7:34 and 95% at 11:29. He/she was documented as being on "room air" in between the 2 events of oxygen placement.</p>		<p>ensure the medical records accurately documented the course of treatment for patients related to oxygen therapy.</p> <p><b>Corrective Action(s):</b> The Clinical Mangers of IUH University Hospital MPCU and Krannert will begin discussion of oxygen therapy initiation during huddles on Monday, May 23, 2016. By May 23, 2016, the Manager, Quality and Equipment and the Manager of Education for Respiratory Care will develop an Education Express for nursing staff regarding oxygen therapy to include initiation, ordering, documentation, and indications. The education express will be shared with nursing staff by May 31, 2016. By May31, 2016, all MPCU and Krannert nursing staff will be educated on oxygen therapy. 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. Additional information regarding oxygen therapy will be shared with at the facility Professional Practice Council on Monday, May 23 and at unit Professional Practice Councils in June.</p> <p><b>Monitoring:</b> To ensure compliance, beginning June 1, 2016, the Clinical Mangers on IUH University Hospital MPCU and Krannert will initiate a monthly audit of thirty (30) patient records. The audit will include</p>	

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S 0912 Bldg. 00	<p>3. Review of patient #3 medical record indicated the following: (A) An order was written at 4:45 p.m. on 1/8/15 for oxygen titration to keep O2 saturation of 92% or greater. (B) The record indicated that the patient was on "room air" at 8:38 p.m. on 1/8/15 with an O2 saturation level of 95%. The record indicated that oxygen was placed on the patient at 12:05 a.m. on 1/9/15 with no reason documented as to why the oxygen was placed. The patient's O2 saturation level was documented as 98%.</p> <p>4. Review of patient #6 medical record indicated the following: (A) The record indicated that oxygen was placed on the patient at 12:50 a.m. on 4/19/16 with no indication as to why the oxygen was applied. The O2 saturation level was documented as 94% at the time of the placement.</p> <p>5. Staff member #2 (Manager of Clinical Informatics) verified the medical record information beginning at 11:15 a.m. on 4/19/16.</p> <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p>		<p>monitoring of oxygen initiation with follow up order and indication. Any identified gaps will immediately be discussed with the staff on an individual basis for performance improvement. This audit will be completed for three months, with expectations for 90% compliance or greater. If this threshold is achieved, then the auditing process will be transitioned to a periodic spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive three month period reflects achievement of the 90% threshold. Results of audits will be included in unit quality display boards and analyzed and trended through the unit Professional Practice Council.</p> <p><b>Responsible Person(s):</b>The IU Health Clinical Directors along with the Clinical Manager of MPCU and Krannert will be responsible for ensuring that staff has a clear understanding of monitoring of this corrective action to ensure the deficiency is corrected and will not recur.</p>	

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	<p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on document review and interview, the nurse executive failed to establish the standards of nursing care by failing to ensure policies/standards were followed for completing patient assessments for 1 of 10 patients (patient #1), failing to ensure orders were obtained for oxygen (O2) administration</p>	S 0912	<p><b>S912 15-1.5-6 Nursing Service</b> The nurse executive failed to establish the standards of nursing care by failing to ensure policies/standards were followed for completing patient assessments, failing to ensure orders were obtained for oxygen administration, failing to ensure nurses followed physician orders,</p>	06/06/2016

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	<p>for 3 of 10 patients (patients #1, 2 and 6) failing to ensure nurses followed physician orders for 8 of 10 patients (patients #1, 2, 3, 4, 6, 7, 9 and 10) and failing to ensure nursing notified the physician of a change in condition (decreased oxygen saturation level) for 1 of 10 patients (patient #1).</p> <p>Findings include;</p> <p>Findings include;</p> <p>1. Review of patient #1 (Progressive Care Patient) medical record indicated the following:                      (A) An order was written at 6:20 p.m. on 1/6/15 to call if diastolic blood pressure was &lt;60 or systolic blood pressure &gt; 180.                      (B) The record indicated the patients blood pressure was 114/55 at 5:00 p.m. on 1/7/15, 185/75 at 11:00 a.m. on 1/7/15, and 128/59 at midnight on 1/8/15 with no documentation that the physician was notified per order.                      (C) The record indicted oxygen (O2) was placed on the patient at 4:00 a.m. on 1/8/15 with no indication in the medical record as to why it was applied. The record lacked an order for the oxygen. The O2 saturation was documented as 93% at the time the oxygen was applied. Additionally, the patients blood pressure was 133/54 at 4:00 a.m. on 1/8/15 with</p>		<p>and failing to ensure nursing notified the physician of a change in condition. <b>Corrective Action(s):</b> By Monday, May 23, 2016, the Clinical Managers of IUH University Hospital MPCU and Krannert will begin discussion in unit daily huddles on the following:</p> <ol style="list-style-type: none"> <li>1. Oxygen therapy to include initiation, ordering, documentation, indications, and when to notify the provider</li> <li>2. Documentation of clinical variance and notification to physicians of that variance related to call orders</li> </ol> <p>Additional education with MPCU and Krannert nursing staff and support staff will be conducted via email, PowerPoint, and unit huddles. 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. On Tuesday, May 10, 2016, Statewide Regulatory Affairs Accreditation Specialist presented identified call order issues to the Medical Staff Quality Performance Review Committee. A multidisciplinary committee will begin the work on proposals and workflow changes related to call orders. The committee will be led by the Hospitalist Medical Director. On Thursday, May 19, 2016, Statewide Regulatory Affairs Accreditation Specialist will</p>	

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	<p>no documentation that the physician was notified per order.</p> <p>(D) The record indicated that oxygen was placed on the patient at 10:00 a.m. on 1/8/15 with no indication as to why it was used. There was no order for the oxygen. The O2 saturation was documented as 94% at the time the oxygen was placed.</p> <p>(E) The record indicated the patients blood pressure was 106/52 and the O2 saturation was 84% at 3:31 p.m. on 1/8/15 with no documentation that the physician was notified of either the decreased blood pressure or the low O2 saturation. The record indicated that the patient had no oxygen on and was documented as being on "room air".</p> <p>(F) The record indicated that nursing physical assessments were not completed per policy. There was no assessment between 8:45 a.m. and 2:26 p.m. on 1/8/15.</p> <p>2. Review of patient #2 medical record indicated the following:</p> <p>(A) An order was written on 1/9/15 at 2:19 p.m. to call if the diastolic blood pressure was &lt;60.</p> <p>(B) The record indicated the patients blood pressure was 115/55 at 7:34 a.m. on 1/11/15 and 127/51 at 11:29 a.m. on 1/11/15 with no documentation that the physician was notified per order.</p>		<p>present the identified call order issues to the Academic Health Center Quality Committee. Goals of multidisciplinary committee will be to:</p> <ol style="list-style-type: none"> <li>1. Assess current state</li> <li>2. Identify potential options (people, process, policy, content of order sets, technology, etc)</li> <li>3. Define next steps for further evaluation of these capabilities</li> <li>4. Determine if this goes to current governing bodies for approval or is approved through a lean rapid improvement event</li> </ol> <p>On Monday, May 16, 2016, the Manager of Clinical Informatics at University Hospital presented a proposal to Joint Nursing Clinical Informatics Systems Committee related to customization of physical exam band for nursing staff. The proposal was approved and will be assigned to a build. The changes required will go through the CERNER IU Health standardization process and will be completed within sixty to ninety days. Timeline and rollout to nursing staff will be developed after completion of the build <b>Monitoring:</b> To ensure compliance, beginning June 1, 2016, the Clinical Managers on IUH University Hospital MPCU and Krannert will initiate a monthly audit of thirty (30) patient records. The audit will include monitoring of oxygen initiation with follow up order and indication, appropriate documentation of clinical variance</p>	

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	<p>(C) The record indicated that oxygen was placed on the patient at 7:34 a.m. on 1/11/15 and was placed on again at 11:29 a.m. on 1/11/15 with no indication as to why the oxygen was placed. There was no order for the patient to have oxygen during this time. His/her oxygen order was discontinued at 1:08 a.m. on 1/11/15. His/her O2 saturation levels were documented as 96% at 7:34 and 95% at 11:29. He/she was documented as being on "room air" in between the 2 events of oxygen placement.</p> <p>3. Review of patient #3 medical record indicated the following: (A) An order was written on on 1/8/15 at 7:51 p.m. to call if diastolic blood pressure was &lt;60. (B) The medical record indicated the patients blood pressure was 117/46 at 12:05 a.m. on 1/9/15, 115/45 at 3:30 a.m. on 1/9/15, 119/44 at 7:21 a.m. on 1/9/15, 119/47 at 11:37 a.m. on 1/9/15, and 138/57 at 3:23 p.m. on 1/9/15 with no documentation that the physician was notified per order.</p> <p>4. Review of patient #4 medical record indicated the following: (A) He/she was admitted on 1/15/15 and underwent an Ileal loop with drain placement. (B) An order was written at 3:09 p.m. on</p>		<p>and notification to physicians of that variance, e.g. blood pressure call order and decreased oxygen saturation. Any identified gaps will immediately be discussed with the staff on an individual basis for performance improvement. This audit will be completed for three months, with expectations for 90% compliance or greater. If this threshold is achieved, then the auditing process will be transitioned to a periodic spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive three month period reflects achievement of the 90% threshold. Results of audits will be included in unit quality display boards and analyzed and trended through the unit Professional Practice Council.</p> <p><b>Responsible Person(s):</b> Vice President and Chief Nursing Officer for IU Health Academic Health Center Adult Hospitals and the IU Health University Associate Chief Nursing Officer will be responsible for oversight. IU Health University Clinical Directors along with the Clinical Managers of MPCU and Krannert will be responsible for ensuring that staff has a clear understanding of monitoring of these corrective actions to ensure the deficiency is corrected and will not recur. The Hospitalist Medical Director along with the multidisciplinary committee will be</p>	

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	<p>1/15/15 to call physician if diastolic blood pressure was &lt;60.</p> <p>(C) The record indicated the patients blood pressure was 126/46 at 3:50 a.m. on 1/24/15, 117/58 at 8:25 a.m. on 1/1/24/15, and 146/50 at 4:30 p.m. on 1/25/15 with no documentation that the physician was notified per order.</p> <p>5. Review of patient #6 medical record indicated the following:</p> <p>(A) An order was written at 11:52 a.m. on 4/18/16 to call if the diastolic blood pressure was &lt;60.</p> <p>(B) The record indicated the patients blood pressure was 122/50 at 12:50 a.m. on 4/19/16 and 124/54 at 4:00 a.m. on 4/19/16 with no documentation that the physician was notified per order. Additionally, the record indicated that oxygen was placed on the patient at 12:50 a.m. on 4/19/16 with no indication as to why the oxygen was applied and no order for oxygen. The O2 saturation level was documented as 94% at the time of the placement.</p> <p>6. Review of patient #7 medical record indicated the following:</p> <p>(A) An order was written at 11:44 a.m. on 4/11/16 to call physician if diastolic blood pressure was &lt;60.</p> <p>(B) The record indicated the patients blood pressure was 103/59 at 9:55 p.m.</p>				<p>responsible for development of workflow changes related to call orders. The Manger of Clinical Informatics at University Hospital along with the Statewide Regulatory Affairs Accreditation Specialist will be responsible for developing a timeline for desired changes to CERNER. Item F – Nursing assessment not completed per policy <b>Corrective Action:</b> By Monday, June 6, 2016, the Manager of IU Health Resource Center will provide reminders to resource center nursing staff on the requirements for completing nursing assessments based on timelines within the hospital policy.</p> <p><b>Monitoring:</b> To ensure compliance, beginning June 15, 2016, the Manager of IU Health Resource Center will initiate a monthly audit of five (5) patient records. The audit will include monitoring of completion of nursing assessment based on timelines within the hospital policy. Any identified gaps will immediately be discussed with the staff on an individual basis for performance improvement. This audit will be completed for three months, with expectations for 90% compliance or greater. If this threshold is achieved, then the auditing process will be transitioned to a periodic spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive</p>		

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	<p>on 4/11/16, 114/58 at 10:00 p.m. on 4/11/16, 100/50 at midnight on 4/12/16, 108/54 at 3:30 a.m. on 4/12/16, 110/54 at 11:00 a.m. on 4/12/16, 106/56 at 3:54 p.m. on 4/12/16, 117/58 at 7:40 p.m. on 4/12/16, 114/58 at 8:05 p.m. on 4/13/16, 130/55 at 11:00 a.m. on 4/14/16, and 128/58 at 11:16 p.m. on 4/14/16 with no documentation that the physician was notified per order.</p> <p>7. Review of patient #9 medical record indicated the following: (A) He/she had an order written at 11:18 a.m. on 4/14/16 to call if diastolic blood pressure was &lt; 60. (B) The record indicated the patients diastolic blood pressure was low including, but not limited to, blood pressure of 105/59 at 8:00 p.m. on 4/14/16, 94/54 at 9:00 p.m. on 4/14/16, 97/51 at 10:00 p.m. on 4/14/16, 100/48 at 3:00 a.m. on 4/15/16, and 96/51 at 5:00 a.m. on 4/15/16 with no documentation that the physician was notified per order.</p> <p>8. Review of patient #10 medical record indicated the following: (A) An order was written at 5:10 p.m. on 4/15/16 to call if diastolic blood pressure was &lt;60. (B) The medical record indicated the patient had low diastolic blood pressures including, but not limited to, a blood</p>		<p>three month period reflects achievement of the 90% threshold. Results of audits will be included in staff meetings. <b>Responsible Person:</b> The Manager of the IU Health Resource Center will be responsible for ensuring that staff has a clear understanding of monitoring of this corrective action to ensure the deficiency is corrected and will not recur.</p>	

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	<p>pressure of 97/48 at 5:15 p.m. on 4/15/16, 106/51 2:39 a.m. on 4/16/16, and 123/54 at 3:04 p.m. on 4/16/16 with no documentation that the physician was notified per order.</p> <p>9. Facility policy titled "RESPIRATORY CARE OXYGEN THERAPY ASSESSMENT PROGRAM" last reviewed/revised 5/30/15 states on page 1 of 4: "E. If there is no order at initiation, one must be obtained;....." (Unchanged from previous revision/review).</p> <p>10. Facility policy titled "DOCUMENTATION STANDARDS: INPATIENT" last reviewed/revised 10/31/12 states on page 9 of 21 under "Physical Assessment": Document a physical assessment of all systems (cardiovascular, EENT, gastrointestinal, genitourinary, integumentary, musculoskeletal, neurological, respiratory), as well as psychosocial assessment as ordered, per unit standard or a minimum of:.....b. Progressive care: every 4 hours". Page 18 of 21 states: "Narrative Notes A narrative note is used whenever the electronic or paperforms do not support the level documentation required to accurately and adequately capture a patient event, situation or care episode.....Examples of</p>			

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	<p>events which may trigger a narrative note include: Significant Events:.....Respiratory changes: O2 desaturation....."</p> <p>11. Staff member #2 (Manager of Clinical Informatics) verified the medical record information beginning at 11:15 a.m. on 4/19/16.</p> <p>12. Staff member #1 (Accreditation/Regulatory Specialist) indicated in interviews beginning at 2:05 p.m. that oxygen placement would require an order. He/she verified this information with Respiratory Therapy (RT).</p>			