

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 02/10/2016
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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: IN00191418 Substantiated; deficiency related to allegations is cited</p> <p>Date of survey: 2/10/16</p> <p>Facility number: 005051</p> <p>QA: cjl 02/12/16</p>	S 0000		
S 0912 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a</p>			

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>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 turning and repositioning patients for 2 of 10 patients (patients #4 and 9), limiting length of time in chair for 1 of 10 patients (patient #4) and failing to complete an incident report for patients developing a hospital acquired pressure ulcer for 2 of 10 patients (patient #1 and #4).</p>	S 0912	<p>S912 15-1.5-6 Nursing Service The nurse executive failed to establish the standards of care by failing to ensure policies/standards were followed for turning and repositioning patients, limiting length of time in chair for patients, and failing to complete incident report for patients developing a hospital acquired pressure ulcer. Corrective Action(s): The IUH University Clinical Manager on MICU or her designee will begin on Tuesday, March 1, 2016</p>	03/31/2016

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	<p>Findings include:</p> <p>1. Facility policy titled "Adult Skin and Wound Care" last approved 11/2013 states on page 5 under protocol: "F. All skin injuries that are hospital acquired (...pressure ulcers....) are reported via an incident report...". Page 9 states: "e. Limit the time an individual spends seated in a chair if patient is at risk for pressure ulcer development or if pressure ulcer is present." Page 11 states for patients with a stage III or IV wound: "a. Rescue skin by relieving all pressure to the injured area. Turn/reposition frequently....."</p> <p>2. Review of patient #1 medical record indicated the following: (A) He/she was admitted on 10/25/15. The medical record indicated there were no pressure areas on admission. (B) Nurses notes dated 11/7/15 indicated that a pressure ulcer described as a deep tissue injury and not stageable had developed on the patient's nose.</p> <p>3. Review of patient #4 medical record for stay #1 indicated the following: (A) He/she was admitted to the facility on 9/29/15. The medical record indicated there were no pressure areas on admission.</p>		<p>discussion during huddles on turning, repositioning, and length of time patients are in chair. By March 15, 2016 all MICU nursing and nursing support staff will be educated on the following:</p> <ol style="list-style-type: none"> 1. Turning and repositioning of patients 2.Length of time patients are up in chair and providing pressure relief 3.Completion of incident reports for all skin injuries that are hospital acquired <p>The education with all MICU nursing staff will be conducted via MICU unit huddles, staff meetings, unit professional practice council, and email blasts. 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. Additionally, education related to turning and repositioning, length of time patients are in chair, and incident reporting will be provided to all nursing staff at IU Health University and IU Health Methodist during the Mobility Fair in March 2016. The Adult Skin and Wound Care Protocol will be sent to all Methodist and University nursing staff with emphasis to review turning and repositioning, positioning the seated patient, and incident reporting. All education will be completed by March 31, 2016. Any staff required to complete the</p>	

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	<p>(B) Nurses notes dated 10/5/15 at midnight indicated that a pressure ulcer had developed on sacral/coccyx area. The area was a stage II wound.</p> <p>4. Review of patient #4 medical record for stay #2 indicated the following: (A) He/she was admitted to the facility on 10/26/15. He/she was documented as having a stage II pressure area to the sacral area on admission nursing assessment and the wound was classified as a stage III during wound care consult dated 10/27/15. (B) The medical record indicated the patient was up in a chair from 1100-1600 hours on 11/9/15 and lacked documentation of pressure relieving actions taken while up in chair from 1100 hours to 1600 hours on 11/9/15.</p> <p>5. Review of patient #4 medical record for stay #3 indicated the following: (A) He/she was admitted to the facility on 11/28/15. He/she was documented as having an unstageable sacral/coccyx wound on admission. (B) The medical record lacked documentation that the patient was turned from 2130 hours on 11/28/15 to 1000 hours on 11/29/15. He/she was documented as being on his/her back during that time. (C) The medical record lacked</p>		<p>outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Monitoring: To ensure compliance, beginning March 16, 2016, IUH University Clinical Managers on MICU, MPCU, 4SW, and 4NW and the IUH Methodist Clinical Managers on CMCC and A6N will initiate a monthly audit of thirty (30) patient records in total. The audit will include monitoring of documentation related to turning and repositioning, length of time patients are up in chair and relieving pressure during up in chair time. 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 units Professional Practice Council. Monthly hospital wide compliance will be shared at house-wide Professional Practice Council.</p>				

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	<p>documentation that the patient was turned from 0400 hours to 1800 hours on 12/7/15. He/she was documented as remaining on his/her left side during that time.</p> <p>(D) The medical record lacked documentation that the patient was turned to a specific side from 0200 hours on 12/8/15 to 1600 hours 12/10/15. The documentation stated "assist" with no left, right, or back documented.</p> <p>(E) The medical record indicated the patient was up in chair from 1200 hours to 1600 hours on 12/8/15 with no documentation of pressure relieving measures used during this time.</p> <p>6. Review of patient #4 medical record for stay #5 indicated the following: (A) He/she was admitted on 12/16/15. He/she was documented as having an unstageable sacral/coccyx on admission. (B) The medical record lacked documentation that the patient was turned at 1700 hours on 12/17/15 and at 0900 hours on 12/18/15.</p> <p>7. Review of patient #9 medical record lacked documentation that the patient was turned from midnight to 0800 hours on 2/5/16 and from 0200 hours to 0600 hours on 2/6/16.</p> <p>8. Staff member #3 (Clinical Informatics</p>		<p>Responsible Person(s): Vice President and Chief Nursing Officer for IU Health Academic Health Center Adult Hospitals, IU Health University Associate Chief Nursing Officer, and the IU Health Director Clinical Operations of the Critical Care Division will be responsible for oversight. IU Health Director Clinical Operations of the Critical Care Division along with the Clinical Manager of the units 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.</p>	

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	<p>Manager) verified the medical record information for patients #1 and 4 beginning at 12:30 p.m. on 2/10/16.</p> <p>9. Staff member #4 (RN) verified medical record information for patient #9 beginning at 5:10 p.m. on 2/10/16.</p> <p>10. Staff member #2 (Accreditation Specialist) indicated in interview at 3:30 p.m. on 2/10/16 that there were no incident reports completed for pressure areas on patients #1 and #4.</p> <p>11. Staff member #4 (Registered Nurse [RN]) indicated in interview at 4:50 p.m. on 2/10/16 that patients are turned every 2 hours if not more often.</p> <p>12. Staff member #5 (Shift Coordinator) indicated in interview at 4:55 p.m. on 2/10/16 that patients are to be turned at a minimum of every 2 hours.</p> <p>13. Staff member #6 (Director Critical Care) indicated in interview at 4:58 p.m. on 2/10/16 that patients are to be turned at a minimum of every 2 hours.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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