

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151314	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2012
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NAME OF PROVIDER OR SUPPLIER  ST VINCENT SALEM HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 911 N SHELBY ST SALEM, IN 47167
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S0000	<p>This visit was for the investigation of one State complaint.</p> <p>Complaint Number: IN00099563 Substantiated: Deficiency related to the allegations is cited.</p> <p>Facility #: 005087</p> <p>Survey Dates: 01-30-12</p> <p>Surveyor: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>QA: claughlin 02/16/12</p>	S0000		

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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S1510	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(b)(2)(A)(B)(C)</p> <p>(b) The emergency service shall have the following:</p> <p>(2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following:</p> <p>(A) Provision for the care of the disturbed patient.</p> <p>(B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care.</p> <p>(C) Provision for transfer of patients when care is needed which cannot be provided.</p> <p>Based on document review and interview, the facility failed to provide immediate assessment prior to registration as required by policy for 5 of 5 (P#1 - P#5) patients presenting to the emergency department (ED).</p> <p>Findings included:</p> <p>1. Review of patient records on 01-30-12 indicated the following: Patient #1 presented to the ED on 11-2-11, was registered at 2149 hours, triage/medical screening is documented at</p>	S1510	Who: Kathy Miller, Manager of registration, and Betty Sease, Manager of Emergency department, are responsible for monitoring compliance of St. Vincent Salem's registration process and our Triage process. What: Registration and ED reviewed proper triage/registration processes. All patient's will fill out a "short form" that includes name, DOB, and Chief Complaint. Patient will then be triaged by an approved ED associate. If patient is emergent they will go straight back into emergency room and then registered. If the patient is not	02/17/2012			

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	<p>2225 hours, 36 minutes after registration. Patient #2 presented to the ED on 11-5-11, was registered at 0911 hours, triage/medical screening is documented at 0915 hours, 4 minutes after registration.</p> <p>Patient #3 presented to the ED on 10-16-11, was registered at 2120 hours, triage/medical screening is documented at 2230 hours, 1 hours and 10 minutes after registration.</p> <p>Patient #4 presented to the ED on 10-22-11, was registered at 2232 hours, triage/medical screening is documented at 2234 hours, 2 minutes after registration.</p> <p>Patient #5 presented to the ED on 10-29-11, was registered at 1051 hours, triage/medical screening is documented at 1103 hours, 12 minutes after registration.</p> <p>2. Review of patient records for P#1 - P#5 on 01-30-12 lacked documentation that anyone checked on the patients while waiting in the ED waiting area after registration.</p> <p>3. Review of facility policy titled TRIAGE OF EMERGENCY DEPARTMENT PATIENTS on 01-30-12 indicated the following: Patients who present to the ED will be taken to a triage area by a medically qualified staff member (RN, LPN, Paramedic) or directly to a room for a medical screening exam. After triage, the patient will be asked to complete reasonable registration procedures. PROCEDURE: The patient</p>		<p>deemed emergent they will go to waiting room until registration is open and then to a room. When: A meeting was held with registration and the emergency room on 1/31/12. All information was taken back to respective departments and staff was educated. All staff were to be educated by 2/17/12. How: Five random charts will be pulled each month for review. New computer system is being installed on 4/1/12 that will not pull forward any financial information during quick registration. This audit will go the ED committee meetings and then on to the quality committee.</p>				

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	<p>will be taken to the triage area, where a triage assessment will be performed in a timely manner. After the triage is completed, the patient will be directed to the registration area.</p> <p>4. Interview with B#3 on 01-30-12 during the ED tour at 1210 hours indicated patients present to the registration area when entering the ED; he/she completes a "short form" and takes it to the ED desk and asks the patient to sit in the waiting area.</p> <p>5. Interview with B#4 on 01-30-12 during the ED tour at 1210 hours indicated patients may have to wait an hour for triage if the ED is busy; he/she indicates the staff will "check on them" in the waiting area, but it is not documented in the patient's record.</p> <p>6. Interview with B#2 on 01-30-12 at 1400 hours confirmed patients are registered before having triage/medical screening and this does not follow facility policy; confirms there is no documentation that patients are checked on while waiting in the ED waiting area; confirms P#1 was registered 36 minutes before triage/medical screening, P#2 was registered 4 minutes before triage/medical screening, P#3 was registered 1 hour and 10 minutes before triage/medical screening, P#4 was registered 2 minutes before triage/medical screening, and P#5 was registered 12 minutes before</p>			

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	triage/medical screening; B#2 confirms facility policy requires patients have triage/medical screening before the registration process.				