

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2012
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NAME OF PROVIDER OR SUPPLIER SCOTT MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1451 N GARDNER ST SCOTTSBURG, IN 47170
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S000000	<p>This visit was for the investigation of one (1) State complaint at a critical access hospital.</p> <p>Complaint number: IN00102490 Substantiated; Deficiencies related to allegation cited.</p> <p>Dates of survey: 2/1/12</p> <p>Facility number: 004778</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 03/12/12</p>	S000000		
S000294	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (c)</p> <p>(c) The governing board is responsible for managing the hospital. Based on document review and staff interview, the governing body failed to ensure the facility's policy "COMPLAINT MECHANISM" was followed related to a patient concern regarding the quality of care provided.</p>	S000294	<p>Scott Memorial Hospital has reviewed and amended the policy "COMPLAINT MECHANISM" to policy "COMPLAINT PROCEDURE" on 3.15.12. The new policy was approved by Senior Leaders on 3.21.12 and</p>	04/05/2012

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>Findings include:</p> <p>1. A complaint was received related to the care provided to patient #1. The facility was notified on 12/11/11 that patient #1 was released with no diagnosis of rib fractures on 12/11/11 and went to facility #2 and was diagnosed with multiple rib fractures and a pneumothorax. There was no follow-up to the complaint.</p> <p>2. Facility policy titled "COMPLAINT MECHANISM (Guest/Customer Satisfaction)" last reviewed/revised 3/09 states on page 1: "1. Serious - Any matter that, in the perception of (facility #1) staff member, affects the immediately quality of care or safety of the guest, customer, or staff involved." "When a serious complaint is received, the (facility #1) hospital staff member will immediately investigate the claim with the assistance of the proper Department director or Supervisor, if available, or the Guest Relations Director to resolve the complaint. All attempts to immediately resolve the complaint should be made. The (facility #1) staff members should complete the Service Recovery Form. The form will be submitted to the Department Director or Supervisor who</p>		<p>e-mailed out to all Scott Memorial Hospital Team Members. It will go to the Medical Staff Medical Executive Committee (MEC) on 4.5.12. The policy will be reviewed at least annually by the Director of Quality/Risk Management and the Director of Guest Relations. If at any point this policy needs further revision, that revision will be made as expeditiously as possible to prevent undue delay. Scott Memorial Hospital has discussed policy issues concerning old policy "COMPLAINT MECHANISM" will all of the hospital Directors on 3.7.12, including stressing the importance of not "dropping the ball". In addition, Scott Memorial Hospital will have a presentation by the Director of Quality/Risk Management to inform the staff of the changes made to the policy "COMPLAINT PROCEDURE". This presentation is scheduled for May during the facility's quarterly forum. This will be followed annually or when major changes are discovered by either a presentation by the Director of Quality/Risk Management or by self-led instruction on the facility's annual "Health Stream" training. ADDENDUM: The Director of Quality/Risk Management will on a quarterly basis review all of the Service Recovery Forms for completion, correct complaint type (serious or minor), and follow-up. Retraining will be</p>				

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S000406	<p>will forward it to the Director of Risk Management."</p> <p>3. Staff member #3 (ED director) indicated the following in interview beginning at 11:40 a.m. on 2/1/12: (A) He/she "dropped the ball" on complaint called in by family of patient #1 and did not follow-up.</p> <p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1)</p> <p>(a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor. Based on document review and staff interview, the facility failed to have an effective quality assurance (QA) program to monitor radiology misreads by the contracted radiology group.</p>	S000406	<p>conducted if complaine with performing correctly falls beneath 95%. Any person that fails to identify a serious complaint will be retrained immediately.</p> <p>Scott Memorial Hospital's Director of Medical Imaging working with the Director of Quality/Risk Management has written a policy "RADIOLOGIST PEER REVIEW" to ensure that contracted radiologists are being QA</p>	04/05/2012	

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	<p>Finding include:</p> <p>1. Review of patient #1 medical record indicated the following: (A) He/she presented to the E.D. via ambulance at 3:08 a.m. on 12/11/11 (Sunday) after being a restrained driver in a motor vehicle accident. (B) A chest x-ray was ordered and M.D. #1 interpreted the chest x-ray as "no rib fractures seen- no pneumo". (C) The chest x-ray was read by M.D. #2 (contracted radiologist) in radiology at 11:21 a.m. on 12/12/11 as "There are a couple of linear opacities at the left lung base consistent with subsegmental atelectasis. No mediastinal widening, focal contusion, pulmonary edema or pleural effusion is seen. There is no fracture."</p> <p>2. M.D. #3 indicated the following in interview at 12:40 p.m. on 2/1/12: (request made for him/her to read chest x-ray of patient #1 on 2/1/12) (A) Chest x-ray of patient #1 revealed acute lateral left 6th and 7th rib fractures. No pneumothorax was seen.</p> <p>3. Per interview with staff member #5 at facility #2 at 4:30 p.m. on 2/2/12, a 2-view chest x-ray at facility #2 on 12/11/11 confirmed that patient #1 had rib fractures as well as a pneumothorax.</p>		<p>monitored for misreads. This policy will also be ready for review by the MEC on 4.5.12. The Director of Medical Imaging will then provide evidence of the QA monitoring to the Director of Quality/Risk Management quarterly. Any discrepancies will also be forwarded to and reviewed by the Medical Director of Medical Imaging quarterly.</p>		

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	4. Staff member #2 indicated the following in interview beginning at 1:45 p.m. on 2/1/12: (A) There is no QA conducted by the facility on the contracted radiology service.				