Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005051	A. BUILDING: _____ B. WING _____	C 02/24/2015

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INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD INDIANAPOLIS, IN 46202

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S 000	INITIAL COMMENTS This visit was for the investigation of one (1) State complaint. Complaint Number: IN00161373 Substantiated; State deficiency related to allegation cited Date of survey: 02/23/15 through 02/24/15 Facility number: 005051 Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor QA: claughlin 02/26/15	S 000		
S 926	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(1) (b) The nursing service shall have the following: (1) Adequate numbers of licensed registered nurses, licensed practical nurses, and other ancillary personnel necessary for the provision of appropriate care to all patients, as needed, to include the immediate availability of a registered nurse. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure adequate numbers of licensed and unlicensed personnel were available to meet the needs of patients for 2 of 2 patient units (unit B7 and unit B4) and 8 of 10 patients	S 926		

accepted 3/23/15 HS

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	appropriate care to all patients, as needed, to include the immediate availability of a registered nurse. Based on document review and interview, the facility failed to ensure adequate numbers of licensed and unlicensed personnel were available to meet the needs of patients for 2 of 2 patient units (unit B7 and unit B4) and 8 of 10 patients medical records reviewed (patients #1, 2, 4,6, 7, 8, 9 and 10). Findings include: 1. Facility policy titled "PLAN FOR PROVISION OF PATIENT CARE AND SERVICES" with an effective date of 4/13 states on page 7 of 10: "3. Each patient service department maintains a formalized staffing plan which is reviewed at least annually....." The staffing plan for unit B4 calls for an RN (registered nurse):patient ratio of 1:3 and a CPCA (certified patient care associate) of 1:12. The staffing plan for unit B7 calls for an RN:patient ratio of 1:4 and a CPCA:patient ratio of 1:8-12 patients. 2. Facility policy titled "Standard Medication Administration Times" last reviewed/revised 7/13 indicates in appendix A that standard medication administration times for twice daily is 0900 hours and 2100 hours and every 12	S 926	**S926 15-1.5-6 Nursing Service** Facility failed to ensure adequate numbers of licensed and unlicensed personnel were available to meet the needs of patients. **Corrective Action(s):** IU Health Academic Health Center Nursing Leadership has reviewed and by April 24, 2015 will make revisions to policy ADM 1.85, Plan for Provision of Patient Care and Services, to appropriately reflect scopes of service and staffing parameters. IUH Methodist Nursing Leadership has initiated multiple interventions to respond to nurse staffing needs, challenged by fluctuating patient census and increased nursing turnover in calendar year 2014. The budget planning for nursing for 2015 was led by the CNO. Benchmarks were set at the 25th percentile for like facilities in the Action OI Database. A complete review of other facilities included in the financial comparison group was conducted to ensure their scopes of care and services were comparable to Methodist Hospital. Those who did not mirror the scope of service for Methodist units were excluded. This resulted in an increase in Hours per Patient Day (HPPD) and FTE increases in the following areas: Perioperative Services, Progressive Care Units,	04/24/2015

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	hour medications are administered at 0900 hours and 2100 hours. 3. Facility policy titled "DOCUMENTATION STANDARDS: INPATIENT" with an effective date of 10/12 states on page 3 of 15: "4. Vital Signs a. Record temperature, heart rate, respiratory rate, and blood pressure." Page 6 of 15 states: "C. DAILY ASSESSMENT AND CARE STANDARDS 1. Vital Signs- measure and records as ordered....." Page 11 of 15 states: "18. Narrative Notes A narrative note is used whenever the electronic or paper forms do not support the level documentation required to accurately and adequately capture a patient event, situation or care episode. There are two main types of narratives, Significant Events and Clinical Notes.....Clinical Notes: .....q. Verbal and telephone communication with physician related to patient's care. r. Inability to perform routine nursing care....." Page 14 of 15 states "Daily Assessment and Care Standards Timeline 1. Vital Signs, as ordered,.... 4. Pt position if one of following conditions is met (patient is immobile, on bed rest, has a specific position ordered or a specific order for change of positions): every 2 hours."		and Intensive Care Units, and select Medical-Surgical Units. These exceptions were approved by the IU Health Board of Directors. Additionally, year to date 2015, careful assessment of necessary staffing levels has been ongoing and the following tactics have been deployed to maintain adequate staffing levels: ·Additional Bedside RN Positions (1/1/15 – 2/28/15): 85 filled, with active recruitment of 73 open positions. ·Increase in number of orientation offerings each month to increase orientation times available. ·The Resource Center (nursing float pool), is in the process of hiring 30 additional full time positions to help meet increased demands throughout the hospital. ·Premium pay: Shift bonuses (implemented in late 2014) continue for staff in direct care areas who voluntarily sign up for overtime. ·Triage of facility transfers: The Administrative Associate, in conjunction with the Chief Medical Officer (CMO), assesses on a daily basis the available beds and staffing levels. Requested transfers from other facilities are delayed when necessary to ensure nurse staffing levels are adequate to support the needs of patients being transferred. ·Diversion of admissions to	

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	4. Review of staffing for unit B7 for 12/7/14 through 12/20/14 and 2/15/15 through 2/23/15 indicated that the unit was not staffed according to the staffing plan. The staffing numbers included the charge nurse. On 12/7/14 the census was 24 patients and the unit was short one (1) RN on night shift. On 12/8/15 the census was 23 patients and the unit was short 1 RN and two (2) techs (there were no techs working) on night shift. On 12/9/14 the census was 22 patients and the unit was short 1 RN and 1 tech on night shift. On 12/10/14 the census was 24 patients and the unit was short 1 RN on night shift. On 12/11/14 the census was 24 patients and the unit was short 1 tech on day shift and 1 RN and 1 tech on night shift. On 12/12/14 the census was 24 patients and the unit was short 1 RN on night shift. On 12/14/14 the census was 24 patients and the unit was short 1 RN on night shift. On 12/15/14 the census was 24 patients and the unit was short 1 RN on night shift. On 12/16/14 the census was 24 patients and the unit was short 1 RN and 1 tech on night shift. On 12/17/14 the census was 24 patients and the unit was short 1 RN and 1 tech on night shift. On 12/18/14 the census was 22 patients and the unit was short 1 tech on night shift. On 12/20/14 the census was 22 patients and the unit was short 1 RN on night shift. On 2/15/15 the		other facilities: The Administrative Associate, in conjunction with the CMO, actively assesses admissions requested from the ED for movement to other IU Health Facilities if care needs can be comprehensively met at sister facilities. ·Closure of beds: Nursing leadership will close beds in order to maintain safe staffing ratios, when necessary. ·Travel nurse contracts: Travel nurse contracts are utilized in units with increased vacancy or workload in order to bridge the gap of recruitment and orientation of bedside staff. Currently, there are 60 approved travel contracts at Methodist Hospital. Extensions to contracts have been offered based on staff vacancy and census levels. These tactics will alleviate the current staffing challenges and will allow for re-opening of all closed beds by the end of July, 2015. On a daily basis, the following actions are being utilized to continually adjust staffing: ·Charge nurse on each unit establishes projected staffing needs for the next 24 hours. ·Resource Center proactively works to mitigate any shortages by sending open shift calls to available staff and evaluating shared resources internal to local IU Health facilities. ·Shift staffing, every four hours	

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	census was 23 patients and the unit was short 1 tech on day shift and 1 RN and 1 tech on night shift. On 2/16/15 the census was 23 patients and the unit was short 1 RN on day shift and 2 techs on night shift (there were no techs working), On 2/17/15 the census was 24 patients and the unit was short 1 RN on night shift. On 2/21/15 the census was 18 patients and the unit was short 1 tech on night shift. On 2/22/15 the census was 21 patients and the unit was short 1 tech on night shift. On 2/23/15 the census was 23 patients and the unit was short 1 RN and 1 tech on night shift. 5. Review of staffing for unit B4 for 12/21/14 through 12/27/14 and 2/15/15 through 2/23/15 indicated the unit was not staffed according to the staffing plan. On 12/21/14 the census was 24 patients and the unit was short 1 RN on day shift and 1 RN and 1 tech on night shift. On 12/22/14 the census was 24 patients and the unit was short 1 RN on day shift. On 12/23/14 the census was 24 patients and the unit was short 1 RN on day shift and 2 RN's and 1 tech on night shift. On 12/24/14 the census was 16 patients and the unit was short 1 tech on night shift. On 12/25/14 the census was 16 patients and the unit was short 1 tech on night shift. On 12/26/14 the census was 19 patients and the unit was short 1 tech on		and eight hours at night, subsequently follows a similar process of comparing projected needs versus staff on hand and with submission of data to the central Resource Center. Managers and the house Associate Administrator participate in a staffing call to collectively determine the distribution of resources in a manner that supports safe care and manages patient throughput. The Associate Administrator escalates staffing concerns when necessary and a conference call with clinical directors is convened to best determine the allocation of resources. Currently, incidents of patient fall are communicated immediately to the patient's physician and fortify safety measures that are put in place. A post-fall huddle occurs with the patient's caregivers to discuss circumstances of the fall and identify any further safety precautions required. The fall occurrence is to be recorded in the patient's medical record, an incident report is filed and findings reported to unit leadership. By April 1, 2015, IUH Methodist B4 and B7 Unit Clinical Managers will emphasize nursing unit standards of care and documentation deficiencies at staff meetings, including medication administration, positioning, bathing, vital signs, neurological checks, appropriate documentation of clinical variance	

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	day shift and night shift. On 12/27/14 the census was 24 patients and the unit was short 1 RN and 1 tech on night shift. On 2/15/15 the census was 24 patients and the unit was short 2 RNs on day shift and 2 RNs and 1 tech on night shift. On 2/16/15 the census was 23 patients and the unit was short 1 RN on dayshift and 1 RN and 1 tech on night shift. On 2/17/15 the census was 20 patients and the unit was short 1 tech on night shift. On 2/19/15 the census was 18 patients and the unit was short 1 RN on day shift and 1 tech on night shift. On 2/20/15 the census was 19 patients and the unit was short 2 techs on night shift (there were no techs working). On 2/22/15 the census was 22 patients and the unit was short 1 RN on day shift. On 2/23/15 the census was 21 patients and the unit was short 2 techs on night shift (there were no techs working). 6. Review of patient #1 medical record indicated the following: (A) An order was written at 1641 hours on 12/7/14 for Heparin 5,000 units subcutaneous every 12 hours. Per medication administration policy, administration times would be 0900 hours and 2100 hours for an every 12 hour order. Per the medication administration record (MAR), the Heparin was not administered until 2334		and notification to physicians of that variance, e.g. blood pressure call orders. The IUH Methodist Clinical Director of the Medical Division will convene and chair a group of staff on B4 and B7 to oversee the auditing process and monitor performance. **Monitoring:** To ensure compliance, beginning April 2015, Methodist Clinical Managers on B4 and B7 will initiate a monthly audit of thirty (30) patient records. The audit will include monitoring of documentation related to medication administration, positioning, bathing, vital signs, neurological checks, appropriate documentation of clinical variance and notification to physicians of that variance, e.g. blood pressure call order. Any identified gaps will immediately be discussed with the staff on an individual basis for performance improvement. This audit will 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 and falls monitoring will be included in unit quality display boards and communicated	

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	hours on 12/7/14. 7. Review of patient #2 medical record indicated the following: (A) An order was written at 1700 hours on 12/11/14 for Torsemide (diuretic) 80 mg twice daily. The MAR lacked documentation that the medication was given on evening shift 12/12/14. (B) An order was written at 0059 hours on 12/12/14 for Troponin (lab test) every 8 hours x 2 which was not drawn. Per nurses notes, the error was discovered on 12/13/14 at 0409 a.m. and the Troponin was drawn at 0627 on 12/13/14 with result of .05 (normal range <.03). (C) The patient was transferred to unit B4 on 12/21/14 and an order was written to do neurochecks every 2 hours. Per nursing flowsheet review, the neurochecks were not performed per order. The neurochecks were not conducted from 12:00-1600 hours on 12/21/14, from 1600 hours to 2000 hours, and from 2000 hours to midnight on 12/21/14. The neurochecks were not conducted from 0400 hours to 12:30 p.m. on 12/22/14, not conducted from 1342 hours to 1648 hours on 12/22/14, and not from 2000 hours until midnight on 12/22/14. The neurochecks were not conducted from 0400 hours to 0800 hours on 12/23/14, and from 0800 hours to 12:00 noon on 12/23/14, and from		through the unit Professional Practice Councils. **Responsible Person(s):** Director of Nursing Operations, Chief Nursing Officers, Statewide Regulatory Affairs Accreditation Specialist and Director of Accreditation and Surveys will be responsible for comprehensive revision and implementation of changes to ADM Policy 1.85. IU Health Methodist Clinical Director of the Medical Division along with the Clinical Managers of B4 and B7 will be responsible for ensuring that staff has a clear understanding of staffing and monitoring of these corrective actions to ensure the deficiency is corrected and will not recur.	

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	12:00 noon to 1825 hours on 12/23/14. 8. Review of patient #4 medical record indicated the following: (A) An order was written at 2229 hours on 2/22/15 for neurochecks every 4 hours and vital signs every 4 hours. (B) An order was written at 2233 on 2/22/15 for bedrest. (C) The medical record lacked documentation that the neurochecks were conducted per order. Per flowsheet documentation, the neurochecks were not conducted from 0900 hours-1700 hours on 2/23/15 and from 0100 hours-0700 hours on 2/24/15. (D) The medical record lacked documentation that the vital signs were obtained per order. Per flowsheet documentation, the vital signs were not taken from 0200 hours to 0742 hours on 2/23/15, were not taken from 0742 hours to 1107 hours on 2/23/15 and were not taken from 1107 hours to 1700 hours on 2/23/15. (E) The medical record lacked documentation that the patient was turned every 2 hours per policy. Per nursing flowsheets, the patient was not turned from 2300 hours until 0300 hours on 2/22/15-2/23/15, was not turned from 0300 hours until 0700 hours on 2/23/15, was not turned from 1100 hours until 1500 hours on 2/23/15, was not turned			

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	from 1900 hours until 2300 hours on 2/23/15. (F) The medical record lacked documentation that the patient was bathed on 2/23/15. 9. Review of patient #6 medical record indicated the following: (A) An order was written at 1612 hours on 2/17/15 for vital signs every 4 hours. The medical record lacked documentation that the vital signs were taken per order. Per nursing flowsheets, the vital signs were not taken from 1200 noon to 1700 hours on 2/18/15, vitals were not taken from 1700 hours to 2203 on 2/18/15, and vitals were not taken from 2203 hours to 0326 hours on 2/18/15-2/19/15 and the vitals signs were not taken from 0326 to 0844 hours on 2/19/15. 10. Review of patient #7 medical record indicated the following: (A) An order was written at 0744 hours on 2/19/15 to call M.D. with systolic blood pressure (SBP) > 160 or < 90. (order still current on unit B7) (B) An order was written at 0816 hours on 2/21/15 for Labetalol 10 mg. I.V. every 4 hours prn for SBP > 180. This order was discontinued on 2/23/15 and an order written at 1334 on 2/23/15 for Labetol 10 mg I.V. for SBP > 170 or			

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	diastolic blood pressure (DBP) > 110. Per nursing flowsheets, the patient's blood pressure was 201/123 at 0830 hours on 2/21/15, 166/110 at 2120 hours on 2/21/15, 169/110 at 0300 hours on 2/21/15, 171/100 at 0742 hours on 2/22/15, 173/100 at 2300 hours on 2/22/15, 176/14 at 0200 hours on 2/23/15, 166/103 at 0755 hours on 2/23/15, and 175/110 at 0313 hours on 2/24/15. Per record review, the increased blood pressures were not reported to the physician per order. Additionally, the blood pressure of 175/110 at 0313 hours on 2/24/15 was not treated with prn (as needed) Labetalol per order. 11. Review of patient #8 medical record indicated the following: (A) An order was written at 1549 on 2/19/15 for vital signs every 4 hours. Per flowsheet review, the patients vitals were not taken from 0300 hours to 0850 hours on 2/20/15, were not taken from 1500 hours to 2000 hours on 2/20/15, were not taken from 2000 hours to 0408 hours on 2/20/15-2/21/15, were not taken from 0200 hours to 0819 hours on 2/23/15, and were not taken from 0200 hours to 11:00 a.m. on 2/24/15. 12. Review of patient #9 medical record indicated the following: (A) An order was written at 1338 hours			

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	on 2/20/15 to report SBP > 180 or DBP > 100 or < 50. (B) An order was written at 12:49 p.m. on 2/20/15 for vital signs every 2 hours. The vital signs were not taken per order. Per nursing flowsheet, the vital signs were not taken from 0400 hours to 0800 hours on 2/21/15 and not taken from 0400 hours to 0805 hours on 2/24/15. Additionally, the patients blood pressure was 136/105 at 0800 hours on 2/22/15 and the medical record lacked documentation that the physician was notified per order. 13. Review of patient #10 medical record indicated the following: (A) An order was written at 12:09 p.m. on 2/20/15 for vital signs every 2 hours and an order was written at 12:11 p.m. on same date to call the M.D. if DBP < 50. Per flowsheet review, the vital signs were not taken per order. The vital signs were not taken from 1600 hours to 2000 hours on 2/21/15 and were not taken from 1600 hours to 2200 hours on 2/22/15. Additionally, the patient's blood pressure of 117/48 at 0200 hours on 2/21/15, 118/48 at midnight 2/21/15, 125/48 at 1500 hours on 2/22/15, and 110/45 at 2200 hours on 2/21/15 were not reported to the physician per order. 14. Staff member #4 (Clinical			

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	Informatics) assisted with and verified the medical record information beginning at 1:00 p.m. on 2/23/15. 15. Staff member #1 (Accreditation Regulatory Specialist) verified in interview beginning at 11:40 a.m. on 2/23/15 that the staffing plans presented were the current staffing plans. 16. Staff member #5 (Clinical Manager of B7) indicated in interview beginning at 9:15 a.m. on 2/24/15 that ideally the charge nurse would not have a patient assignment. He/she indicated that the unit has remained full for the last 2 years. He/she verified the staffing sheets completed were correct and that the staffing was less than the staffing pattern calls for. 17. Staff member #7 (RN unit B7) indicated in interview beginning at 9:50 a.m. on 2/24/15 that the unit is typically short staffed with both licensed and unlicensed staff and feels the staffing levels has contributed to an increase in falls. He/she indicated the unit has heavy care patients with lots of medications and patients that are total care. He/she indicated that at times medications are administered late due to staffing issues. 18. Staff member #10 (RN unit B7)			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	indicated in interview beginning at 10:00 a.m. on 2/24/15 that they try to schedule the unit according to the pattern, however staff members get floated to other units. There has been an increase in falls toward the end of 2014 and beginning of 2015 and he/she feels that staffing levels has made a difference in the fall rates. He/she indicated that medications are given late due to staffing and feels staffing is an issue on the unit. He/she feels that charting is pushed to the side and is not as good. 19. Staff member #9 (PCA [patient care assistant] unit B7) indicated in interview beginning at 10:30 a.m. on 2/24/15 that the unit frequently has total care patients. He/she indicated that at times if there are only 2 techs on the unit and patients are a heavy load that it is difficult to clean patients and turn patients and there are times when patients can't get turned every 2 hours and bathed because there are only 2 techs. 20. Staff member #8 (RN unit B7) indicated in interview beginning at 10:45 a.m. on 2/24/15 that approximately 50% of the time he/she has a patient assignment when he/she is charge nurse. He/she indicated that when he/she has had 5 patients, "things that have to be done are done" and sometimes talking to			

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	150056	A. BUILDING 00 B. WING	02/24/2015

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	patients or teaching is rushed. 21. Staff member #11 (RN unit B7) indicated in interview beginning at 11:00 a.m. on 2/24/15 that he/she has 5 patients today and this is typical on this unit. He/she indicated that the work gets done but is not timely. He/she indicated that the patients on this unit are heavy care patients with lots of medications etc. 22. Staff member #12 (PCA unit B7) indicated in interview beginning at 11:15 a.m. on 2/24/15 that usually there are 2 PCAs working on the unit and occasionally there are 3. He/she is responsible for the care of twelve (12) patients today. He/she indicated that at times he/she is not able to get baths completed or patients turned and repositioned. He/she indicated that incontinent patients take priority for getting baths. 23. Staff member #17 (interim Manager of B4) indicated in interview beginning at 2:50 p.m. on 2/24/15 that currently there are six (6) nursing vacancies on the unit. Additionally, the unit needs 3 PCAs. Has had vacancies since December. 24. Staff member #14 indicated in interview beginning at 4:00 p.m. on 2/24/15 that the unit usually has 1-3 techs			

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	on duty. He/she indicated that medications are given but may not be on time. 25. Staff member #16 (Vice President (VP) and Chief Nursing Officer (CNO) verified in interview beginning at 4:15 p.m. on 2/24/15 that he/she is aware of the staffing issues.			