

MA DPH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 220058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2006
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NAME OF PROVIDER OR SUPPLIER CLINTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 201 HIGHLAND STREET CLINTON, MA 01510
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P 000	INITIAL COMMENTS	P 000	ID Prefix Tag P 009	
	An On-Site Investigation was conducted on 11/16/06 and 11/17/06 in response to a complaint reported to the Department of Public Health (# 06-1360).		1 and 2 (Standards A-0028 and A-0029) Contract for Emergency Mental Health Services	4/30/2007
	Each hospital shall meet all of the requirements of the Medicare Conditions of Participation for Hospitals, 42 C.F.R. 482.11 through 482.62 (hereinafter Conditions of Participation), as they may be amended from time to time, except the requirement for institutional plan and budget specified in 42 C.F.R. 482.12(d), for utilization review specified in 42 C.F.R. 482.30, the requirement for compliance with the Life Safety Code specified in 42 C.F.R. 482.41(b), and any requirement that conflicts with the supplementary standards in 105 CMR 130.000 Subparts C and D.		The Hospital will secure a contract with Community Health Link, Inc./Herbert Lipton Mental Health (Contractor) for the provision of emergency mental health consultative services to Emergency Department patients at Clinton Hospital. The contract will define the scope of services to be provided by the Contractor to include: defined response times, a verbal as well as written report from the Contractor to the ED Attending Physician following the assessment and/or reassessment of each patient, reassessment of patients every 24 (twenty-four) hours at a minimum, compliance with the Hospital's policies and procedures (including those related to the release of confidential protected health information, as those terms are defined under the federal law known as HIPAA) and will require the Contractor to execute and be bound by a Business Associate Agreement. The Contract will be reviewed and approved by the Medical Executive Committee and the Hospital Board of Trustees.	
	This Requirement is not met as evidenced by: Based on interviews and documentation review the Hospital was not in compliance with: 1). Standard A-0028 (The governing body must ensure that the services performed under a contract are provided in a safe and effective manner) of the Conditions of Participation of Governing Body because the Hospital's Governing Body did not monitor emergency psychiatric services to ensure services were provided in a safe manner.		Further, the Hospital will expand the Emergency Department Performance Improvement Program to include quality indicators for emergency mental health consultative services. At a minimum, these indicators will measure: response time of the consultants, length of time to placement of patients and patient disposition. Emergency Department Performance Improvement reports are submitted semi-annually to the Hospital Quality Council. Quality Council reports monthly to the Patient Care Assessment Committee of the Hospital Board of Trustees.	2/1/2007

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karen Klante, RN, MBA, Vice President Quality & Resource Mgt.</i>	TITLE	(X6) DATE 12/13/06
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P 009	<p>Continued From Page 1</p> <p>2). Standard A-0029 (The hospital must maintain a list of all contracted services, including the scope and nature of the services provided) of the Conditions of Participation of Governing Body because the Hospital did not have a written affiliation agreement with the emergency psychiatric services that outlined the scope of services provided and/or delineated contractor responsibility.</p> <p>3). Standard A-0057 (the patient has the right to receive care in a safe setting) of the Conditions of Participation of Patient ' s Rights because the Hospital ' s Emergency Department Nurse did not communicate appropriately with the Patient.</p> <p>4). Standard A-0185 (The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to the patients) of the Conditions of Participation of Medical Staff because the Emergency Department ' s (ED) Medical Staff did not communicate with the consulting service regarding the Patient ' s evaluation or review the consulting service ' s evaluation documentation.</p> <p>5). Standard A-0226 (The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records may be released only to authorized individuals) of the Conditions of Participation of Medical Records because the Hospital did not ensure authorization was obtained for release of the Patient ' s clinical information.</p> <p>6). Standard A-0236 (All records must document results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patient) of the Conditions of Participation of Medical records because the Hospital did not ensure the</p>	P 009	<p>3 (Standard A-0057) Policy Revision</p> <p>The Policies and Procedures related to triage and the suicidal patient will be revised to include the safety requirement that these patients be undressed and placed in hospital gowns.</p> <p>Emergency Department staff will receive education regarding this policy revision.</p> <p>4 (Standard A-0185)</p> <p>See Contracted Service, Numbers 1 and 2 above.</p> <p>5 (Standard A-0226)</p> <p>See Contracted Service, Numbers 1 and 2 above.</p> <p>In addition, the Hospital will re-educate all Emergency Department Registration and Nursing Staff regarding the requirement to obtain written authorization for treatment and release of information.</p> <p>6 (Standard A-0236)</p> <p>See Contracted Service, Numbers 1 and 2 above.</p> <p>In addition, the Hospital will revise the policy related to the management of psychiatric patients to require assessment and re-assessment of psychiatric patients based upon the level of severity.</p>	<p>2/15/2007</p> <p>4/30/2007</p> <p>4/30/2007</p> <p>1/30/2007</p> <p>4/30/2007</p> <p>2/15/2007</p>

SECURITY
 11/16/06
 11:16 AM

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P 009	<p>Continued From Page 2</p> <p>consulting service ' s reevaluation of the Patient was in the medical record.</p> <p>Findings included:</p> <p>1). During the Hospital Investigation the Surveyor requested information related to quality assurance monitoring of the consulting Emergency Psychiatric Services.</p> <p>The Vice President of Patient Services was interviewed at 12:45 P.M. on 11/16/06. The Vice President of Patient Services said the Hospital did not currently monitor the quality of emergency psychiatric services in the Hospital ' s Quality Assurance program.</p> <p>2). During the Hospital Investigation the Surveyor requested to inspect the affiliation agreement with the consulting Emergency Psychiatric Service.</p> <p>The Vice President of Patient Services was interviewed at 12:45 P.M. on 11/16/06. The Vice President of Patient Services said the Hospital did not have a written affiliation agreement with the consulting Emergency Psychiatric Services.</p> <p>3). The Complainant was interviewed at 3:30 P.M. on 11/15/06. The Complainant said when the Patient arrived at the Hospital's ED the Patient kept indicating the Patient was afraid and reluctant to undress. The Complainant said the Patient was not aggressive or exhibiting signs the Patient was a danger to self or others. The Complainant said a nurse told the Patient that the Patient had to undress because it was Hospital procedure and if the Patient did not, the nurse would have to remove the Patient ' s</p>	P 009	<p>RECEIVED</p> <p>2006 DE 15 10 1:16</p> <p>HEALTH CARE QUALITY</p>	

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P 009	<p>Continued From Page 3</p> <p>clothing. The Complainant said the Patient's family members were not asked to convince the Patient to follow Hospital procedures.</p> <p>The Patient's ED Nursing Documentation Flow Sheet, dated 10/24/06, 5:00 A.M., indicated the Patient's clothing was removed; the Patient was placed in a hospital gown, and was placed on one to one supervision. The Patient's family members were present.</p> <p>The nurse assigned to the Patient from 5:00 A.M. until 7:00 A.M. on 10/24/06 (Nurse #2) was interviewed at 3:15 P.M. on 11/16/06. Nurse #2 said the Patient's family members indicated they had the Patient transported to the Hospital because the patient was acting differently and was paranoid. Nurse #2 said she took the Patient's vital signs but the Patient did not want to undress. Nurse #2 said she told the Patient she had to undress for safety purposes and if the Patient did not undress the nurse would have to remove her clothing. Nurse #2 said the Patient agreed to undress as long as a family member remained with her and proceeded to undress without assistance. Nurse #2 said it was procedure to remove a patient's clothing when there was a question of the patient's safety and she was unsure of the Patient's safety status.</p> <p>The Hospital's policy/procedures related to triage and suicidal patients indicated that a safe environment was to be provided for patients who exhibited suicidal tendencies through actions or words. The patient was to be placed in a safe area on one to one observation and all dangerous objects were to be removed such as pantyhose, shoelaces, and belts. The policies did not indicate the patient was required to remove all personal clothing.</p>	P 009	

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P 009	Continued From Page 4 4). The Ambulance Run Report, dated 10/24/06, indicated the Patient was transported to the Hospital's ED accompanied by a family member because the Patient was anxious and not feeling well. The Patient's Nursing Triage Flow Sheet, dated 10/24/06, 4:25 A.M., indicated the Patient was reading a bible, denied any physical reasons for coming to the ED and indicated they was there because God told them to come. The Patient had no significant medical history and did not take medications. Review of the Patient's medical record indicated that on 10/24/06, 9:00 A.M., the Patient was evaluated by the Hospital's consulting Emergency Psychiatric Service. The Social Worker from the consulting Emergency Psychiatric Service was interviewed at 2:45 P.M. on 11/20/06. The Social Worker said she was contacted by the Hospital's ED to evaluate the Patient and that both the Patient and a family member participated in the Patient's evaluation. The Patient's Emergency Psychiatric Evaluation, dated 10/24/06, indicated the Patient was reluctant to speak alone and wanted a family member present. The Patient's Evaluation indicated the Patient was anxious, fearful, suspicious, and depressed with decreased thought flow, flat affect, and was unable to make reasonable decisions. The Patient and/or family member indicated the Patient was a little paranoid, did not feel safe, had decreased sleep pattern and a decreased appetite with weight loss. The Patient's family member was concerned that the Patient's change in status	P 009		

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P 009	<p>Continued From Page 5</p> <p>may have been triggered by a possible traumatic event several weeks prior.</p> <p>The Social Worker said that the Patient ' s family member, and not the Patient, indicated the Patient may have had a traumatic event that preceded the Patient ' s change in status and that the Patient never confirmed or denied this. The Social Worker said during the evaluation the Patient ' s family member asked the Patient twice if someone had done something to the Patient and the Patient reportedly denied anything happened. The Social Worker said she did not communicate the allegation to the physician but the evaluation was in the Patient ' s medical record.</p> <p>The Medical Director of the ED was interviewed at 10:05 A.M. on 11/16/06, ED Physician #1 was interviewed at 6:15 A.M. on 11/17/06, and ED Physician #2 was interviewed at 10:55 A.M. on 11/16/06. The ED Medical Director and ED Physician #1, said they were not aware the Patient may have suffered a traumatic event prior to the Patient ' s change in status. ED Physician #2 said he did not remember the Patient.</p> <p>The nurse from the Emergency Psychiatric Service was interviewed at 9:40 A.M. on 11/27/06. The Emergency Psychiatric Service Nurse said that on 10/26/06 she re-evaluated the Patient, clarified information regarding the Patient's traumatic event with the Patient's family member and reported the information to Ed Physician #3 and another ED unidentified ED staff member.</p> <p>ED Physician #3 was interviewed at 10:30 A.M. on 11/19/06. ED Physician #3 said he was not aware the Patient may have suffered a traumatic</p>	P 009		

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P 009	Continued From Page 6 event prior to the Patient's change in status. 5). The Hospital's Policy/Procedure titled Confidentiality and protected health information indicated that the Hospital served several small tightly knit communities and that staff members could not reveal the admission of any patient to the inpatient, outpatient, emergency, or ambulatory units without specific consent from the patient or patient's family. The Hospital ' s Policy/Procedure titled Authorization to Disclose Protected Health Information indicated that protected health information included demographics that could identify and individual, treatment, or provision/payment of the patient's health care. Statutorily protected medical information, information awarded special protection under federal or state law, included information regarding the patient's psychiatric health. Authorization, a document signed by the patient or authorized representative, was not required for purposes of treatment unless the information was statutorily protected. Authorization was required to disclose statutorily protected information. Review of the Patient's General Consent Form, dated 10/24/06, indicated the Consent Form was not signed. The Patient Access Representative who registered the Patient on 10/24/06 (Patient Access Representative #1) was interviewed at 6:30 A.M. on 11/17/06. Patient Access Representative #1 said the Patient's family member registered the Patient but refused to sign the Patient's Consent Form. Patient Access Representative #1 said she could not remember	P 009		

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P 009	<p>Continued From Page 7</p> <p>if she asked the Patient to sign the Consent Form.</p> <p>Review of the Patient's medical record indicated that on 10/24/06 the Patient was evaluated by the Hospital's consulting emergency psychiatric service. Included in the evaluation was a list of collateral contacts including the Patient's school clinician and school nurse. The Collateral Contact List indicated that providers were required to notify, gather, and share information about any encounter with the patient's primary care physician and outpatient treaters and that a completed Release of Information Form must be obtained from the member.</p> <p>The Social Worker from the Hospital's consulting Emergency Psychiatric Service was interviewed at 2:45 P.M. on 11/20/06. The Social Worker said she was contacted by the Hospital's ED to evaluate the Patient. The Social Worker said that after she completed the Patient's evaluation she determined the Patient needed inpatient placement (which was unavailable at the Hospital) and she began to pursue appropriate inpatient placement for the Patient. The Social Worker said she did not need authorization to contact individuals for an emergent hospital placement and in order to pursue placement she had to contact the Patient's school to obtain insurance information and tell them the Patient needed hospitalization but did not provide specifics about the Patient's case. The Social Worker said she had to provide information to the Patient's insurance provider in order to obtain authorization for inpatient placement.</p> <p>The Director of Emergency Services for the Consulting Psychiatric Service was interviewed at 9:35 A.M. on 11/22/06. The Director said that</p>	P 009		

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P 009	Continued From Page 8 it was not unusual for patients experiencing changes in mental status such as paranoia to refuse to sign consent forms. The Director said the Consulting Psychiatric Service had an obligation to keep the Patient safe and once it was determined the Patient needed inpatient placement, the Consulting Psychiatric Service had an obligation to ensure the Patient got the care needed. 6). Review of the Patient's medical record indicated that on 10/24/06, 9:00 A.M., the Patient was evaluated by the Hospital's consulting Emergency Psychiatric Service. The Social Worker from the consulting Emergency Psychiatric Service was interviewed at 2:45 P.M. on 11/20/06. The Social Worker said she was contacted by the Hospital's ED to evaluate the Patient and that both the Patient and a family member participated in the Patient's evaluation. The ED Nurse Manager was interviewed at 1:30 P.M. on 11/16/06. The ED Nurse Manager said the Hospital ' s consulting Emergency Psychiatric Service re-evaluated patients in the ED every 24 hours as long as the patient was in the ED. Review of the Patient ' s medical record indicated there was no documentation to indicate the Patient was re-evaluated by the Hospital ' s consulting Emergency Psychiatric Service. The Director of the Hospital ' s consulting Emergency Psychiatric Service was interviewed at 9:15 A.M. on 11/22/06 and provided documentation indicating the Patient was re-evaluated while in the Hospital ' s Emergency Department on 10/25/06 and 10/26/06 that was	P 009		

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P 009	Continued From Page 9 not placed in the Patient ' s medical record.	P 009		